

Division of Mental Health & Addiction Services
wellnessrecoveryprevention

laying the foundation for healthy communities, together

NAMI-NJ Annual Conference December 5, 2015

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Agenda

- ▶ Promoting the Integration of Behavioral Health and Primary Health
- ▶ Community Support Services
- ▶ Mental Health System Trends

Primary Care and Behavioral Health Integration

- People with behavioral health disorders often die decades earlier than the average person*.
 - These deaths are caused by untreated and preventable chronic illnesses
 - Poor health habits can aggravate chronic illnesses.
 - Barriers to primary care for our consumers have been a major obstacle to care

The solution lies in integrated care, the systematic coordination of general and behavioral healthcare.

- Integrating mental health, substance abuse, and primary care services produces the best outcomes

*(<http://www.samhsa.gov>)

Behavioral Health Homes

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Behavioral Health Homes

- ▶ Offer coordinated care to individuals with multiple chronic health conditions using a team approach
- ▶ It's a whole person delivery model that addresses, behavioral health, physical health and promotes wellness
- ▶ BHH allow individuals to have all of their health care needs identified, addressed, and treated in a coordinated way.
 - ▶ The same team of clinicians and practitioners either deliver, or coordinate the delivery of, all the necessary medical, behavioral, and social supports required for the individual, acknowledging the impact each area has on the others.
- ▶ In a partnership with the Division of Medical Assistance and Health Services (Medicaid) and the Department of Children and Families, DMHAS launched health homes in select counties in July of 2014.
- ▶ Current model is designed for consumers living with serious mental illness



Behavioral Health Homes in NJ

- ▶ Mercer and Bergen Counties have CMS approval to offer behavioral health homes to Medicaid eligible consumers
- ▶ Bergen County has one certified BHH provider and two agencies working to become certified
- ▶ Mercer County has three certified BHH providers
- ▶ Preparations are being made to build capacity and receive approval for health home services in Atlantic, Cape May, and Monmouth Counties

Certified Community Behavioral Health Clinics



Certified Community Behavioral Health Clinic

- ▶ A model of integrated care
- ▶ CCBHCs combine care coordination with actual service delivery of behavioral health and primary care to:
 - ▶ children with serious emotional disturbance
 - ▶ adults with serious mental illness
 - ▶ adults with long term and serious substance use disorders
 - ▶ veterans diagnosed with post-traumatic stress disorder and other trauma related issues.
- ▶ CCBHCs will serve all consumers, regardless of their ability to pay.
- ▶ CCBHCs will outreach to the state's network of stakeholder groups for input on the project design.

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Certified Community Behavioral Health Clinic

- ▶ Improve behavioral health by providing improved community-based mental health and substance use disorder treatment
- ▶ Advance behavioral health care to the next stage of integration with physical health care
- ▶ Utilize evidence-based practices on a more consistent basis

Certified Community Behavioral Health Clinic

Planning Grant:

- ▶ 1 year grant to plan and develop CCBHC certification and establish Medicaid prospective payment system (PPS)
- ▶ Certifying at least 11 sites
- ▶ Apply to participate in 2 year demonstration program

CCBHCs represent an opportunity to:

- ▶ Establish behavioral health safety net
- ▶ Integrate and coordinate care for mental health, substance abuse and primary care
- ▶ Promote access to improved care via standards for quality and accessibility
- ▶ Expand care coordination

Scope of CCBHC Services

1. Crisis mental health services
 - 24-hour mobile crisis teams
 - emergency crisis intervention services, and
 - crisis stabilization
2. Screening, assessment and diagnosis, including risk assessment
3. Person and Family-centered treatment planning
4. Outpatient mental health and substance use disorder services

Scope of CCBHC Services

5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk
6. Targeted case management
7. Psychiatric rehabilitation services
8. Peer support and counselor services and family supports
9. Intensive, community-based mental health care for members of the armed forces and veterans

Scope- Rates

- ▶ 2016 interim rate change for some services
 - ▶ Outpatient and methadone treatment Medicaid rates were increased to the state fee-for-service rates (included mental health outpatient rates)
- ▶ Rate changes resulting from the Myers & Stauffer rate study are soon to come



Community Support Services

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Community Support Services

Mental health ***rehabilitation services and supports*** necessary to assist the client in achieving mental health ***rehabilitative and recovery goals*** as identified in the individualized rehabilitation plan.

Supports individuals in achieving and maintaining ***valued life roles*** in the social, employment, educational and/or housing domains; and to restore a consumer's level of functioning to that which allows the consumer to achieve ***community integration***, and to remain in an independent living setting of his/her ***choosing***."



Community Support Services



- ▶ Coordination of Services
- ▶ Comprehensive Rehabilitation Needs Assessment
- ▶ Individualized Rehabilitation plan
- ▶ Skill Development
- ▶ Illness Management and Recovery
- ▶ Crisis Intervention

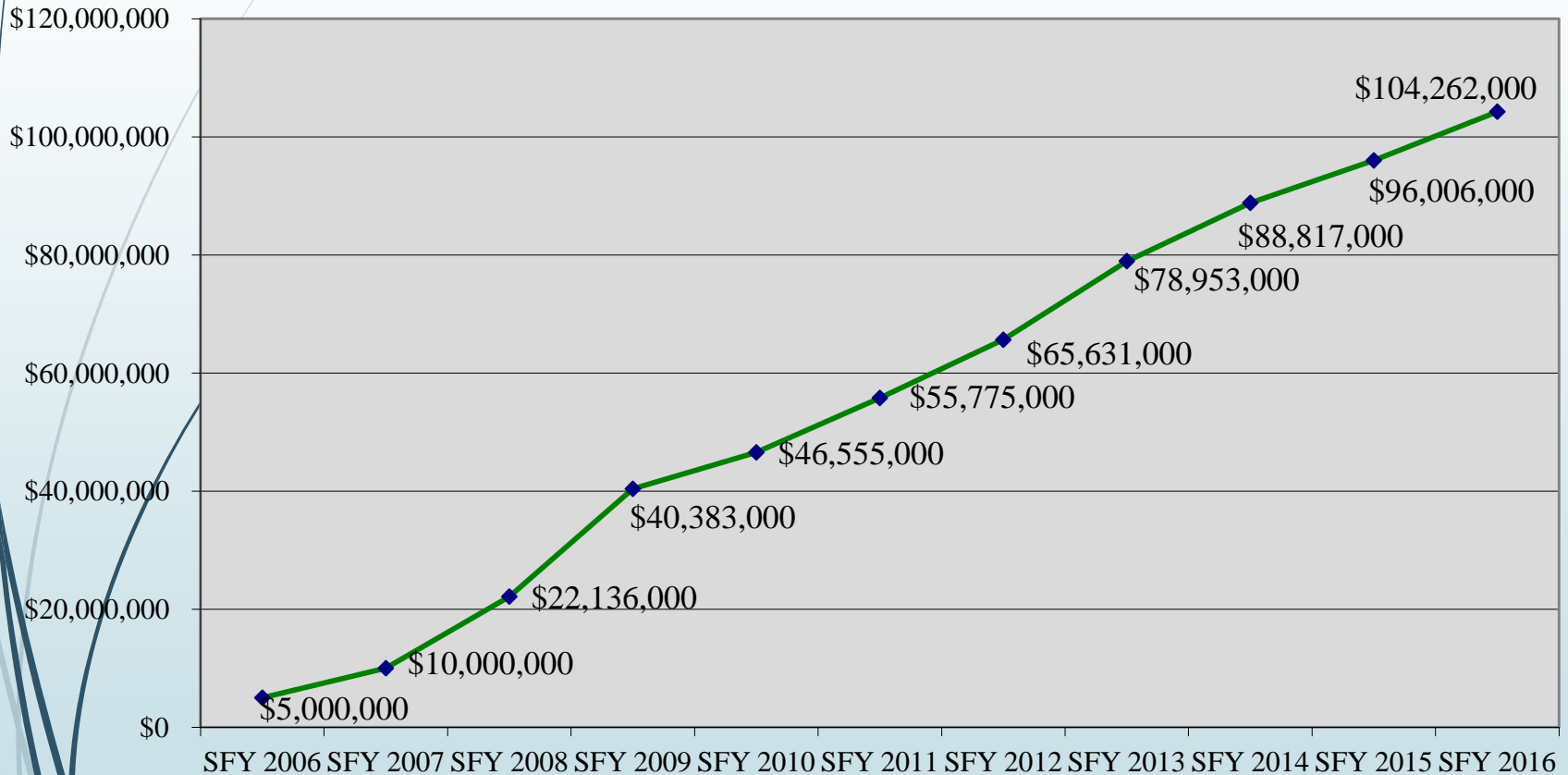
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Community Support Services

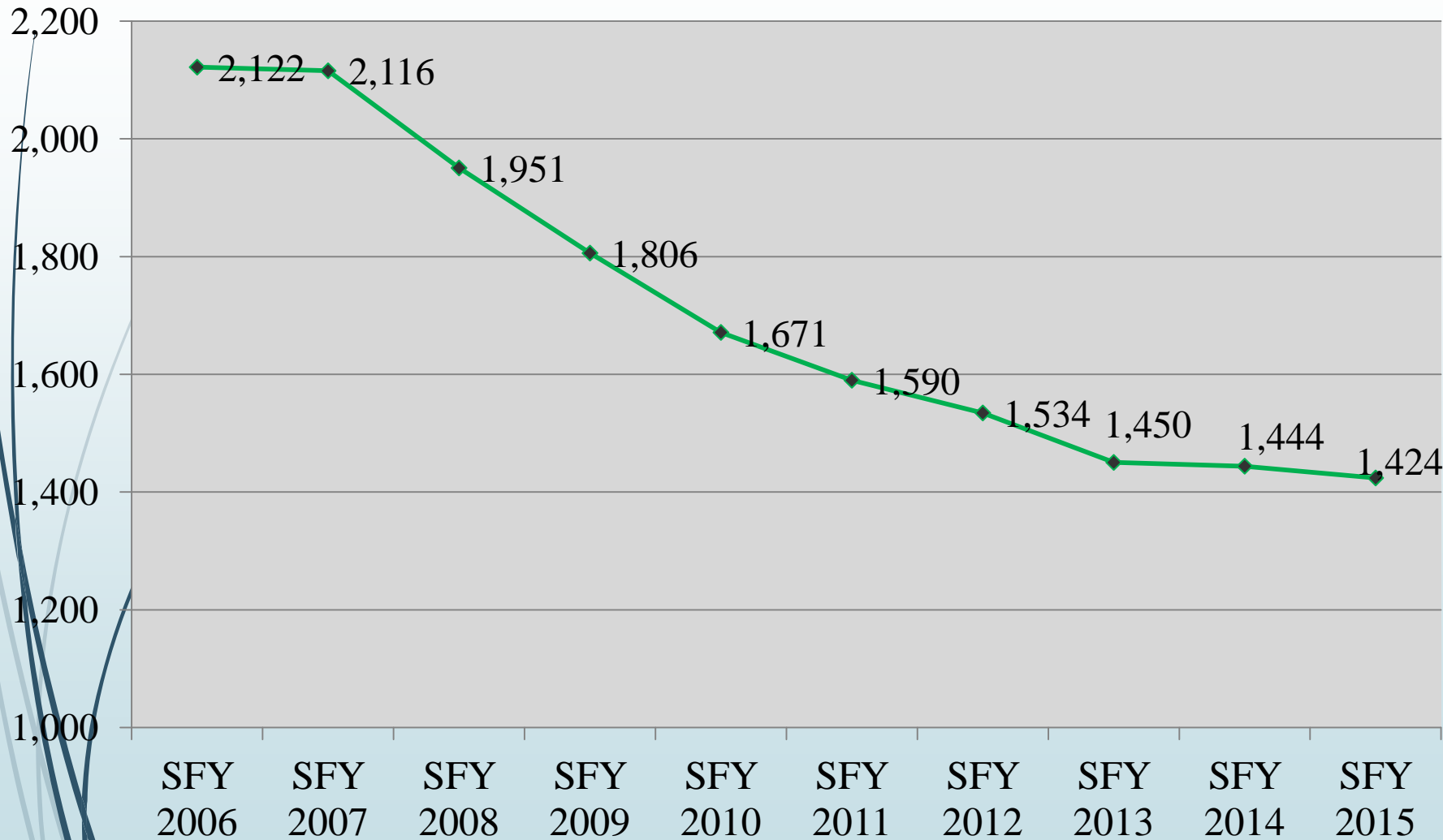
- ▶ Preparation activities include:
 - ▶ Workforce Development
 - ▶ Time Study
 - ▶ Licensing Agencies
 - ▶ Agency self-assessment and compliance
 - ▶ Training on documentation
 - ▶ Regulations
 - ▶ Medicaid billing

MENTAL HEALTH TRENDS

NJ Division of Mental Health and Addictions Services: Cumulative Olmstead Appropriations: SFY 2006 - 2016

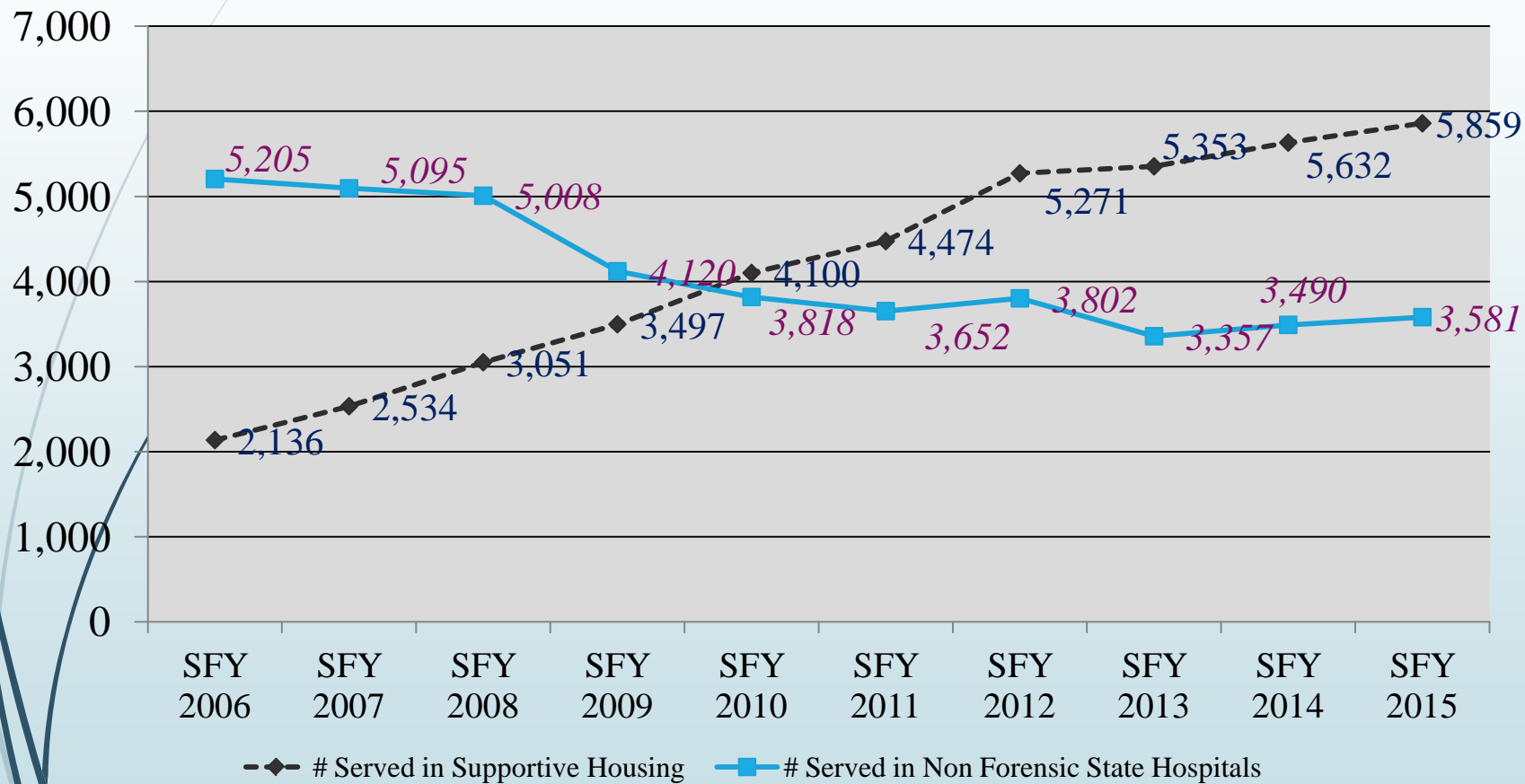


Total Average Census at NJ State Psychiatric Hospitals (excl. AKFC): SFY 2006 - 2015



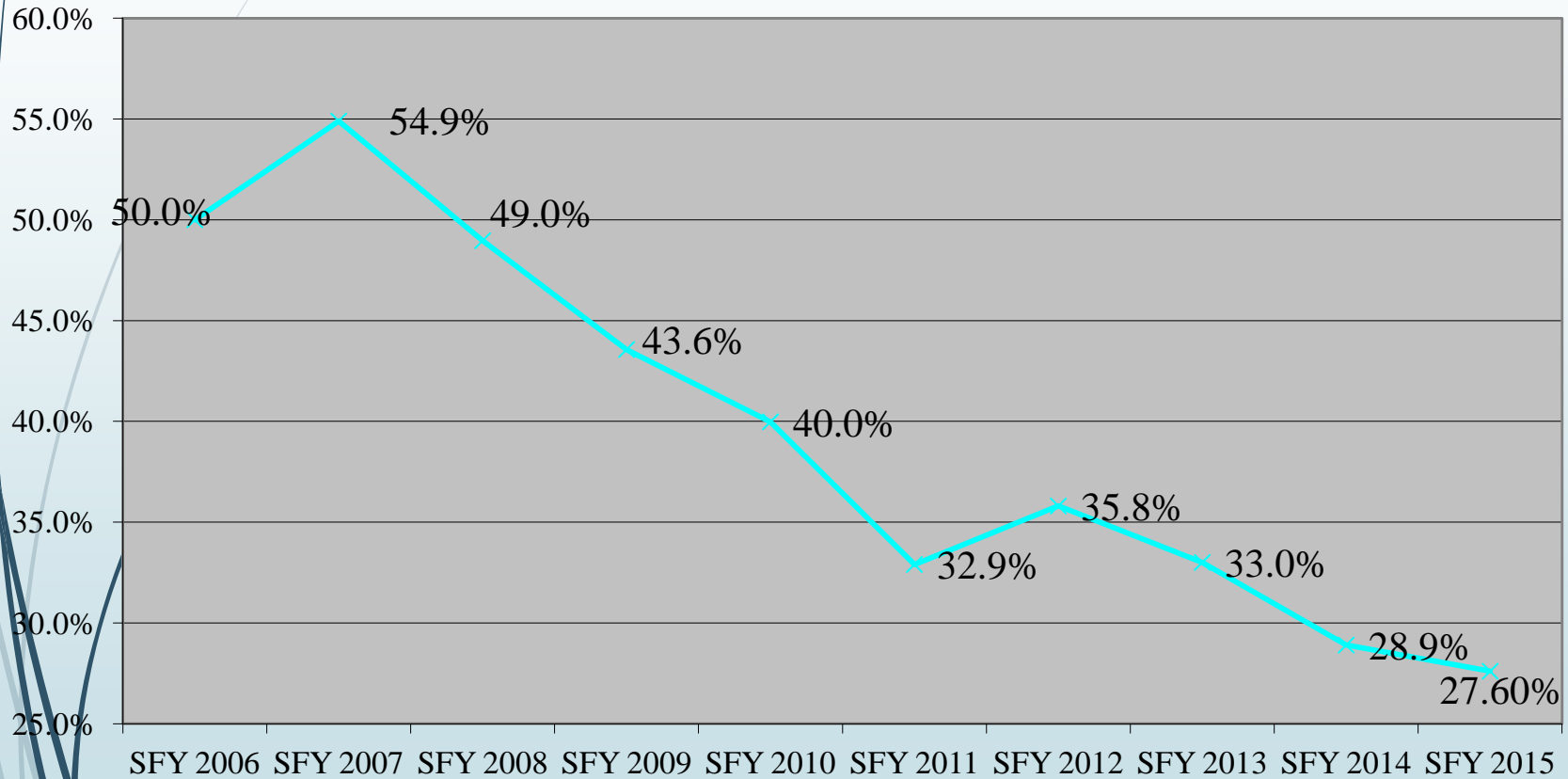
NJ Division of Mental Health and Addictions Services, Office of Olmstead, Compliance, Planning & Evaluation, June 2015.

Clients Served by the SMHA in Supportive Housing (duplicated) and in the Non Forensic State Hospitals SFY 2006 – SFY 2015*



* - SFY 2015 data is estimation, based on available QCMR data from Q1 – Q3 SFY 2015.

Proportion of Year End NJ State Hospital Census on CEPP Status: SFY 2006 - 2015 (Excluding Ann Klein Forensic Center)



Note: The SFY 2015 data is from DMHAS Hospital Census Report of 6/15/15



Questions?