

Division of Mental Health & Addiction Services
wellnessrecoveryprevention
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Service Delivery for Mental Health and Addiction Services

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Presentation Outline

- Olmstead
- Types of Housing
- Partnerships/Collaborations
- Comprehensive Waiver
- Future Developments

What is Olmstead?

- The basic requirements of Title II of the Americans with Disabilities Act is to prohibit unjustified isolation of persons with disabilities, see 42 U.S.C. 12132; Olmstead v. L.C., 527 U.S. 581, 597 (1999). The ADA requires that states “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individual with disabilities.”
- The United States Supreme Court in the Olmstead v. L.C. held that public entities are required to provide community based services when: (1) such services are appropriate; (2) the affected persons do not oppose community based treatment, and (3) community based services can be reasonably accommodated. Id. at 607.
- It is not just about “where” individuals live but “how” they are living (extent to which they are living integrated lives in the community)

Olmstead Development

- In 2010 NJ settled an Olmstead lawsuit with Disability Rights NJ
 - Required to develop 1,065 beds between 2010-2014, 695 for those in the hospitals and 370 for those at-risk of hospitalization, homelessness, or at-risk of homelessness
- However, NJ began to appropriate Olmstead dollars in advance of the Settlement Agreement
 - Since SFY 2006 Olmstead appropriations have enabled the creation of 1,672 new housing opportunities, 1,321 of these funded specifically to relocate consumers from the state hospital system into the community
 - These beds are included in the required 1,065 from the Settlement Agreement
- Direct provision of housing subsidies funded/managed by DMHAS
- Increased availability of housing support services (CEPP and At Risk)
- Only develop supportive housing and expand PACT services

Olmstead Development, cont.

- Development of Early Intervention Support Services as a community-based crisis diversion service
- Development of a statewide specialized clinical consultation, assessment, treatment and intervention to older adults (55 years of age and older) who are at risk of psychiatric hospitalization who reside in a Nursing Facility or contracted DMHAS residential providers
- “Peer-Bridgers” on ICMS teams
- Peer operated crisis respite beds

Olmstead

Hospital Average Census (Excl Ann Klein Forensic Center)* Fiscal Year 2006 through November 2013

FY 2006	2,121
FY 2007	2,116
FY 2008	1,951
FY 2009	1,806
FY 2010	1,671
FY 2011	1,590
FY 2012	1,535
FY 2013**	1,457
Census Reduction	<u>664</u>

*data available on DMHAS website

**FY 2013 information is based on November 2012 data

Olmstead - State Hospital Closure

- Hagedorn closed June 2012
- Reinvestment of funds for FY 2013
 - Expand supportive employment
 - Expand psychiatric services
 - 100 subsidies
 - Health home
 - Supportive housing expansion 133 slots

Types of Housing

- Residential Intensive Support Teams (RIST)
 - This grew from a stakeholder process with consumers, families, hospitals, MH administrators and providers from all 3 regions
- Medically Enhanced Supportive Housing
- Forensically Involved Supportive Housing
- Programs of Assertive Community Treatment (PACT) coupled with rental subsidies
- Enhanced Supportive Housing (for those resistant to d/c)
- Supportive Housing for the Dually Diagnosed (Developmentally Disabled / Seriously Mentally Ill) population

Overview of NJ Supportive Housing

THEN

- First supportive housing initiative in 1999 - \$3.8M
- Providers sought various sources of capital and operating funds (HUD Section 811, Section 8, McKinney, PHA's, etc.) and used this as match for service dollars
- 618 consumers moved from group homes to SH under this initiative
- Hospital Census – 1,950

NOW

- SFY'13 budget for SH is \$71 million
- 50 + SH providers are funded statewide
- We expect 5,634 consumers to be served
- DMHAS directly funds 2,017 rental subsidies
- Closure of a State Hospital
- Hospital Census -1,466

Partnerships/Collaborations

- Department of Community Affairs (DCA)
 - 240 SRAP vouchers
 - 100 NED vouchers (DMHAS, DDD, DDS, DCA)
- NJ Housing and Mortgage Finance Agency (NJHMFA)
 - Special Needs Housing Trust Fund (\$200M)
 - Low income tax credits
 - Melville Application

Section 811 - Frank Melville Act

- HMFA submitted the application which included Medicaid, DMHAS, DDD and DDS partnering to write the application.
 - The application includes 225 slots within the initiative, with 150 of those as new project based rental assistance vouchers from HUD. The balance is leveraged statewide from DDD, DDS, DMHAS and DCA resources.
- Requires delinking of housing services from housing enabling consumers to have a choice in where they live and who provides services to them where they live
- Requires that no more than 20% of units in each development project be devoted exclusively to individuals with a disability (to promote integration)
- DHS is establishing a centralized housing unit, enabling the department to consolidate supportive housing
 - To include DMHAS, DDD and DDS staff
 - The ASO will manage the services within the housing
 - Centralized housing unit will be identifying units that are vacant and available, subsidies that have been recycled that be utilized
 - Individual to receive service package from ASO and housing from centralized housing unit when housing becomes available
 - Currently the DMHAS manages 2,017 subsidies (with 475 new supportive housing slots to be added this year), but overall there are over 4000 supportive housing slots for mental health consumers

Partnerships/Collaborations

- NJ Supportive Housing Association and other Trade Organizations
 - Advocacy
 - Training
 - Advisory to help develop policy, identify service needs and gaps, determine opportunities for improvement
 - Annual Conference

Partnerships/Collaborations

- Consumers
 - Consumers/families participate in reviewing supportive housing proposals
 - Quarterly stakeholder meetings
 - Focus groups
 - Consumer groups – COMHCO
 - Consumer run organizations
 - Self-help centers

Working with Housing Developers

- DMHAS is partnering with NJHMFA and DDD to develop an informational session for developers about mental health services and services to serve individuals with a developmental disability inclusive of housing services and resources
 - Planned for January/February 2013

Partnerships/Collaborations

- Providers
 - Given priority consideration to providers in awarding of RFPs when they have leveraged capital and operating expenses from non-DMHAS sources
 - Changed discharge practices from State Hospitals
 - Central Office staff continue training to ready providers to accept hospital patients and hospitals to prepare patients to live in the community
 - State staff convene monthly and quarterly meetings with community providers and state hospital staff to identify needs, facilitate discharge, overcome barriers, and develop statewide procedures/practices related to discharge and community placement
 - State communicates in a singular voice around active treatment in hospitals and what processes look like to ensure smooth and seamless transitions
 - Self-help centers on the ground of State Hospitals
 - Housing Preference Inventory (HPI)

What is a Comprehensive Waiver?

- The Comprehensive Waiver is a collection of reform initiatives designed to:
 - sustain the program long-term as a safety-net for eligible populations
 - rebalance resources to reflect the changing healthcare landscape

ASO Impact on Services & Contracts

- Current treatment and recovery services funded by DMHAS will remain funded, but will fall under the ASO/MBHO
- Cost reimbursement contract methodology does not closely tie reimbursement to service utilization and does not incentivize cost effectiveness at the agency level
- The managed care arrangement would transform all community cost reimbursement treatment contracts to a fee-for-service (FFS) reimbursement method

The ASO and Housing

- The ASO will contract with providers for services
 - The letter that will be provided will demonstrate that the agency is contracted to provide housing services and that the agency is contracted to be able to bill fee-for-service
 - This provides information to developers around the capacity for services to be delivered within a particular developed site without having to wait for an RFP and awards to be issued
 - As long as the agency provides services at the level of service required by individuals, then the dollars to support the housing services will be available pending continued State appropriations

Future Developments

- ASO/MBHO (Administrative Services Organization/ Managed Behavioral Health Organization) in 2013 to manage the continuum of behavioral health services
 - Manage admission/discharges
 - Tenant Services Liaison Unit
 - Facilitate quicker discharge/housing placement
- CMS recently approved the Community Support Services (CSS) State Plan Amendment
 - Development of regulations enabling supportive housing providers to be licensed to provide CSS and generate Medicaid revenue for the services and focus on skill building
- Trainings for providers
 - Transition to ASO/MBHO
 - Billing FFS
 - Modify services to rehabilitation
 - Wellness Coaching

Questions?