Olmstead Planning and Systems Changes: Realignment of the New Jersey Mental Health System 2006 - 2016

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In April 2005, New Jersey Protection and Advocacy, Inc (NJP&A) filed a lawsuit against the Dept. of Human Services on behalf of individuals with mental illness who are confined to a state psychiatric hospital within NJ whom the court adjudicated as no longer meeting commitment standards, but for whom there is no appropriate and available placement.

In New Jersey, these consumers are given a status of “Conditional Extension Pending Placement (CEPP).”
Olmstead in New Jersey

- The lawsuit, originating in Georgia and known as Olmstead vs. L.C. claimed that under Title II of ADA:
  - The state was in violation of Title II in failing to place these consumers in community-based programs once their treating professionals have determined that such placements are appropriate.
Olmstead in New Jersey

- During the course of the Olmstead lawsuit, DMHAS published its Home to Recovery CEPP Plan (2008)
  - Policy Reform, Enhancements, and Refinements
  - Community Capacity Development
- A settlement agreement was reached in July 2009 between DMHAS and Disability Rights of New Jersey (DRNJ) formerly known as NJP&A
  - Timely discharge of CEPP consumers
  - Creation of community placements for CEPP discharges and consumers at risk of hospitalization/homelessness
Olmstead in New Jersey

- **Olmstead Settlement Agreement**
  - Originally spanned SFY 2010 through 2014
  - Extended through March 2016
  - Closed in March 2017 under a finding of substantial compliance
    - Significant shift in service delivery from reliance on state psychiatric institutions to a focus on community integration
    - Exceeded targets for placement creation
    - Significant decreases in the utilization of CEPP status
    - Publication of New Jersey’s Home to Recovery II Plan (2017)
    - Successful community integration initiatives beyond the scope of Settlement Agreement requirements.
Office of Olmstead, Compliance, Planning and Evaluation

- Established 2014

- Centralized administration of Olmstead-involved offices

- Comprehensive policy development geared toward community integration

- Collaboration among:
  - Central Office Administration
  - Regional Olmstead Staff (On-site at state hospitals)
  - State Psychiatric Hospitals
  - Community Providers
Individual Needs for Discharge Assessment (INDA)

- Multi-dimensional discharge planning tool, examining potential areas of need/barriers to discharge such as:
  - Legal Issues
  - Finances
  - Insurance
  - Level of Care
  - Challenging Behaviors
  - Housing Preference and Discharge Interventions
  - Diagnoses
  - Medical Needs
  - Medication Needs
  - Functional Needs
  - Substance Abuse Issues
Individual Needs for Discharge Assessment (INDA)

- Originally developed as a means for hospital treatment teams to assess consumers’ needs and barriers to discharge

Coinciding with the revised treatment planning process, in August 2015 the INDA was enhanced to include community providers, replacing the Agency Referral and Response Form (ARRF) as the communication tool for engaging providers in discharge planning. The updated INDA now also reflects provider involvement, with a section for the teams to note any prior provider history as well as the name(s) of the currently assigned provider agencies.
Intensive Case Review Committee (ICRC)

- Created as a result of the Home to Recovery CEPP Plan

- Initial focus on Conditional Extension Pending Placement (CEPP) consumers difficult to discharge within the timeframes outlined in the Olmstead Settlement Agreement.

- Updated protocol (July 2015)
  - Review of all state hospital consumers for discharge readiness
  - Meetings with administration and hospital treatment teams
  - Facilitation of discharge and community integration
  - Focus on resolution strategies for discharge barriers
  - Recommendations and assignment of tasks
Hospital Project Teams

- Follow-up on systems issues raised by ICRC and discussion of resolution strategies
- Chaired by the CEO or Deputy CEO and Medical Director
- Core committee membership: Medical Director, Social Services Director, Placement Entity, Regional Olmstead Coordinator (ROC), and Olmstead Executive Staff
- Required Support by DMHAS Hospital Legal Specialists
- Weekly meetings occur immediately after ICRC in order for potential systems issues raised at ICRC to be discussed at Project Team.
  - Systemic issues arising from ICRC
  - Recent ICRC/newly-made CEPP consumers
  - One to two case presentations by the ROC as needed
- ROC will update committee on Administrative Bulletins, potential best practices, and implementation of new processes and data systems
Transitional Case Manager (TCM)s

- Representative from the Division of Developmental Disabilities (DDD)

- Stationed at each regional state psychiatric hospital

- Assist in transitioning hospital patients with developmental disabilities to community settings
  - DDD Referrals
  - Supports related to developmental disabilities
Mental Health in New Jersey: Then and Now

- Data-Driven Analysis of Systemic Changes under Olmstead
  - Institutionalization vs. Community Integration (2006 through 2016)
  - Pre and Post-Olmstead Summary (2010 vs. 2016)
Figure 1: Admissions to NJ Regional State Psychiatric Hospitals: SFY 2006-2016 (Excluding Ann Klein Forensic Center)
Figure 2: Total Discharges from NJ Regional State Psychiatric Hospitals (excl. AKFC): SFY 2006 - 2016
Figure 3: Total Average Census at NJ Regional State Psychiatric Hospitals (excl. AKFC): SFY 2006 - 2016
Figure 4: Proportion of Year End NJ Regional State Psychiatric Hospital Census on CEPP Status:
SFY 2006 - 2016
(Excluding Ann Klein Forensic Center)
Figure 5: Supportive Housing (SH) Beds for CEPP Clients in the Regional State Psychiatric Hospitals: Targets vs. Beds Actually Created, SFY 2006 – 2016

(1) Prior to SFY 2009, the beds created were not reserved specifically for the target populations of CEPP consumers or those at risk of hospitalization.
Figure 6: Supportive Housing (SH) Beds for At-Risk Populations: Targets vs. Beds Actually Created, SFY 2006 – 2016

Pre-Settlement

Post-Settlement


Target

"At Risk" Beds Actually Created
Figure 7: Clients Served by the SMHA in Supportive Housing (duplicated) SFY 2006 – SFY 2016

Pre-Settlement

SFY 2006: 2,136
SFY 2007: 2,534
SFY 2008: 3,051
SFY 2009: 3,497
SFY 2010: 4,063
SFY 2011: 4,560
SFY 2012: 5,271
SFY 2013: 5,353
SFY 2014: 5,531
SFY 2015: 5,989
SFY 2016: 6,301

Post-Settlement
Figure 8: Percent of Discharges from NJ Regional State Psychiatric Hospitals (excl. AKFC) to Supportive Housing (SH): CEPP Population and All Populations, SFY 2010 – 2016
Figure 9: Clients Served by the SMHA in Supportive Housing (duplicated) and in the Regional State Hospitals SFY 2006 – SFY 2016

<table>
<thead>
<tr>
<th>Pre-Settlement</th>
<th>Post-Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2006: 2,136</td>
<td>SFY 2016: 6,301</td>
</tr>
<tr>
<td>SFY 2007: 2,534</td>
<td>SFY 2006: 5,205</td>
</tr>
<tr>
<td>SFY 2008: 3,497</td>
<td>SFY 2007: 5,095</td>
</tr>
<tr>
<td>SFY 2009: 5,051</td>
<td>SFY 2008: 5,008</td>
</tr>
<tr>
<td>SFY 2010: 3,818</td>
<td>SFY 2009: 4,120</td>
</tr>
<tr>
<td>SFY 2011: 3,652</td>
<td>SFY 2010: 4,100</td>
</tr>
<tr>
<td>SFY 2012: 3,802</td>
<td>SFY 2011: 4,474</td>
</tr>
<tr>
<td>SFY 2013: 3,357</td>
<td>SFY 2012: 5,271</td>
</tr>
<tr>
<td>SFY 2014: 3,490</td>
<td>SFY 2013: 5,353</td>
</tr>
<tr>
<td>SFY 2015: 3,469</td>
<td>SFY 2014: 5,531</td>
</tr>
<tr>
<td>SFY 2016: 3,290</td>
<td>SFY 2015: 5,989</td>
</tr>
</tbody>
</table>

- # Served in Supportive Housing
- # Served in Regional State Hospitals
Figure 10: NJ Division of Mental Health and Addictions Services
Cumulative Olmstead Appropriations:
SFY 2006 - 2016
## Figure 11: Pre and Post-Olmstead Summary
### Total Hospital and CEPP Census

<table>
<thead>
<tr>
<th>Total Hospital Census</th>
<th>CEPP Census</th>
<th>% CEPP</th>
<th>Pre-7/1/08 CEPP Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olmstead Settlement Data (extracted 7/10/2009)(^{(1)})</td>
<td>1,734</td>
<td>735</td>
<td>42%</td>
</tr>
<tr>
<td>SFY 2016 Report Data (extracted 7/12/2016)</td>
<td>1,364</td>
<td>297</td>
<td>22%</td>
</tr>
</tbody>
</table>

\(^{(1)}\) The Olmstead Settlement Data, which was extracted on 7/10/2009, did not originally include a total hospital census count. This figure was calculated on 1/30/2017 for comparison to SFY 2016 hospital census via Oracle canned reports.
Figure 12: Pre and Post-Olmstead Summary CEPP Discharges

<p>| Top Three Placements of CEPP Discharges SFY 2011 vs. SFY 2016 |
|-------------------|-------------------|-------------------|-------------------|-------------------|
|                   | 2011              |                   | 2016              |                   |
|                   | Count | % of Total Discharges | Count | % of Total Discharges |
| Private Residence | 464 | 37.9%               | 288 | 33.8%               |
| Group Home        | 262 | 21.4%               | 210 | 24.6%               |
| RHCF              | 165 | 13.5%               | 143 | 16.8%               |</p>
<table>
<thead>
<tr>
<th>Top Three Placements of All Discharges SFY 2010 vs. SFY 2016</th>
<th>2010</th>
<th>% of Total Discharges</th>
<th>2016</th>
<th>% of Total Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top Three Discharge Placements</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Residence</td>
<td>947</td>
<td>44.2%</td>
<td>687</td>
<td>36.0%</td>
</tr>
<tr>
<td>Group Home</td>
<td>261</td>
<td>12.2%</td>
<td>Supportive Housing</td>
<td>415</td>
</tr>
<tr>
<td>RHCF</td>
<td>186</td>
<td>8.7%</td>
<td>Group Home</td>
<td>230</td>
</tr>
</tbody>
</table>
Boarding Home/RHCF Request Protocol

- In 2015, DMHAS implemented a new policy to ensure that congregate care settings such as boarding homes and residential health care facilities (RHCFs) are minimally utilized in favor of more integrated settings, such as Supportive Housing within the community.

- When a consumer requests discharge to a boarding home or RHCF:
  - DMHAS Olmstead staff meet with the consumer to discuss all of the appropriate and available housing options.
  - The staff then provides recommendations from the interview to the treatment team regarding the consumer’s choice.
  - Senior staff reviews the documentation, and senior management directs exploration of the resulting option of the consumer’s choice.

- DMHAS implemented a tracking system for all boarding home and RHCF requests, and will continue to monitor these requests to assure consumer preference is at the center of all such discharges.
Figure 14: Pre and Post-Olmstead Summary
Boarding Home and RHCF Utilization

<table>
<thead>
<tr>
<th>Type of Discharge Placement</th>
<th>SFY 2010</th>
<th>% of Total Discharges</th>
<th>SFY 2016</th>
<th>% of Total Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boarding Home</td>
<td>49</td>
<td>2.3%</td>
<td>17</td>
<td>0.9%</td>
</tr>
<tr>
<td>RHCF</td>
<td>186</td>
<td>8.7%</td>
<td>110</td>
<td>5.8%</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>11.0%</td>
<td>127</td>
<td>6.7%</td>
</tr>
</tbody>
</table>
Figure 15: Pre and Post-Olmstead Summary Hospitalization vs. Supportive Housing

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>% of Total</td>
<td>Count</td>
<td>% of Total</td>
</tr>
<tr>
<td>State Hospitals</td>
<td>4,120</td>
<td>54.1%</td>
<td>3,290</td>
<td>34.3%</td>
</tr>
<tr>
<td>Supportive Housing</td>
<td>3,497</td>
<td>45.9%</td>
<td>6,301</td>
<td>65.7%</td>
</tr>
<tr>
<td>Total(1)</td>
<td>7,617</td>
<td>100.0%</td>
<td>9,591</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

(1) Reflects only the total number of consumers served in state hospitals and supportive housing combined. Excludes all other settings (e.g. group homes, supervised apartments, etc.) in which consumers received DMHAS services during the fiscal year.
Figure 16: Pre and Post-Olmstead Summary
Utilization of Community Services

<table>
<thead>
<tr>
<th>Total Adults Served in Community Services SFY 2009 vs. SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Served in Community Services</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
In October 2014, DMHAS issued Administrative Bulletin 4:27 in response to delays in hospital discharges resulting from missing patient identification documents. Under AB 4:27, the process for alleviating IDs as a barrier to discharge is as follows:

- Upon admission to the hospital, all individuals will be asked about their available forms of identification;
- When it is determined that an individual does not possess the forms of identification that are required for discharge planning, the hospital will take the necessary steps to ensure that the documents are obtained in a timely manner;
- Upon obtaining patient consent the hospital will contact family members and/or significant others to confirm the existence of the original documents and retain copies of the documents; and
- The hospital will monitor compliance with this policy.
Figure 17: Pre and Post Olmstead Summary
Birth Certificates for Discharge Readiness

<table>
<thead>
<tr>
<th>Birth Certificates Collected during SFY</th>
<th>SFY 2009</th>
<th>SFY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Birth Certificates Collected</td>
<td></td>
<td>493</td>
</tr>
</tbody>
</table>
DMHAS’s Home to Recovery II Plan (accessible here) was published in June 2017.

In addition to the above, the Plan discusses such Division changes as:

- DMHAS’s transition to a fee-for-service model of collaboration with community providers
- Adoption of Community Support Services (CSS) as an enhancement of Supportive Housing
- Separation of Housing and Services
- BEDS Community Vacancy Tracking System
- Adoption of new assignment process for hospital discharges
- Integration of Behavioral Health and Primary Care (Behavioral Health Homes)
- Enhancements to the Supported Employment program
Home to Recovery II Outcomes

- Complete Medicaid applications within 30 days of determination of necessary level of care.
- Filled Peer Support Specialist positions in the state hospitals as a proportion of targeted positions.
- Expand Behavioral Health Homes in additional counties to serve consumers with Serious Mental Illness.
- Increase employment of consumers served by Community Support Services (CSS) providers
- Increase utilization of Supported Employment In-Reach slots available to state psychiatric hospitals.
- Housing Stability – Consumers who remain in supportive housing during the course of the fiscal year as a proportion of consumers served in Supportive Housing.
Home to Recovery II Outcomes

- Targeted expansion of Supportive Housing Bed Development (State Hospital Clients and At Risk Beds)
- Percent of CEPP Discharges from Regional NJ State Psychiatric Hospitals to Supportive Housing
- Percent of All Discharges from Regional NJ State Psychiatric Hospitals to Supportive Housing
- Percentage of Clients Served by the SMHA in Supportive Housing versus Clients Served by the SMHA in the Non-Forensic State Hospitals.
- Improved Utilization of Housing Service Slots: DMHAS will monitor occupancy rates via the new web-based vacancy tracking system.
Home to Recovery II Outcomes

- State Hospital Average Census
- State Hospital CEPP Census
- State Hospital Admissions
- Proportion of Year End State Hospital Census on CEPP Status
- Median State Hospital Length of Stay
- Maintain and reduce CEPP lengths of stay
Questions?

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