



Government Affairs Dept.

Mental Health Association in New Jersey



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PUBLIC POLICY STATEMENT

INTRODUCTION TO A NEW VISION FOR MENTAL HEALTH SERVICES BASED ON WELLNESS AND RECOVERY

INTRODUCTION

Persons diagnosed with serious mental illnesses are capable of holding gainful employment, getting married, rearing children, practicing their religion, joining clubs, enjoying hobbies, voting – in other words to participate fully in the community and to live meaningful and productive lives. In conforming to a public health model, the mental health field must orient itself to wellness and recovery by adopting these concepts in every aspect of service delivery.

Wellness and recovery are core values that should shape the new paradigm for mental health care. In order to promote wellness and recovery, the mental health system must shift from the traditional service model to one that embraces an adaptation and partnering of clinical treatment with needed supportive services (e.g. housing, employment and peer support) in order to assist persons with mental illness to not just subsist but to flourish and grow. There must also be a recognition and acceptance that consumers want to be active partners in the provision of their care with empowerment and self determination valued and supported by providers at all levels. Equally important is the commitment to significantly increase the opportunities for consumers to directly work in mental health programs. A peer workforce composed of consumers who are willing to serve as mentors and role models should be evident in all treatment settings including hospitals, self-help centers, partial hospital/partial care programs, case management, employment and housing services. We strongly believe that those who can share similar experiences have gained the insight and found the strengths that can benefit others.

Along with this dramatic shift there must also occur a concomitant move toward standardized outcomes measures that are designed to enhance the “market place” for consumers of mental health care. These outcomes/performance measures would guide funding decisions at the systems level as well as providing information to consumers as to where they can obtain the services that best meets their individualized needs. We also believe that informed consumers will dramatically improve client outcomes. As envisioned, the result would be a dramatically transformed system that promotes wellness and supports each person’s path to recovery.

I. CASE FOR TRANSFORMING THE NEW JERSEY MENTAL HEALTH SYSTEM

A review of New Jersey Mental Health System was conducted over a four-month period. Input from the public was obtained at three hearings conducted by Governor Richard Cody’s Mental Health Task Force. The Mental Health Association in New Jersey has also obtained significant input from consumers and families about the current system and recently published a Blueprint for Change.

As a result of an extensive review of the system, including public input, several significant themes emerged and include:

- Stigma and discrimination associated with mental illness is still prevalent and seriously undermines our citizens from getting the help they need and even in using the health benefits available to them.
- The stigma and discrimination experienced by people with mental illness often leads to their impoverishment and isolation.
- Initial efforts to encourage and develop consumer and family driven systems of care are present in the adult and child behavioral areas and should be continued.
- An over-reliance on institutional care to serve individuals with serious mental illness exists in New Jersey.
- Insufficient or inadequate rehabilitative services and supported housing options to facilitate consumer recovery along with a consistent experienced professional staff to assist in the endeavor.
- A fragmented, uncoordinated service system that far too often leads to consumers with serious mental illness being housed in jails, prisons and juvenile facilities.
- High unemployment and disability for individuals with serious mental illness.
- **No services for tobacco dependence treatment**
- A thorough examination of the adult system of mental health care must be undertaken that focuses on the vision, design, costs, outcomes and operations.
- A system designed around failing first or becoming seriously mentally ill before intensive services can be made available is too prevalent.
- Current funding such as Medicaid and state contracting mechanisms limit persons with mental illness from achieving wellness and recovery and valued roles of full citizenship by often limiting reimbursement to facility-based and medical services.

New Jersey's Mental Health System is not unique and similar themes are present in many states. The President's Freedom Commission on Mental Health identified many of these very issues. In fact, in the Commission's final report concluded that the system is not oriented to the single most important goal of the people it serves – the hope of recovery. Also, state of the art treatments, based upon decades of research, are not being transferred from research to community settings.

More individuals could recover from even the most serious mental illnesses if they have access to treatment and supports within their communities that are tailored to their individual needs.

II. SYSTEM TRANSFORMATION: FIRST STEP — PARTIAL HOSPITAL/ PARTIAL CARE

Many individuals with mental health conditions identify employment, whether in competitive or non-competitive settings, as the single most critical ingredient in their recovery and in their obtaining a sense of community belonging. The importance of employment and its place in achieving meaningful community participation is the driving force behind the MHANJ's efforts to advocate for critical changes in partial hospital/partial care programs. The MHANJ believes that these programs within their rehabilitative activities must move forward to prepare and train consumers for real employment opportunities – only then can true community integration be realized. In order to achieve these changes, the state's Medicaid and Mental Health authorities, as major financing vehicles of state mental health systems, must recognize the legitimacy of state-of-the art rehabilitation related services that truly focus on the goals of employability and employment readiness. They must support providers by reimbursing more sophisticated approaches that actually prepare consumers for the changing employment market. MHANJ believes that the NJ Divisions of Medical Assistance and Health Care Services and Mental Health Services must join together to have their respective regulations governing the provision of partial hospital/partial care programs compliment one another with regard to employment and rehabilitative related services.

III. PRINCIPLES GOVERNING THE PROVISION OF PARTIAL HOSPITAL/PARTIAL CARE SERVICES

Partial care/partial hospital programs provide comprehensive, interdisciplinary and active treatment services to assist consumers in increasing or maximizing independence and community living skills. Traditionally, the role of partial care/partial hospital services is to provide a "step-down" from more intensive acute settings for those consumers who, while not requiring inpatient care, still need structured programming directed at restoring and/or maintaining their functionality. These programs were designed to address the rehabilitation,

maintenance and recovery of individuals with chronic and persistent mental illness. In this regard, they continue to be an important component of the mental health system. The MHANJ believes, however, that while it is important to preserve this function, advances in mental health interventions and consumer desires demand that a thorough understanding of these services, who they serve, for what purpose and for how long, is an important first step in undertaking efforts to transform them into programs that are outcome, recovery and wellness oriented.

Furthermore, the MHANJ has heard from consumers that they desire to transition from maintenance oriented partial hospital/partial care activities, to employment oriented services and actual employment. Consumers are clearly saying they want to move beyond treatment and support models that primarily focus on symptom and illness management and maintenance of the person in the community to programs that are flexible and that support their wellness and recovery by empowering them to become actively engaged in their realizing their potential.

Finally, the MHANJ is concerned that proposed federal restructuring/caps on Medicaid expenditures will negatively impact on PH/PC programs that are redesigned to support recovery.

Within the context of the need to transform our mental health system and focus the development of the system of care on a recovery oriented approach, the MHANJ is offering the following design principles or Policy Statement for the needed restructuring of partial hospital and partial care programs.

Partial Hospital/Partial Care Design Principles

Recovery is the overarching theme that guides treatment, services and relevant program development. Key examples include:

- **Empowerment** – Service system is based on empowering people in recovery at all levels within the system and offering hope that they can lead self-determined and fulfilling lives, directed toward achieving their highest potential.
- **Individualized and Person-Centered** – Service system focuses on providing culturally competent and individualized care and supports chosen by the person in recovery to meet his/her unique needs.
- **Shift the paradigm and expand the framework** for services to include new and exciting areas (e.g., use of peer supports and services operated by recovering consumers).
- **Use of standardized outcome measures** based on best practice/evidence based guidelines.
- **Recognition of Co-Occurring Disorders** – SAMHSA estimates that over 50% of the persons with mental illness also have a substance abuse disorder. Co-occurring disorders (*including tobacco*) are the norm, not the exception.
- **A range of continuum** of partial hospital (most intensive) to partial care (from less intensive to a range of opportunities and supports that promote career development and employment).
- **The treatment of an individual must be approached from a total recovery process** starting from the acute phase to their return to the community.
- **Persons in Recovery shall be able to provide input** in all phases of treatment program planning, staffing, and evaluation. The programs shall be driven by recovery-based outcomes that persons in recovery help to *choose* and develop. *Furthermore, it is strongly recommended that peer support and mentoring programs become integrated into the over-all program design for partial care/hospital programs.*
- **Programming must be flexible** so that services to the person in recovery can be individually tailored, as appropriate. Recovery specialists and care managers must be fully knowledgeable of all the resources and treatment options available so that the person in recovery can choose wisely. *Staff should be hired with the expectation that their communications and interactions with consumers reflect the optimism and positive attitudes needed to reinforce each consumer's confidence in his/her potential for growth.*