ASSEMBLY, No. 5567

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MAY 5, 2021

Sponsored by:
Assemblywoman JOANN DOWNEY
District 11 (Monmouth)
Assemblyman ANTHONY S. VERRELLI
District 15 (Hunterdon and Mercer)
Assemblyman RAJ MUKHERJI
District 33 (Hudson)

SYNOPSIS

Requires DHS to establish five-year pilot program to facilitate coordinated provision of systemic, therapeutic, assessment, resource, and treatment (START) services to adults who have both developmental disabilities and mental illness.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 5/5/2021)

AN ACT concerning the establishment of a pilot program to provide coordinated systemic, therapeutic, assessment, resource, and treatment services to individuals who have both developmental disabilities and a mental illness, and supplementing Title 30 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. As used in this act:

"Adult in crisis" means an eligible adult who is experiencing a behavioral health crisis.

"Behavioral health crisis" means an emergency or crisis situation in which an eligible adult experiences mental, emotional, or behavioral health challenges that endanger the health, safety, or wellbeing of the adult or other persons, and which cannot be controlled or otherwise properly addressed or stabilized by the adult, or by the adult's family members, attendant caregivers, or direct care staff members, without professional assistance.

"Crisis management and stabilization plan" means an individualized, person-centered service plan, which identifies target behaviors to be addressed in, desired outcomes to be attained by, and necessary START services to be provided to, an eligible adult, as may be necessary to enable the adult and his or her family members, guardian, caregivers, and direct support staff to prevent future crisis situations and, when a behavioral health crisis does occur, to effectively stabilize the adult in a non-clinical, community-based therapeutic respite home, without necessitating the use of emergency medical services or institutional treatment.

"Crisis response services" or "crisis response" means face-to-face, non-medical emergency counseling and therapeutic services, which are provided to an adult in crisis in order to de-escalate and stabilize the behavioral health crisis being experienced thereby.

"Developmental disability" means the same as that term is defined by section 3 of P.L.1977, c.82 (C.30:6D-3).

"Eligible adult" means a person who has both a developmental disability and a mental illness and is eligible for services from the Department of Human Services.

"Home" means a private residence or a community-based residential facility, such as a group home or halfway house, where an eligible adult is a resident.

"Mental illness" means the same as that term is defined by section 2 of P.L.1987, c.116 (C.30:4-27.2).

"Pilot START program" or "pilot program" means the pilot program established pursuant to section 2 of this act.

"Respite bed" means an available bed in a therapeutic respite

home, which is dedicated for use by an eligible adult who is not in crisis, but whose crisis management and stabilization plan provides for the occasional use of therapeutic respite services as a means by which to prevent the onset of a behavioral health crisis.

"Stabilization" or "stabilize" means the stabilization of an adult in crisis, which is effectuated by a crisis response team, by staff at a therapeutic respite home, or by the family members, guardian, or caregivers of the adult in crisis, and which effectively calms and stabilizes the behavior of the adult in crisis, and removes the potential for danger arising out of the crisis situation.

"Stabilization bed" means an available bed in a therapeutic respite home, which is dedicated for use by an adult in crisis who actively requires stabilization.

"START services" means the systemic, therapeutic, assessment, resource, and treatment services, identified in subsection c. of section 2 of this act, which are made available to eligible adults through the pilot START program.

"Therapeutic respite home" means a community-based facility, or a part of a facility, which provides a safe, non-clinical, non-punitive, and therapeutic inpatient space, and respite and stabilization beds, for temporary use by eligible adults in crisis and by eligible adults whose crisis management and stabilization plan provides for the occasional use of therapeutic space as a proactive means to prevent the onset of a behavioral health crisis.

2. a. Within 180 days after the effective date of this act, the Commissioner of Human Services shall establish and implement a five-year pilot program to facilitate the coordinated provision of START services to eligible adults in the State. The dual purposes of the pilot START program shall be to:

(1) utilize appropriate crisis planning methods and the cross-system coordination of services as a means to promote and enhance the health, wellbeing, and ongoing mental stability of eligible adults residing at home in the community, in order to enable eligible adults to avoid institutionalization and maintain community-based residence; and

(2) provide eligible adults with a therapeutic space, within the community, which can be used both for their respite, as a means to stave-off potential crisis, and for their stabilization in times of actual crisis.

b. In implementing the pilot START program, the commissioner shall:

(1) develop effective community, regional, and Statewide partnerships and efficient cross-system service linkages, as may be necessary to ensure the timely and coordinated provision of START services to all eligible adults in the State;

(2) ensure that the pilot program utilizes a person-centered and solutions-focused approach, employs positive psychology and other evidence-based practices, and prioritizes and optimizes the independence, therapeutic treatment, and community-based living of eligible adults, consistent with the START program model established in 1988 and promoted by the Center for START Services at the University of New Hampshire Institute on Disability; and

(3) designate at least one facility in each of the northern, central, and southern regions of the State to serve as a therapeutic respite home under the pilot program. Each therapeutic respite home designated pursuant to this paragraph shall contain at least two respite beds and two stabilization beds for use by eligible adults in the region.

c. The pilot START program shall coordinate the cross-system provision of relevant services to eligible adults. Relevant services shall include, but need not be limited to:

(1) individualized, cross-system assessment and diagnostic services to be used in identifying eligible adults and assessing and meeting their service needs. Assessment and diagnostic services provided under this paragraph shall include, at a minimum: (a) the timely evaluation of an individual's eligibility for START services; and (b) the comprehensive assessment of each eligible adult's unique needs for treatment, supports, crisis prevention and response planning, therapeutic respite, and other START services;

(2) on-site and remote crisis response and stabilization services, which shall be available to eligible adults, immediately upon request or referral, 24 hours per day, seven days per week;

(3) therapeutic respite and stabilization care, which shall be provided in a therapeutic respite home to any adult in crisis and to any eligible adult whose crisis management and stabilization plan provides for the occasional and temporary use of therapeutic respite as a means by which to prevent the onset of a behavioral health crisis;

(4) ongoing and individualized cross-system crisis prevention and response planning services, which shall be made available, upon request or referral, to eligible adults and the family members, guardians, and caregivers thereof. Planning services provided under this paragraph shall, at a minimum, include the development of a personalized crisis management and stabilization plan for each eligible adult, which plan shall: (a) identify strategies that can be used by the eligible adult and the family members, guardian, or caregivers thereof to proactively prevent a behavioral health crisis; and (b) describe the means and methods that will be used, in the event of a behavioral health crisis, to facilitate the eligible adult's timely receipt of appropriate crisis intervention, response, counseling, and stabilization services in the least restrictive, non-institutional setting; and

(5) cross-system service coordination and referral services, and clinical and non-clinical consultation, education, and training services and sessions, which shall be made available to eligible adults and the family members, guardians, and caregivers thereof, and which shall be designed to: (a) help eligible adults and their family members, guardians, and caregivers identify and make full use of all available START services; (b) promptly link eligible adults to, and coordinate each adult's receipt of, appropriate START services; and (c) ensure the effective implementation of crisis management and stabilization plans, pursuant to paragraph (4) of this subsection.

3. a. One year after the pilot program takes effect, pursuant to section 2 of this section, and annually thereafter until the pilot program is terminated, the Commissioner of Human Services shall prepare and submit a written report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, describing the operations of, and activities undertaken pursuant to, the pilot program. Each report shall identify, at a minimum:

(1) the number of eligible adults in each of the northern, central, and southern regions of the State who are receiving START services under the pilot program;

(2) the location of each therapeutic respite home designated pursuant to subsection b. of section 2 of this act, and the number of respite beds and stabilization beds available at each therapeutic respite home;

(3) the number of eligible adults in each of the northern, central, and southern regions of the State who have utilized respite or stabilization services provided by a therapeutic respite home, and the average amount of time that eligible adults have spent in residential respite care or stabilization care;

(4) any problems or other factors that are affecting the implementation of the pilot program or reducing its effectiveness, and any actions that are being recommended or undertaken to address those problems; and

(5) the commissioner's findings and conclusions regarding the effectiveness of the pilot program's ongoing operations.

b. The final report that is prepared by the commissioner, pursuant to subsection a. of this section, shall be submitted to the Governor and Legislature within 30 days following the termination of the five-year pilot program. In addition to the information required by subsection a. of this section, the commissioner's final report shall include findings and recommendations indicating whether and how the pilot program should be established on a permanent basis.

4. This act shall take effect immediately, but shall expire upon the conclusion of the five-year pilot program.

STATEMENT

This bill requires the Commissioner of Human Services, within 180 days after the bill's effective date, to establish a five-year pilot program to facilitate the coordinated provision of systemic, therapeutic, assessment, resource, and treatment (START) services to eligible adults in the State. An "eligible adult" is defined by the bill as a person who has both a developmental disability and a mental illness and is eligible to receive services from the Department of Human Services (DHS).

The dual purposes of the pilot program will be to: 1) utilize appropriate crisis planning methods and the cross-system coordination of services as a means to promote and enhance the health, wellbeing, and ongoing mental stability of eligible adults residing at home in the community, in order to enable eligible adults to avoid institutionalization and maintain community-based residence; and 2) provide eligible adults with a therapeutic space, within the community, which can be used both for their respite, as a means to stave-off potential crisis, and for their stabilization in times of actual crisis.

In implementing the pilot START program, the Commissioner of Human Services will be required to:

1) develop effective community, regional, and Statewide partnerships and efficient cross-system service linkages, as may be necessary to ensure the timely and coordinated provision of START services to all eligible adults in the State;

2) ensure that the pilot program utilizes a person-centered and solutions-focused approach, employs positive psychology and other evidence-based practices, and prioritizes and optimizes the independence, therapeutic treatment, and community-based living of eligible adults, consistent with the START program model established in 1988 and promoted by the Center for START Services at the University of New Hampshire Institute on Disability; and

3) designate at least one facility in each of the northern, central, and southern regions of the State to serve as a therapeutic respite home under the pilot program. Each therapeutic respite home designated under the bill is to contain at least two respite beds and two stabilization beds for use by eligible adults in the region. Respite beds are to be reserved for use by an eligible adult who is not in crisis, but whose crisis management and stabilization plan provides for the occasional use of therapeutic respite services as a means by which to prevent the onset of a behavioral health crisis. Stabilization beds are to be reserved for use by eligible adults who are actively experiencing a behavioral health crisis.

The pilot START program will be designed to coordinate the cross-system provision of relevant services to eligible adults. Relevant services are to include, but need not be limited to:

1) individualized, cross-system assessment and diagnostic services to be used in identifying eligible adults and assessing and meeting their service needs;

2) on-site and remote crisis response and stabilization services, which are to be made available to eligible adults, immediately upon request or referral, 24 hours per day, seven days per week;

3) therapeutic respite and stabilization care, which is to be provided in a therapeutic respite home to any adult in crisis and to any eligible adult whose crisis management and stabilization plan provides for the occasional and temporary use of therapeutic respite as a means by which to prevent the onset of a behavioral health crisis;

4) ongoing and individualized cross-system crisis prevention and response planning services, which are to be made available, upon request or referral, to eligible adults and the family members, guardians, and caregivers thereof, and which are to include, at a minimum, the development of a personalized crisis management and stabilization plan for each eligible adult, which: a) identifies strategies that can be used by the eligible adult and the family members, guardian, or caregivers thereof to proactively prevent a behavioral health crisis; and b) describes the means and methods that will be used, in the event of a behavioral health crisis, to facilitate the eligible adult's timely receipt of appropriate crisis intervention, response, counseling, and stabilization services in the least restrictive, non-institutional setting; and

5) cross-system service coordination and referral services, and clinical and non-clinical consultation, education, and training services and sessions, which are to be made available to eligible adults and the family members, guardians, and caregivers thereof, in order to: a) help eligible adults and their family members, guardians, and caregivers identify and make full use of all available START services; b) promptly link eligible adults to, and coordinate each adult's receipt of, appropriate START services; and c) ensure the effective implementation of crisis management and stabilization plans.

The bill requires the Commissioner of Human Services, at the end of each year of the pilot program's operation, to submit a written report to the Governor and Legislature. Each annual report is to identify, at a minimum:

1) the number of eligible adults in each of the northern, central, and southern regions of the State who are receiving services under the pilot program;

2) the location of each therapeutic respite home designated under the bill, and the number of respite beds and stabilization beds that are available at each therapeutic respite home;

3) the number of eligible adults in each of the northern, central, and southern regions of the State who have utilized respite or stabilization services provided by a therapeutic respite home, and the average amount of time that eligible adults have spent in residential respite care or stabilization care;

4) any problems or other factors that are affecting the implementation of the pilot program or reducing its effectiveness, and any actions that are being recommended or undertaken to address those problems; and

5) the commissioner's findings and conclusions regarding the effectiveness of the pilot program's ongoing operations.

The commissioner's final report, which is to be submitted within 30 days following the termination of the five-year pilot program, will additionally be required to include the commissioner's findings and recommendations with respect to whether and how the pilot program should be established on a permanent basis.

This bill will take effect immediately, but will expire upon the termination of the five-year pilot program.