



Making Access To Mental Health Treatment A Priority

Investment we're making will change lives and get more people into treatment earlier, instead of the emergency room or prison later. It's the fiscally responsible thing to do – and it's the morally right thing to do.

-Governor Christie, January 12, 2016

Historic Financial Commitment To Extend Access To Care for Mental Health

As the demand for mental health services continues to grow, we must ensure that access to care exists so that those in need are quickly connected to treatment. Today, Governor Christie is announcing a historic financial commitment of over **\$100 million** in State and Federal funds to increase mental health and substance use treatment rates.

- Governor Christie is proposing revised Medicaid and provider rates for mental health and substance use treatment.
- This is the first significant Behavioral Health rate increase in more than a decade and will allow the state to provide more competitive reimbursement rates for services and providers and extend access to care for mental health coverage.

These actions will increase system capacity, reduce the use of emergency rooms for crisis care, and provide patients with the appropriate level of care for their needs.

- **Rutgers High Utilizer Report.** Nearly two years ago, Governor Christie commissioned Rutgers University to analyze the characteristics of the most expensive Medicaid patients. The study found that within the top 1 percent of the most-expensive Medicaid patients, more than 8 out of 10 people have a mental health problem, substance use disorder, or both.
- **Bolstering Mental Health And Addiction Rates By More Than \$100 Million.** A combined state and federal investment in FY'17 will help to increase mental health and substance use disorder rates by more than \$100 million.
- **Commitment To New Jersey Residents In Need Of Mental Health Or Substance Use Services.** Expanding access to behavioral health services and ensuring appropriate care will guarantee that anyone seeking access to treatment will receive services in a timely manner, and that those services are provided by quality professionals

equipped with adequate training to provide patients with the appropriate level of care for their needs.

- **Reducing Emergency Room Burdens.** Not only will these reforms provide greater access to care in the community, they will also reduce the burden that hospital emergency departments face in treating these patients. When individuals seek treatment through the right services, they prevent other health complications, and thus, the need for more expensive treatment. By improving access to care in the community, rather than through Emergency Departments, the pressure on hospitals to provide this treatment will be alleviated.
- **Fiscal And Morally Responsibility.** This investment will help make sure that those in need get the appropriate treatment earlier and preserve state resources by preventing unnecessary emergency room visits.

Expanding New Jersey's Training Programs For First Responders

Seeking to further expand on his commitment to further de-stigmatize mental illness, Governor Christie is calling for the expansion of New Jersey's training programs for first responders on the signs and symptoms of a mental health crisis. The proposal would commit additional resources in the coming budget to continue helping individuals stabilize and enter appropriate clinical treatment.

- To this end, the Crisis Intervention Training Program has already trained over 2,500 first responders in nine counties on how to recognize and de-escalate a situation where an individual suffering from mental illness is posing a risk to themselves or others.
- Emergency responders are often the first on the scene when a person is experiencing a mental health crisis; this specialized training creates a partnership between first responders and the mental health system so individuals can be brought to screening centers and mental health community providers instead of jail. It gives responders the capabilities to react to these unique and sensitive situations in a professional and humane manner.
- These initiatives help bring individuals with addiction into treatment, and see them as patients in need of help, so diversion programs within the criminal justice system can help individuals experiencing a mental health crisis be treated by appropriate medical providers
- Diverting individuals to treatment rather than jail will help to end the stigma of both substance use and mental health illness.

Addressing Violence By Fixing Shortcomings In The Mental Health System

In July 2014, Governor Christie provided the legislature with a reform plan that deals with individuals with mental illness who pose a danger to the community and directly addressing cracks in New Jersey's mental health system.

Governor Christie again called on the legislature to act on these critical reforms that will actually strike at the heart of senseless violence in our society – untreated mental health crises.

- **Improve Treatment for Individuals in Crisis with New Standards for Involuntary Commitment.** Under current law, New Jersey uses one standard for involuntary inpatient and outpatient commitment: whether the individual's mental illness causes the person to be dangerous and the person is unwilling to accept treatment voluntarily. Under the Governor's proposed reforms, a new standard for involuntary commitment will be created to include individuals who are not currently dangerous but whose mental illness, if untreated, could deteriorate to the point of harm, and treats potentially dangerous mental illnesses different from other cognitive disabilities to ensure they are treated appropriately.
- **Improve Standards for Involuntary Outpatient Treatment.** The Governor's changes will amend current law to eliminate the concerns raised by clinicians and courts regarding what factors should be considered when recommending involuntary outpatient treatment. Under the proposal, individuals would now be evaluated based

on a history of lack of compliance with treatment; acts of serious violent behavior to self or others; threats or attempts at harm within the past forty-eight months; or unwillingness to voluntarily comply with treatment because of a mental illness. These new standards provide predictable guidance for clinicians to best determine whether involuntary outpatient treatment is most appropriate to maximize use of outpatient commitment.

- **End the Broken Loops in Clinical Oversight.** The Governor's reforms provide for a streamlined, clinician-based process allowing a patient to be transferred between commitment settings to ensure a full spectrum of treatment to address mental illness fully and appropriately.