



New Jersey
Division of Mental Health Services
(DMHS)

TRANSPARENCY



THE FAMILY MONITORING PROGRAM



FAMILY MONITORING PROGRAM History

- 1983 – Western Massachusetts Alliance for Mentally Ill Citizens and the Massachusetts Department of Mental Health (handout)
- Ancora Psychiatric Hospital was the first NJ state psychiatric hospital to implement the Family Monitoring Program in January 1989.



FAMILY MONITORING PROGRAM

History continued

- The official “birth” of family involvement in the NJ state hospital system was with the adoption of the DMHS Admin. Bulletin 4:12 “Professional Collaboration with Families of Adult Clients Hospitalized in New Jersey State Psychiatric Hospitals” in 1996, with the purpose “to ensure that hospital policies and procedures are uniformly supportive of families and encourage their active collaboration in addressing the needs of hospitalized relatives.” (handout)



FAMILY MONITORING PROGRAM

New Jersey State Psychiatric Hospital Program Participation With NAMI

- Ancora (APH), Hagedorn (HPH), Trenton (TPH), Greystone Park (GPPH), and Marlboro (MPH) (until closed), participate in partnership with the New Jersey Chapter of the National Alliance on Mental Illness (NAMI NJ).



FAMILY MONITORING PROGRAM

How The Program Works

- Family members, many of whom are active in NAMI NJ, are provided orientation and guidance by hospital staff to enable monitoring visits, most typically unannounced. Assessments are completed within approximately one to one-and-a-half hours. Areas determined to need improvement or correction are reported to hospital administration and hospital boards.



FAMILY MONITORING PROGRAM

How The Program Works continued

- Each individual issue is responded to; corrective action is taken and reported back to monitoring groups. Also, during the periodic quarterly or bi-annual meetings with some of the groups, data is aggregated and reviewed for common themes.



FAMILY MONITORING PROGRAM

How Family Monitors Feel About The Work They Do In This Area

- *“...monitors like seeing the new programs that we do and will...in a heartbeat tell us when things are going wrong....They don't tell us when and where they are going until they get here so they see us as we are.”*
- Janet Monroe, CEO Greystone Park

FAMILY MONITORING PROGRAM

How Family Monitors Feel ...

continued

Participating in the Family Partner monitoring program has been extremely rewarding. My experiences range from inspecting the wards, attending programs, meeting and reviewing the programs with the religious ministry, and speaking with the staff and patients who are involved with the work program. I have found that the hospital staff has been receptive and cooperative with the monitoring program.

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FAMILY MONITORING PROGRAM

How Family Monitors Feel ...

continued

During my visits, the very dedicated staff has been helpful and receptive. Our questions and concerns have been addressed by the hospital's administration and I can see changes and improvements as a result of this program. - Stephanie M.

(handout w/ additional Family Monitors' Feedback)



FAMILY MONITORING PROGRAM

Next Step

Orientation/Curriculum Outline

- Draft program (handout) to allow consistent monitoring programs at all hospitals and facilitate family monitors and interested community representatives' ability to complete monitoring visits at any of the four participating hospitals.

FAMILY MONITORING PROGRAM

Next Step

Orientation/Curriculum Outline (continued)

- Draft Orientation includes the following:
 - Welcome & Overview of Hospitals & Monitoring Program
 - Responsibilities of Monitoring Program Group Leader
 - Completion, Submission & Processing of Reports
 - Disposition of Monitor Reports

FAMILY MONITORING PROGRAM

Next Step

Orientation/Curriculum Outline (continued)

- Summary of Key Points per Hospital Policies & Procedures:
 - Wellness & Recovery; Patient Confidentiality/HIPAA; Patient Rights; Smoking; Safety
- Program Descriptions/Monitoring
- Therapeutic Environment Conditions/Monitoring



THE PATIENT SERVICES COMPLIANCE UNIT (PSCU)

Purpose of PSCU



The PSCU is a unit within the DMHS. PSCU was established by law to provide support to the State psychiatric hospitals' administrations in reaching the goal of providing high quality supervision, care and treatment to their patients.



Purpose of PSCU (continued)

PSCU is committed to the vision of DMHS, and is partnering with consumers and their families to ensure that recovery oriented care is being provided at all 5 State psychiatric hospitals. The mission of PSCU is to reduce patient abuse and improve the overall State psychiatric hospital system.



History of PSCU

Two pieces of legislation govern PSCU's activities:

- PL 1997, Chapter 70 – Requires that any employee of a State psychiatric hospital who has reasonable cause to suspect or believe that a patient is being or has been abused by anyone shall report the information in a timely manner to a person designated by the Commissioner who is not an employee of a State psychiatric hospital. This is to reduce the fear of retaliation and increase reporting.



History of PSCU (continued)

- PL 1997, Chapter 68 – The Commissioner of Human Services designated staff who are not employed at a State psychiatric hospital to conduct announced and unannounced site visits on all three shifts, and on weekdays, weekends, and holidays at all State psychiatric hospitals.



PSCU Site Visit Topics

- Therapeutic Programming
- Environment of Care
- Staff Deployment
- Patient Abuse Reporting
- Seclusion, Restraint, and Special Levels of Observation
- Multicultural Services
- Patient Rights



Consumer & Family Member Participation In PSCU Site Visit Process

- September, 2007: PSCU began including consumer and family representatives (adjunct staff) on site visits to State psychiatric hospitals.
- Adjunct staff are recruited from Collaborative Support Programs of NJ (CSP NJ) and from the National Alliance on Mental Illness (NAMI).
- CSP and NAMI recruit adjunct staff; ensure they are fingerprinted and that background checks are done; and refer them to our training program.
- Adjunct staff required to complete PSCU's comprehensive training program.



Consumer & Family Member Participation In PSCU Site Visit Process (continued)

- Adjunct staff training includes the following:
 - Overview of Department of Human Services (DHS) and DMHS
 - Review of DMHS Wellness and Recovery Transformation Statement.
 - Purpose and history of PSCU
 - Overview of Site Review Process and Site Review Topics
 - Team member expectations and instructions
 - Importance of maintaining confidentiality (HIPPA)



Consumer & Family Member Participation In PSCU Site Visit Process (continued)

- Adjunct staff get paid through CSP and through NAMI; funding comes from DMHS.
- Before a Site Visit, a PSCU “team leader” contacts adjuncts and orients them to assignments.
- CSP and NAMI are notified when assignments are completed and these organizations pay adjuncts for their time.
- A total of 27 adjunct staff have participated in 14 PSCU site visits since September, 2007.



Statements From Adjunct Staff

- *I had a great experience on the site review. Learned a great deal and being well informed is a good thing. As I have expressed before, it is important for the families to take responsibility in the care and treatment of their loved ones, and even the ones who don't have families. I was able to take notice of a problem while I was at Ancora, took the information to the administrator and it was taken care of immediately. Networking for everyone is necessary.*
– Lucille K.

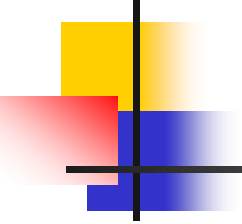
Statements From Adjunct Staff

(continued)

- *I am very happy to be part of the PSCU team. The team members are caring dedicated individuals who are concerned that the hospitals are delivering care in the best interest of the patients. My involvement has been very positive. Doing the site review has afforded me a deeper understanding of how patient care is delivered. I can be a better advocate in bringing the best possible care to those people who have to be in our state hospitals.*
– Marilyn G.

Statements From Adjunct Staff

(continued)

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- “I felt part of the process, team members were very welcoming”
 - “Thought it went well, well coordinated, team members very knowledgeable”
 - “Able to focus on things that are important to consumers, like weekend activities”
 - “While I provided insight to team members I also learned their perspective”
 - “Patients seemed to like knowing a consumer was on the team”



Proposal For Adjunct Staff To Answer The PSCU Toll-Free Line

- PSCU's toll-free line handles abuse, neglect, and professional misconduct allegations from the five psychiatric hospitals.
- Plans are underway to hire adjunct staff to assist with answering of PSCU's toll-free line.
- Job description and training program for the adjunct staff developed.
- Search for appropriate state civil service title for the adjunct staff underway.
- Necessary funding for the adjunct positions being secured.

Adjunct staff recruitment will be through NAMI and CSP.

Examples Of Consumer And Family Participation In DMHS Meetings, Task Forces, And Boards



- Regional Advisory Group Meetings- Northern Region meets quarterly; Southern Region meets monthly.
- Acute Care Task Force and its subcommittees- formed in 2008 with approximately 70 stakeholders to transform acute care services to a wellness and recovery model. Acute Care Task Force Subcommittees convened to study barriers in the areas of policy, service delivery, and data collection.

Examples Of Consumer And Family Participation...

(continued)

- County Acute Care meetings (System Review Committees)- Meet monthly in each county to review acute care data and to discuss systemic as well as specific case issues.
- Quarterly Stakeholder leadership meetings convened by the Assistant Commissioner
- County Mental Health Boards and the State's Mental Health Board and Planning Council

Examples Of Consumer And Family Participation...

(continued)

- Request for Proposal Reviews (RFPs)- family members and consumers are hired to participate in review of proposals. They also participate in part of the proposal selection process.
 - RFPs are evaluated using pre-determined DMHS Criteria.
 - Examples of RFPs include “Intensive Outpatient” awarded to 17 counties and the awarding of 325 Supportive Housing slots to various agencies in FY 2009.



Wellness And Recovery Transformation Plan

- Consumers and family members were involved in the development of the plan, along with other interested stakeholders including trade and provider organizations, representatives from other divisions, etc.
- Consumer input was obtained through forums conducted in both, the community and in the State psychiatric hospitals.



Wellness And Recovery Transformation Plan (continued)

- Family input was collected through community forums.
- Consumers and family members were involved with other stakeholders on most committees.
- Recommendations were made regarding ways in which consumers and families can be better incorporated into a wellness and recovery-oriented system.



Consumers And Family Members As Providers Of Service

Funded and supported by DMHS; examples include:

- CHOICES Program – peer advocates helping others end smoking
- Hospital Recovery Network Project – peer-to-peer recovery mentoring in State hospitals
- Hearts & Mind Program – motivational and educational approach by peers to address major health issues facing consumers.

Consumers And Family Members As Providers Of Service

(continued)

- Inclusion of a peer specialist on all PACT Teams; encourage inclusion of a peer specialist on ICMS Teams
- Provision of funding for screening services to include/hire peer and/or family members to work in the screening service
- Inclusion of a peer provider in Early Intervention Support Service pilot programs
- Peer-run Warm Lines

Examples of Families and Consumers Participation In State Hospitals' Meetings, Committees, Boards, etc.



- Treatment Team meetings
- Tours with local high schools to deal with Stigma
- Patient Government – *“very active and advises us of issues and has a rep that speaks to the Board in front of our news reporter. They were instrumental in our monitoring of our patient schedules.”* - Janet Monroe



Examples of Families and Consumers Participation In State Hospitals' Meetings, Committees, Boards, etc.

"We have had family members traditionally involved for years now with" - William Clayton, Assoc. Hospital Admin., Greystone Park:

- Incident Review Committees
- Risk Management Committees
- Safe Passage Planning
- Strategic Planning Session

DMHS Website



- News, Publications, Reports & Resources
 - Newsletters
 - Data Dashboard Reports:
<http://www.state.nj.us/humanservices/dmhs/news/reports/index.html>
 - Conditional Extension Pending Placement
 - Census
 - Admissions
 - Ancora Administrative Order 1:91 periodic status reports on progress

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DMHS Website (continued)

- Data Dashboard Reports (continued)
 - KROLS
 - Meagans
 - Walkaways & Elopements
 - Incidents
- Brochures, Fact Sheets, Directories & Other Publications



DMHS Website (continued)

- Alerts & Current Issues:
- *This section of our website helps the DMHS meet its goal of being transparent, by keeping the mental health community and our constituency informed regarding the various local, state and national issues that affect our mental health system.*

Our press release section will contain information about ongoing activity.

When necessary, crisis response items will also be posted on our DMHS home page and/or on our Disaster and Terrorism Branch home page, or on this page.

Department of Human Services (DHS) Budget Forums



- Annual community outreach meetings held at each of the three regions of the state for review of, and input into, the upcoming fiscal year's divisions' budgets within the DHS. Participants include providers, advocates, consumers, and the general public.