

HUMAN SERVICES

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

Family Support Services

Proposed Readoption with Amendments: N.J.A.C. 10:37I

Authorized By: Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Authority: N.J.S.A. 30:4-177.43 et seq., specifically 30:4-177.52.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2016-080.

Submit comments by August 5, 2016, to:

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The agency proposal follows:

Summary

The Department of Human Services (the Department), through the Division of Mental Health and Addiction Services (the Division), has reviewed N.J.A.C. 10:37I, Family Support Services, and has determined these rules to be necessary, reasonable,

and proper for the purpose for which they were originally promulgated. Technical amendments are necessary in order to clarify and update regulatory language. Therefore, the Department is proposing to readopt these rules with amendments.

N.J.A.C. 10:37I, Family Support Services, expires on May 11, 2016. As the Division submitted this notice of proposal to the Office of Administrative Law prior to that date, pursuant to N.J.S.A. 52:14B-5.1.c(2), the expiration date of N.J.A.C. 10:37I is extended 180 days to November 7, 2016.

As the Department has provided a 60-day comment period for this notice of proposal, this notice is excepted from the rulemaking calendar requirement, pursuant to N.J.A.C. 1:30-3.3(a)5.

The purpose of these rules is to govern the planning and delivery of family support services required by P.L. 1995, c. 314 (N.J.S.A. 30:4-177.43 et seq.), and funded by the Division, to families who provide care in the community for a family member with a serious mental illness. These rules assure an organized system of family support, promote the efficient and effective use of State funds by providers, and assure that quality services are delivered to families with a family member with a serious mental illness.

When families are integrally involved in the care of a family member with a serious mental illness, the families should be provided with the supports they need to sustain that family member with dignity in a community setting, within available funding limits. Family support services are a coordinated system of ongoing public and private support services, which are designed to maintain and enhance the quality of life of a family and improve its functioning. An important component of this system is intensive

family support services (IFSS), comprised of a range of family-driven, supportive activities including, but not limited to, psychoeducation, individual family consultations, multiple family support groups, respite, referral/service linkage, and advocacy. Services shall be offered to parents, spouses, siblings, and children of adults with a serious mental illness. Others who may use such services include relatives who are closely involved in and concerned about the daily functioning of the family member with a serious mental illness or non-relatives who are the primary caregivers.

The rules are comprised of five subchapters. N.J.A.C. 10:37I-1 defines the purpose and authority, scope, and definitions. N.J.A.C. 10:37I-2 defines the general eligibility. N.J.A.C. 10:37I-3 describes the role of the family support coordinator. N.J.A.C. 10:37I-4 details the responsibilities and membership of the regional and Statewide family support working groups required by P.L. 1995, c. 314. N.J.A.C. 10:37I-5 defines the scope and purpose of the IFSS program including, written policies and procedures, population priorities, admission criteria, criteria for termination of services, service planning and services to be provided, service coordination, assessment, service preferences and record documentation, staffing requirements, and quality assurance.

The Division convened a workgroup consisting of service providers, family advocates, the family support coordinator working under the direction of a Statewide family advocacy organization, Division and Department Office of Licensing (OOL) staff to review these rules and determined that technical amendments are required.

An amendment is proposed at N.J.A.C. 10:37I-1.1 and 1.3 to reflect the current name of the Division of Mental Health and Addiction Services. In the Fiscal Year 2010-2011 State Appropriations Act, the former Division of Mental Health and the former

Division of Addiction Services merged to create the combined Division of Mental Health and Addiction Services.

An amendment is proposed at N.J.A.C. 10:37I-3.1(c)1 to ensure consistency with N.J.S.A. 30:4-177.48, which identifies when a State family support services plan for families of persons with a serious mental illness is adopted, reviewed, and revised.

An amendment is proposed at N.J.A.C. 10:37I-5.3(a)1 to update The Diagnostic and Statistical Manual (DSM), as well as the new address for the American Psychiatric Association (APA). The DSM was first published in 1952. Since that time, there is a wealth of new research and knowledge about mental disorders. After many years of research and discussion, the APA released the DSM-5 in May 2013. The amendment also reflects that primary psychiatric diagnosis no longer includes Axis I.

An amendment is proposed at N.J.A.C. 10:37I-5.8(d)2 to indicate that IFSS assessments, not FSS assessments, are the subject matter in the subchapter pertaining to intensive family support services standards.

An amendment is proposed at N.J.A.C. 10:37I-5.8(d)3vi to state that service preferences and revisions will be documented as per N.J.A.C. 10:37I-5.8(d)2i, not (c)2i.

An amendment is proposed at N.J.A.C. 10:37I-5.8(d)4v to state that progress notes will reflect attempts to complete the family level of concern survey and family preference form in compliance with timeframes specified in N.J.A.C. 10:37I-5.8(d)2i, not (c)2i.

Finally, an amendment is proposed at N.J.A.C. 10:37I-5.8(d)6 to state that documentation pertaining to inactive status will be in accord with N.J.A.C. 10:37-5.4(d), not (a)2ii.

Social Impact

The rules proposed for readoption with amendments will have a positive social impact on participants in intensive family support services by establishing, within applicable legal parameters, uniform policies and procedures regarding intensive family support services. Past practice has demonstrated that intensive family support services, while targeted to the needs of relatives and significant others whose lives are significantly impacted by the mental illness of a family member, also have a positive impact on the course of that person's recovery. Research evaluations have shown intensive family support services significantly reduce a family's trepidation at becoming caregivers to a relative with mental illness, improve a family's satisfaction with mental health services, and significantly reduce the need for psychiatric inpatient and crisis services.

The rules proposed for readoption with amendments will positively impact families that are eligible to receive services by establishing standards designed to promote the effective delivery of appropriately prioritized services. Additionally, the standards contained in the rules proposed for readoption with amendments assist provider agencies to attain their goal of providing high quality and responsive services. The Division benefits from the readoption of these standards because they provide an appropriate measure to use in determining whether service delivery meets basic minimum standards.

Economic Impact

The funding of, and the establishment of standards for, the services which are the basis of these rules have a positive impact on families with limited incomes because they are made available to them at no cost. The Department believes that the provider

community can comply with the rules proposed for readoption with amendments. The rules proposed for readoption with amendments are not intended or expected to have an impact on the amount of Division funding available to agencies to provide these services in the future. The Department also believes that taxpayers throughout the State ultimately benefit from the effective delivery of these services, because the services are designed to reduce the need for expensive psychiatric hospital stays.

Federal Standards Statement

A Federal standards analysis is not required because the rules proposed for readoption with amendments are not subject to any Federal requirements or standards.

Jobs Impact

The rules proposed for readoption with amendments will neither generate nor cause the loss of any jobs.

Agriculture Industry Impact

The rules proposed for readoption with amendments would have no impact on agriculture in the State of New Jersey.

Regulatory Flexibility Analysis

Some of the agencies licensed to provide intensive family support services may employ fewer than 100 employees full-time in New Jersey, and, thus, may qualify as small businesses, as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The rules proposed for readoption with amendments impose some minor reporting, recordkeeping, and other compliance requirements upon such provider agencies. Specifically, N.J.A.C. 10:37I-5.2 requires written policies and procedures to assure flexible, accessible, and individualized services; to define and prioritize the target

population; to establish how services shall be designed, monitored, and integrated into the agency's overall quality assurance plan; to assure the proper orientation of respite workers; and to regulate IFSS access to, and use of, family assistance funds.

N.J.A.C. 10:37I-5.4 requires specific admission, intake, and assessment procedures when a family terminates participation in IFSS. N.J.A.C. 10:37I-5.6 establishes minimum content topics for psychoeducation services. N.J.A.C. 10:37I-5.7 requires the PA to develop an IFSS brochure that must be circulated in the community.

Progress notes shall reflect attempts to complete the family level of concern survey (N.J.A.C. 10:37I-5.8(d)4v). Progress notes include the PA's summary report regarding a family's termination from IFSS (N.J.A.C. 10:37I-5.8(d)9).

N.J.A.C. 10:37I-5.10 requires the PA to develop an individualized training plan for each IFSS staff member and to document the training received by workers. An individualized training plan for the family support specialist must be developed (N.J.A.C. 10:37I-5.10(a)). This section also requires the PA to develop resources sufficient to provide accessible, appropriate education to families.

N.J.A.C. 10:37I-5.11 requires specific quality assurance and utilization review activities, including compliance with client complaint/ombuds procedures, the collection of information regarding family satisfaction with services and their levels of concern, the review of aggregated information regarding referral sources of individuals to the IFSS program, and the incorporation of documented feedback into the quality assurance process.

The reporting, recordkeeping, and other compliance requirements imposed upon provider agencies must be uniformly applied, regardless of the size of the provider

agency, to ensure that families receiving these services throughout the State do so in accordance with basic minimum standards of quality. These standards are important because many individuals with mental illness may be at risk of more restrictive and expensive hospitalizations, unless these services are competently and effectively provided. Additionally, these agencies are individually funded by the Division to be able to meet these requirements and it is not anticipated that compliance will require the employment of professional services by providers.

Housing Affordability Impact Analysis

The rules proposed for readoption with amendments will have an insignificant impact on the affordability of housing in New Jersey and there is an extreme unlikelihood that the rules would evoke a change in the average costs associated with housing because the rules concern the provision of support and educational services to families of individuals with serious mental illness.

Smart Growth Development Impact Analysis

The rules proposed for readoption with amendments will have an insignificant impact on smart growth and there is an extreme unlikelihood that the rules would evoke a change in the housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because the rules concern the provision of support and educational services for families of individuals with serious mental illness.

Full text of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 10:371.

Full text of the proposed amendments follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS

10:37I-1.1 Purpose; authority

(a) Pursuant to P.L. 1995, [c.314] **c. 314**, The Division of Mental Health **and Addiction** Services of the Department of Human Services shall establish a program of family support services designed to strengthen and promote families who provide care in the community for a family member with a serious mental illness.

(b)–(h) (No change.)

10:37I-1.3 Definitions

...

“Division” means the Division of Mental Health **and Addiction** Services in the Department of Human Services.

...

SUBCHAPTER 3. FAMILY SUPPORT COORDINATOR

10:37I-3.1 Role of the coordinator

(a)–(b) (No change.)

(c) The Family Support Coordinator, in conjunction with the Statewide family advocacy organization and local family advocacy groups, shall work to expand and establish family support services throughout the State, in accordance with **(c)**1 through 3 below.

1. In conjunction with the three regional family working groups and the Statewide family working group, established pursuant to N.J.S.A. 30:4-177.48, the Family Support Coordinator shall adopt, review, and revise as needed, [but no less than annually,] a State Family Support Services Plan for Families of Persons with a Serious Mental Illness. The Plan shall identify:

i.- iii. (No change.)

2.-3. (No change.)

SUBCHAPTER 5. INTENSIVE FAMILY SUPPORT SERVICES STANDARDS

10:37I-5.3 Population priorities

(a) Services shall be offered to parents, spouses, siblings, and children of adults with a serious mental illness. Others who may use such services include relatives who are closely involved in and concerned about the daily functioning of the family member with a serious mental illness, or significant others and non-relatives who are the primary caregivers for the family member with a serious mental illness.

1. For the purposes of the IFSS program priorities, serious mental illness shall be defined, using the Diagnostic and Statistical Manual of Mental Disorders [(IV) of the American Psychiatric Association], **Fifth Edition (DSM-5), incorporated herein by reference**, as amended and supplemented, incorporated herein by reference. **Copies of the DSM may be obtained from the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901.** Serious mental illness is a primary [Axis I] psychiatric diagnosis or exhibiting symptoms of:

i. – vi. (No change.)

2. (No change.)

(b) - (c) (No change.)

10:37I-5.8 Assessment, service preferences, and record documentation

(a)–(c) (No change.)

(d) The records shall contain all relevant information and shall be maintained to preserve confidentiality. At a minimum, the records shall contain the following:

1. (No change.)

2. [FSS] **IFSS** assessments, which shall document in the record the following information as it occurs:

i.–v. (No change.)

3. IFSS service preferences, as follows:

i.–v. (No change.)

vi. Service preferences shall be reviewed with the family and revised whenever there is a significant change in the family's situation but minimally in conjunction with the administration of the family concerns survey, as delineated [herein] at [(c)2i] **(d)2i** above;

4. Progress notes, as follows:

i.–iv. (No change.)

v. Progress notes shall reflect attempts to complete the family level of concern survey and the family preference form in compliance with the timeframes specified in [(c)2i] **(d)2i** above if the documents referenced in this section are not completed, despite reasonable and diligent staff attempts;

vi.–viii. (No change.)

5. (No change.)

6. Documentation [which] **that** summarizes the family's well-being when placed on inactive status and at the six-month follow-up contact required by N.J.A.C. 10:37I-5.4[(a)2ii](**d**);

7.– 9. (No change.)