

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5565

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 9, 2021

The Assembly Human Services Committee reports favorably and with committee amendments Assembly Bill No. 5565.

As amended by the committee, this bill, to be known as the “Behavioral Health Crisis Mobile Response Act,” would require the Commissioner of Human Services, in consultation with the Commissioner of Health, and the Directors of the Division of Mental Health and Addiction Services, and the Division of Developmental Disabilities in the Department of Human Services (DHS), to establish a Statewide mobile crisis response system to provide immediate crisis response services, and ongoing stabilization management services, upon request, to adults with disabilities (i.e., with intellectual or developmental disabilities, or mental illness) who are experiencing a behavioral health crisis, and their families and attendant caregivers or other staff.

The mobile crisis response system would be designed to prevent the hospitalization of adults in crisis, and to provide for the stabilization of adults in crisis in the least restrictive environment. The system would be implemented on a Statewide basis, with at least one mobile crisis response agency available to provide crisis response services and stabilization management services, and at least one temporary stabilization unit available to provide temporary crisis beds, in each of the northern, central, and southern regions of the State.

Any person, group, or entity wishing to provide initial crisis response services or stabilization management services, pursuant to this bill’s provisions, would need to be approved by the New Jersey Medicaid and FamilyCare programs, and by the DHS, as a mobile response agency. Each mobile crisis response agency approved under the bill would be required to employ one or more mobile crisis response teams, composed of mental health professionals, to:

- 1) provide mobile crisis response services in the home of a person in crisis, or at another community location where a person in crisis is located;
- 2) when deemed to be appropriate, transport the adult in crisis to a temporary stabilization unit established and licensed pursuant to the bill; and

3) provide ongoing stabilization management services to the adult in crisis, in the adult's home, when authorized to do so by the DHS.

Mobile crisis response services and stabilization management services, which are provided by a mobile crisis response team under this bill's provisions, are to be delivered directly by, or under the supervision of, a licensed and experienced psychiatrist.

Mobile crisis response services are to be provided to an eligible adult in crisis for a period of up to 72 hours per crisis episode, over the course of up to a four-day period, immediately following the initial referral or dispatch, and are to be designed to stabilize the presenting behaviors and crisis situation, with the goal of preventing a disruption of the current living arrangement, and avoiding inappropriate psychiatric hospitalization or residential placement, of the adult in crisis. Each referral to, or dispatch of, a mobile crisis response team will be registered with the DHS within 24 hours after the team receives notice thereof.

Mobile crisis response services provided by a mobile crisis response team are to include, but need not be limited to:

1) mobile outreach and face-to-face contact with the adult in crisis, which face-to-face contact is to occur within 24 hours following the initial referral or dispatch, except in situations requiring an immediate response, in which case, face-to-face contact is to occur within one hour after the initial referral or dispatch, unless a delay is requested by the family of the adult in crisis, in order to meet the family's needs;

2) the immediate assessment and evaluation of the presenting crisis, including an assessment of the safety of, or danger to, the adult in crisis, other residents of the home, and members of the community, as well as an assessment of caregiver culpability and clinical and environmental factors that contributed to the crisis;

3) the immediate use of clinical and therapeutic interventions to stabilize the presenting crisis;

4) the development of an individualized crisis stabilization plan (ICSP), as provided by the bill, which plan is to include, among other things, an indication of appropriate clinical and therapeutic interventions to be used in addressing and stabilizing the presenting crisis; and a plan to ensure the stabilization and treatment of the adult in crisis in the least restrictive environment; and

5) the provision of relevant information, crisis training, and program and service referrals to the family members or caregivers of the adult in crisis.

If, at any time during the initial 72-hour mobile response period, the mobile crisis response team determines that the presenting crisis can only be stabilized through the temporary placement of the adult in a temporary stabilization unit, the crisis response team will be required to transport the adult in crisis to a temporary stabilization

unit, and the adult will be admitted to the unit, for a period not exceeding seven days, as necessary to facilitate the initial stabilization of the crisis. A temporary stabilization unit is to be approved and licensed by the Department of Health, and is to: 1) provide a calming, non-clinical, and non-punitive environment for the stabilization of adults in crisis; 2) be staffed by properly credentialed mental health professionals who are capable of, and have expertise in, calming and stabilizing crisis situations in adults with disabilities; 3) have a sufficient number of crisis beds to meet the behavioral health crisis needs of citizens in the region in which the unit is situated; and 4) be situated separately and apart from any other clinical or mental health care unit or facility. If the temporary stabilization unit is a part of a separately licensed health care facility or hospital, the temporary stabilization unit is to be unconnected to, and located separately from, any emergency department or other department or unit of medicine, and is to utilize an entrance that is separate from the entrance that is used by patients of, and visitors to, such other departments or units.

Whenever an adult is placed in a crisis bed in a temporary stabilization unit, the need for such placement is to be reviewed and documented by the mobile crisis response team on a daily basis during such placement, and the adult is to be immediately discharged from such placement upon a determination by the team that continued placement is no longer necessary.

If a crisis is not sufficiently stabilized during the initial 72-hour mobile response period, or during a related stay at a temporary stabilization unit, the mobile crisis response team will be required to provide the adult in crisis with ongoing stabilization management services, in the adult's home, following the completion of the initial crisis response period. Stabilization management services may not be provided, unless the DHS grants prior approval authorizing the provision of such services to the adult in crisis. The DHS may authorize the mobile crisis response team to provide stabilization management services for a period of up to eight weeks, as deemed by the department to be appropriate.

Stabilization management services may include: 1) necessary mental or behavioral health intervention services to maintain the stabilization of the crisis and minimize or eliminate the factors that contributed to the crisis, including, but not limited to, psychiatric or psychological services, medication management services, community-based mental health rehabilitation services, such as behavioral assistance services and intensive in-community services, and any other formal or informal community-based mental health or behavioral health rehabilitation services; and 2) continued advocacy, networking, and support by the mobile crisis response team, as may be necessary to provide linkages and referrals to appropriate community-based services, and to assist the adult in

crisis, and the family members or caregivers thereof, in accessing other benefits or assistance programs for which they may be eligible.

During the stabilization management period, the mobile crisis response team will be required to review the ICSP on a weekly basis, in order to ensure that the services included therein are effectively addressing the presenting crisis and any factors that contributed to the crisis. Any necessary amendments to the ICSP are to be registered with the division within 24 hours after each review is concluded.

Each mobile crisis response agency will be required, under the bill, to maintain an individual service record for each adult who is served thereby.

Each mobile crisis response agency and temporary stabilization unit will be eligible for reimbursement, as described in the bill, for the services provided thereby under the bill's provisions.

Any person seeking to deliver crisis response services or stabilization management services as a member of a mobile crisis response team, or as a staff member at a temporary stabilization unit, will be required to comply with the criminal history record background check requirements established by P.L.1999, c.358 (C.30:6D-63 et seq.), which are applicable to "community agency employees," as a condition of the person's employment.

The bill also requires all direct care staff members providing services at group homes for individuals with intellectual or developmental disabilities to successfully complete a course of training on: 1) the de-escalation and stabilization of crisis episodes in adults with disabilities; 2) behavioral analysis and management; and 3) behavioral health crisis recognition and identification. The training would also be required to inform direct care staff members of the mobile crisis response system established under the bill, and the procedures that may be used to obtain assistance from a mobile crisis response team whenever a group home resident is experiencing a behavioral health crisis.

COMMITTEE AMENDMENTS

The committee amended the bill to remove language appropriating \$2.5 million to effectuate the purposes of the bill.

The committee amendments provide technical changes to the synopsis and title to reflect the removal of the bill's appropriation.