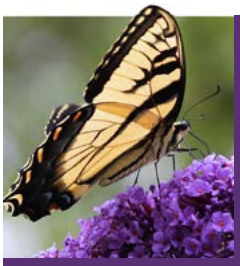

NJ Department of Human Services
Division of Mental Health and Addiction Services

DMHAS News

- Volume 1
- Number 1
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Chris Christie, *Governor* Kim Guadagno, *Lt. Governor* Jennifer Velez, *Commissioner* Lynn Kovich, *Asst. Commissioner*

A Message from the Assistant Commissioner

Dear Mental Health and Addiction Services Stakeholders,

Welcome to this inaugural issue of the Division of Mental Health and Addiction Services Newsletter. As a communication tool, it is designed for sharing administrative, planning, policy and direct service information. We have designed it to facilitate linkages to our website, to the new DMHAS' functional structure, roles and units, and to the complement of community resources available. Be sure to look for the many "linkable resources" within.

DMHAS News seeks to inform our providers, consumers and their families, along with the network of advisory committees, advocacy groups, and coordinating meetings. This resource supports our efforts to share information regarding ongoing system change and our commitment to ensuring transparency, responsible stewardship of public funds and timely investment of best practice resources. In it you will find contacts, current activities and plans. As an inaugural newsletter, it is a work in progress. I welcome any suggestions you have (*DMHASNews@dhs.state.nj.us*)to make this newsletter as useful and informative as possible.

Sincerely,

Lynn Kovich,
Assistant Commissioner, *DMHAS*

Integrating Mental Health and Addiction Services

As SAMHSA states "prevention works, people recover and treatment is effective." Achieving and sustaining these goals requires significant resource investment and professional collaboration. A complex system of care can often prevent easy access for vulnerable populations in need. A well integrated behavioral health system will facilitate services to people who need them. The DMHAS supports a statewide network of mental health and addiction service providers by convening stakeholders and providing policy development, funding, licensing, technical assistance, research resources and regulatory oversight. Merging the Division of Mental Health Services and the Division of Addiction Services has allowed DMHAS to join two professional networks with decades of experience and commitment in order to better address the mental health and addiction service needs of New Jersey residents. This wealth of pooled knowledge and commitment will also help to address the behavioral health needs of all New Jersey residents through the integration of addiction and mental health services into the evolving health care system, its Medicaid expansion, and DMHAS' complementary community housing and workforce development efforts.

The merging of the mental health and addiction service systems positions New Jersey for further integration opportunities as the primary care system itself seeks to better assess and manage the behavioral health needs of consumers, many of whom will now have increased access through insurance expansion. Behavioral health challenges have serious personal and economic costs for individuals and their families. The current challenge of integration calls for relationships that better link and sustain health care system resources and more consumer centered community based services.

Cross system collaboration will help us better meet people's wellness needs more consistently and directly within their local primary care system. Through partnerships with stakeholders representing advocates, service recipients, service providers and service payers, DMHAS promotes accessible, user friendly, culturally and linguistically competent, affordable behavioral health care services.

In This Issue

Consumer Corner

The Consumer Corner encourages contributions from consumers of mental health and addiction services. This first issue includes a powerful poem by Susanne Mills, BA, CRE, WC, who has been working for the Office of Prevention, Early Intervention, and Community Services at DMHAS since 2011 and who has also been a valuable member of our Suicide Prevention Committee. The poem appeared previously in a special message from the DMHAS Suicide Prevention committee.

Finding myself

By Susanne Mills

For most of my life I wanted to die
Periodically my body would give it a good try

I never wanted to relive the pain that I had endured
Many years of therapy and they told me I would never be cured
The harder I tried to deal with my past abuse
The more it felt like there was simply no use

I tried to understand what was going on in my head
All I found were obsessive thoughts to be dead
I am the patient on which the world had given up
Talk about ironic; my heart was out of luck

I met an APN who said life could finally be good
She checked my pulse, but it didn't pummel like it should
I came to my weekly appointments and there I shared
What a difference it made to have someone who cared

The more I cleared my mind, the more powerful the voices grew
Little did I know that those delusions were an aberration of someone that I knew
Hallucinations became the norm to my abnormal thinking
Saturating my brain with overflow, like water entering a ship sinking

I learned that the voices do not have to agonize all extremes
You don't always have to succumb to the reality of the dream
Managing my voices came from within
My heart it directed me exactly where to begin
My mind is quiet now, No more voices or static
Frustrations cleared away, I no longer panic
I take what is called a long-acting injection
A medicinal potion to correct a slight imperfection
It has made my brain free of intrusion and condemnation
I now have clarity beyond my wildest expectation
I have to work hard to keep my thoughts clear
And work I have done, it's been more than a year

I am a woman with schizophrenia and on that fact I do boast
Although today I stand before as a person first and foremost
A fellow human being full of hope and aspirations
A survivor of diversity, I make a proclamation
To work hard each day and contribute to society
To never give up, life would have less variety

So be clear on this message that I bring to the table
Don't give up on any one; we may become more than just our label.

There is Hope!

Identifying warning signs and being aware of available resources are crucial elements in suicide prevention. Verbalizing suicidal thoughts or feelings are straightforward signs but more hidden signs relate to:

- talking about feelings of hopelessness or a missing purpose in life
- increased alcohol and/or drug use
- sleeping too little or too much
- withdrawing from social contacts
- acting anxious or agitated
- giving away possessions
- saying good-byes
- difficulties coping with a recent loss
- communication around death, etc.

Please follow the links below to learn more about warning signs.

- *http://www.suicidepreventionlifeline.org/gethelp*
- *http://www.helpguide.org/mental/suicide_prevention.htm*
- *http://www.suicide.org/suicide-warning-signs.html*

You can also call the following toll free number to learn more about help and support:

NJ Hopeline at
855-NJ-HOPELINE (855-654-6735)

We are always looking for contributions and success stories to be featured in our DMHAS Newsletter. If you are interested and would like more information please send us an e-mail at: *DMHASNews@dhs.state.nj.us*

Using Data to Better Understand Public Health Trends in Our State

DMHAS is committed to the highest standards in treatment, recovery, prevention and early intervention research, planning and technical assistance to support the many agencies and groups it partners with to coordinate and support services through its regional, county and municipal programs, and its hospitals and community based offices. To this end, the DMHAS research office collects and analyzes data through various programs and initiatives for use in DMHAS' planning, funding, technical assistance and reporting activities. DMHAS News may include articles that provide links to topic areas (highlighted in green lettering which you can "Click") that may interest advocates, researchers and planners. Online DMHAS resources include epidemiological overview reports and other online data disaggregated to the county and municipal levels.

The former DAS and DMHS websites are currently being merged into a new DMHAS website. The various reports are posted at the DMHAS website (These can be reached

by "clicking" the following links: *www.state.nj.us/humanservices/das/news/reports/surveys/*) and *www.nj.gov/humanservices/dmhs/news/reports/*. Along with data resources being developed by DMHAS internally, there are existing resources from federal websites that can complement information found at the DMHAS online links. You can visit *www.samhsa.gov/dataoutcomes/urs/2012/NewJersey.pdf* for DMHAS mental health data at the SAMHSA website.

DMHAS publishes numerous reports and surveys to support the work of mental health and addictions stakeholders. These online resources can complement advocacy, policy and planning efforts to help community stakeholders address treatment field insights, trends and needs. Our data collection efforts aim to document epidemiological factors relevant to ongoing treatment, recovery, prevention, and early intervention program efforts and relevant service population knowledge, attitudes and behaviors. While some of our reports collect program utilization data, other research efforts implement surveys to help assess behavioral health trends such as youth knowledge, attitudes and behaviors relevant to substance abuse issues.

Our data collection efforts support our commitment to best practice development and measurement of program outcomes. The initial analysis we provide, and the work that you and your team can do by downloading and sharing this data, can help you locally in your efforts to better understand community factors impacting disease trends and local public health challenges. These reports can be an important part of effective program development and best practice documentation.

NJ Substance Abuse Overviews

The following chart on heroin and opiate admissions is an example of available data. This chart is from our most recent 2012 Substance Abuse Overviews report which lists major substance abuse treatment categories by number and percent cases admitted to treatment per NJ county of residence.

The report also lists admissions for all NJ county municipalities. You can download a copy of the report for the NJ county you are interested in by simply clicking the chart. You can "click" the chart to access the complete report online.

Continued on page 5

Ranked Heroin and Opiates Admissions by Number and % of Total State Admissions Who Received Treatment in 2012 Compared to Other Drugs of Abuse for All New Jersey Counties

County of Residence	Alcohol		Cocaine		Heroin & Opiates		Marijuana		Other	
	N	%	N	%	N	%	N	%	N	%
Ocean	1,809	8.1	210	4.8	3,683	11.4	873	7.1	138	6.3
Essex	1,387	6.2	515	11.8	3,175	9.8	1,339	10.8	162	7.4
Monmouth	2,679	12.0	353	8.1	3,120	9.6	965	7.8	159	7.2
Camden	1,501	6.7	415	9.5	2,761	8.5	1,303	10.5	315	14.3
Atlantic	1,059	4.7	234	5.4	2,237	6.9	473	3.8	121	5.5
Middlesex	1,692	7.6	261	6.0	2,206	6.8	774	6.3	135	6.1
Gloucester	832	3.7	183	4.2	1,962	6.1	506	4.1	142	6.5
Hudson	1,315	5.9	202	4.6	1,674	5.2	1,086	8.8	220	10.0
Passaic	1,010	4.5	263	6.0	1,583	4.9	598	4.8	136	6.2
Union	1,097	4.9	311	7.1	1,411	4.4	780	6.3	92	4.2
Burlington	988	4.4	128	2.9	1,372	4.2	387	3.1	92	4.2
Bergen	1,365	6.1	243	5.6	1,176	3.6	477	3.9	71	3.2
Morris	1,090	4.9	126	2.9	1,174	3.6	370	3.0	66	3.0
Cape May	677	3.0	129	3.0	949	2.9	323	2.6	53	2.4
Mercer	913	4.1	319	7.3	799	2.5	743	6.0	64	2.9
Sussex	442	2.0	35	0.8	700	2.2	117	0.9	23	1.0
Somerset	820	3.7	110	2.5	690	2.1	310	2.5	53	2.4
Cumberland	661	3.0	175	4.0	687	2.1	417	3.4	67	3.0
Warren	372	1.7	54	1.2	441	1.4	201	1.6	41	1.9
Salem	144	0.6	57	1.3	296	0.9	156	1.3	17	0.8
Hunterdon	463	2.1	34	0.8	293	0.9	182	1.5	34	1.5
Total	22,316	100%	4,357	100%	32,389	100%	12,380	100%	2,201	100%

Note: Column % totals may not add up to 100% due to rounding error.

Our State Psychiatric Hospitals

Greystone Park Psychiatric Hospital

Greystone Park Psychiatric Hospital hosted a symposium on "*Equine Therapy for Long Term Psychiatric Disorders*" on October 4, 2013. The program included presentations on "*Development of Equine Assisted Activities and Therapies for Medical/Behavioral Disorders*", "*Equine Therapy for Co-Occurring Disorders*", as well as round table discussions on the "Future of Equine Therapies in the Mental Health Environment" for established professionals in the field. The day also included a demonstration of an equine therapy session for guests and visitors to provide a broader understanding of Equine Therapy in a clinical inpatient setting. Special guest speakers included the distinguished Professor Octavia Brown who pioneered Equine therapies for medical and behavioral disorders. From Arizona, Professor Elizabeth Dampsey spoke on these programs and their benefit for working with Co-Occurring Disorders. The day also included our own Dr. Jeffry Nurenberg and Dr. Steven Schleifer presenting their research and findings on utilizing the Equine Therapy program.

The Equine Assisted Psychotherapy Program is dedicated to improving the mental health of individuals and groups within the patient population of Greystone Park Psychiatric Hospital. "Animal-assisted therapy has shown evidenced-based efficacy in patients including war veterans with PTSD, depression, anxiety, attention-deficit/hyperactivity disorder, conduct disorders, dissociative disorders, and other chronic mental illnesses. In light of research and observational findings, experts suggest that Equine Therapy, a common form of animal-assisted therapy, may yield a variety of psychotherapeutic benefits." This programming opportunity benefitted those in the clinical and human development fields by providing a powerful, effective, interesting, fun, therapeutic and educational setting to reach patients who have not responded to other types of therapy.

Ancora, Ann Klein and Greystone Park Make The Joint Commission's list of *Top Performer on Key Quality Measures®* Hospitals

The Joint Commission launched its Top Performer on Key Quality Measures® program in September 2011 and Top Performer hospitals are recognized in the fall of each year in its publication: "*Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety*" (*www.jointcommission.org/assets/1/6/TJC_Annual_Report_2013.pdf*). This program recognizes and honors hospitals that demonstrate excellent performance on "accountability measure" performance. The program is based on data reported in the previous year about evidence-based clinical processes that are shown to be the best treatments for certain conditions. Thirty-three percent of all Joint Commission-accredited hospitals that reported accountability measure data to the Joint Commission in 2012 are recognized as Top Performer hospitals.

In 2012, freestanding psychiatric hospitals or hospitals with inpatient psychiatric units were included in the Top Performer program for the first time, based on 2011 calendar year data. Reporting on the inpatient psychiatric services measure set was not required until January 2011, so 2011 was the first year that these data became available for the Top Performer

Psychiatric Hospitals ...continued

program designation.

This year's Top Performer List for the Inpatient Psychiatric Hospital quality indicators included three of NJ's state psychiatric hospitals: Ancora Psychiatric Hospital, Ann Klein Forensic Center, and Greystone Park Psychiatric Hospital.

The current eligibility criteria for the Top Performer on Key Quality Measures program include a three step process:

1) achieving cumulative performance of 95 percent or above across all reported accountability measures

2) achieving performance of 95 percent or above on each and every reported accountability measure where there are at least 30 denominator cases; and

3) having at least one core measure set that has a composite rate of 95 percent or above, and within that measure set all applicable accountability measures have a performance rate of 95 percent or above.

Accountability measures are those measures that have been shown to produce the greatest positive impact on patient outcomes. Since January 1, 2011 discharges/episodes of care, all Joint Commission accredited free-standing psychiatric hospitals that are surveyed under the *Comprehensive Accreditation Manual for Hospitals: The Official Handbook have been required to use the Hospital Based Inpatient Psychiatric Services (HBIPS)* core measure set. The specific measures reported by the state psychiatric hospitals are called "inpatient psychiatric services" and include the following measures:

- HBIPS-1: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History & Patient Strengths Completed
- HBIPS-2: Hours of Physical Restraint Use
- HBIPS-3: Hours of Seclusion
- HBIPS-4a: Patients Discharged on Multiple Antipsychotic Medications
- HBIPS-5a: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
- HBIPS-6: Post Discharge Continuing Care Plan Created
- HBIPS-7: Post Discharge Continuing Care Plan Transmitted To Next Level of Care Provider Upon Discharge

Of the measures submitted to The Joint Commission, Post Discharge Continuing Care Plan (HBIPS-6) and Continuing Care Plan Transmitted to Next Level of Care Provider (HBIPS-7) are the two measures used to determine *Top Performer List for the Inpatient Psychiatric Hospital* quality indicators for the reporting year 2012. The HBIPS-5a (*Justification for Multiple Antipsychotic Medications*) will be included in The Joint Commission's calculation of composite rates beginning with calendar year 2013. Join us in congratulating our three hospitals of excellence: Ancora Psychiatric Hospital, Ann Klein Forensic Center and Greystone Park Psychiatric Hospital!

Substance abuse...continued from page 3

More resources can be found online at: *www.state.nj.us/humanservices/das/news/reports/surveys/.*

Another example of available data is the 2012 Middle School Risk and Protective Factor Survey. The survey provides data and analysis on the drug use knowledge, attitudes and behaviors of New Jersey middle school students. The survey was completed by a representative sample of 6,627 NJ middle school students in 83 NJ middle schools. This survey can be downloaded by clicking or pasting the following URL into your web browser: *http://www.state.nj.us/humanservices/das/news/reports/surveys/NJPride%20Repts_2012_Middle%20School/2012_NJ_PRIDE_Middle%20School_030513.pdf*

DMHAS Fee-for-Service Rate Setting Process - Spring 2014 Update

The following is an update on the fee-for-service (FFS) rate setting process which continues to advance with the assistance of Myers & Stauffer (M&S). This update covers activities undertaken over the Fall and Winter 2013-2014 through mid-late April.

The Division and M&S made substantial progress toward setting fixed, uniform FFS rates for most substance abuse and mental health services. DMHAS clinical and fiscal staff have reviewed the first cut at the rate analysis, by broad service/program area, to vet the models internally. This was to ensure that staff are comfortable with the structure of the rate setting models, and also to ensure that we reasonably believe that all of the assumptions used in the models have been taken into consideration in striking initial, preliminary rates.

Programmatic-clinical, as well as fiscal staff, were given the opportunity and provided extensive comments related to various sections of the rate setting models by specific program area. Many thanks to the various subject matter experts who provided this additional valuable input to the process. All comments and clarifications received were then compiled and organized by service category, and were sent back to M&S to adjust rates in accordance with all comments received. With respect to salary and wages, the rate-setting models were adjusted using an inflation factor to ensure current comparability of compensation by job title. Fringe benefit packages were considered as well. In addition, M&S compared the preliminary rates to those of other states in close proximity, and with substantive demographic similarity to New Jersey as well. Rates were also compared with other commercial payers by service type where applicable. Lastly, M&S used the Federal Bureau of Labor Statistics (BLS) data to determine salary and wages, but used BLS data specific to the NJ job market, to ensure compensation is tied to that which is being paid in NJ today.

DMHAS reconvened the fiscal workgroup on April 1, 2014. Subsequent to that, we also met individually with provider staff, as well as internal clinical and fiscal staff in each of the specific service categories. This process, while a bit arduous at times, was very productive. The Division shared all of the financial assumptions regarding costs and all of the clinical assumptions regarding service delivery, with the providers participating on each of the practice groups. This included but was not limited to, all of the direct care staffing inputs, all indirect costs and inputs, General & Administrative costs, and all "Other Than Personnel Costs" (OTPS) that need to be included to help build market based fee-for-service rates that are inclusive of all costs.

Comments were gathered from participants in the practice groups, and the opportunity was given to affirm or challenge any of the assumptions that were used in assisting the rate-setting process. DMHAS is vetting the comments and other input gathered from the practice groups, and plans to send them to M&S on or about May 6th, in order for M&S to make necessary adjustments to the assumptions, and establish preliminary rates on our behalf.

The goal is to complete the rate setting process by the end of FY 14. However, we can only do so after a comprehensive State Budget impact analysis has been completed and vetted through the Division, the Department's Office of Budget Planning, and Treasury's Office of Management and Budget. This is a necessary step to be certain that DMHAS continues to operate within its resource allocation.

We hope this update is helpful. DMHAS is fully invested in this process, progressing deliberately, but with great care. The

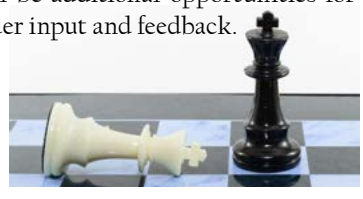
New Initiatives at DMHAS

State's decision to agree to Medicaid Expansion under the Affordable Care Act has had a substantial impact on the rate setting process. As such, it is imperative that the rates that are ultimately the source of reimbursement to providers, sufficiently support our system of substance abuse and mental health services for consumers and their families.

DMHAS Strategic Plan

Many of our stakeholders and staff participated in the four strategic planning sessions held in Spring 2013 centered around the following three Strategic Planning Areas: workforce development, Community Integration Services/Processes, and move to managed care. These planning sessions were well attended by DMHAS staff and stakeholders, and the feedback that was elicited is being used to generate tasks for the Strategic Plan (January 2014 - December 2016) for the Division.

The Strategic Plan consists of 10 priority areas that include: Community Support Services Implementation, Rates and Financial Terms/Financial Impact Analysis, Centralized Housing Authority, ASO Procurement, Community Integration Services/Processes, Workforce Development, Standard Level of Care Determination, Stakeholder Communication, Olmstead Compliance, and ASO Readiness and Implementation. Each of these priority areas are tied to at least one of the three Strategic Planning Areas. DMHAS has identified team leads and workgroup members, which began meeting in the fall to discuss tasks and timelines for the identified priority areas. More information about the plan is available at *www.state.nj.us/humanservices/divisions/dmhas/strategic_planning.html*, and there will be additional opportunities for stakeholder input and feedback.



Recovery and Rebuilding

DMHAS is recognized by the Substance Abuse Mental Health Services Administration (SAMHSA) and the Federal Emergency Management Agency (FEMA), as the state behavioral health authority responsible for coordinating behavioral health disaster responses in NJ. In the event of a disaster in New Jersey, DMHAS' Disaster and Terrorism Branch is designated to coordinate the behavioral health response to those individuals that are affected by the disaster.

The Branch is responsible for administering as well as directly providing emergency response behavioral health programs to assist the citizens of New Jersey during times of disaster. During the past year, the Branch has been coordinating statewide efforts to help individuals and communities manage the emotional impact of Super Storm Sandy through New Jersey Hope and Healing, a federally funded Crisis Counseling Program (CCP). The New Jersey Hope and Healing program consists of two distinct grant programs: the Immediate Services Program (ISP) and Regular Services Program (RSP). The ISP provided funding for 60 days after the presidential disaster declaration in 2012, while the RSP provided funding for expansion of the immediate services program for nine additional months of crisis counseling and community outreach services to Super Storm Sandy survivors that ended February 2014. During the ISP from October 29, 2012 through May 14, 2013, New Jersey Hope and Healing provided more than 15,000 individual crisis counseling visits, along with 425 counseling groups and 738 public education groups. During that time, about 500,000 pieces of informational material were distributed either by hand, mail or left in public places, and over 115,000 brief, educational contacts occurred. These services were provided by Mental Health Association of NJ, Family Services Bureau of Newark, Family Services Association of Atlantic, and Barnabas Health Institute for Prevention. In addition the MHA of NJ offers assistance through a toll free Disaster Mental Health Helpline: 1-877-294-HELP (4357) or 1-877-294-4356 (TTY). As of January 2014 the RSP program performed over 250,000 primary service contacts and distributed over 420,000 educational and informational materials. New Jersey Hope and Healing has become a well-received, widely recognized and respected response and recovery program that has become an integral part of the communities it serves. To date, more than 350,000 residents have received CCP services.

DMHAS also receives federal Social Services Block Grant funding which includes clinical behavioral health services that are available through September 2015 and include: outpatient counseling services, early intervention support services (EISS) in Monmouth and Ocean counties, a recovery and rebuilding initiative (RRI) addressing substance use disorder treatment, supportive housing

vouchers and wrap-around services, and legal services. To access legal services for issues directly related to Super Storm Sandy, contact The Community Health Law Project (CHLP) at (732) 380-1012. Again, information on all these services is available by calling: NJ Mental Health Cares Helpline at 866-202-HELP (4357) or 1-877-294-4356 (TTY). For more information on SSBG services, visit *www.state.nj.us/humanservices/divisions/dmhas/sandy.html.*

Behavioral Health Homes

People living with serious mental illnesses are dying 25 years earlier than the rest of the population. Those living with co-occurring substance abuse and mental illness are dying up to 35 years earlier. These health disparities are in large part due to unmanaged physical health conditions and limited access to care. One health care innovation designed to address these problems, by providing access to effective and coordinated physical and behavioral health care services, is the Behavioral Health Home (BHH).

A BHH is not a residential or hospital program. It is a home only in the sense that it is an agency or clinic that becomes the consumers "home" for their physical and behavioral health needs. A BHH can, but is not required to, deliver all of the behavioral and physical health services themselves. Regardless of who is providing the treatment services, the BHH's job is to knit together the physical and behavioral health care, provide access to community and other support services to empower individuals to actively participate in the services that they receive and to manage their own care.

DMHAS is working with NJ Medicaid to develop and pay for BHH services in New Jersey. The NJ BHH will be targeted to those individuals living with serious mental illness who are high utilizers of physical and behavioral health services.

The BHH services are delivered through a BHH team and in NJ, the team will be located in a behavioral health care agency. The core team consists of a Nurse Case Manager, a Care Coordinator and a Wellness Coach, who may be a trained Peer. Many other individuals such as a psychiatrist, physician, and nutritionist can and should participate in the team. The team delivers the core services of a BHH; Comprehensive Care Management, Care Coordination, Individual and Family Support, Health Promotion, Comprehensive Transitional Care (care that follows someone in and out of an institution or other setting), and Referral to Community and Social Support Services. New Jersey will implement the first BHH State Plan Amendment (SPA) in Bergen County. Based on results from the first BHH SPA, subsequent SPAs will follow and be implemented by county or region.

Federal Grants Received

Partnership for Success (PFS)

DMHAS was recently awarded a Strategic Prevention Framework - Partnerships for Success (SPF-PFS) cooperative agreement from SAMHSA, Center for Substance Abuse Prevention (CSAP). Staff from the office of Research, Planning, Evaluation, Information Systems and Technology and Prevention, Early Intervention, and Community Services developed the grant application. The agreement provides $2.2 million annually, renewable for five years. The SPF-PFS is designed to address two of the nation's top substance abuse prevention priorities:

1) underage drinking among persons aged 12 to 20; and

2) prescription drug misuse and abuse among persons aged 12 to 25.

The SPF-PFS is intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. These awards provide an opportunity for recipients that have completed a Strategic Prevention Framework State Incentive Grant (SPF SIG) and are not currently receiving funding through SAMHSA's Partnerships for Success (PFS) grants to acquire additional resources to implement the SPF process at the State and community levels. Equally important, the SPF-PFS II program promotes the alignment and leveraging of prevention resources and priorities at the federal, state, and community levels. DMHAS' application proposed the development and use of innovative approaches such as mobile applications for prevention, and planned surveys of the elderly. Information regarding SPF-PFS awards to New Jersey communities will be forthcoming.

Division of Mental Health & Addiction Services Administrative Contacts

DMHAS Office	Call for Assistance	What We Do
Assistant Commissioner	Lynn Kovich (609) 777-0702 Fax: (609) 341-2302	Oversight and Administration of all Regulated and/or Funded State, County and Regional Mental Health and Addiction Service Programs
Care Management	Mollie Greene Phone: (609) 292-9068 Fax: (609) 341-2312	• Administrative Services Organization/Managed Behavioral Health Organization • Fee-for-Service Network Management
Disaster and Terrorism	Adrienne Fessler-Belli Phone: (609) 777-0728 Fax: (609) 341-2304	• Disaster Preparedness, Response and Recovery Activities • NJ Hope and Healing Crisis Counseling Program (CCP) • Disaster Response Crisis Counselors (DRCC) Certification Program
Fiscal Management	Mathew Shaw Phone: (609) 777-0712 Fax: (609) 341-2310	• Budget • Finance • Contracts
Human Resources	Valerie Bayless Phone: (609) 777-0651 Fax: (609) 341-2318	• Recruitment • Classification & Compensation • Employee Benefits & Services • Performance Assessment • Staffing and Workforce Utilization
Legal & Regulatory	Lisa Ciaston, Esq. Phone: (609) 777-0694 Fax: (609) 341-2305	• Policy and Regulations • Legislative Review • Ethics Liaison • Open Public Records Act (OPRA) • Legal Concerns • Psychiatric Advance Directives • Involuntary Outpatient Commitment and General Civil Commitment Guidance
Medical Director	Dr. Robert Eilers Phone: (609) 777-0713 Fax: (609) 341-2306	• Older Adult/Pre Admission Screening and Resident Review (PASRR) • Medication Assisted Treatment • Involuntary Medication Review Panels • Coordination of Care for Forensic Patients (Special Treatment Unit and State hospitals) • Clinical Assessment Review Panel
Prevention, Early Intervention & Community Services	Roger Borichewski Phone: (609) 777-0678 Fax: (609) 341-2315	• Screening, Brief Intervention and Referral to Treatment • Consumer Advocate • Prevention Services • County Analysts • Contract Monitoring • Unusual Incidents Reporting
Research, Planning, Evaluation, Information Systems and Technology	Dr. Suzanne Borys (609) 984-4050 Fax: (609) 341-2317	• Information Systems • Technology Support • Needs Assessment • Research • Evaluation • Planning • Data Analysis • Surveys • DMHAS Website • Statewide Epidemiological Outcomes Workgroup • Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grants • Geographic Information Systems • NJSAMS • USTF • QCMR
State Hospital Management	John Whitenack Phone: (609) 777-0677 Fax: (609) 341-2309 Fax – PSCU: (609) 341-2308	• Oversight of State Psychiatric hospitals • Centralized Admissions • Quality Management • Patient Services Compliance Unit (PSCU)
Treatment & Recovery Supports	Valerie Larosiliere (609) 777-0708 Fax: (609) 341-2313	• Treatment Services • Olmstead • Federal PATH Grant • Veterans Services • Housing & Residential Services • Intoxicated Driving Program (IDP) • Workforce Development • Multicultural Services • Stigma Reduction • Supported Education • Supported Employment • Justice Involved Services

Services & Supports at DMHAS

■ **Mental Health Information & Referral Hotline**
1-800-382-6717

■ **Intoxicated Driving Program (IDP)**
609-588-7354

■ **Substance Abuse Information & Referral Hotline**
211 or 800-238-2333

■ **Report Patient Abuse at Psychiatric Hospitals**
1-888-490-8413

■ **Mental Health & Substance Abuse Program Complaints**
1-877-712-1868

■ **DHS Office of Licensing**
(609) 633-6932

■ **Council on Compulsive Gambling of NJ**
1-800-GAMBLER (1-800-426-2537)

■ **NJ Suicide Prevention Hopeline**
855-NJ-HOPELINE (654-6735)

■ **NJ Mental Health Cares**
866-202-HELP (4357)

■ **S-COPE (Statewide Clinical Outreach Program for the Elderly)**
1-855-718-2699

DMHAS provides this newsletter and all of the contact and information resources in it to promote open communication between our public service team and the thousands of individuals who either provide or receive behavioral health services. We are committed to open, transparent and accountable public services and welcome your comments.

Input on the contents of the newsletter or any other suggestions you may have can be forwarded to Paul (Pablo) Albilal at: *pablo.albilal@dhs.state.nj.us*, or you can mail or email us at:

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State of New Jersey
DHS
Department of Human Services