

# Fall 2017 Special Edition

## Department of Health Welcomes Division of Mental Health and Addiction Services



By Cathleen Bennett, Commissioner, NJ Department of Health



This week, we welcomed the Division of Mental Health and Addiction Services (DMHAS), Assistant Commissioner Valerie Mielke and all of the leadership, staff and expertise of DMHAS to the Department of Health.

The reorganization of DMHAS into the Department of Health from the Department of Human Services began with a new integrated DMHAS [webpage](#), payroll transfer and the physical move of staff, which will continue in several phases through early November.

The new webpage includes [Frequently Asked Questions](#) to ensure stakeholders, employees and vendors are aware of the details surrounding the integration. We encourage you to click around on the webpage and provide us your feedback by emailing [integratedhealth@doh.nj.gov](mailto:integratedhealth@doh.nj.gov). The Department has also

begun using #NJIntegratedHealth on social media to communicate about the transfer.

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## DOH, DMHAS Staff Host 21 County Integration Meetings

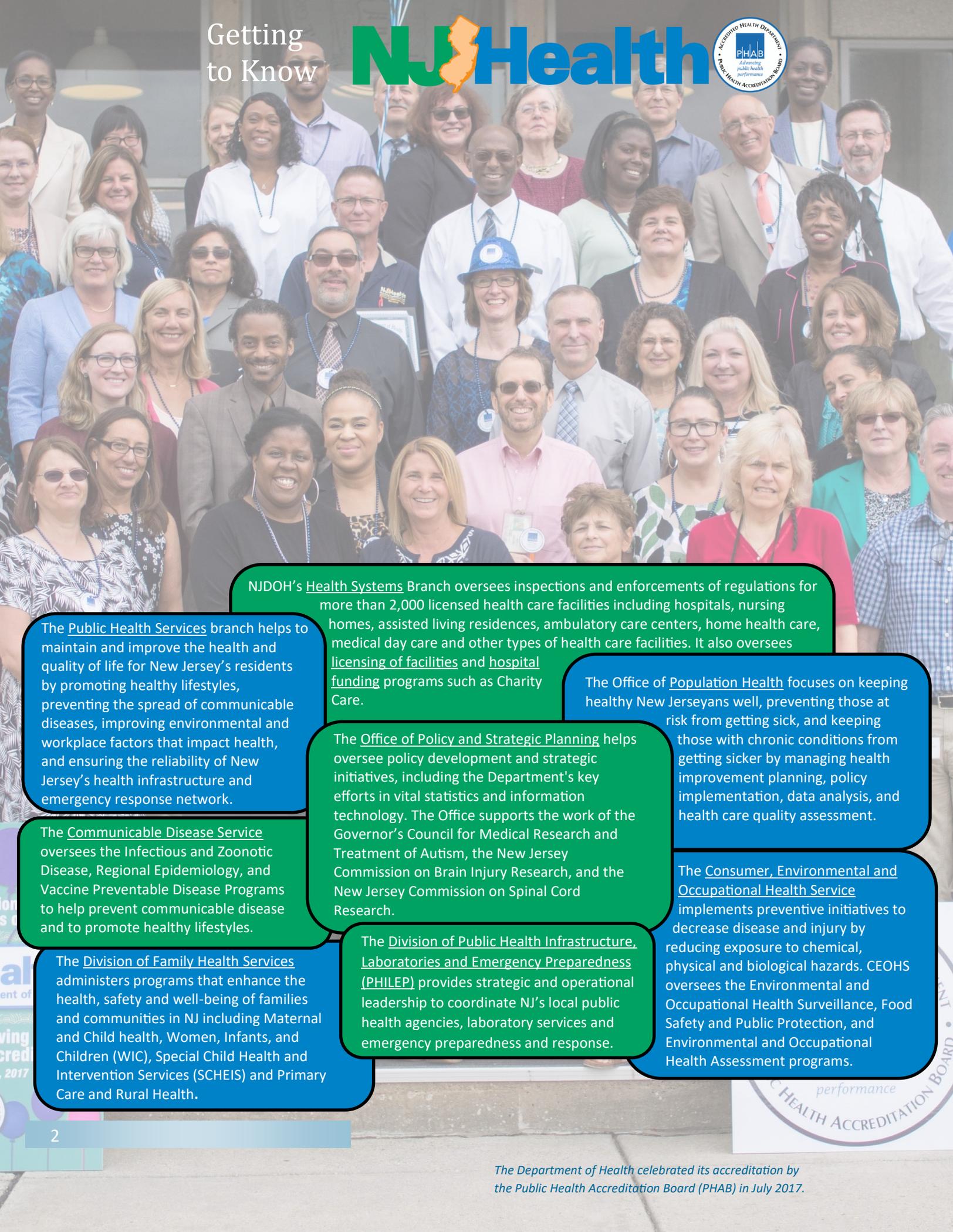
In preparation for the reorganization, the Department of Health and DMHAS leadership have co-hosted [20 of 21 county forums](#) around the state, sharing an [overview of the integration](#) and outlining how it impacts those served by DMHAS, grantees and staff. At these forums, the agencies heard from a total of several hundred stakeholders and nearly 350 members of the public. View or download the presentation [here](#). The last meeting is scheduled on Oct. 10 in [Sayreville, Middlesex County](#).

In addition, 500 stakeholders participated in three teleconferences co-hosted by Health Commissioner Cathleen Bennett, DMHAS Assistant Commissioner Valerie Mielke and U.S. Department of Health and Human Services Acting Region II Director and Executive Officer Dennis González.

The Department will also host separate meetings at Trenton Psychiatric Hospital, Ancora Psychiatric Hospital and Greystone Psychiatric Hospitals to address questions from staff, patients and patients' families. The dates of these meetings will be posted to the Department's website.



*Anthony Welch, Director of Policy and Planning for the Department of Health, right, and Renee Burawski, DMHAS chief of staff, second from right, discussed the integration of the two organizations with the public in Cape May on September 27.*



NJDOH's Health Systems Branch oversees inspections and enforcements of regulations for more than 2,000 licensed health care facilities including hospitals, nursing homes, assisted living residences, ambulatory care centers, home health care, medical day care and other types of health care facilities. It also oversees licensing of facilities and hospital funding programs such as Charity Care.

The Public Health Services branch helps to maintain and improve the health and quality of life for New Jersey's residents by promoting healthy lifestyles, preventing the spread of communicable diseases, improving environmental and workplace factors that impact health, and ensuring the reliability of New Jersey's health infrastructure and emergency response network.

The Office of Population Health focuses on keeping healthy New Jerseyans well, preventing those at risk from getting sick, and keeping those with chronic conditions from getting sicker by managing health improvement planning, policy implementation, data analysis, and health care quality assessment.

The Communicable Disease Service oversees the Infectious and Zoonotic Disease, Regional Epidemiology, and Vaccine Preventable Disease Programs to help prevent communicable disease and to promote healthy lifestyles.

The Office of Policy and Strategic Planning helps oversee policy development and strategic initiatives, including the Department's key efforts in vital statistics and information technology. The Office supports the work of the Governor's Council for Medical Research and Treatment of Autism, the New Jersey Commission on Brain Injury Research, and the New Jersey Commission on Spinal Cord Research.

The Consumer, Environmental and Occupational Health Service implements preventive initiatives to decrease disease and injury by reducing exposure to chemical, physical and biological hazards. CEOHS oversees the Environmental and Occupational Health Surveillance, Food Safety and Public Protection, and Environmental and Occupational Health Assessment programs.

The Division of Public Health Infrastructure, Laboratories and Emergency Preparedness (PHILEP) provides strategic and operational leadership to coordinate NJ's local public health agencies, laboratory services and emergency preparedness and response.

The Division of Family Health Services administers programs that enhance the health, safety and well-being of families and communities in NJ including Maternal and Child health, Women, Infants, and Children (WIC), Special Child Health and Intervention Services (SCHEIS) and Primary Care and Rural Health.

# Department of Health Welcomes Division of Mental Health and Addiction Services

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The Department and DMHAS leadership have also co-hosted 20 of 21 county forums around the state where nearly 350 stakeholders, grantees and staff had an opportunity to learn about the reorganization and ask questions. The last meeting is scheduled for Oct. 10 in Middlesex County. In addition, 500 stakeholders participated in three teleconferences hosted by Commissioner Bennett, Assistant Commissioner Mielke and U.S. Department of Health and Human Services Acting Region II Director and Executive Officer Dennis González. The federal Regional II official supported the reorganization and spoke of the need for integration.

The Department will also host separate meetings at Trenton Psychiatric Hospital, Ancora Psychiatric Hospital, Greystone Psychiatric Hospitals and Ann Klein Forensic Center to address questions from staff, patients and patients' families. The dates of these meetings will be posted on the Department's website.

This edition of the newsletter is devoted entirely to DMHAS content: Frequently Asked Questions; photos from county stakeholder meetings; DMHAS accomplishments during the Christie administration; a biography of Assistant Commissioner Mielke; a "Getting to Know DOH" infographic; and guest columns from partners already doing innovative work to integrate physical and behavioral health.

We believe this integration is in the best interests of consumers as we create a new system of care that treats the whole person, and we want everyone's input as we move toward that goal. As the state's public health agency, the Department of Health can identify risk factors and evidence-based best practices, increase awareness about prevention and the effectiveness of treatment, reduce health disparities, and ultimately remove the stigma that prevents people from seeking and receiving the care they need.

Since Governor Christie proposed the reorganization in July, Acting Human Services Commissioner Beth Connolly and I and our teams have worked together to ensure a seamless transition for stakeholders, vendors, consumers, patients and staff. Workgroups from the two departments have teamed up to handle a variety of issues including payroll, personnel, legal, fiscal, IT as well as the physical move.

"Integrated physical and behavioral health is a national best practice," Acting Commissioner Connolly points out. "DHS made great strides in advancing this goal in philosophy, policy and practice. The Division's transfer to the Department of Health will take it to another level in inclusion."

Assistant Commissioner Mielke has pointed out that the transfer "reflects the evolution of the behavioral health care continuum in New Jersey and across the country. Services related to addiction and mental health were long separated, but then merged under DHS in 2011, as we began to recognize the prevalence of dual diagnoses and the value of treating consumers in a holistic way. We welcome a progression that enhances prevention, wellness, treatment and sustained recovery for the state's residents."

## Did You Know?

This year, DOH received national accreditation from the [Public Health Accreditation Board](#) (PHAB) for achieving high standards for public health services, leadership and accountability.

In July, the Department's [Medical Marijuana Program](#) issued a permit for a sixth Alternative Treatment Center to begin growing medical marijuana.

The State Public Health Veterinarian works in the DOH's [Office of Animal Welfare](#).

The Department has a State Health Improvement Plan, [NJ Healthy 2020](#).

There are 95 [local health departments](#) that serve as community-based public health service providers and front-line forces responsible for essential public health services that protect the health of New Jersey's residents.

The Department launched its 3<sup>rd</sup> public awareness campaign on [STDs](#) this year to educate women about the dangers of congenital syphilis. Other ongoing campaigns include #ZapZika and #kNOWLEAD.

The Division of Family Health Services oversees 23 licensed [Federally Qualified Health Centers \(FQHCs\)](#) and more than 100 licensed sites statewide.

The [Office of Rural Health](#) helps ensure health services for rural New Jerseyans residing in 123 designated rural municipalities.

The Department's [NJ Cancer Education and Early Detection](#) provides free breast, cervical, colorectal and prostate cancers screenings for low-income uninsured residents.

The [Office of Vital Records](#) processes about 100,000 births, 80,000 deaths and 50,000 marriages records each year.

The Department has Twitter, Facebook, Instagram and Snapchat accounts. Follow us on [Twitter @njdeptofhealth](#), [Facebook / njdeptofhealth](#), [Instagram @njdeptofhealth](#) and [Snapchat @njdoh](#).

## Meet Valerie Mielke, Assistant Commissioner



Valerie Mielke is the Assistant Commissioner for the New Jersey Division of Mental Health and Addiction

Services (DMHAS), the single state authority for Mental Health and Substance Abuse Disorders. DMHAS is responsible for the coordination, administration, management and supervision of the institutional and community public mental health system, and is also responsible for regulating, monitoring, planning and funding substance abuse prevention, treatment and recovery support services.

Valerie holds a Bachelor of Arts degree from Fairfield University and a Master of Social Work degree from Rutgers University. She serves as secretary of the National Association of State Mental Health Program Directors (NASMHPD) Board of Directors, whose goal is to advance national, state and local mental health policy. Valerie also serves as Co-Lead of the NASMHPD Housing Task Force and as a member of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) Public Policy Committee, whose goal is to advance national, state and local addiction policy.

## New Jersey Summit Launches Action Plan to Reduce Tobacco Use Among Individuals with Behavioral Health Conditions

On September 6th and 7th, the New Jersey Departments of Health (DOH), Human Services (DHS), and Children and Families (DCF) teamed with 49 behavioral health and tobacco control professionals to begin developing an action plan to reduce smoking among individuals with mental health and substance use disorders. The two-day summit, called the Leadership Academy for Wellness and Tobacco-Free Recovery, was supported by the CDC's National Behavioral Health Network for Tobacco and Cancer Control (NBHN), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Smoking Cessation Leadership Center (SCLC) at the University of California San Francisco.

Summit participants said the merger of the Division of Mental Health and Addiction Services with the DOH is a unique opportunity for New Jersey to strengthen and align future efforts to reduce tobacco prevalence in this population.

People with mental illness(es) and substance use disorders are disproportionately burdened by the harmful effects of smoking and tobacco use. Their smoking rates are two to four times higher than the general population. People with Serious Mental Illness (SMI) are two to three times more likely to smoke. More than 38 percent of adults with SMI smoke compared to the 17.5 percent national average. Numerous studies, including those published by the National Institute of Mental Health, report that persons with SMI die 10 or more years earlier than the general population.

In New Jersey, 20 percent of smokers reported poor mental health in 2016. One-fourth of the callers to New Jersey Quitline, the State's toll-free smoking cessation counseling service, report anxiety and/or depression.

Participants identified baselines and targets for measuring reduction in tobacco use. The percentage of current adult smokers in New Jersey who report poor mental health will serve as a proxy for measuring efforts to reduce smoking among those with mental illness. The New Jersey Substance Abuse Monitoring System (NJSAMS) will be used to measure smoking prevalence among adults in substance use disorder (SUD) treatment at discharge. Other data sources are being explored and new data, being analyzed by the DOH, will be provided in the coming months.

Six strategy committees emerged from the summit: Education, Employee Wellness, Policy and Reimbursement, Medication-Assisted Treatment (MAT) and Counseling, Communications, and Peers. They will meet periodically to update and evaluate progress and challenges in implementing the plan.



## Making Integration a DMHAS Priority

The transfer of the Division of Mental Health and Addiction Services (DMHAS) from the Department of Human Services to the Department of Health emphasizes Gov. Chris Christie's continued commitment to fighting addiction and mental illness and builds on DMHAS' accomplishments.

"This has been a priority of ours at the Division for well over a decade," DMHAS Assistant Commissioner Valerie Mielke said of the primary and behavioral healthcare integration. "This step has strongly aligned with our wellness and recovery principles, and through more collaboration, we can help support better integration and services."

Since 2010, New Jersey has spent \$154 million more in addiction services and subsidized treatment for more than 20,000 people. When Gov. Christie took office, there were 2,055 licensed treatment beds. In fiscal year 2016, there were 3,701.

The recent milestone settlement of a six-year legal battle with Disability Rights of New Jersey demonstrates that the Division also has made strides in increasing community placements for consumers in the state's four psychiatric hospitals. Increased active and evidence-based treatment, discharge preparations and support services have resulted in more people living in neighborhoods than hospitals, satisfying the requirements of the U.S. Supreme Court *Olmstead Decision* requiring that people live in the least-restrictive, clinically-appropriate setting possible.

Among the Division's accomplishments under Gov. Christie are the launch of the state's first New Jersey-based suicide hotline, promotion of a Good Samaritan Law for people reporting a drug overdose, funding recovery coaches for people reversed from overdoses, expanding college recovery dorms and programs, naloxone trainings, creating more services for pregnant and postpartum mothers, and increasing the amount of medication-assisted addiction treatment. DMHAS also expanded Behavioral Health Homes, which provide general primary healthcare to people with a mental illness diagnosis.

One of the major DMHAS achievements in helping consumers and increasing access to publicly-funded substance use disorder treatment programs was the 2015 creation of a one-stop hotline and treatment referral and authorization. As of July 1, 2017, the IME hotline, 844-276-2777, received 119,870 calls from the public. The Governor also launched [ReachNJ](http://ReachNJ.gov), a resource for all people needing addiction treatment guidance and referral.

Mental health and addiction treatment options were also increased and funding maximized with the transition of providers into a fee-for-service payment model that allows the state to pay only for services delivered. This process resulted in the investment of \$127 million into the behavioral health system in fiscal year 2017 and \$134 million in fiscal year 2018.

To address the needs of low-income residents, Gov. Christie in 2014 expanded Medicaid in New Jersey, resulting in nearly 500,000 newly eligible residents, including a seven-fold increase in the number of NJ FamilyCare members receiving addiction treatment in 2016 to 20,467.

DMHAS' expansion of Drug Court under Gov. Christie's leadership has provided treatment each year for almost 5,500 people, averting incarceration for many and decreasing wait times and lengths of stay.

DMHAS has also expanded the involuntary outpatient commitment program for people with mental illnesses into all 21 counties, serving nearly 2,000 people since 2012.

## Frequently Asked Questions About the Transfer of DMHAS to the Department of Health

### Is moving DMHAS to DOH necessary to integrate mental health and addiction treatment with physical healthcare?

Moving DMHAS to DOH is an essential step toward achieving integration of primary, acute, mental health and addiction care. Combining the expertise of DMHAS and DOH will facilitate the development of streamlined and effective regulations, policies and interventions. This will allow for a more efficient and effective use of state funding and other resources—ensuring that individuals receive more integrated and comprehensive care and potentially reducing health care costs.

### Will all my Division of Mental Health and Addiction Services (DMHAS) points of contact remain the same?

Yes. DMHAS staff you've been working with will remain the same.

### Does DOH anticipate hiring any new employees to facilitate the transition? Does DOH anticipate terminating any employees as a result of the transition?

DOH does not anticipate hiring as a result of the transition. DOH similarly does not anticipate any employee terminations or layoffs related activity as a result of the transition.

### Where will the DMHAS new office be located?

DMHAS staff will move to 5 Commerce Way, Hamilton and 120 Stockton St. Trenton

### When will employees' work spaces be moved?

The physical movement of staff to new locations will be phased in during the months of October and November 2017.

### I have a State contract with DHS and DMHAS. Is my contract still active?

Yes, direct State service contracts are administered under the authority, laws, and procedures of the N.J. Department of Treasury on behalf of Executive Branch agencies and the terms and conditions of your contract are not affected by this transition.

### I have a third-party contract with DHS and DMHAS. Is my contract still active?

Other contracts administered by DHS include third party contracts such as housing services, respite services, prevention services, and mental health and addiction services. These contracts are executed under a separate authority than the direct State service contracts, as DHS has its own contracting policies and procedures. Third-party contracts that are active at the time of the transition will not be affected.

**ADDICTION IS A DISEASE.  
DON'T SUFFER. DON'T WAIT.  
HELP IS WITHIN REACH.**



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## Integrating Physical and Behavioral Health is a Shared Vision

By Anthony DiFabio, Psy.D.

As President of the Board of the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA), which includes 160 mental healthcare and substance use treatment providers, and as President and CEO of Robins' Nest, which services 10 southern counties, I strongly share the state's vision for a system of care that fully integrates behavioral health and physical health.

NJAMHAA and organizations such as Robins' Nest have long supported, and worked toward, integrated care. The stark reality is that almost all of our lives have somehow been personally impacted by mental illness and addiction. What is less known is that the physical comorbidities that plague the populations served by our members lessens their life expectancy by 25- to 37-years. We know the goal of the transfer of the Division of Mental Health and Addiction Services to the New Jersey Department of Health is to improve the care and treatment of the 500,000 adults and children we serve each year; we have always been, and continue to be, committed to that goal.

We now have a remarkable opportunity for the public and private sectors to come together to advance truly integrated services. We will do so while ensuring continuity of care for those we serve and stability for community-based providers. NJAMHAA member providers have a wealth of expertise to share, as they are highly effective in caring for each individual holistically with evidence-based practices. With exemplary models that have gained national attention, our member providers keep people well and healthy in the community and save the state's bottom line by managing individuals' comorbidities and preventing hospitalizations.

NJAMHAA President and CEO Debra L. Wentz, Ph.D., and I — along with fellow NJAMHAA Board Members Deborah Hartel, Administrative Director of Behavioral Health Services, St. Joseph's Regional Medical Center, Peter Scerbo, Executive Director, Comprehensive Behavioral Healthcare, and Susan Loughery, Director of Operations, Catholic Charities, Diocese of Trenton — had a very productive meeting with Commissioner Bennet and her team on Sept. 22. We made it clear at that meeting that we are committed to working with the Department of Health to advance our shared goal of integrated health and stand ready as partners to inform decisions that will need to be made. We assured Commissioner Cathleen Bennett and her team that we are available to bring our expertise and resources to assist this effort in any and every way possible and look forward to active participation as the work gets underway.

There is no question that we will all face challenges as we work together creating a truly integrated system of care, but all know it's the right move, as integrated care will both improve the quality of life as well as the lifespan for those we serve, who deserve nothing less.

## Patients' Green Thumbs Win Prize for Trenton Psychiatric Hospital

The Raycroft Garden, a patient-tended garden at Trenton Psychiatric Hospital, has won the prestigious "Garden of Distinction" award from the Pennsylvania Horticulture Society's Gardening and Greening Awards.

Patients in the hospital's New Leaf Gardener horticulture program cultivated the garden, which won in the category of combination gardens, flowers and vegetables.



In November, the patients will receive an honorary plaque to display in the garden to commemorate their award. The Department of Health congratulates the patients and staff of the New Leaf Gardener program on their achievement!

## Rutgers "Sober Dorms" Help Students in Recovery

WHYY Newsworks profiled the pioneering recovery housing program at Rutgers, the state university of New Jersey, in a story that aired on the Philadelphia-based public radio station on September 18.

The Rutgers "sober dorms," the first of which opened almost 30 years ago, have received new attention as an opioid addiction epidemic grips the country. College-aged populations between 18 and 25 years old are among those at greatest risk for opioid addiction.

About 94 percent of the students in Rutgers recovery housing have stayed sober.

[Read more at WHYY Newsworks.](#)

# Advances in Behavioral Health Integration Match Department of Health Realignment

By John DiAngelo, President & CEO, Inspira Health Network

As one of the five members of the South Jersey Behavioral Health Innovation Collaborative, Inspira Health Network is helping to move care models forward in the direction of more integrated treatment for behavioral health issues, including addictions.



Bringing meaningful and sustainable change to the mental health delivery system in the region served by the member networks is essential, especially when serving marginalized populations.

Adding mental health professionals, licensed social workers, addiction specialists and behavioral therapists to primary physical care — and vice-versa — in a seamless web of comprehensive, holistic treatment plans is proven to better meet wellness markers and improve patient outcomes. Working from the same chart to provide behavioral care in both the emergency department and primary care setting can cost-effectively reduce stigma and discrimination, break the spiral of hopelessness and even help stabilize entire communities. It is, in the opinion of many professionals, clearly the health care of the future.

Inspira has been working toward integration of care at every level of the organization and has been participating for the last two years in the discussions with Kennedy Health, Virtua, Cooper University Health Care and Lourdes Health System in the collaborative. Each organization has long used a multidisciplinary team approach to improve patient health, make a positive impact on families and communities and reduce expensive, sometimes repetitive, ER visits. Although the five health systems are competitors, they are exploring best practices and regional cooperation that improve behavioral health care and access.

Another example of Inspira's forward-looking approach is the Primary Care Integration plan supported by a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The first-year SAMHSA goal of having primary care available at all of the Inspira Behavioral Health Outpatient locations has been accomplished, in collaboration with CompleteCare — the Federally Qualified Health Center (FQHC) for Cumberland and Gloucester counties.

All Inspira behavioral health programs are co-occurring (substance and behavioral health) capable; hence the integration has expanded to include behavioral health, addictions and primary care. In response to our community's need, Inspira is nearing completion of a new 20-bed medical detox unit which will open on our Bridgeton campus this fall.

This Treatment Mall Model provides convenient access to services while developing the simultaneous treatment of both physical and

behavioral presentations.

Innovation in holistic treatment at Inspira and elsewhere dovetails with the reorganization plan transferring the Division of Mental Health and Addiction Services to the Department of Health from the Department of Human Services. The goal is to create a plan for care that treats the whole person and not a collection of separate symptoms in physical and mental health, including making all services available in proximate locations. Complete Care, for example, is located adjacent to Inspira Health Center Bridgeton.

Combining primary and mental health programs under the Department of Health also brings reforms in licensing of professionals and in the process of applying for certificates of need, placing both critical procedures under one umbrella and avoiding duplication.

Inspira applauds the reorganization plan and looks forward to its role in making ongoing integrated care the "new normal" throughout the state —emphasizing patient care to the whole person and strengthening the fabric of the whole community.

## Get Your Flu Shot

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Flu season in the U.S. can begin as early as October and last as late as May. Every flu season is different and can affect people differently. Millions of people get the flu every year, hundreds of thousands are hospitalized and thousands or tens of thousands die from flu-related causes annually. Health officials have warned this flu season could be particularly dangerous, with a flu strain already circulating in parts of the U.S. and Australia that is causing severe illness, especially in seniors. Even healthy people can get very sick from the flu and spread it to others. An annual seasonal flu vaccine is the best way to reduce your risk of getting sick and spreading it to others.

