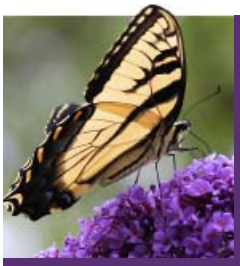

NJ Department of Human Services
Division of Mental Health and Addiction Services

DMHAS News

- Volume 1
- Number 2
- Winter 2014

Chris Christie, *Governor* Kim Guadagno, *Lt. Governor* Elizabeth Connolly, *Acting Commissioner* Lynn Kovich, *Asst. Commissioner*

A Message from the Assistant Commissioner

Thank you for the feedback on our initial issue of DMHAS News and for your ongoing commitment to the important work we shared in 2014. Together we are building a vision of behavioral health in New Jersey that is focused on care that addresses service appropriateness, integration, planned and efficient utilization of resources, and an educated consumer. I also want to take this opportunity to thank our outgoing Commissioner, Jennifer Velez, for her steady hand and leadership provided to not only DMHAS but the entire Department. We pledge to continue her unyielding support for our NJ citizens who may need the support of our Division. And we wish her all that is good as she transitions to this new chapter in her life. She will be truly missed by all.

As you saw in the first DMHAS News issue, our system is so active that we may not all get a chance to see or experience everything firsthand. In each issue we will continue to include prominent issues, concerns and activities that are currently impacting our behavioral health system, including

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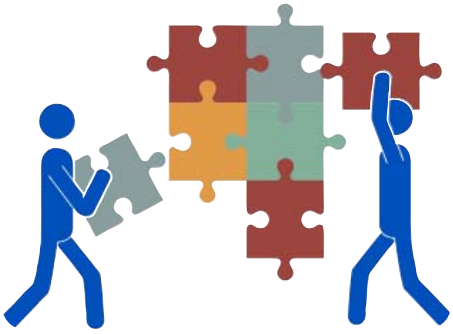
DMHAS Strategic Plan Update



As reported in the first issue of the *DMHASNews.pdf*, DMHAS developed a Strategic Plan identifying tasks as a result of strategic planning sessions held in the spring of 2013. These planning sessions included DMHAS staff and community stakeholders. DMHAS then identified team leads and established workgroups that are moving forward in the implementation of the identified tasks in the Division's Strategic Plan (January 2014-December 2016). The Strategic Plan has three Strategic Planning areas, which include ***Community Integration***, ***Move to Managed Care***, and ***Workforce Development***. Under each of these three Strategic Areas are specific priorities that are the focus of this plan. As the workgroups have been meeting over the past years additional priorities have emerged within the area of Workforce

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Naloxone and Overdose Prevention

Almost every day, it seems, we hear media accounts of deaths resulting from opioid overdoses or about the efforts being made to provide the opioid antidote Naloxone (also referred to by its generic name of Narcan) to prevent people from dying of an overdose. Governor Christie's signing of the Overdose Prevention Act in May, 2013 enacted the 'Good Samaritan' component of this law, which provides protections from prosecution when 911 is called. The law also authorized DHS to provide funding to distribute Naloxone and to provide overdose emergency response training to 'bystanders' who could save the lives of those experiencing overdoses. The initial DMHAS responses to these public

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In This Issue

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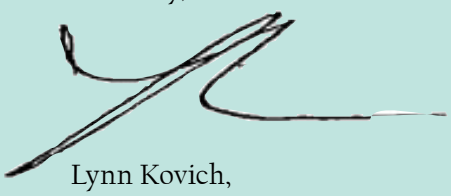
unifying themes crossing over prevention, early intervention, treatment, and recovery support services. Opioid use is one such theme, as DMHAS continues to work collaboratively with our state, county and local partners. Inside you'll read about DMHAS efforts to address this epidemic, which include overdose prevention strategies, use of medication assisted treatments, and ongoing supports for both persons at increased risk and their friends and families. Another highlight from 2014 is the SAMHSA Prescription Drug Abuse Policy Academy that New Jersey participated in from August 11-13, 2014. Our team consisted of staff from DMHAS, the Department of Children and Families, the Department of Health, the Office of the Attorney General, a behavioral health provider and a family member. This is a great example of a partnership working to improve the lives of our consumers. Lessons learned at the Policy Academy will guide us in our ongoing work to decrease prescription drug abuse in the State.

During his recent State of the State address, the Governor announced that our behavioral health system will move to an Interim Managing Entity (IME) effective July 1, 2015 for addiction services. Specifically, we will partner with Rutgers - University Behavioral Health Care (UBHC) to manage state, block grant, and Medicaid funds for addiction services. This is the first phase of managing adult behavioral health services, including a single point of entry for consumers and utilizing a no wrong door approach. This move to managed care will benefit our system in multiple ways: it creates a more organized system of care by informing system-wide utilization and capacity, and assisting consumers to move through the continuum of care. As the development of the IME progresses, we will keep stakeholders informed through DMHASNews, various meetings and our website. For IME related questions, feel free to email *MBHOInput@dhs.state.nj.us*. We continue to realign internally to meet the ongoing challenges and opportunities of an evolving system of care. Effective July 1, 2014, DMHAS has a new unit with a focus on Olmstead. We continue to move forward focused on treating consumers in the least restrictive, yet appropriate, settings. This will allow us to realign existing staff, talents and relationships to provide a more consumer focused service strategy. The new configuration allows us to place greater emphasis on breaking down the barriers that sometimes undermine appropriate treatment in the local community. In July 2014 the Department of Human Services also centralized housing services from all its divisions allowing improved oversight and coordination of all housing opportunities. Additionally, we continue to work towards separating support services from housing, and are moving to implement Community Support Services (CSS) statewide. These strategic realignments and resource commitments are all based on solid principles promoting consumer recovery, skill building and community integration.

I would also like to draw your attention to the enclosed article on the Division's work on adult suicide prevention. DMHAS has developed the 2014-2017 New Jersey Adult Suicide Prevention Plan, with work and commitment from our stakeholder network of consumers, advocates and providers. We will continue to work with all our stakeholders to implement the plan.

In closing, we can all take a moment to celebrate and reflect on the many walks, gatherings, advocacy and committee work we shared in 2014 and thus far in 2015, while recognizing the adults, families and children we serve. This includes the great work done by our psychiatric hospitals in their October, 2014 Open Houses and in their ongoing horticultural programs linked to community participation. Similarly, during the past holiday season, many Department heads, and their staff, joined the Governor as volunteers at activities raising awareness and addressing the needs of consumers of addiction services during the Season of Service activities. Let's all draw some spotlight on the behavioral health community and all the good work that we accomplished in 2014 to reinvigorate our efforts in 2015!

Sincerely,



Lynn Kovich,
Assistant Commissioner, DMHAS

DMHAS Strategic Plan Update ...continued from page 1

Development and the other priorities have been fine-tuned to more clearly reflect the vision of DMHAS.

Community Integration includes the following priorities: Centralized Housing Authority, Community Support Services, Community Re-Integration, Standard Level of Care Determination and Community/ Clinical Services and Processes.

Move to Managed Care includes the following priorities: Administrative Services Organization (ASO) Procurement, ASO Readiness and Implementation, and Rates and Financial Terms/Financial Impact Analysis.

Workforce Development includes the following priorities: Competency/Training, Consumer Involvement and Staffing.

Stakeholder Communication is a strategic priority included in each of the three Strategic Areas listed above. The Stakeholder Communication workgroup consists of DMHAS staff, consumers of behavioral health services, family members, mental health and addiction administrators and providers. This workgroup is involved in reviewing each of the strategic priority work groups' draft documents before they are released, and are alerted to updates and changes of the plan by the various workgroups. In addition, this workgroup is working on its own initiatives. Some of those initiatives include, but are not limited to, the development of person-centered language materials to be used from state to county to local levels of service delivery, address stigma by implementing a self-assessment tool for organizational and individual use, and develop a dictionary of terms and acronyms used by DMHAS for the purpose of having more understandable terms/acronyms.

DMHAS Senior Staff are designated to oversee the Strategic Plan and receive regular progress reports from the 12 priority workgroups. These workgroups have each identified specific deliverables and outcomes for each priority area that they will report on to Senior Staff. More information about the plan can be viewed ***here***.

Naloxone and Overdose Prevention ...continued from page 1

policy directives were to provide funding for the implementation of DMHAS' overdose prevention plan and to reach out to DMHAS' network of community partners to implement the plan's goals of educating the community on preventing overdose deaths. DMHAS awarded funding to four methadone programs, John Brooks Recovery Center, Urban Treatment Associates, The Lennard Clinic, and JSAS Healthcare, Inc. for plan implementation. These programs will provide training education on how to respond to an opiate overdose. The plan also funds appropriate supplies of Naloxone for use by those trained in administering it. The four programs will provide these services to five of the most affected counties (e.g., those with the highest numbers of overdose deaths) which include: Atlantic, Camden, Essex, Monmouth, and Ocean counties.

While widespread dissemination of Naloxone is needed, the plan has also focused on getting the drug to individuals at highest risk for overdose. For this reason, the distribution plan specifically targets those attending methadone clinics

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Suicide Prevention

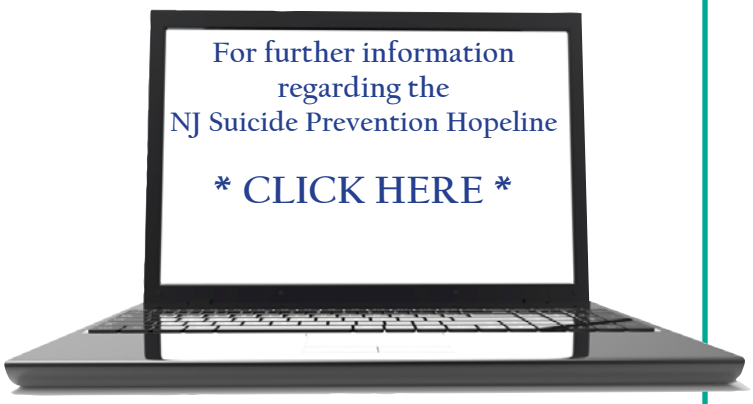
According to the CDC, there were 38,364 suicides in 2010 in the United States – an average of 105 per day. In 2010, suicide was the tenth leading cause of death in the US. While suicide affects everyone, some groups are at higher risk than others. Men are about four times more likely than women to die from suicide. However, three times more women than men report attempting suicide. In addition, suicide rates are high among middle aged and older adults. Although statistics can help us plan programs and bring attention to suicide incidence trends, suicide and its causes often can be personal and circumstances surrounding it unique.

Several factors can put a person at risk for attempting suicide; however, having these risk factors does not always mean that suicide will occur. Several risk factors for suicide include: previous suicide attempt(s); history of depression or other mental illness; alcohol or drug abuse; family history of suicide or violence; physical illness; feelings of hopelessness.

While the suicide rates in NJ have historically been lower than most other states, in 2010, the NJ Department of Health's Center for Health Statistics reported a total of 683 deaths by suicide in NJ. In addition, as seen nationally, there also has been a marked increase in suicides among 45-64 year olds in NJ. Given this information, it is clear that suicide represents a serious public health problem for NJ residents.

As the state mental health and addiction services authority in NJ, the DMHAS developed an ***Adult Suicide Prevention Plan for NJ***. Completed in April 2014, the plan was presented to a group of key mental health and addiction treatment stakeholders a month later that May. The group provided important feedback and made recommendations regarding the prioritization and implementation of specific adult plan goals. We will continue to work with key stakeholders to bring attention and resources to address issues raised.

People often ask what they can do to help prevent suicide. As an answer to that question DMHAS recommends the following: Become knowledgeable of both local community and national efforts to prevent suicide. Review the ***State Plans to Prevent Suicide in NJ***. There are two: a ***Youth Plan*** and an ***Adult Plan***. Explore the **Suicide Prevention Resource Center (SPRC)** website especially the publications available from the National Alliance for Suicide Prevention. Learn the warning signs of suicide and accept and promote awareness that suicide is a public health problem that is preventable. Get involved in community efforts to promote wellness and join us in our efforts to develop broad-based support for suicide prevention efforts in NJ. For further information regarding the plan please contact Al Glebocki at DMHAS, 609-777-0687.

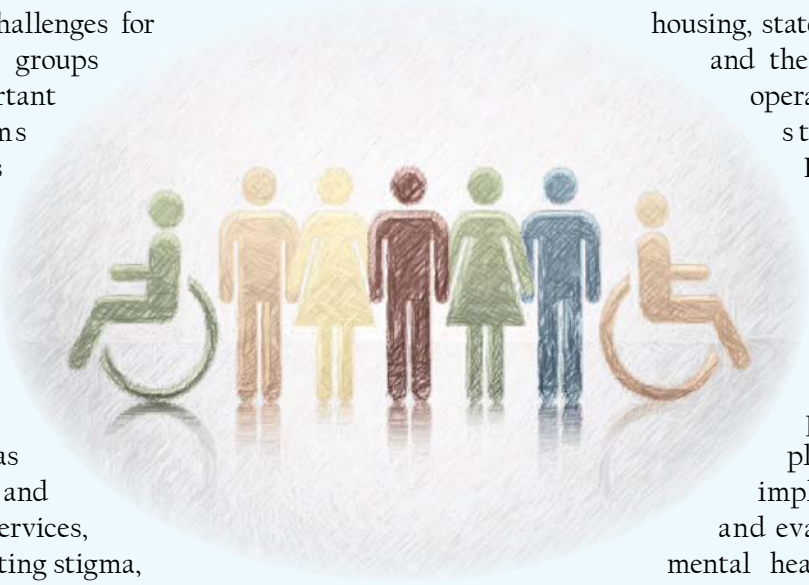


NJHOPELINE (855-654-6735) - operates 24 hours a day, 7 days a week and serves as a backup to the National Suicide Prevention Lifeline network during times of excess call volume or after Lifeline Crisis Centers' operating hours.

Consumer Corner

The Consumer Corner encourages contributions from consumers of mental health and addiction services.

The work of DMHAS is constantly informed and reinvigorated by ongoing community and volunteer relationships convened by its various committees and workgroups. Two of these community advisory groups are the **Statewide Consumer Advisory Committee (SCAC)** and the **Citizen's Advisory Council (CAC)**. Prior to the DMHAS merger of the former mental health services and addiction services divisions (DMHS and DAS), the SCAC focused on mental health and the CAC's focus had been addiction services. As we build a behavioral health conversation around mental health and addiction challenges for all consumers, these groups continue to be important collaboration forums for building wellness knowledge and advocacy resources. These consumer-driven groups convene two important sectors of the behavioral health field and share much in common. These areas include: mental health and addiction co-occurring services, concumer advocacy, fighting stigma, fostering collaboration across service areas, integration of behavioral health services into primary care settings, and improving access to community based housing with appropriate service supports, to name a few. These and other community inclusion efforts are part of DMHAS' commitment to ensuring that services and programs are inclusive, cutting-edge, recovery-based and respectful of the rights of consumers of behavioral health services. They also allow for important information sharing and collaboration between DMHAS internal and external community professionals. Consumers and family members are valued DMHAS partners helping to ensure that services are appropriate, adequate, accessible and of the highest quality.



SCAC was formed by the former Division of Mental Health Services over 25 years ago to provide an opportunity for consumer advocates to explore topics of interest and concern as well as to identify emerging mental health service needs. Through SCAC, DMHAS staff learns directly from service recipients what is working well and what is not. The resulting conversation allows for development and support of the appropriate statewide perspective and relationship building which allows convened stakeholders to further develop and share needed consensus and possible collaborations on issues of concern. These services include: housing, state psychiatric hospitals, and the development of peer-operated services. DMHAS staff holds three Regional Advisory Committee Meetings of consumer stakeholders every month. Consumers are encouraged to be active participants in the planning, development, implementation, oversight and evaluation of the public mental health system in NJ. It has been through recommendations of the SCAC that the Division has embarked upon new initiatives, such as: self-help centers on the grounds of our state psychiatric hospitals; a statewide Peer Recovery Warmline; peer positions throughout our system; and mostly recently, peer-operated crisis respite programs. In September of 2014, Assistant Commissioner, Lynn Kovich, attended a COMHCO/SCAC meeting to begin a statewide dialogue on housing issues for consumers. She also will be involved in conducting regional focus groups addressing consumer operated drop-in/self-help centers and wellness and recovery centers.

The CAC also is composed of consumer and citizen members representing the voices of NJ residents at risk

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Consumer Corner ...continued from page 5

for, struggling with, or otherwise affected by the chronic disease of addiction and co-occurring conditions. The CAC supports education, prevention, intervention, treatment, and recovery from alcohol, drug, co-occurring, and other addiction related disorders and the elimination of associated stigma. The CAC also provides input and guidance to DMHAS in furthering its mission, linking DMHAS with consumers and advocating for the needs of individuals, families, and communities. DMHAS has benefited from CAC consumer linkage events over the past two years. The second event of its kind was held at Living Proof Recovery Center in Voorhees, NJ with over 75 consumers and advocates participating. The event was designed for DMHAS staff and CAC volunteers to listen to issues affecting consumers of addiction services and their suggestions. Through a series of survey questions, the attending public shared their collective voices directly with Assistant Commissioner Lynn Kovich and DMHAS program staff. Some survey findings were:

- "Access to peer support" is of primary concern for consumers and advocates. For example, when asked "what made the difference between a positive and negative treatment experience," the number one answer was "access to peer support";

- When asked how to improve "the system of treatment services", peer support was one of the most popular responses. Similarly, peer support was the number one answer for what made the difference between a positive prevention and recovery support service and a negative one; and

- Peer support also was the number two answer (behind more peer led recovery centers) in response to the question "what ideas do you have to improve the system to receive prevention and/or recovery supports services?"

Access to peer support, and the lack of such services, is on the minds of the public seeking access to DMHAS related services. Survey results were taken into account when CAC was evaluating strategic priorities for 2014 and beyond. Combining the above data from the CAC linkage event with compelling research in the field of peer-led recovery across the nation, the CAC decided to review all elements of peer-to-peer recovery programs that span the continuum of care, from prevention through treatment, through post addiction recovery. When the CAC review process is complete, it will provide recommendations to DMHAS on how to move forward in honoring the promise of a recovery oriented system of care, and of moving from an acute and crisis oriented treatment model to a chronic care and life-long recovery management model. The recommendations may include, but not necessarily feature, workforce related activities.

For further information regarding SCAC, please contact Margaret Molnar at *Margaret.Molnar@dhs.state.nj.us* and for information regarding the CAC, please contact Patrick Roff at *Patrick.Roff@dhs.state.nj.us*.

Growing a harvest of hope with Therapeutic Connections

The Garden State lives up to its name with support from DMHAS' vibrant hospital based horticultural programs. They are maintained through collaborations among hospital support and professional staff teams and the patients they serve. They are learning projects in the diverse communities that makeup our state psychiatric hospital system. The programs include internal and outdoor learning activities. The flower and vegetable horticultural projects create and sustain beneficial connections to hospital resident life skills training and education programs, provide props for therapeutic meetings and social events, and are an important public relations bridge to local communities that benefit from the seasonal harvest as visitors and customers.

At Trenton Psychiatric Hospital (TPH), the horticultural program is called "The New Leaf Gardeners." This program provides an opportunity for TPH staff to promote "real-world learning" in produce retail, vegetable gardening, how to use lawn equipment, the importance of maintaining seasonal beds, propagation, greenhouse plant maintenance, soil science, how a plant is named, plant identification, and landscape maintenance concepts and techniques. Individuals are afforded the opportunity to move at their own pace, motivated by mastery of a skill,

and experience wellness and recovery in a therapeutic environment. The essence of the Greenhouse is not only to be an exciting vocational program but a model of how a member of a community relates with others in the community. This year the gardeners have been working closely with hospital staff from the maintenance and food service departments, and continue to promote communication within TPH and with the surrounding community. The maintenance department worked closely with the New Leaf Gardeners to arrange an EP Henry certificate program. The New Leaf Gardeners staff delivers produce to the TPH Food Service Department to be used as ingredients in hospital wide meals and enhances sales at the greenhouse by sharing delicious greenhouse ingredient recipes hospital wide. The gardeners typically pick produce on Monday afternoon and Tuesday morning and a TPH email freshness alert goes out to the TPH community. Members of the community call in their vegetable orders and the New Leaf Gardeners harvest, assemble, label, and even deliver, the orders later in the day.

Ancora Psychiatric Hospital's (APH) Greenhouse and Gardening Program also focuses on indoor and outdoor horticultural and landscape design. This program includes collaboration on indoor and outdoor components among

program staff and the maintenance department. Patients participate on various projects learning vocational skills and multitasking while growing flowers, vegetables and herbs. The Ancora program involves patients in horticultural design and maintenance which provides them with ongoing learning opportunities that promote needed skills, personal development opportunities, and allows them to appreciate the results of their work.

DMHAS' Greystone Park Psychiatric Hospital (GPPH) has a long history of utilizing horticulture programs to benefit patients and the hospital's treatment settings. As early as 1876

Growing a harvest of hope with Therapeutic Connections

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when the hospital opened, patients were involved in a variety of grounds keeping and plant cultivation activities. This tradition continues to this day under the aucpices of the Rehabilitation Department educating patients on soil mixing, harvesting flowers and produce, and all aspects of the growing cycle. The horticulture classroom, located inside the main hospital, focuses on a hands-on learning approach intended to help the individual patients reduce stress and gain a sense of personal accomplishment, productivity and self-reliance. Students of the Greystone "Gardening and Landscape Program" are responsible for the propagating and up-keep of the plants which adorn the interior of the hospital as well as the landscaping of the hospital's outdoor healing garden courtyard. All patients and staff of the hospital benefit from this serene retreat located within Greystone. This psychiatric hospital also uses its greenhouse for horticultural education and life skills training. The greenhouse provides patients with paid employment while learning the valuable vocational skills of landscaping, gardening, farming and salesmanship. The greenhouse is also open to employees of the hospital as well as to the community. Vegetable and flower plants may be purchased and the greenhouse features a "pick your own" vegetable market in the summer growing season. At Greystone, patients benefit from the acquisition of horticulture skills and from the wide range of skills necessary for sales, including social interaction, financial literacy and frustration tolerance. Both Greystone horticulture programs continue to operate in the winter months. During the fall and winter the focus of the programs switches to indoor seed starting, craft projects made from the flora of the previous year and preparation for the next growing season.

The Horticulture Program at Ann Klein Forensic Center provides a therapeutic group setting in which plants and plant-related mediums are utilized to develop and/or reinforce basic task skills (i.e., problem solving, concentration, initiation and termination of activities, time management, and role development). Patients perform numerous activities in the program. These include designing and delivering flower arrangements, tending to the compost bin and six planting beds that contain flowers, herbs and vegetables. Patients learn to use the produce in various cooking activities in which they make salsa, pickles and lavender cookies. They also benefit from learning how to make horticultural program products, while participating in special projects that include making greeting cards and scented soaps. This hospital also involves patients in the maintenance of the three season greenhouse and in grounds beautification projects such as the planters that adorn the front doors.

The horticultural programs in each of the DMHAS hospitals continue to be very successful, by generating internal and external community opportunities to create and share social space and learning opportunities that build a sense of community and have special meaning for professional staff, residents and community visitors. For further information regarding DMHAS hospitals please contact John Whitenack at *John.Whitenack@dhs.state.nj.us*

Naloxone and Overdose Prevention ...continued from page 3

(especially those who drop out of treatment) and other drug treatment programs, as well as to individuals who use drug intraveneously in syringe access programs. DMHAS has been working with the Division of Medical Assistance and Health Services (DMAHS) to have Naloxone offered and prescribed to those NJ FamilyCare (e.g., Medicaid) consumers who may be at increased risk. The managed care organizations that approve NJ FamilyCare services and medications have agreed to support this initiative. DMHAS is making efforts to address the needs of individuals who want to ask their personal physician for a prescription for Naloxone so they can save others who overdose. The DMHAS *website* has a PowerPoint training webinar to educate the general public about responding to overdose and using Naloxone. The website information is intended to also educate physicians about the Overdose Prevention Act (the actual OPA law is available *here*. The above DMHAS website link also tells healthcare providers how to issue prescriptions for Naloxone kits to those who have viewed the DMHAS overdose emergency responder training.

"The law, and the programs DMHAS is supporting to address the availability of Naloxone, provide a treatment option for anyone who overdoses..."

Individuals who survive an overdose are now able to receive lifesaving treatment, which, ideally, can support full recovery from addiction. Traditionally, many who experienced an overdose were likely to overdose again at some point. The OPA law allows for an immediate focus on treating the person who is in an overdose crisis. The law, and the programs DMHAS is supporting to address the availability of Naloxone, provide a treatment option for anyone who overdoses, as well as the awareness of the availability of detoxification programs or of residential treatment. One of these options is medication assisted treatment (MAT) for substance use, which includes the evidence-based prescribing of methadone, naltrexone, and buprenorphine for opioid dependence. Since many of those who could benefit from MAT, as well as their clinicians, are not necessarily aware of treatment opportunities, DMHAS has also been trying to promote the role of MAT in its prevention efforts with its statewide network of prevention providers.

Shared Decision Making

In **Shared Decision Making** (SDM), patients work collaboratively with their health care practitioners and become more involved in making decisions about medications and other diagnostic and treatment options. Interest in SDM has been growing in all areas of medicine in recent years, and DMHAS is planning to promote the practice among our network of behavioral health service providers. Along with its commitment to a patient (or consumer) centered approach to care, improving health literacy, and treating consumers of behavioral health services in the least restrictive settings possible, DMHAS promotes professional training and consumer education that builds knowledge, confidence and personal responsibility. These competencies will improve the interpersonal health communication process between consumer and health service provider, which will help us achieve the shared goal of realizing a more effective, SDM process. Not only is such involvement the right thing to do, but there is now research showing that SDM improves treatment outcomes. It should not be a surprise, however, that knowledgeable and self-motivated consumers will take better care of themselves than will those who have a more passive role in their own care.

As a kick off to the DMHAS plan, a conference on SDM was held on July 23, 2014 with the assistance of Rutgers University Behavioral Health Care (UBHC). The main speakers were Patricia E. Deegan, PhD, and Michael Barry, M.D., who are nationally known experts on SDM. Dr. Barry presented research about the inadequacies of the informed consent process and the fact that there are reasonable options for almost every medical problem. He noted that it is difficult for many caregivers to understand and practice "preference-sensitive care", so some will need to learn new communication skills. Dr. Deegan talked about her personal experience that led her to question the assumption that medical authorities always know what is best for their patients. She also introduced several recovery tools that could be useful to consumers and families, including the concept of 'personal medicine', a term she has coined. These are self-taught, non-pharmaceutical strategies that individuals can use to advance their recovery.

The SDM process requires a knowledgeable and empowered consumer, and a health care provider who is willing to support the consumer in taking the initiative. In addition, physicians and other health care providers are not always skilled enough in eliciting consumers' preferences or in explaining options and risks in a way that consumers will understand. Decision aids (or decision support tools, as these are also called) can assist consumers and healthcare practitioners when they are collaborating on shared decisions. Decision aids can be in a number of different formats. These tools may be as simple as a medication fact sheet that is user-friendly.

Sharing Decisions Around Medications is a decision aid in pamphlet form developed by DMHAS, in conjunction with Rutgers-UBHC. This tool helps consumers in collaborative decision making with their physicians and APNs around medication. DMHAS also worked with the university on a manualized tool kit to assist consumers in quitting smoking (Learning About Healthy Living). DMHAS currently is working with Rutgers-UBHC on a self-directed tool kit for consumers called ***Your Wellness Counts***, which is primarily about the effects of metabolic syndrome.

The Division's immediate goal regarding SDM is to provide more extensive training for providers and consumers. Because consumers have expressed difficulties in making their preferences known in regard to their health care, the focus of the training will be on medical decisions in addition to mental health and addictions. Thus, SDM also should play an important role in the Division's plans to roll out Behavioral Health Homes around the state. The Division has a Learning Collaborative with Rutgers-UBHC, which will help promote the role of behavioral health programs in working with primary care providers, and one of its goals is also to promote SDM.

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
Community Services	Lenore Velez-Rigney Northern Regional Office (973) 977-4398 Southern Regional Office (609) 567-7352 Central Office (609) 777-0678	• Mental Health Program development • Lead role in Contract Negotiations for Mental Health service contracts • Oversight of all Community Mental Health Services • Staff participate in local Mental Health plan development • Collaboration with community service providers, local government, state psychiatric hospitals and other offices within DMHAS, Departments or Divisions related to the provision and monitoring of mental health services • Response to constituent requests or concerns related to mental health services
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	• Auditing/Internal Controls • Budget • Contract Administration • Finance • Grants • Addictions Fee-For-Service
Human Resources	Valerie Bayless Phone: (609) 777-0651 Fax: (609) 341-2318	• Recruitment • Classification & Compensation • Employee Benefits & Services • Performance Assessment • Staffing and Workforce Utilization
Information Systems	Brian Regan Phone: (609) 292-2053	• Information Systems • Technology Support • DMHAS Website • NJSAMS
Legal Liason	Lisa Ciaston Phone: (609) 777-0694 Fax: (609) 341-2305	• Ethics Liaison • General Guidance on Community Mental Health System and State Psychiatric Hospitals Policy and Regulations • Involuntary Outpatient Commitment and General Civil Commitment Guidance • Legal Concerns • Legislative Review • Open Public Records Act (OPRA) • Psychiatric Advance Directives
Medical Director	Robert Eilers Phone: (609) 777-0713 Fax: (609) 341-2306 PASRR Fax: (609) 341-2307	• Clinical Assessment Review Panel • Coordination of Care for Forensic Patients (Special Treatment Unit and State hospitals) • Integration of Behavioral and Physical Health • Involuntary Medication Review Panels • Medication Assisted Treatment • Older Adult/Pre Admission Screening and Resident Review (PASRR) • Psychology Internship Program (State hospitals) • Psychotropic Medication Practices/Polypharmacy Monitoring (State hospitals) • Statewide Continuing Medical Education (CME) Committee • Statewide Wellness Committee
Olmstead, Compliance, Prevention, Planning and Evaluation	Roger Borichewski Phone: (609) 777-0717 Fax: (609) 341-2325 Fax- PSCU: (609) 341-2308	• Addiction Contract Monitoring • Addiction Recovery Centers • Community Mental Health Services Block Grant Data Analysis • Consumer Affairs • Olmstead • Prevention and Early Intervention Services • Patient Services Compliance Unit (PSCU) • Quality Management • Screening, Brief Intervention and Referral to Treatment • Self-Help Centers • Unusual Incidents Reporting
Research, Planning and Evaluation	Suzanne Borys Phone: (609) 984-4050 Fax: (609) 341-2317	• Evaluation • Geographic Information Systems • Needs Assessment • Planning • Research • Statistical Analysis • Statewide Epidemiological Outcomes Workgroup • Substance Abuse Prevention and Treatment Block Grant Data Analysis • Surveys • DMHAS Newsletter
Sandy Recovery	Renee Burawski Phone: (609) 341-3599 Fax: (609) 341-2302	• Social Services Block Grant related programs
State Hospital Management	John Whitenack Phone: (609) 777-0677 Fax: (609) 341-2309	• Centralized Admissions • Oversight of State Psychiatric Hospitals
Treatment and Recovery Support Services	Valerie Mielke Phone: (609) 777-0708 Fax: (609) 341-2313	• Acute Care Services • Crisis Intervention Team • Federal PATH Grant • Illness Management and Recovery • Intoxicated Driving Program (IDP) • Justice Involved Services (Jail Reentry, Jail Diversion, Drug Court, State Parole Board, Department of Corrections, System's Mapping • Mental Health, Substance Abuse and Co-occuring Disorders Treatment Services • Mutilcutural Services • Program for Assertive Community Treatment (PACT) • Supportive Housing/Residential Intensive Support Team (RIST) • Community Support Services • Screening Centers • Services to Families • Supported Education and Employment • South Jersey Initiative • Stigma Reduction • Veteran's Services • Women's & Father's Addiction Services • Workforce Development

Services & Supports at DMHAS

Behavioral Health Services and Supports

Addictions Information & Referral Hotline - 211 ext. 22 or 800-238-2333

Mental Health Information and Referral Hotline - 1-800-382-6717

Substance Abuse Program Complaints - Day: (609) 292-0589

Evening: 1-877-712-1868

The Peer Recovery Warmline - 1-877-292-5588

M-F 8am-10pm, Sat & Sun 5pm-10pm

NJ Connect for Recovery Hotline -

Confidential help with addiction to heroin or prescription pain killers

12 p.m. to 8 p.m. to talk to live person (messaged left during off hours returned next day)

855-652-3737 (TTY: 877-294-4356) - Website URL is: ***www.njconnectforrecovery.org***

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

Report Patient Abuse at State Psychiatric Hospitals - 1-888-490-8413

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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Please Note: The contents of this newsletter are provided for general information purposes only. They are not intended to communicate medical advice, official public policy or emergency information. For most up-to-date or official information please contact the relevant sources via e-mails, phone numbers and addresses provided herein.

State of New Jersey DHS Department of Human Services