

FAQs Stakeholders

How does DOH define healthcare integration?

Health care integration is person-centered, holistic care. Health care integration involves working with individuals, families and providers to create a structure and system of care that allows for the treatment of the “whole person” by addressing the physical, mental and substance use health issues in the same setting or through a coordinated system. With an integrated health care system, providers will no longer be limited to treating symptoms because of structural silos that prevent diagnosing and treating causes. Consumers and families will no longer need to navigate silos of care to determine and address causes of health issues. Consumers, families and providers are partners in care. Integrated health care recognizes that mental health and substance use disorders are health issues, not behavioral faults. It removes the stigma associated with receiving mental health treatment and treats addiction, especially opioid addiction, as the public health crisis it is. Additionally, it improves access to care because individuals no longer need to navigate between and among different providers who do not communicate with each other.

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

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

Will there be layoffs of employees?

DOH does not anticipate any employee terminations as a result of the transition.

How will the transfer of DMHAS affect directors of county offices of mental health, alcoholism and addiction services?

DMHAS staff will be relocated from DHS to DOH, but other than that transfer, the transition should be seamless for county officials, stakeholders, advocates and consumers and their families and staff in psychiatric hospitals. It requires no reorganization at the county level.

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.

Mental health and addiction services providers have recently transitioned to the fee-for-service payment model. Some providers are experiencing difficulties with the new system. How is DOH preparing for this challenge?

During his 2016 State of the State and Budget Addresses, Governor Christie announced that \$127 million would be invested in enhanced behavioral health services rates for providers. It is the largest overall increase to the community in over a decade, and it is designed to strengthen the organizations that provide critical programs for some of New Jersey's most vulnerable residents. DOH is aware of provider concerns with the transition to fee-for service and plans for DMHAS to continue with its current processes to address these issues, including providing technical assistance.

Following the reorganization, DOH will oversee staff within DMHAS as DOH continues with the implementation of the fee-for-service system. DMHAS offers training to providers and behavioral health executives at no cost to help identify and implement change projects that expand service capacity, harness new payer sources and thrive in the changing health care environment. You can find more information here: <http://bhbusiness.org/>. For more information on the fee-for-service transitions please visit:

http://www.state.nj.us/humanservices/dmhas/initiatives/managed/FFS_Transition_FAQs.pdf

A majority of those who receive mental health and addiction services through DMHAS are Medicaid recipients. How will DOH ensure coordination between DOH and Medicaid?

Just as DMHAS collaborates with Medicaid on coverage and payment, DOH enjoys a collaborative working relationship with Medicaid including with the Comprehensive Medicaid Waiver and its renewal, Maternal and Child Health, Chronic Disease Management, and Health Care Financing. With the reorganization, collaborations will continue. DMHAS and its agreements with Medicaid for coverage, claims reporting, and claims payment will remain in place so there is no interruption of services.

How long would it take DOH to integrate DMHAS into the Department as it relates to contracts and services?

With the transition of the entire Division, all DMHAS contracts and services would be maintained with the Department of Health as a result of the reorganization.

If you are integrating mental, physical and behavioral health, won't that require changes in the future?

Yes, that's why we are sought your input during a series of 21 county stakeholder meetings that DOH and DMHAS hosted in September and October 2017. As we move forward with creation of an integrated system, we want the input and expertise of county officials, advocates, consumers and their families and other stakeholders.

I was unable to attend one of these meetings, is there another way for me to share my suggestions with the Department?

Yes, you can send suggestions via email to: integratedhealth@doh.nj.gov

Will grants administration change as a result of the transition?

DOH and DMHAS currently uses different software packages for the submission and processing of grant awards. DOH will analyze the grant management systems with the goal of incorporating

DMHAS into DOH's current System for Administering Grants Electronically (SAGE). We expect this assessment to be made between October 1, 2017 through December 31, 2017.

Before DMHAS grantees are integrated into the DOH SAGE system, training will be provided on the SAGE system and processes. Changes will apply to grants starting on July 1, 2018.

Q: Do people with developmental disabilities get treatment in the psychiatric hospitals?

A: The DMHAS and the Division of Developmental Disabilities (DDD) within the Department of Human Services have established a strong, collaborative working relationship that will continue in order to ensure that individuals can access appropriate services funded and supported by DDD.

Q. How do the three regional state psychiatric hospitals prepare people who are dually diagnosed with a mental illness and an intellectual disability / developmental disability for discharge?

A. The Division of Mental Health and Addiction Services (DMHAS) within the Department of Health (DOH) collaborates with the Division of Developmental Disabilities (DDD) within the Department of Human Services (DHS) to assign a Transitional Case Manager (TCM) to each of the hospitals. The TCMs work with the hospital treatment teams to facilitate individuals' discharge to the most integrated, clinically appropriate housing and aftercare services as possible. The TCMs assist with Community Care Waiver (CCW) applications, referrals to providers, coordination of service appointments and program visits, coordination of in-home supports, and participation in hospital hearings regarding discharge activities.

Q. Will the two divisions continue to communicate about people who DDD eligible and being treated in the state psychiatric hospitals?

A. Currently the TCMs communicate regularly with DMHAS and DDD staff, and the leadership at both divisions continues to hold meetings/calls twice a month to provide updates on each individual who is DDD eligible and being served in a state psychiatric hospital. The meetings focus on assessment of discharge progress and barriers and next steps in the discharge planning process. In addition to the case-specific discussions, DMHAS and DDD also address any systemic system issues that impact the delivery of services to the described population. These meetings will continue even though DDD and DMHAS sit in different departments.

Q. What are some of the community-based housing options available for individuals dually diagnosed with a mental illness and intellectual disability/developmental disability?

A. DDD in collaboration with DMHAS funds community-based, 24-hour, supervised residences for individuals dually diagnosed with a developmental disability and a mental illness. These residences are licensed as mental health residential facilities but are funded jointly by DDD and DMHAS. These facilities will continue to operate with this shared funding model.

The DMHAS also provides funding for Community Support Services, supportive housing subsidies, and specialized services for people who are diagnosed with a mental illness and intellectual disability/developmental disability and living independently.

Q. Are crisis services available for people who are DDD eligible and experiencing a mental health crisis?

A. Yes. The Crisis Assessment Response and Enhanced Services (CARES) program assists consumers, their families and agency staff by providing: direct response at the time of crisis in family homes, residential placements, day programs, and emergency rooms; technical support; linkage to appropriate resources; training for consumers, families, sponsors and service providers; and consultations at psychiatric inpatient units.

Formerly known as the Statewide Clinical Consultation and Training Program (SCCAT), CARES provides crisis response and stabilization services for up to 120 days to adults ages 21+.

Q. Are there inpatient psychiatric services for dually diagnosed individuals who are not in the state's regional psychiatric hospitals?

A. Yes. The Dual Diagnosis Inpatient Unit at Trinitas Regional Medical Center provides psychiatric treatment to individuals with developmental disabilities and mental illnesses. It is a 10-bed inpatient unit where individuals are admitted on a voluntary or involuntary basis.

Although this unit is not funded by DMHAS or DDD, both agencies collaborate closely with Trinitas to offer individuals who are DDD eligible with acute inpatient treatment needs DMHAS and DDD work with Trinitas to transfer individuals at the Dual Diagnosis Inpatient Unit who require a longer length of stay to another level of care, including the state hospitals.