

FAQs for Consumers and Family Members

Why is the Division of Mental Health and Addiction Services (DMHAS) moving to the Department of Health?

On June 29, 2017, Governor Christie issued a Reorganization Plan, No.001-2017 to provide for increased efficiency, coordination and integration of the state's physical health, mental health and substance use prevention and treatment functions by transferring the DMHAS from the Department of Human Services to the Department of Health.

This reorganization is the first step in advancing a new system of integrated care. Having the DMHAS as part of the Department of Health will assist in removing barriers to accessing care, whether the consumer is struggling with physical health, mental health or substance use disorder, by focusing on the integration of these aspects.

In moving to the Department of Health, will the DMHAS' commitment to providing consumers and families with a wellness and recovery-oriented model of care change or be lost?

No. The Department of Health is fully committed to continuing the work of the DMHAS in wellness, recovery and integration of physical and behavioral health. The Department of Health is focused on improving the overall health of all New Jerseyans through its Office of Population Health. The Department of Health agrees with the national Substance Abuse and Mental Health Services Administration that wellness is defined as being in good physical and mental health.

Now that the DMHAS is in the Department of Health, will DMHAS still seek consumer input through boards and committees?

Yes. Both the DOH and the DMHAS understand the importance and value of involving consumers and family members in various forums to solicit feedback to inform planning efforts. The current process will continue. Under the Office of Consumer Affairs, the DMHAS will continue to facilitate opportunities for consumers and family members to become engaged in ongoing meetings, Requests for Proposal review teams, Stakeholder Strategic Planning Committees, focus groups on specific recovery topics and issues, surveys about the relevance and importance of consumer meetings, consumer and family participation in agency site reviews, family hospital monitoring programs, peers and family members as members of our Statewide Hospital Wellness Committee as well as our Behavioral Health Planning Council, which oversees our Federal Block Grant monitoring.

Is the Department of Health's perception of mental illness and substance use disorder strictly from a "disease-orientation" as opposed to a more complex psycho-social, bio-physiological, cultural and economic orientation that needs to be addressed from all levels?

The Department of Health recognizes that health is not merely limited to physical health or the absence of disease. As the reorganization moves forward, the Department of Health envisions a new system of care that treats the whole person. For health and wellness to be achieved and sustained, a wholistic and integrated approach to addressing physical health and behavioral

health is the best way to ensure wellness. The goals of the reorganization and an integrated system of care are to reduce and/or eliminate obstacles that inhibit access to preventive care, treatment and support services.

Is the staff at the Department of Health familiar with what consumers and families need and want from our system or care? Does the Department of Health have the background and training to be responsive to them?

As part of this transition, the Department has gained the expertise and knowledge of the DMHAS staff and its senior management team. That expertise includes the current system of care for individuals living with a mental illness or substance use disorder and their families. The Department supports continuation of all efforts that promote family involvement and support as key factors contributing to positive health outcomes. The goal of both DMHAS and the Department of Health is to make the transition seamless for consumers and their families.

Creating a new and more efficient and coordinated system of care that treats the whole person is the right move for New Jersey and especially for consumers and their families who will benefit from having their behavioral and physical health needs met in a wholistic way.

The Department of Health has experience through its Family Health Services Division in planning and implementing programs that focus on the health of families. Some of those programs include assistance for women who are experiencing post-partum depression or have an infant born with a substance use disorder and a new program focused on helping those with behavioral health issues quit smoking. The programs also include coordinating services for families who have children with special needs and families who have infants born with birth defects.

Will we be losing staff such as Program Analysts through the reorganization to the Department of Health?

All DMHAS staff, including Program Analysts, have moved from the Department of Human Services to the Department of Health.

Will the DMHAS still be holding regular Statewide Consumer Advisory Council (SCAC) Meetings after the reorganization?

Yes. The DMHAS will continue to conduct regular meetings with the Statewide Consumer Advisory Council.

Will Valerie Mielke continue in her role leading the DMHAS? She is very approachable and available to consumers.

Yes. Valerie Mielke will continue to lead the DMHAS in her role as Assistant Commissioner.

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.