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/](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](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 seeking your input during a series of 21 county stakeholder meetings that DOH and DMHAS are hosting 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. Please see the list of meetings available here: [http://bit.ly/2wF0H7X](http://bit.ly/2wF0H7X)

Will advocates and county Mental Health, Alcoholism and Addiction Services Directors have input into the integration of DMHAS into DOH?
Yes, we want to coordinate with all stakeholders through the 21 County Stakeholder forums. We want to hear your feedback and to share the Department’s vision for how we can create an integrated system of care for mental, physical and behavioral health. In addition, DMHAS will continue to meet regularly with the County Mental Health Administrators and the County Alcoholism and Drug Abuse Directors.
Can I attend any of the County Stakeholder meetings?
Yes, please choose the location that best meets your individual needs. The information presented at the sessions will be the same.

I cannot 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