

# Health Professionals and Allied Employees, AFT/AFL-CIO

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July 31, 2017

Dear NJ Assembly member:

On behalf of the 13,000 members of HPAE, I am writing to urge you to support ACR 254 sponsored by Assemblywoman Vainieri Huttie, titled, "Opposes Governor's proposed transfer of DMHAS to DOH."

For HPAE members working in mental health and addiction treatment facilities Governor Christie's Reorganization Plan 001-2017, moving the Division of Mental Health and Addiction Services (DMHAS) from the Department of Human Services (DHS) to the Department of Health (DOH), raises concerns with how the delivery of treatment and care will be altered and may negatively impact clients.

Although Governor Christie claims his plan to integrate behavioral health care with physical care will allow for greater cost effectiveness, his administration has yet to provide evidence to show that such a change is justified, nor whether this will have a positive outcome to improve clinical outcomes for clients.

The Reorganization Plan cites many studies with compelling data that find patients with behavioral health issues suffering from greater physical health issues due to the lack of integration of care. Another study cited notes that primary care doctors often miss cases of depression or anxiety in their patients because their focus is on the physical and not the mental health of their patients.

There is admittedly a failure in a system where physical health or mental health suffers at the expense of the other, but without an impact study it is shortsighted to hastily move DMHAS to DOH given the complexities of integration with social service needs, Medicaid for counseling and addiction treatment, and the recent problematic implementation of fee-for-service billing for mental health care with impacts we have yet to fully comprehend.

In 2004, Governor McGreevey relocated the Division of Addiction Services from the Department of Health to the Department of Human Services for an equally compelling reason: the co-occurrence of child abuse and substance abuse demanded that Addiction Services be included in the Department of Human

Services because of the social services needed by children and families that the DHS also provided.<sup>1</sup> In other words, Governor McGreevey argued it would be more cost efficient and provide better access and integration of social services if addiction services were under the umbrella of DHS.

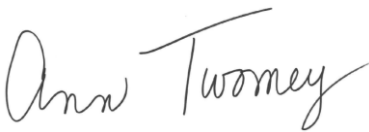
By taking DMHAS out from under DHS, there are serious questions as to how the services integrated through its affiliation with DHS will be accessed by those served by DMHAS.

The Governor's Reorganization Plan was created without communication with or input by those who will be affected the most, the professionals working within the organizations governed by the DMHAS.

Before taking steps a plan must developed to address how access to social services will be affected, how access to Medicaid will be affected, and how DOH will move from a largely regulatory role in health care to taking on operational oversight, which is currently outside the Agency's purview. With so many pivotal aspects of care involved, a move such as this requires greater study and transparency, despite its laudable goals.

Once again, we urge you to vote in favor of ACR 254 when this resolution is presented for a vote.

Sincerely,

A handwritten signature in cursive script that reads "Ann Twomey". The signature is written in black ink and is positioned above the typed name and title.

Ann Twomey  
President