

**ASSEMBLY CONCURRENT  
RESOLUTION No. 254**

**STATE OF NEW JERSEY  
217th LEGISLATURE**

INTRODUCED JULY 31, 2017

**Sponsored by:**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblyman TIM EUSTACE**

**District 38 (Bergen and Passaic)**

**Assemblywoman CLEOPATRA G. TUCKER**

**District 28 (Essex)**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblyman RALPH R. CAPUTO**

**District 28 (Essex)**

**Assemblyman THOMAS P. GIBLIN**

**District 34 (Essex and Passaic)**

**Co-Sponsored by:**

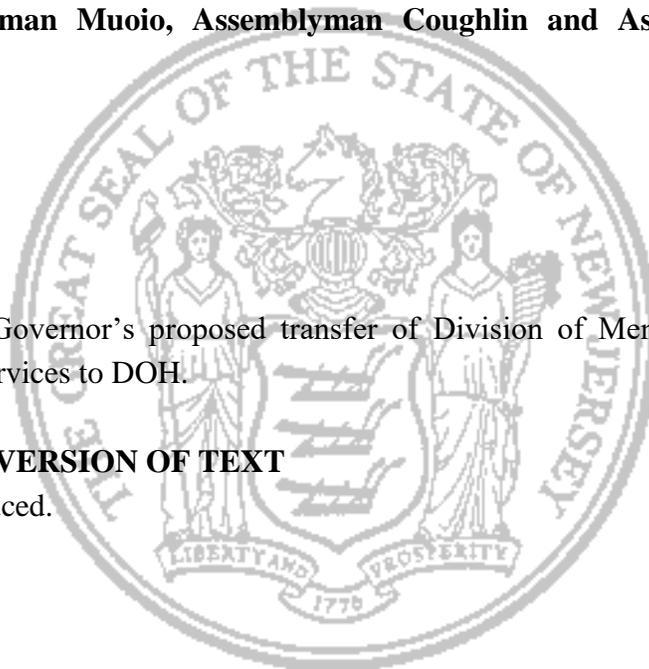
**Assemblywoman Muoio, Assemblyman Coughlin and Assemblywoman  
Jasey**

**SYNOPSIS**

Opposes Governor's proposed transfer of Division of Mental Health and  
Addiction Services to DOH.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 8/1/2017)**

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1 **A CONCURRENT RESOLUTION** opposing the Governor's  
2 Reorganization Plan No. 001-2017 and its proposed transfer of  
3 the Division of Mental Health and Addiction Services to the  
4 Department of Health.  
5  
6 **WHEREAS**, On June 29, 2017, Governor Chris Christie issued  
7 Reorganization Plan No. 001-2017, which would transfer the  
8 State's mental health and addiction prevention and treatment  
9 functions, including the Division of Mental Health and Addiction  
10 Services (DMHAS), from the Department of Human Services  
11 (DHS) to the Department of Health (DOH); and  
12 **WHEREAS**, The Legislature recognizes that mental health and  
13 substance abuse diagnoses are indeed health issues, and that  
14 primary physical healthcare must be integrated with mental  
15 healthcare and addiction treatment; and  
16 **WHEREAS**, The Legislature has advanced several legislative initiatives  
17 to integrate behavioral healthcare with primary care, break down  
18 barriers in the administration of care, and reduce stigma; and  
19 **WHEREAS**, Reorganization Plan No. 001-2017 lacks a detailed  
20 integration strategy or policy change corresponding to the Plan's  
21 stated purpose of healthcare integration, which undermines the  
22 progress made to date in behavioral and physical healthcare  
23 integration and which could significantly disrupt the delivery of  
24 critical behavioral health and addiction services to individuals in  
25 need; and  
26 **WHEREAS**, Any such transfer could profoundly and immediately affect  
27 vulnerable individuals living with mental health and substance  
28 abuse disorders and their families, yet these individuals, service  
29 providers, and the Legislature did not have an opportunity to  
30 evaluate and consider the proposed transfer prior to the Governor's  
31 filing of Reorganization Plan No. 001-2017; and  
32 **WHEREAS**, On July 25, 2017, the Assembly Human Services  
33 Committee and the Senate Health, Human Services and Senior  
34 Citizens Committee held a joint committee meeting on  
35 Reorganization Plan No. 001-2017. Representatives from over 20  
36 organizations and stakeholders expressed concerns regarding the  
37 content, potential effects, and timing of the planned reorganization;  
38 and  
39 **WHEREAS**, The author of a report referenced in Reorganization Plan  
40 No. 001-2017 testified that his research focused on regulatory  
41 alignment, and not a transfer of all behavioral health services to  
42 DOH; and  
43 **WHEREAS**, Many individuals receiving services for mental health and  
44 addiction do so through the State's Medicaid program, which is  
45 administered by DHS. A significant consequence of the proposed  
46 reorganization is that service providers would have to coordinate  
47 the administration of services with one department, DOH, and

1 coordinate the payment of services with another department, DHS;  
2 and

3 **WHEREAS**, Separating behavioral health services from the Department  
4 that administers Medicaid, the source of funds for many of those  
5 services, could be detrimental to individuals receiving those  
6 services, and introduces another level of bureaucracy that must be  
7 navigated, potentially leading to service and payment disruptions;  
8 and

9 **WHEREAS**, The timing of the proposed transfer is also of concern, as  
10 mental health and addiction services providers are in the midst of  
11 transitioning to the fee-for-service payment system. The  
12 implementation of this new model has been challenging for the  
13 provider community and many organizations are still working on  
14 new strategies and policies to ensure financial viability and  
15 maintenance of critical services for vulnerable populations. An  
16 additional major change at this time may prove to be too much for  
17 already struggling providers, resulting in the closing of agencies  
18 and a reduction in affordable and accessible services; and

19 **WHEREAS**, DHS is in the process of advancing the integration of  
20 physical and behavioral healthcare. In its Comprehensive Medicaid  
21 Waiver Renewal Application, DHS advanced initiatives that further  
22 the integration of behavioral healthcare and physical healthcare  
23 with pilot programs such as behavioral health homes and certified  
24 community behavioral health clinics; and

25 **WHEREAS**, DHS provides necessary supports and services to  
26 individuals with mental health and addiction disorders, social  
27 services such as the Supplemental Nutrition Assistance Program  
28 (SNAP), formerly known as food stamps, Work First New Jersey  
29 assistance, and supportive housing and employment assistance.  
30 Maintaining and improving integration of these supports with  
31 healthcare is critical to successful treatment and recovery; and

32 **WHEREAS**, Approximately 50 to 70 percent of individuals with  
33 developmental disabilities, including autism, have co-occurring  
34 behavioral health disorders, yet the Reorganization Plan does not  
35 address the maintenance of coordinated care for individuals with  
36 developmental disabilities; and

37 **WHEREAS**, While DOH has experience overseeing general acute care  
38 hospitals, it is inexperienced in the direct operation of specialized  
39 psychiatric hospitals, which is a concern given the State's recent  
40 resolution of the Olmstead settlement agreement for mental  
41 healthcare and the progress made toward de-institutionalization;  
42 and

43 **WHEREAS**, Reorganization Plan No. 001-2017 alters the fundamental  
44 responsibilities of DOH and DHS. DHS has comparatively more  
45 experience and expertise in administering the provision of services  
46 to large populations, while DOH has significant regulatory  
47 expertise and comparatively less experience concerning the  
48 provision of services, which is of particular concern given the

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1       opioid addiction crisis that is occurring in our State and around the  
2       country; and

3       **WHEREAS**, Following extensive testimony on the Reorganization Plan,  
4       great uncertainty remains as to the specific implementation of the  
5       Plan, whether consumer-level integration will be achieved by the  
6       Plan, and the effects the proposed reorganization will have on  
7       individuals who receive services, provider agencies, and  
8       employees; and

9       **WHEREAS**, To safeguard the health and best interests of all New  
10       Jerseyans, it is fitting and appropriate that any transfer of the State's  
11       mental health and addiction prevention and treatment functions,  
12       powers, and duties be undertaken carefully, deliberately, and after  
13       appropriate consultation and review; now, therefore,

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15       **BE IT RESOLVED** by the General Assembly of the State of New  
16       Jersey (the Senate concurring):

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18       1. For the foregoing reasons, the Legislature does not favor  
19       Reorganization Plan No. 001-2017, issued by Governor Christie on  
20       June 29, 2017, which would transfer the State's mental health and  
21       addiction prevention and treatment functions, powers, and duties,  
22       including the Division of Mental Health and Addiction Services,  
23       from the Department of Human Services to the Department of  
24       Health. Reorganization Plan No. 001-2017 is therefore disapproved  
25       by the Legislature and shall not take effect, as provided in section 7  
26       of the "Executive Reorganization Act of 1969," P.L.1969, c.203  
27       (C.52:14C-7).

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29       2. Copies of this resolution, as filed with the Secretary of State,  
30       shall be transmitted by the Clerk of the General Assembly or the  
31       Secretary of the Senate to the Governor, the Commissioner of  
32       Health, and the Commissioner of Human Services.

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STATEMENT

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38       This concurrent resolution opposes Reorganization Plan No. 001-  
39       2017, which was issued by the Governor on June 29, 2017. The  
40       Reorganization Plan would transfer the Division of Mental Health  
41       and Addiction Services (DMHAS), and all of the State's mental  
42       health and addiction prevention and treatment functions, powers,  
43       and duties from the Department of Human Services to the  
44       Department of Health. Reorganization Plan No. 001-2017 is  
45       therefore disapproved by the Legislature and shall not take effect,  
46       as provided in section 7 of the "Executive Reorganization Act of  
47       1969," P.L.1969, c.203 (C.52:14C-7).