



APRIL 18, 2016: *For Immediate Release*

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REPORT:

TRANSFORMATION OF N.J. BEHAVIORAL HEALTH SYSTEM POSSIBLE, NECESSARY

BERLIN, N.J. – A first-of-its-kind analysis of the behavioral health and substance use disorder treatment systems in southern New Jersey shows that while resources are available, people are not accessing these resources in an appropriate setting or in a coordinated way. These conclusions were released today under the first year of research from the South Jersey Behavioral Health Innovation Collaborative (SJBHIC).

Through a comprehensive analysis of the current behavioral health system, it is evident that walls between primary care, substance use treatment, mental health care and housing services serve as barriers to effective treatment, according to the executive report. Five years of hospital data was analyzed and more than 50 stakeholders were interviewed to create the report.

Nearly 15 percent of New Jersey's adult population has been diagnosed with a mental illness, with 3 percent having been diagnosed with a severe mental illness, according to the National Alliance on Mental Illness. The number of emergency department visits and inpatient admissions in the state for behavioral health or substance use disorders increased by nearly 30 percent between 2010 and 2014, according to a report on mental health and addiction volume in acute care hospitals, produced by the New Jersey Hospital Association.

During that same time period, roughly 800 patients registered visits at all five health systems participating in the collaborative – Cooper University Healthcare, Inspira Health Network, Kennedy Health System, Lourdes Health and Virtua. Every one of these patients had either a primary diagnosis or underlying mental health or substance use issue. Before collaborative members began sharing data, it was impossible to track patient movements between the systems, until now.

As part of the release of first-year findings, the hospitals in SJBHIC and their partners – the New Jersey Hospital Association and the Camden Coalition of Healthcare Providers – announced seven recommendations for improving the system. Some are short term and already in early implementation, and some are longer term and require more involvement from researchers, communities and policy makers.

The recommendations are:

- **REGIONAL BEHAVIORAL HEALTH COMPLEX CASE CONFERENCING:** For selected patients regularly visiting multiple hospitals, a care plan is developed and shared through joint conferencing.
- **SHARED PROTOCOLS AND EDUCATION:** Hospitals will share experiences to develop and implement proven, evidence-based protocols for mental health and substance use disorders across the region.
- **INTEGRATION OF PSYCHIATRIC SPECIALISTS INTO EMERGENCY DEPARTMENTS:** New clinical staff with psychiatric specialization will be stationed in EDs to implement best practices and champion change.
- **SHARED MEASUREMENT SYSTEM:** The hospitals have agreed to regional core measures to assess collective progress, such as length of stay, to be collected and reviewed.
- **HOUSING FIRST PILOT:** Housing first is a recovery-oriented approach, where people are provided permanent housing first then offered additional services as needed.
- **LEGISLATION:** The Collaborative supports legislation that champions new, evidence-based models for behavioral health care delivery.
- **REGIONAL PSYCHIATRIC EMERGENCY SERVICES:** Based on national models, the collaboration is exploring potential for implementing regional services to provide appropriate care while mitigating reliance on emergency departments.

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SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE



“The work of the Collaborative speaks to the commitment of its members to do what is best for all of their patients and, in particular, those who are most vulnerable to the complexities of modern care delivery, said Elizabeth “Betsy” Ryan, Esq., president and CEO of NJHA. “These findings will be a tremendous guide for continuing to improve quality and efficiency both inside and outside of hospital walls.”

Monday’s release of these findings and recommendations were keynoted by Hon. Patrick J. Kennedy, former U.S. Representative from Rhode Island and founder of The Kennedy Forum, an advocacy group focused on advancing current ideas, policies and programming in behavioral health.

“Collaborative care is critical to better behavioral health outcomes, and The South Jersey Behavioral Health Innovation Collaborative is leading the way toward making it a reality in our state. I applaud their efforts to transform the system of care that so many citizens of this state rely upon, and hope it becomes a model for other states,” Kennedy said.

Kennedy’s keynote was followed by a presentation by Dr. Jeffrey Brenner, executive director of the Camden Coalition of Healthcare Providers, on the findings.

” The SJBHIC has been an unprecedented collaboration between five South Jersey health systems to solve one of our state’s most difficult problems: improving access to treatment for patients with serious mental health and addiction to reduce the over-utilization of healthcare services,” Brenner stated. “The combined data shows we have a regional problem that will require regional solutions. This report delivers a clear-eyed and well thought out plan to move forward.”

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The South Jersey Behavioral Health Innovation Collaborative was founded in 2014 to address the growing need for integrated behavioral health and substance use disorder healthcare. Founded by the CEOs of five hospital systems – Cooper University Health Care, Inspira Health Network, Kennedy Health, Lourdes Health System and Virtua – the collaborative is partnering with the Camden Coalition of Healthcare Providers and the New Jersey Hospital Association to improve quality, access, coordination and follow-up among patients in need of mental illness and addiction treatment.