

New Jersey Mental Health Planning Council (MHPC)
Meeting Minutes

July 13, 2011

Notices to announce the date, time and location of this meeting were sent out to the following news outlets: *Newark Star-Ledger*, *Asbury Park Press*, *The Times* (Trenton), *Bergen Record*, *The Press* (Pleasantville), and the *Courier-Post* (Cherry Hill)

Attendees:

Jacob Bucher	Winifred Chain	Julian Fowler (HFMA)
Karen Vogel-Romance	Helen Williams	Damyanti Aurora
Leah Barhash	Karen Carroll	Barbara Johnston
Marie Verna	Phillip Lubitz	Robin Nighland
Shauna Moses	Robin Weiss	Marie Verna
Bruce Blumenthal (DOC)	Lisa Negron (Phone)	Annette Wright (Phone)
Angel Gambone (Phone)	Marilyn Goldstein (Phone)	Joseph Gutstein (Phone)
Regina Sessoms (Phone)	Harry Coe (Phone)	Bruce Blumenthal (Phone) HFMA

DMHAS, DCBHS & DDD Staff:

Roxanne Kennedy	Mark Kruszczyński	Dona Sinton
Steven Adams	Valerie Larosiliere	

Guests:

Ana Guerra	C. Verna	Tom Pyle
Rachel Morgan (Phone)		

- I. Administrative Issues/Correspondence/Review of Previous Minutes and Subcommittee Minutes
 - a. The Council reviewed and approved the Meeting Minutes from June 8, 2011 with the following corrections:
 - i. Angel Gambone is listed as both being at the meeting and on the phone. The Minutes will be corrected to reflect that Angel was present for the meeting.
 - b. The Council received the Mental Health Block Grant Subcommittee Minutes from June 8, 2011.

- II. Update regarding the merger between DAS and DMHS – Marie Verna
 - a. Last met in April and cancelled in May due to leadership changes
 - b. Determining the role of the Merger Committee
 - c. Do not have results of the consumer/family surveys. DMHAS has not had a great as number of responses to the consumer and family survey as the provider survey.
 - d. The report of the consumer forums is still pending release.

- e. The plan for the Committee is to allow for the new leadership to determine the role of this Committee
- f. Helen Williams and Marie Verna have met with Vicki Fresolone regarding merging the DAS representatives and the Planning Council
- g. The Block Grant will be submitted jointly between the two Divisions
- h. The two Divisions are working on co-locating in the near future.

III. Announcements

- a. In October there will be people recognized through the community mental Health Law Project with the Anne Klein Award
 - i. Ed Murphy Supportive Housing Association
 - ii. Henry Acosta, NAMI National Multicultural Representative
 - iii. Kessler Institute

IV. Update regarding IOC Committee Meetings.

- a. In FY 2012, there is \$2M appropriated to implement IOC
- b. The Committee has been meeting since April and driving the implementation of IOC.
- c. There will be an RFP out in early fall to award IOC services in the community
- d. This Committee will not meet until the fall, after the RFP is public.
- e. DMHAS staff spoke to Virginia, Wisconsin and Michigan regarding their involuntary outpatient commitment laws to help guide our formation of IOC in NJ.
- f. Question Marie Verna (MV): Have the counties been identified? A: No, the RFP process will guide the selection process. DMHAS would like to have some programs in each region but the RFP review process requires that we select the best proposals.
- g. Q - MV: Have all the responses been returned for the RFI and were they geographically diverse? A: Yes, there were 44 responses to the RFI and they were geographically diverse. The RFI responses were also diverse in that they were from providers, counties and some County Adjusters offices.
- h. The dollars identified in FY 2012 may not be annualized next year and more money will be needed each year to fund additional programs.
- i. Also need to consider the diversion effect and how this will affect resources and additional court costs.
- j. There is a need to also allocate dollars to training, monitor and evaluate outcomes that will also need to come from the 2M.
- k. Q- MV: Will consumers be involved in the formation of the outcome and monitoring tools used to evaluate IOC? A: There are consumers on the IOC Committee but at this time, there hasn't been a lot of discussion about outcome and monitoring tools. However, this is a good suggestion and will be considered as we move forward.
- l. Q Tom Pyle (TP): How many people will be served by the IOC Program? A: In the RFI the responses on the estimated number of people served in each area was between 10 and 1,000. In the original legislation it was proposed that this new law would serve approximately 400 people. In Virginia, after they tightened up

their involuntary outpatient commitment law and there was an infusion of 28M to implement IOC. However, Virginia has seen a decrease in the use of IOC.

- m. Comment TP: suggested that the RFP include information regarding how the county will address resource needs for others in the county.
 - n. Robin Weiss commented that after the RFP is awarded and the programs are in place, there will be an opportunity to evaluate and determine resource need and actual costs of the IOC program.
 - o. Comment - In the fiscal note there are additional court costs associated with IOC implementation that have not been mentioned in this discussion.
- V. Information regarding the SAMHSA conference in DC regarding the changes in the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and the Community Mental Health Block Grant (CMHBG).
- a. DMHAS will be submitting a joint block grant application for Mental Health and Substance Abuse for October 1, 2011-June 30, 2013
 - b. Although DMHAS is submitting jointly, the funding will remain segregated.
 - c. There was some indication that SAMHSA would be requiring States planning councils to merge substance abuse services representation and review the SATPBG but it appear they are reconsidering this role.
 - d. Phil L suggested we begin having a co-occurring subcommittee and will have a more formal outreach and membership drive.
 - e. Block Grant reporting will be significantly different than in the past.
 - f. The Block Grant requires a need assessment which is something new and may be useful in guiding the merged Divisions.
 - g. There will be a log in for the Planning Council to view the Block Grant in WebBGas. WebBGas is SAMHSA's system that State's use to enter the Block Grant application and reporting sections. Previously there has been access to this system by Planning Council and the general public in order to review and provide comment. The WebBGas system has changed and seems to be more user friendly.
 - h. The Block Grant application will need to be sent to the Governor's office for review by August 10, 2011.
 - i. The reporting sections will separate and are submitted in December.
 - j. The children's system will be included in the Block Grant
 - k. SAMHSA seems to be less prescriptive with the content of the application but wants the document to be more of a living planning document from State's.
 - l. The Block Grant is woven together with three separate entities of mental health, addiction services and children's services which should give a more comprehensive and complete view of services.
 - m. Congress is seeking to cut funds where possible and SAMHSA is looking to State's to write a block grant application to justify continued use of block grant dollars for services that won't be covered in 2014 Affordable Care Act.
 - n. There are target populations that have been identified in addition to one's that were always required:
 - i. Adults with serious mental illness
 - ii. Children with serious emotional disturbances
 - iii. Intravenous Drug Users

- iv. Adolescents with drug use
 - v. Pregnant women with substance abuse
 - vi. Individuals at risk of TB and HIV
 - vii. Military personnel and families
 - viii. Parents with substance abuse disorders and dependent children.
 - ix. Individuals with mental health and/or substance abuse disorders who are homeless or involved in the justice or juvenile justice services.
 - x. Substance abuse prevention services
 - xi. Underserved racial and ethnic minorities and LGTBQ populations
 - xii. Persons with disabilities
 - xiii. Individuals with low incomes who are uninsured or underinsured who will be covered in 2014. And individuals who will not be covered after 2014
- o. Q – MV: Is there a priority population of the aging in? A: No but we have the ability to identify priority populations for our State.
 - p. Q Joseph Gutstein (JG): In the past there have been small survey samples. In the table that has to be filled out, will larger samples be taken to include greater outcomes? A: Mark K. There are plans to survey a sample of individuals from multiple program elements funded by the State. There will be smaller sampling ratios of programs but across a wider range of services. More information will be presented as available. This data is due December 1 in the Implementation Report and will be for FY 2011. There is a federal requirement of what is included in the survey so the questions may be more general than in years past.
 - q. This application also asks for State Partnerships with other State entities such as Justice, Medicaid, Education, Labor and Housing.
 - r. It is still unknown if there will be peer reviews of this Block Grant application as in years past.
 - s. Q - Leah Barhash (LH): Is the request for a needs assessment to be completed by the September 1 submission or a plan for a needs assessment? A: SAMHSA is asking for our plan for a needs assessment for our system that we will report in April 2013 or once complete. Addictions Services has had a needs assessment in place for several years.
 - t. Q – MV: There was a subcommittee of the Wellness and Recovery Transformation Actin Plan review that met. Should that subcommittee continue in light of the new plan? A: There is an internal evaluation of the WRTAP that is in draft form. It was suggested that if the Subcommittee chose to continue, then a review of the WRTAP review and Block Grant plan be looked at jointly to determine the completeness and remaining needs that may not be addressed in the Block Grant.
 - u. There will be a review of the Block Grant application at the Subcommittee on August 10 at 9am and hopefully approval at the Planning Council meeting on August 10. There will be public notice of reviewing the Block Grant published in the papers listed above. There will be an opportunity to provide comment at the August 10 meeting as well as on WebBGas.

VI. State FY 2012 Budget Update - Steven Adams

- a. On the community side, there has been a reduction of about \$1M in the training efforts by DMHAS but none of the reductions were in the direct care services.
- b. There is a reduction of \$144,000 related to the annualizing effect of how we pay for short term care facilities. It is relating the \$64,000 occupancy rate per subsidy based on capacity instead of an annual rate.
- c. There was a \$799,000 reduction related to non-acute partial hospital care regarding staffing issues. This process has been delayed but the amount booked in FY 2011 was continued in FY 2012.
- d. DMHAS received a \$4.3M reduction related in total for Medicaid initiatives to bring on additional Medicaid revenue. Some of this will augment Olmstead resources under programs that are funded by Medicaid.
- e. DMHAS is looking to move PACT and residential services to the General Assistance Waiver. This became effective April 15, 2011. We are working with providers to quantify this amount.
- f. The Community Support Services State Plan amendment has been approved. Regulations need to be in place and providers won't be able to bill until Regulations are in place for DMHAS and Medicaid.
- g. The State Plan Amendment for screening and emergency service has been approved and scheduled to go live on January 1, 2012. Rate setting has begun.
- h. Intensive Outpatient Treatments Support Services (IOTSS) is schedule to go live in January 1, 2012 and it is being recommended that this service be wrapped into the State's Comprehensive Waiver.
- i. There was a decrease on the community side to the Governor's Council on Mental Health Stigma and the \$50,000 budget was eliminated. This was used primarily for supplies and educational materials. The entity of the Governor's Council on Mental Health Stigma remains.
- j. There was \$5M growth related to programs started in FY 2011 for Olmstead programs.
- k. There was a \$5M growth related to new programs to be funded in FY 2012 related to Olmstead initiatives.
- l. There was a \$2M growth related to IOC implementation
- m. The State's Psychiatric Hospitals are fully funded for the first time in many years. Over the past 20 years, the State Psychiatric Hospitals were not fully funded and would end up being deficit funded structurally each year. DMHAS made OMB aware that if they take the full annual value of closing a State hospital, then be aware that it is more money than previously allocated due to the structural deficit funding of years past. So, in FY 2012, it was determined that the hospitals would be fully funded. Any savings for closure of Hagedorn was included in this budget.
- n. Q Regina Sessoms (RS): I heard that Hagedorn is going private. Is this true? A: That is not known at this time.
- o. Q TP: What happened to the capitol? Can't it be used in a private operation? A: The property goes back to Treasury. A recommendation was made by the task force the facility be considered for a private facility. Anyone interested in discussing that more should to contact Commissioner Velez.

- p. There is a \$13M reduction in resources to support county hospitals due to standardized rate setting and capping language.
 - q. Q Phil Lubitz (PL): In hearings, it was said that there would be approximately \$44M net effect of closing Hagedorn. A: DMHAS will look at the need for increased medical support for Geriatric populations at Hagedorn going to other hospitals.
 - r. Q – PL: Will there be increase costs to meet the staffing needs for the geriatric patients at other hospitals? A: Ancora has an established Geriatric unit and services. DMHAS will be looking to compliment staffing at TPH and Greystone so that there is a staff with a skill set of working with Geriatric consumers.
 - s. Comment MV: Regarding the decrease in training, the things that consumers are asking about workforce development is to look at training for:
 - i. Working with veterans
 - ii. Screening and IOC
 - iii. Substance abuse and mental health psychopharmacology training
 - iv. Long term care in light of HPH closing.
 (Steve reported that the training budget for screening has not changed and DMHAS did not decrease trainings for families by NAMI and consumers as well.)
 - t. Q Jacob Bucher (JB): How has the merger affected budget? A: The accounts remain separate funding accounts. DMHAS is looking to have the authority to move funds among both accounts. Addiction services are turning down new “fee for Service” accounts due to lack of funding. Both mental health and addiction services are down in staff resources but with the merger, we should be able to do things more efficiently with remaining staff.
 - u. In FY 11, there was a decrease in Mental Health Block Grant dollars in the amount of \$236,000. DMHAS is hopeful that there will not be reductions in community contracts as a result. There were also reductions in the Substance Abuse Treatment and Prevention Block Grant.
 - v. Projections for FY 2013
 - i. There will be a growth requests for IOC and Olmstead funding.
 - ii. Continued needs of funding for Hagedorn if not closed by the end of FY 2012.
 - iii. The establishment of an Administrative Services Organization by January 2013 will affect the FY 2013 budget.
- VII. Overview of the Comprehensive Waiver and Community Support Services - Valerie Larosiliere
- a. Comprehensive Waiver is a Medicaid Reform Initiative that if approved by CMS, will provide NJ to be able to use funds more flexibly.
 - i. There will be preadmission screening for older adults and individuals with dual diagnosis for social security eligibility so that Medicaid can cover sooner.
 - ii. Rebalance the funding system by better managing the utilization of resources and increase flexibility with the goal of reducing the need for more expensive services such as inpatient.

- iii. Allows for service delivery innovations by integrating care models with health homes and other primary care services.
 - iv. Piloting an Accountable Care Organization (ACO) by integrating manner in which services are provided to achieve decreases in cost for services. The savings will be shared by providers and the state and federal systems.
 - v. In January 1, 2012, individuals who are in low need of mental health and substance abuse services will be carved into HMOs to better integrate care and the co-location of services
 - vi. The goal is to develop an Administrative Services Organization (ASO) for individuals with moderate to high mental health and substance abuse needs. There will be an assessment process to determine what services are needed by individuals. The ASO will provide evaluation and assessment of services provided. The ASO will also manage inpatient admissions and utilization management.
 - vii. Comment Barbara Johnston (BJ): There is an opportunity to make comments on the Comprehensive Waiver until July 15. To make comments, go to the Department of Human Services Website and you will find the "Concept Paper" for the Comprehensive Waiver. Comments should be made to Medicaid.
 - viii. Q Angel Gambone (AG): Will someone with low income who is not eligible for Medicaid now but will be in 2012, will they let them know or will they have to go apply? And where do they apply again? A: Do not know but the person should reapply if they believe they are eligible. The person would apply through their County Board of Social Services.
 - ix. Q - Winifred Chain (WC): How will there be a determination of high need and low need in January 2012? Will there be an appeal process? A: Those determined low need will be managed in an HMO. In January 2013, those requiring moderate to high need will be serviced by the ASO. DMHAS is looking at various assessment tools that identify the person's needs at a point in time. Yes, there will be an appeal process put into place.
- b. Community Support Services (CSS) State Plan Amendment (SPA)
- i. The SPA was approved one month ago and letter was sent out to stakeholders. The link to this letter will be sent out.
 - ii. CSS are services that will enable skill building services to be reimbursable through Medicaid. CSS will provide the supports needed for consumers to live integrated in the community.
 - iii. Services are not location based and can be provided in home or community setting that works on skill building.
 - iv. CSS Medicaid billable services are banded rates. The rates were established for service and level of education reimbursement.
 - v. The CSS will allow for reimbursement for peers who do not have a degree.
 - vi. CSS will be available in supportive housing first then will expand to other services. There will be training to supportive housing staff as well as DMHAS staff regarding CSS.

- vii. The State will have to a match to the Federal dollars for CSS services.
- viii. DMHAS will need to publish Regulations to be adopted by April 2012 that will be published in October 2011.
- ix. Once Regulations are adopted, DMHAS will be able to license providers for CSS.
- x. New Residential Regulations will infuse supportive housing principles.
- xi. Q-JB: Are there rates for a phone consultation? A: These rates are for face to face contact. Documentation, phone calls, progress notes and travel are factored into the billable rate.
- xii. Comment-MV: NJAMHAA has a peer specialist work group which includes providers that would like to be involved in drafting Regulations. A: DMHAS is preparing an initial draft of the Regulations that will be open for public comment.

VIII. Review of Subcommittee information/Future Agenda

- a. The Block Grant Subcommittee will be meeting at 9am next month in Room 378.
 - i. It was suggested that Membership Subcommittee meeting convene in September.
- b. Proposed agenda items for August and months to follow:
 - i. Lynn Kovitch to attend in August to introduce herself to the Planning Council.
 - ii. Information about the Comprehensive Medicaid Waiver progress
 - iii. Information about Consumer Operated Services.
 - iv. Director Turbetti from DCBHS Office of Adolescents Services to talk about aging out services.
 - v. Speaker about veteran's services.
 - vi. September Karen Brodski regarding Medicaid changes
 - vii. Health Information Exchange Information

Next Meetings:

MHPC General Meeting: 08/17/11, **10:00am-12:00** noon, Room 336

Community Mental Health and Substance Abuse Treatment and Prevention

Block Grant Subcommittee:
08/17/11, **9:00am**, Rm. 378

Olmstead Advisory Committee
08/17/11, **12 Noon**, Rm. 378