

# New Jersey Behavioral Health Planning Council (BHPC)

## Meeting Minutes

September 10, 2014 10:00 A.M.

### Attendees:

Winifred Chain	Lisa Negron	Annette Wright (p)
Phil Lubitz	Donna Hallworth	
Mary Abrams	Mary Abrams	Connie Greene
Ellen Taner	Robin Weiss	Ann Dorocki
Marilyn Goldstein (p)	Marie Verna	John Calabria
Irina Stuchinsky	Marynne Evanko	Chris Lucca

### DMHAS, CSOC & DDD Staff:

Dona Sinton	Robert Culleton	Suzanne Borys
Mark Kruszczyński	Domenica Nicosia	Jeff Martin
Robin Nighland	Donna Migliorino	Bob Culleton

### Guests

Shireen Risvi	Rachel Morgan	Matt D’Oria
Alric Warren	Rodney Belle	Jason Berenberg
Ruth Lowenkson	Harry Coe	Joe Bongiovanni

- I. Administrative Issues/Correspondence
  - A. Department of Education is setting up a unit for young people with autism and would like to have some folks meet to discuss what’s going on
  - B. Review of July Minutes (Lisa motioned); approved as submitted
  - C. Letter from DMHAS to Planning Council in response to the group’s letter regarding tobacco
  - D. Adult Suicide Prevention Plan is in process; multiple activities occurring to commemorate Suicide Prevention Day and week
  - E. State Open Houses in Hospitals in early October
  - F. State will be holding panels with consumers and family members on October 18, 2014 at Greystone and November 15, 2014 at Burlington County Library in Mount Holly
  - G. Self Help Centers will be renamed to Community Wellness Centers
  - H. Children’s System of Care will have a conference on October 28, 2014 on Highlighting New Jersey’s expertise in supporting youth
- II Medication Assisted Treatment Initiative (MATI) Evaluation Presentation -Suzanne Borys and Robert Culleton-
  - A. Distribution of powerpoint; Project consisted of mobile medication units, supportive housing, and enhanced sub acute detoxification
  - B. \$10 million for MATI and evaluation in Camden, Atlantic, Trenton, Newark, Paterson and Plainfield

- C. Program characteristics described the cities and which had syringe access programs, versus mobile vans, versus supportive housing
- D. Evaluation done by CASA Columbia and final report delivered January 2014
  - MATI clients had greater use severity
  - Large proportions of African Americans, uninsured and homeless
  - Clients preferred the mobile van
  - 77% of supportive housing clients embraced treatment
  - MATI improved treatment access for homeless, medically indigent heroin injecting person and did reduce intravenous drug use, HIV risk, social and economic costs of chronic disease of addiction
- E. Questions and Answers
  - Q. - Connie Greene – How did they determine if it was suboxone or methadone to be used? A. Clients were given the option.
  - Q. - Marie Verna – Can you clarify the hospital utilizations and costs? A - Yes, there were positive cost savings.
  - Q. - John Calabria – Were the cost savings significant? A – Yes.
  - Q. - Chris Lucca – What are you going to do with this? Shows great results so what happens now? A .We need to discuss next steps. Mobile vans take treatment to the clients.
  - Q. - Ellen Taner –Is there interest moving forward with using Vivitrol now too? A. It's a very expensive medication, and it is now included as an enhancement for most of our addictions fee-for-service initiatives.
  - Q. - Shireen Risvi - Who delivered the cognitive behavioral treatment? A - The staff of the agency with the appropriate credentials.
  - Q. - Winifred Chain – How are clients recruited? A. - It was walk in, referral from syringe access programs, referral from other agencies etc.

### III 5% Set-aside - Donna Migliorino

- A. The population that we are targeting is 15 to 44 year olds. The NJ population for this age group is 3.47 million people.
  1. We will be focusing our attention on the counties with the highest population, which are Bergen, Essex and Hudson.
  2. We will be implementing the RAISE model. It was estimated that First Episode Psychosis (FEP) incidence rate per year is 0.0003.
  3. The number of people in this age group in the 3 counties is estimated to be 993,637.
  4. Applying the incidence rate to the estimated population, the estimated number of cases per year is 298.
  5. One team will be needed for 30 cases.
  6. We are in the process of writing an RFP for services.
  7. We will be meeting with St. Claire since they provided these services and used this model with funding from NIMH.
  8. New Jersey has received approval of our modification to our community mental health block grant.
  9. Q. - Marie Verna –Are only Bergen, Essex and Hudson going to be eligible? A. Yes, providers that will be able to serve consumers in those counties will be

eligible.

IV. MLTSS Overview - Irina Stuchinsky

A. Behavioral Health is carved in

B. Managed long term services and supports (MLTSS) program was included in the Medicaid Comprehensive Waiver approved by CMS in October 2012

C. Participants in the home and community-based services waivers (TBI,GO, ACCAP, CRPD) were enrolled automatically into MLTSS on July 1, 2014 through their current Managed Care Organization (MCO).

D. MLTSS Eligibility

1. If they meet nursing home eligibility and choose to remain in the community the MCO will manage their MCO covered services and coordinate the services that are not covered by the MCO to ensure the delivery of services based on the member's plan of care.

2. MLTSS includes:

- Acute partial hospitalization, partial hospitalization and partial care
- Adult mental health rehab
- Mental Health Outpatient Clinic/hospital services
- Independent Practitioner
- Opioid Treatment Services
- Private standalone psych hospital inpatient(excludes ages 22-64)//acute care unit in a short term care facility

3. Each MCO has developed its own Behavioral Health Network to deliver services

4. As of August over 8,000 people in HCBS and almost 3,000 in assisted living became MLTSS members

E. Questions

- Q - Connie Greene – Why only Opioid Treatment approved? A.- I am not sure, but I will get back to you on that.
- Q - Marie Verna – Network development is great. What's in the contract to ensure that the MCO will have an adequate number for providers to be enrolled? A. - We've scoured the country for examples and there aren't any. We've required that they have sufficient networks for the people in the MCO. We are always looking to update that language. Per the Contract, there has to be at least two providers per county for each MCO-covered BH service under MLTSS Service.
- Phil said the MHA will be holding a conference on Monday regarding network adequacy.

V. Committee Reports

A. Bylaws committee discussed the changes that were made to the version that was distributed to members. Will vote on them at the October Meeting.

B. Olmstead Advisory Committee – Cathy Boland is now with the Department so Donna Migliorino is now the co-chair of this committee

1. Domenica Nicosia gave a brief historical update on Olmstead and provided the 3<sup>rd</sup> quarter update to the Committee on July 9, 2014

2. Q. Phil – Where do we stand compared to previous years? A. Pretty much the same. Some consumers don't want to be discharged and the hospitals continue to work with them. Two of three hospitals reported Supportive Housing as number one discharge point
3. Q. Phil - When does the lawsuit terminate? A. Technically the end of June
4. Q. Marie Verna - An issue came up last week regarding males who owe child support and when they are discharged where will that money come from for the mother. It's a new obstacle to getting people out of hospitals. A. Donna will talk to Lisa about this issue.
5. Q. Chris Lucca - How does it look with the settlement? A. We've met and exceeded two of the requirements but struggle with the third requirement, the 95% target.
6. C. - Lisa – Kudos to how you are able to get individuals out using creative means.

VI. Announcements

- A. 8/26 St. Luke's/Warren Hospital will be closing their 16 bed psychiatric hospital unit and will work with the Division
- B. Union is proposing to sell Runnels Hospital
- C. Eating Disorders beds may also have to go through CN process
- D. Department of Health has inspection and survey units that responds to complaints and does routine visits.
- E. Narcan Training will be provided in Monmouth and Ocean County from September through February regarding overdose prevention, Jersey Shore Addiction Services, Sunrise, etc.; information is on Division of Mental Health and Addiction Services website
- F. Had an informal site visit from CSAT, CSAP, and the Regional Administrator this past Monday
- G. Some of the Block Grant Substance Abuse funding would be providing the Narcan kits.
- H. DMHAS revised website plan is approved so new website will be forthcoming in the next few months.
- I. Second newsletter will be coming out this fall
- J. IOC evaluation will be started with Rutgers
- K. Looking for state and county reviewers for upcoming Prevention RFP. Tell Suzanne if you're interested.

Meeting Adjourned 12:06 p.m.

**Next Meeting on 10/8/2014, - 10:00-12:00, Room 3000**

The Block Grant Committee will meet at 9 AM on 10/8/2014 in room 3097  
 The Advocacy Committee will meet at noon on 10/8/2014 in room 3097