

**Professional Advisory Committee
of the
Division of Mental Health and Addiction Services
New Jersey Department of Human Services
Meeting Minutes**

Meeting Location: 3000 Kozloski Road, Freehold NJ 07728

Date: March 15, 2013

Attendance: James Curtin, Roberto Flecha, Benjamin John Gonzales, Manuel Guantez, Jean Hennon, Barry Johnson, Jan Krolack, Diane Litterer, Susan Neshin, Alan Oberman, Jass Pelland, Vera Sansone, Barbara Schlichting, Sue Seidenfeld, Evelyn Sullivan, Maria Varnavis-Robinson, Linda Voorhees, Donald Weinbaum, Ernestine Winfrey

State Staff: Jean DeVitto, Lynn Kovich, Valerie Larosiliere, Harry Reyes, Dona Sinton, Andrea Connor, Vicki Fresolone

PAC Business

Approval of the Minutes:

The meeting was called to order by Chair Evelyn Sullivan at 10:00am. The January 17, 2013 minutes were approved.

By-Laws Approval:

The committee approved the proposed revisions to the PAC By-Laws.

Elections:

In accordance to the PAC By-Laws, the committee elected a PAC Executive Committee.

New Chair: Barbara Schlichting
New Vice-Chair: Susan Neshin
New Secretary: Barry Johnson

Replacing:
Chair: Evelyn Sullivan
Vice-Chair: Jass Pelland
Secretary: Benjamin-John Gonzales

DMHAS Announcements

Recovery and Rebuilding Update

New Jersey Hope and Healing is the crisis counseling program funded through a grant from the Federal Emergency Management Agency. The program has been providing Crisis Counseling Program (CCP) services through FEMA's Immediate Services Program (ISP) grant since October 26, 2012. The ISP, which is usually a 60 day program, has been extended while the Regular Services Program (RSP) is being reviewed. The four service providers for the IPS and RSP include:

- Mental Health Association of NJ (Covering the following counties: Atlantic, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean, Somerset, Bergen, and Union).
- Barnabas Health Institute for Prevention (Covering Ocean)
- Family Services Association Atlantic (Covering Atlantic, Ocean – Lower and Cape May – Upper).
- Family Service Bureau of Newark (Covering Essex and Hudson).

Using a strength-based approach, CCP provides short-term community-based outreach and psycho-educational services. This program does not provide clinical services. The purpose of the CCP is to help individuals and communities manage the emotional impact of the storm. Services funded under the CCP include: (1) Individual crisis counseling; (2) Group crisis counseling; (3) Basic supportive or educational contact; (4) Community networking and basic support; (5) Public education; (6) Assessment, referral and resource linkage; and (7) Media and public service.

As of March 11, 2013, there have been 91,165 contacts made during the ISP to survivors in counties affected by the storm. In addition to providing services to survivors, over 196,000 educational and informational materials have been distributed.

ASO Update

New Jersey's ongoing Medicaid reform which seeks to save money while improving quality of care will reach its next critical deadline July 1, 2013. Enrollment in managed care programs, like virtually all Medicaid decisions, is both financial and medical. Medicaid will contract with an outside managed care firm to oversee the services its patients get from behavioral health providers, such as mental health and substance abuse services. At the same time, the state will change how it pays for these services. Instead of awarding a lump-sum contract to providers so they can hire staff and treat patients, the providers will bill the state on a fee-for-service basis.

The new fee schedule won't be established until sometime next year, but the Division is aware of providers worried that changes on the horizon will disrupt the fiscal health of

the state's network of community health agencies. The state is in the process of selecting a CPA firm to assist with the rate-setting process.

To prepare for the shift to managed care, the DHS, which runs the \$10 billion state and federal Medicaid program, began meeting in January with representatives of mental health and addiction service providers. One of the goals of these meeting is to allay fears that the managed care contractor that the state will hire known as an "administrative services organization" or ASO will interfere in clinical decisions and try to deny expensive types of care, such as inpatient services, which might be in the patient's best interest. In January DHS Commissioner Jennifer Velez asked providers to serve on four committees charged with alerting the DHS to potential trouble spots in four key areas: clinical, fiscal, access to care, and patient outcomes.

Shifting behavioral health to managed care is among dozens of Medicaid changes New Jersey is seeking via the comprehensive Medicaid waiver DHS submitted to the federal Centers for Medicare and Medicaid Services (CMS). The state is awaiting a decision from CMS. Assuming that federal agency green lights the waiver, the state plans to solicit proposals for an ASO by the end of this year. There will be just one ASO chosen, and it will coordinate behavioral health for adult Medicaid patients. There is already an ASO overseeing children's behavioral health; currently that contract is held by PerformCare. An ASO model has been in place for children's behavioral health since 2002 and New Jersey's annual Medicaid behavioral health cost-per-child declined from about \$30,000 in 2002 to about \$15,000 in 2009. And in the view of some mental health experts, the ASO is working well for children when it comes to determining how to best utilize the services available.

The state expects to select the winning adult behavioral health ASO early next year, and to have this new contractor on the job by the start of the next fiscal year, July 1, 2014. Initially, the ASO will just provide administrative oversight and care coordination. Eventually, perhaps in a year or so, plans are to shift from an ASO to a full "managed behavioral health organization" that receives a predetermined amount of money from Medicaid to arrange care for particular patient populations. Some in the behavioral health community are concerned that managed care will have an inherent financial incentive to discourage more expensive types of care, such as in-patient services. The Division is planning to conduct stakeholder and provider meetings for feedback and further discussion.

Budget

Combined Block Grant Notice of Public Comment

Due to budget uncertainties, the Substance Abuse and Mental Health Services Administration (SAMSHA) is unable to publish the FY 2014-2015 Uniform Block Grant Application at this time. In order to provide states with adequate time to prepare their applications, SAMSHA has extended the original application due date of April 1st to the statutory due date of September 1st.

The Division is currently drafting the state application for the Fiscal Year (FY) 2014-2015 Substance Abuse Prevention and Treatment and Community Mental Health Block Grant Plan and will submit in advance of the extended due date.

To view the application as it is drafted, please visit <https://bgas.samhsa.gov/>. Enter the username *citizennj* and the password *citizen*. Click "View an Existing application", and then click "FY2014-2014 Combined SABG/MHBG Behavioral Health Assessment and Plan". Sections will be uploaded continuously after they are drafted so please check the website regularly to view newly added sections.

Comments concerning the draft Block Grant Plan can be sent to the email or postal address indicated below.

*New Jersey Department of Human Services
Division of Mental Health and Addiction Services
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Involuntary Outpatient Commitment Program

\$2.4 million of unspent money within the DMHAS' current budget will be dedicated to the expansion of the involuntary outpatient commitment (IOC) program which began in five counties last year and will launch in a sixth in the spring. If a patient doesn't comply, a judge can order an evaluation to determine whether the patient needs to be committed to a hospital. Normally, this unspent money would be returned to the general fund, but it is being carried forward to FY'14 for utilization in the IOC program if needed. The IOC program is operating in Burlington, Essex, Hudson, Union and Warren counties, and will begin in Ocean County soon. The department has distributed \$2 million to mental health agencies that arrange housing and treatment and closely supervise patients.

Adolescent Transition

P.L. 2013, c. 16, section 159 was approved on June 29, 2012 which transfers certain services for youth from the Department of Human Services (DHS) to the Department of Children and Families (DCF). The DMHAS and DCF have been working with the provider community to prepare for this change.

Official letters will be sent to agencies notifying that the transfer of responsibility for Adolescent (age 0-17.99) Addiction Services Fee-for-Service (FFS) contracts related to the South Jersey Initiative (SJI) from DMHAS to the Division of Children's System of Care (CSOC) will occur on July 1, 2013. Agencies will still be able to receive SJI initiative authorizations for clients in the 18-23.99 age range after June 30, 2013,

provided the clients satisfy all eligibility requirements. Agencies will be provided with a notification letter and a revised Annex A that will effectuate this change.

A discussion ensued pertaining to the topics above. DMHAS is welcoming feedback regarding the topics discussed above.

Next meeting May 17, 2013