

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

Meeting Location: Monmouth County Human Services Building, Kozloski Road,
Freehold, NJ

Date: March 20, 2015

Attendance: Camille Bloomberg, Lee Ann Cianci, Anthony Comerford, Joseph Cuffari, Roberto Flecha, Ian Gershman, Benjamin John Gonzalez, Connie Greene, Manuel Guantez, Jean Hennon, Barry Johnson, Deborah McKinley, Alan Oberman, Michael Paoello, Dharmesh Parikh, Jass Pelland, Vera Sansone, Michael Santillo, Barbara Schlichting, Dinita Smith, Lee Ann Wagner, Donald Weinbaum, and Ernestine Winfrey

State Staff: Carmine Centanni, Andrea Connor, Jean DeVitto, Robert Eilers, Vicki Fresolone, Kathy Goat-Delgado, Carol Grant, Steve Fishbein, Lynn Kovich, Susanne Rainier, Brian Regan, Harry Reyes, Dona Sinton, Irina Stuchinsky, and Catherine Vahey

Guests: Gary Abraham, John Pellicane, Nick Armenti, Mark Graham, Chris Kosseff, Shauna Moses, and Rosemarie Rosati

Welcome and introductions of members and guests.

PAC Business

The meeting was called to order and the February 2015 minutes were approved.

IME Discussion

Update from last meeting

1. Screening tool
 - a. IME is going to use the UNCOPE and the Immediate Needs Profile.
 - b. Agencies will use the Immediate Needs Profile only

2. Assessment authorizations
 - a. DMHAS will authorize up to 4 units (1/2 hour increments) per assessment
 - b. Based on DMHAS review of data this will not create a fiscal burden

- c. DMHAS will continue to monitor. If this significantly raises costs we will revisit the decision
- 3. AATOD will work with UBHC to train staff on the IME and increase availability of medication assisted treatment as an evidence based practice
- 4. ASI - Not well liked by most. Mandated use as of July 1, 2015
 - a. A workgroup was formed to review other assessment tools to give the PAC a recommendation on replacing the ASI. A tool is needed to inform the LOCI
- 5. Sliding Fee Scale
 - a. DMHAS is looking into it internally
 - b. A workgroup was developed to assist DMHAS to understand and give feedback to the sliding fee issues.
- 6. Initiatives covered by IME
 - a. NJ Family Care
 - b. Medicaid
 - c. MATI
 - d. DUII
 - e. SJI
 - f. SAPT Block Grant- Residential and ambulatory care slots will go to fee-for-service

Initiatives not covered by IME

- a. Child welfare
- b. DCF
- c. Drug Court
- d. Prevention Services
- e. SBIRT
- f. RRI
- g. Mutual Agreement Program

New Items

- 1. Utilization Management Standards
 - a. Draft standards distributed for discussion based on current utilization data. Continued exploration needed
 - b. Clinical updates in LOCI not needed until a request for more service is needed
- 2. NJSAMS Phased Implementation - Full system change to NJ SAMS
 - a. IME will have NJSAMS user roles that allow access to NJSAMS and ability to authorize and reauthorize treatment within the system
 - b. Registration module will collect demographic information which will then go into the screening process (Immediate needs profile), then DASIE.
 - c. There will be a notes module that can be used by UBHC and providers

- d. Providers can review profiles from UBHC.

PAC meeting

Narcan

- Connie Greene reported that police in Ocean and Monmouth County have been using forfeiture money to purchase the Narcan.
- The hospitals will replace the kit for the police if they bring a person into the emergency room.
- Lynn Kovich and Robert Eilers gave an update on Narcan policies that are being developed.

Sober Homes

- Open discussion among members occurred. This modality of care is happening faster in the for-profit world. It is not regulated.
- One of the biggest problems for clients after treatment is sober housing. They go back home to the same environment and often relapse.
- Supportive housing is different than sober housing. Clients do not get kicked out for using. For mental health client this is working but not sure if it is working for SUD clients.
- HUD doesn't fund transitional housing

Drug Court

- Long term beds and Half-way house capacity new beds for Drug court clients
- No new beds for non-drug court clients
- Currently there are 1105 beds, 45 more beds are in process for a total of 1150.
- Halfway house beds 721 beds
- 102 beds dedicated to Drug Court another 107 will be added and dedicated to Drug Court.
- Current Capacity 14% of the beds are dedicated to Drug Court 51% of drug Court participants capture ½ of the beds.
- Short Term residential Drug court has 26 beds which is 5% and there is 7% non-dedicated beds.
- 3 more vicinages will come into the system on July 1, 2015 and 3 more in July of 2017.