

New Jersey Behavioral Health Planning Council
Meeting Minutes,
May 8, 2019 10:00 A.M.

Attendees:

Darlema Bey (Co-Chair)	Phil Lubitz	Winifred Chain	Julia Barugel
Harry Coe	Joe Gutstein (p)	Cheri Thompson	Alice Garcia
Cindy Aviles	Lisa Negrón	Thomas Pyle	Connie Greene
Suzanne Smith (p)	Tracy Maksel	Robin Weiss	Pamela Taylor
Suzanne Borys	Damian Petino	Michele Madiou	Patricia Matthews

DMHAS, CSOC, DDD & DMAHS Staff:

Sue Ricigliano	Mark Kruszczyński	Donna Migliorino
Irina Stuchinsky	Shanique McGowan	Susanne Rainier

Guests:

Rachel Morgan Kurt Baker Francis Walker Nina Smuklavskaya

(p) Indicates participation via conference call.

I. Welcome / Administrative Issues / Correspondence / Announcements

- A. Quorum Reached: 20 member-participants (51% attendance).
- B. Darlema Bey (Co-Chair) ran the meeting.
- C. Minutes from April 10, 2019 meeting approved (with minor edits)

II. Overview of DMHAS Regional Offices (Susanne Rainier, DMHAS)

- A. Staff of DMHAS regional Offices are administratively housed in the DMHAS Office of Community Services.
- B. General Overview
 1. DMHAS Program Analysts act as liaisons to behavioral health providers and the county mental health administrators.
 2. The role of the DMHAS Program Analyst is to facilitate access to adult mental health services, as well as conflict resolution
 3. DMHAS Program Analysts work with provider agencies, as well as staff at the NJ Department of Health (DoH), and staff at other Divisions within the NJ Department of Human Services (DHS).
- C. Contact to Program Analysts is conducted via phone (800.382.6717) and email.
- D. The Office of Community Services fields requests from and works with many diverse parties, including the Governor, Commissioner of Human Services, the NJ Judiciary, the Department of Corrections, stakeholders, family members and consumers.
- E. The Office of Community Services also administers the Unusual Incident Unit.
- F. Anyone who needs behavioral health services rises to the top of the list of the Unit's priorities.
- H. The Contract Services Unit: Negotiates and monitors DMHAS contracts with community providers of behavioral health services.
 1. Performance indicators reported by provider agencies are examined.
 2. Contracted Services are compared with actual service delivery
 - a. Occasionally corrective action plans are needed.
 - b. Discussions with providers whom need corrective action plans are collaborative

and ongoing until a satisfactory resolution is achieved.

- I. Each county has a designated DMHAS Program Analyst assigned to the County [see Office of Community Services Directory, April 2019]
 1. These Program Analysts go to local behavioral health meetings (e.g., Systems Review Committee meetings, provider meetings, local stakeholder events)
- J. Program Analyst Involvement at State Hospitals
 1. They work with the DMHAS Centralized Admissions Unit
 2. Work with Donna Migliorino's Olmstead staff.
 3. Ensure that contracted providers of community-based housing are following their contractual obligations in admitting consumers whom are assigned to them by the state hospitals and community partners.
- K. Question and Answer:
 1. Q: If a staff member at an agency doesn't know what appropriate services are available, can they call DMHAS Program Analysts?
A: Yes! But it is also recommended that agencies reach out to their County Mental Health Administrator
 2. Concern: Provider agency staff not knowing the right resources for consumers.
Response: the DMHAS Office of Community Services can respond to questions from providers, stakeholders, family members and consumers.
 3. Q: What are the changes in contracting due to the move to Fee for Service (FFS), with regards to performance?
A: FFS is a contact, yet a different type of contact with a different reimbursement method (compared to deficit-based contracting.)
 4. Q: Are the delays in Consolidated Funding Application (CFA).
A: DMHAS Fiscal Staff will follow-up with providers if/when any such delays arise.
 5. Q: In FFS, how does the State withhold funds when necessary due to unsatisfactory provider services and/or performance?
A: State will adjust limits,
 6. Q: How does DMHAS look at outcomes, even though the QCMR looks only at aggregate data?
A: It is an issue. We do look at the numbers of new consumers served (this speaks to access to mental health services). Some program elements track outcomes in a more fine-grained manner (e.g., PACT, First Episode Psychosis/Coordinated Specialty Care).
 7. Comment: Many years ago, a DMHAS workgroup (with James Comey, D. Migliorino, P. Lubitz, John Pony, etc.) was convened to track consumer-based outcomes.
Response: NJSAMS data can be used as a guide to reward agencies with good consumer outcomes.
 8. Q: Approximately how many programs are monitored?
A: DMHAS contracts with approximately 120 providers to provide non-acute, community based services at over 600 sites across New Jersey. [In addition DMHAS contracts with 23 designated screening centers, 32 short term care facilities and several affiliated emergency services]
 9. Discussion of recent DMHAS site visits to Integrated Case Management Services (ICMS). All of the site visits resulted in some corrective actions, however the great majority (80%) were not involving significant issues.
 10. Q: Are there reporting burdens at provider agencies? Can quarterly reporting be reduced to bi-annual?
A: DMHAS works with provider agencies to try to balance the need for timely data and the concern to not overburden them with data submission responsibilities. It would be unwise to ask providers to submit data on less than a quarterly basis because it is important

for the Division to receive actionable information to intervene in negative situations before they intensify.

11. Concern: Regulatory framework of DMHAS may lose meaning in the FFS milieu; it is important that consumers have the right to instigate Medicaid appeals.
12. Comment (S. Borys): There are DMHAS Program Specialists that visit providers of specific program elements (e.g., PACT) once approximately every eighteen months. STCF Program Analysts also make site visits.
13. Comment: There is a great need for increased and improved client level consumer data systems that are outcomes-based, client specific, user-friendly and reliable.

III. Overview of South Jersey AAC Now Support Groups, Young Adult Society Group, and Family to Family Class (Winifred Chain, NAMI) . [Materials distributed in hard copy at the meeting, & via email (5/3/19)].

- A. National Alliance on Mental Illness (NAMI) – National Organization
 1. Family to Family is NAMI educational program specifically for family members, spouses and friends of adults who live with mental illness.
 2. Advocacy
- B. NAMI – New Jersey (21 affiliates in the state of NJ)
 1. Hearts and Minds program
 2. Crisis Intervention Training (CIT) for law enforcement personnel.
 3. Multicultural outreach program is designed to increase access of mental health services to underserved ethnic and linguistic groups.
 - a. Maggie Luo is the multicultural coordinator at NAMI NJ
 - b. AACT Now is a program designed to outreach African-American communities.
 - c. NAMI en Espanol is a program designed to outreach Hispanic communities.
 4. Every Mind Matters – School/student educational program
 5. Veterans Education Program
 6. NAMI provides guest speaker services
 7. SJ AACT-NOW
- C. Young Adult Society (group for individuals ages 21 to 35)
 1. The organization is ten years old and there are typically between 5-8 members
 2. Meets on the first Sunday of each month from 5:30 to 7:30
 3. Goes out to social events (e.g., Harlem Globetrotters, circus, miniature golf)
 4. There is an interview process (participants must be stable and taking meds, if proscribed).
 5. Similar programs exist in Mercer and Middlesex Counties
- D. NAMI Family-to-Family Program
 1. For families of adults who have mental illness
 2. Deals with feelings of both the individuals with mental illness and the feelings of their Family
 3. This is a 12-week program that meets about 2.5 hours per week.
 4. Guest Speakers are consumers living with mental illness.
 5. This is a bilingual course, offered in English and Spanish.
- E. NAMI Walks: September 28, 2019, Seaside Park, 10:00 am
- F. Comment: “NAMI is the best program there is!”

IV. State Partners Involvement

- A. NJ Division of Aging Services (P. Matthews) will do a presentation at the June 12 meeting of the Planning Council on the topic of its NJ SAVE program/
- B. Juvenile Justice Commission (JJC), (Alice Garcia & Francis Walker)
 - 1. May 23, 2019 JJC will present an “In Your Own Voice” presentation in Forked River, NJ
 - 2. Mindfulness trainings to be offered
- C. NJ Children’s System of Care (CSOC) (Sue Ricigliano)
 - 1. Two individuals hired for the NJ-SOAR Grant
 - 2. S.U.N. grant will end December 2019 and will not be renewed.
 - 3. There is a Youth Substance Abuse Prevention Partnership for Success (PFS) grant.
 - i. Primary goal is to reduce underage drinking
 - ii. Secondary goals are to reduce marijuana use and opioid addiction

V. Subcommittee reports

- A. Block Grant
 - 1. DMHAS has started work on the 2020-2021 Community Mental Health Services and Substance Abuse Block Grant Applications;
 - 2. DMHAS has received application format in April (which is sooner than in previous years)
- B. Advocacy
 - 1. Is examining how to improve knowledge among front line mental health agency staff.
 - 2. The subcommittee met on 4/10/19 and has a meeting today at 5/8/19.

VI. Announcements, Adjournment & Next Meeting

- A. Announcements
 - 1. NJ Psychiatric Rehabilitation Association will have a meeting on 5/23/19 at the Forsgate Country Club to discuss the impact of marijuana legalization.
 - 2. Burlington Township/ Willingboro will have a public Crisis Intervention Training (CIT) event on June 1, 2019 from 9:00 am to 12:00 noon.
 - 3. COMCHO had its annual conference on 5/4/19 at Long Branch. This event was very successful and included discussions on: stigma & discrimination, mental health & primary health, MH involvement & the criminal justice system, MH and SUD discrimination, and cultural discrimination in mental health.
- B. Meeting adjourned
- C. Next meeting of the NJ BHPC will be held on Wednesday, June 12, at 10:00 am at DMHAS Headquarters, 5 Commerce Way, Suite 100, room 199a.
 - 1. Subcommittee Meetings on 6/13/19:
 - a. 9:00 AM, Block Grant
 - b. 12:00 PM, Advocacy