New Jersey Behavioral Health Planning Council (BHPC)
Meeting Minutes
March 11, 2015 10:00 A.M.

Attendees:

Winifred Chain	Harry Coe	Ernst deHaas
Michael Ippoliti	Karen Kubert	Phil Lubitz
Lisa Negron	Marie Verna	John Calabria
Irina Stuchinsky	Angel Gambone (P)	Bianca Ramos
Marilyn Goldstein (P)	Connie Greene	Joseph Gutstein (P)
Renee Ingram (P)	Christopher Lucca	Patricia Matthews
Robert Paige	John Pellicane	Ellen Taner
Mary Abrams		

DMHAS, CSOC & DDD Staff:

Suzanne Borys	Bob Culleton	Geri Dietrich
Helen Staton	Morris Friedman	Mark Kruszczynski
Dona Sinton		

Guests:

Ann Dorocki	Maria Unanle	Rachel Morgan

I. Administrative Issues/Correspondence
   A. Minutes from February meeting were approved with edits as motioned by Marie and seconded by Mike
   B. Swearing in of Mike Ippoliti as appointee of the Community Mental Health Citizen's Advisory Board

II. Budget Overview – Morris Friedman
   A. No change in psychiatric hospital budget lines
   B. Received some increases on the community side
      1. IOC growth to get all 21 counties on board
      2. Olmstead growth of $2M to develop new beds/placements in FY16 and $6.3M to annualize previous growth.
      3. $7.9M growth to reflect growth in state aid account
      4. $2.3M growth for the Interim Managing Entity
      5. AEREF cut from FY14 was restored by $1.6M
   C. Also received some cuts/reductions
      1. $11.5M reduction in community account but that's solely because of the Medicaid offset since we are generating federal match
      2. $6.5M cut because of the offset of increase in Medicaid billing
      3. $2.5M in contract underspending
      4. There is no reduction in services
   D. Questions and answers
      1. Q: Winifred Chain – Any increase on Medicaid rates? A – Not directly but we're working on it

2. Q: Mary Abrams – Can you clarify the $7.9M in state aid? A – It's for the county hospitals
3. Q – Ellen Taner – What was the restoration for AEREF? A – It was from a previous cut
4. Q – Joe Gutstein – Is there any money for the ASO? A- That's current being addressed by the IME
5. Q: Marie Verna – What is the plan for the ASO? A – Phil responded with hold that question
6. Q: Karen Kubert – Why wouldn't an agency spend their money? A – There are multiple reasons. As a matter of course, DMHAS reviews the spending of our contracted providers each year and compares to the ceilings. Historically, we have observed that there has been underspending (i.e. due to expected numbers of clients not being served, slower phase-in of programs, etc.)
7. Q: Phil Lubitz – Asked if the DSH amount changed because it seems like DHS monies from the federal government were being reduced in NJ. What portion of the total cost of the hospital is expected for DSH funds? A –These are federal dollars that State earns due to our State hospitals (and county ones, too) serving a "disproportionate share" of consumers below the poverty level. It's sort of an indirect way to help pay for the costs at these institutions, due to the fact that for most part, Medicaid doesn't cover the costs of patients at psychiatric hospitals. OMB has allowed us to appropriate $53 million of the DSH money in our accounts to help pay for the costs of operating the hospitals. There is a separate DSH "pot" related to the psychiatric hospitals. Morris indicated that he didn't think the amount appropriated to us changed since the psychiatric DSH pot hadn't been impacted.
8. Members asked why psychiatric hospital costs remained the same although there is a census drop. Morris mentioned that due to census trends, DMHASdid not see fit at this point to reduce the appropriations in the hospitals. Phil explained that even though we have CEPP placements, there also new admissions to take their place, which is why the census has not dropped dramatically.
9. Phil made a point that DMHAS has obviously chosen to take these savings, as well as the increased leveraging of Medicaid federal resources, and reduce State appropriations as opposed to re-investing in community. Morris mentioned that this is a policy call and reflective of tight overall State budget.

III. Membership Committee - Chris Lucca

A. Provided overview of what's occurred to-date at the meetings

B. The committee has outreached to providers and consumers especially substance-abuse individuals in order to get new membership applications

C. We will continue to outreach to current and potential new members

D. Handbook was reviewed and approved as-is

E. We currently have ten new applications in-hand for review and we have received multiple new applications for new members and re-applications from current members. Current Members who have not reapplied have been reminded that they must do so to insure that we have accurate information

IV. Advocacy Committee – Marie Verna

A. Discussed if the planning council would want to communicate with Lynn about how we can be involved in the regulation development for the boarding homes

V. Announcements

A. Jen Velez has left DHS to go to Barnabas. Beth Connelly is the acting commissioner. Management at DHS remains in place.

B. Comments were sent in to SAMHSA for the Block Grant proposed guidance by the due-date. Some comments include:
   1. The fact that some items are not identified as required or requested
   2. The request to have the fiscal tables tie in to each other
   3. Advising them of all the typographical errors
   4. Questions regarding the pre-population of tables
   5. Clarification on separation of substance abuse and mental health state funds in the fiscal table

C. CSOC achieved their goal in returning deaf children who were placed out of state back into the state since Marie Katzenbach has opened.
   1. Winifred asked if the facility will be able to fully service the children who are brought there. Geri advised that CSOC renovated the facility and that it's programmatically able to handle the children who are deaf and hard-of-hearing

D. Robert Paige advised that the Division of Vocational Rehabilitation will pay for services regarding the transition of school-to-work children, although we will not know for sure until the regulations come out officially

E. There is an agreement to let the DDD group that has been out of the state for half of their lives, or 35 years, remain out-of-state as legislation has recently been passed on this

F. The council would like to consider inviting Donna Icovino back to present again

G. Ellen Taner advised that the CAC has advocated for the "ban the box". This took effect recently where new employers cannot refuse individuals prior to an interview based on their criminal status

H. Chris Lucca advised that the DOC numbers have been dropping for inmates so the agency is not surprised that their budget has decreased. DOC is putting a lot of energy into discharge planning

I. Suzanne Borys advised that DMHAS is looking to apply for some federal grants that were recently posted, especially one on medication assisted treatment

J. John Calabria reported that the Navigant Report of Hospital Services in Newark says that several services should be regionalized including public/private partnership and some should turn to outpatient services only

K. John Pellicane reported that there have been 115 Narcan administrations in Camden County in which 111 have survived. When they go to the hospital, they are cleared and then released. We need to get them into treatment. Also even though EMS can carry Narcan, they don't have to. Hospitals are going to replace the Narcan for police who use their dose. It's also happening in Bergen County now. Phil Lubitz suggested that the advocacy committee discuss Narcan

L. Mary Abrams reported that NJAMHAA held a meeting yesterday to discuss the IMD exclusion. It was discussed how to get through the waiver

M. The COLA this year is included as a 1% and there hasn't been a COLA since 2008

N. The COAH decision came down from the Court

VI. Provider letter regarding CEPP - Roger Borichewski

A. The February 9th letter advised providers about 210 individuals who were accepted into housing slots. It asked providers to advise DMHAS on their discharges that would not be complete by March 17th. At that point, DMHAS could address the inability with contract commitments. About 23 programs identified their discharge barriers and DMHAS is helping to address them. This is all in context of the Olmstead Plan/Settlement.

B. Questions and Answers

1. Q: Phil Lubitz – Is there an extension plan available to the planning council? A – Roger advised that he will check with Lynn
2. Q: Joe Gutstein – Were the 210 individuals accepted into the program already? A – Yes, but they are facing some difficulties in getting discharged
3. Q: is there an average when one is accepted and then placed into a bed? A – it varies greatly. On the average, they are discharge between 120-180 days. In calendar year 2013, we had a 72% discharge. In calendar year 2014, we're at 78%, so it's on the rise which is good. Our administrative bulletin that guides the referral and discharge process asks for three weeks if possible.
4. Q: Marie Verna – Do you have a sense if the state-wide registry is helping in this dilemma? A – the BEDS is in beta testing right now so we're only in static numbers right now so the database should go live this spring
5. Q: Mary Abrams – What are the #'s of the 210 that have been discharged? A – we don't have them right now, but we will by the March 17th deadline

VII. DMHAS updates – Lynn Kovich

A. Acknowledge the loss of Jen Velez from DHS, but we will be in good hands with Beth Connelly as Acting Commissioner

B. As far as budget goes, we did pretty-well as a department as well as a division. We will finally be able to finish IOC throughout the state. We will continue our Olmstead growth as well.

C. We had hoped we would already have our rates out by this point from the rate study but unfortunately this didn't happen. We're digging down the work that M&S did and probably have it by the summer. We're looking to raise addiction rates, especially next year because they are so low and those agencies don't have deficit funded contracts. We are looking to raise the rates for outpatient methadone, IOP & partial care especially to the state rate for now

D. UBHC will manage and approve care and continuing care. Many states don't even pay for residential because there's no FFP

E. Val Mielke is working on the CSS state plan amendment. She continues to work with the Supportive Housing Connection through HMFA. This is being centralized so agencies don't have the administrative burden. It was launched last

week for us and DDD. It currently has 12 DDD subsidies. As ours recycle, they will go to HMFA and all our new RFP's have the subsidies going right to HMFA

F. Questions and Answers:

1. Q: Marie Verna – We're doing the interim managing entity for addictions. Are there plans for an IME for mental health at this point? A – not at this time except for CSS
2. Q: Phil Lubitz – So there's no additional money for the ASO in fiscal year 2016 so that means there's no ASO in fiscal year 2016, correct? A – You can infer that.
3. Q: Phil Lubitz – Could rates have increased without an IME? A – Perhaps but we need to manage the resources regardless.
4. Q: Chris Lucca – What is the mechanism for monitoring level of care? A – Criteria from ASAN is used which makes it clinically appropriate
5. Q: Marie Verna – Marie discussed a project that she did at Rutgers Behavioral Research and Training Institute on the topic of health literacy. A – We're also concerned about the lack of knowledge consumers have and would be happy to talk with you about ways that we could do the education. We're asking Rutgers and some other family/consumer groups to train people about how to advocate for themselves.
6. Q: Phil Lubitz – How will we know if mental health subsidies are going for mental health consumers through the supportive housing connection? A – Staff here are still involved in the process
7. Q: Ellen Taner – Treatment still doesn't include a family component for the most part. Can DMHAS continue to look for treatment providers that can include family component and increase skill-building? This would include having those in treatment receive assistance in learning skills and becoming better family members. A – connect for recovery line does address families and the IME will also allow for families information
8. Q: Joe Gutstein – What's being done with CEPP people at county hospitals? A – As vacancies roll over, county hospitals are able to use them
9. Q: John Pellicane – How realistic is the possibility of an at-risk MBHO in NJ? A – That's always been the plan. The RFP is to engage an ASO not at risk to turn into an MBHO at risk. We already have an MLTSS carve-in.

Next General Meeting April 8, 2015 at 10:00 AM
Membership Committee Meeting 9:00 AM & Noon in 3-097