New Jersey Behavioral Health Planning Council (BHPC)
Meeting Minutes, September 9, 2015 10:00 A.M.

Attendees:

Winifred Chain	Harry Coe	Helen Williams
Susan Brocco (P)	David Moore	Maryanne Evanko
Connie Greene	Barbara Johnston	Michael Litterer (P)
Phillip Lubitz	Christopher Lucca	Michele Madiou (P)
Dan Meara	Robert Paige	John Pellicane
Thomas Pyle	Bianca Ramos	Rocky Schwartz
Brenda Sorrentino	Irina Stuchinsky	Ellen Taner
Pam Taylor	LeeAnn Wagner (P)	Mary Abrams

DMHAS, CSOC & DDD Staff:

Donna Migliorino	Suzanne Borys	Geri Dietrich
Yunqing Li	Patrick Roff	Helen Staton
Valerie Mielke	Roger Borichewski	

Guests:

Donna DeStefano	Herbert Kaldany	Lakeshia Blackwood
David Drescher		

I. Welcome/Administrative Issues/Correspondence

A. Phil thanked John P. and Marie V. for stepping in during his absence.

B. Introductions

C. Rocky S. –Made an announcement about a stop stigma rally on October 4th, Washington DC

D. Minutes from last meeting (8/12/15) approved.

II. Advocacy Subcommittee Update

A. Ellen T. presented 2 letters –

1. The first letter that has Commissioner C.A. Richman, Department of Community Affairs (DCA) & DMHAS Assistant Commissioner Valerie Mielke's names on it is a thank you note to them on behalf of the NJ BHPC, in support of the passage and implementation of that bill. The advocacy committee was committed to seeing if we could improve or at least start taking steps towards improvement of boarding homes for people who are suffering from behavioral health issues. The bill requires DCA, which administers the monitoring of those homes, to 1) post on its website information about a section report for residential health care facilities, boarding homes and emergency shelter for the homeless, and 2) require notification of poor compliance with the regulations to both department of Human Services and counties.

2. The second letter is a request to Assistant Commissioner Mielke to set up a strategic planning group with representation from BHPC so that the recovery support services are expanded to all 21 counties.

B. Phil motioned to accept this request letter. The Council approved that motion.

C. Ellen T. – Another issue discussed by the Advocacy Committee is about a ruling from Medicaid on a state-by-state basis that encourages each state to determine its prevention strategies for primary prevention. Medicaid and NJ have not yet worked with any strategies towards primary prevention substance abuse and other behavioral health issues. The Advocacy Committee would like a recommendation to encourage DMHAS to work with Medicaid to develop some exploration of what kind of primary prevention efforts can be implemented. Phil: Bring this to the table next month at the advocacy meeting.

III. Ancora Psychiatric Hospital Update

A. Roger B. – In April 2015, there was a revisit by DOH (Department of Health) to Ancora Hospital to check on the progress of its Plan of Correction from a prior visit. DOH found outstanding issues of concern. A letter of decertification was issued, to take place June 22. Based on that, there were initially some significant leadership changes. Most notably the CEO being reassigned and Chris Morrison, a deputy CEO from TPH accepted to go down in an acting capacity as CEO at Ancora during the transition process. He's been recently appointed as the CEO there.

1. A number of areas were identified in the plan of correction. We had a departmental team come in from DDD and other parts of the department to help address a number of areas that we found that continued to be deficient.
    a. There were issues around the environment of care. Most notably there were issues around tamperproof screws that had been reported to the plan of correction to replace.

    b. The joint commission is very interested that the environment of care is safe for suicide risks. We want the environment to be ligature free to avoid opportunities where a ligature could be used.

    c. Replacing hinges with different hardware so there is reduced opportunity for patient self-harm. One of the areas that were also identified as a risk is screws. A screw that could be removed with a coin or a paperclip could be ingested in a self-harm episode.

2. As of 8/31, all those critical replacement areas were accomplished and we continue to inspect those areas.

3. Another part of the corrective action plan is that we agreed to do 15 minute checks of the environment to make sure potential risks are identified.

4. In Food Service areas, older refrigerators that were not holding temperature or being continually repaired have been remediated. Also proactively did a replacement of all the medication refrigerators throughout the institution because of the critical nature of having medications kept at a safe temperature. New boxes have built in thermostats, to assure correct temperature of medication.

5. Q - Barb – is there a list available? A – Roger – I will have to check and get back to you.

6. Roger – Around treatment issues, we had issues with the treatment plan being updated to address events, if there were an issue of restraint for instance. The treatment plan didn't always catch up. These are being reviewed more frequently. Physical therapy as well, was out of compliance. having assessment and the referral aligning with the implementation of the intervention.

7. We hired a consultant to come in and work with the hospital and do a mock survey. At the end of that survey, we were told that the hospital was in substantial compliance with the plan of correction that we were going to submit in response to the April site visit. In fact, that letter to CMS went in and we actually submitted our allegation of compliance with the plan of correction and DOH came out within a week of that and re-inspected the facility. They found the hospital to be back in compliance and that letter of decertification was rescinded so that hospital has been since that time, Medicaid certified health facility.

8. We've hired the CSM consultant group, they've been there for several weeks now working with the leadership team to continue to review and address the plan of correction and make sure it's being adhered to and all aspects are being implemented. A representative from my office has been at Ancora since the visit in April and has been closely involved with the leadership and helping them to measure and monitor their outcome. They continue to spend a lot of their time at the hospital to this day and overall have been charged to work with the QI directors of all the hospitals to make sure that lessons learned.

9. Q- Phil – Before we open up for questions, do you want to go on to cover the firing of employees for assaults or wait for that to come up as a question? A- Roger – Today I was prepared to speak about the issue of Ancora and the plan of correction around the DOH, I was not necessarily prepared. I know there was a recent news article about certain employees and it's going back in time, these are from prior fiscal years. There were

assertive actions taken based on substantiated episodes of patient abuse of neglect.

Q – Phil – So those weren't issues that arose during the inspection period?
A – Roger – No.

Q – Phil – Does the plan of correction address what we've learned about the assaults on patients? A – Valerie – In terms of the planning correction, it specifically addresses what the DOH findings were on behalf of CMS. As it relates to allegations of abuse, neglect, those are investigated on an ongoing basis. We have investigators that are trained and certified in each of our hospitals, whenever there's an allegation, no matter how significant it may appear. We always write it up as an incident, so that it's formally documented and there's a required process for investigations including interviewing witnesses, reviewing videotapes, etc. That's an ongoing process. The data on an abuse incident report goes up through the department, it doesn't just stop here at the central office.

Q – Barb? What happens to these reports? Are they public?
A – Valerie – Those documents are not public information. The findings of the consultant are public.

Q – David Moore – How does the state handle claims of abuse within their provider's facilities? How does the state go about investigating itself? Is there an outside agency that does that?
A – Roger – We actually have, by statute with PSCU, that actually reports to my office and PSCU is responsible for staffing the hotline where folks could call in those allegations of abuse or neglect and those get followed up by staff in my office with the hospitals. So you do have the level of distance from the actual hospitals when those allegations are being reported and reviewed. The hospitals have, like Valerie said, trained investigators, who are able to go out. They may have different disciplines, but you would never have anyone investigating within their own supervisory unit.

Q – Maryanne – Is there something above and beyond your organization? Is there someone else investigating?
A1 – Roger – Yes, there's an Unusual Incident Report system, that's run by the Department of Human Services (DHS) and the state hospitals have a multiple list of categories, service recipient to service recipient, there's multiple reportable events that a hospital is responsible to report. Those get reported.
A2 – Valerie – I anticipate within the next couple months, that we will have some decisions and may be some changes related to some of the processes. You may want to re-raise this discussion in a couple of months.

Q – Phil – Any movement in replacing John Whitenack?

A – Valerie -- We have posted the vacancy and actually the search is broader than just NJ state employees. Resumes have come in and we're going through them.

Q – Harry – In the past, PSCU had family member/consumer involvement in the state hospital site inspections. It seems to have been suspended over the last several years. Is there a reason for that? Are you aware of that?
A – Roger – No, in fact I'll reach out to Emmanuel who is overseeing the office right now. I will follow up with him and see what the status of family and consumer participation.

IV. Introduction of New Assistant Commissioner

A. Phil – Welcome to Valerie Mielke.

B. Helen Williams – I will be retiring October 31st.

C. Valerie - September is recovery month. We are supporting a number of initiatives across the state. Janet Monroe (GPH) is retiring October 1st. We are working on her replacement. One of the challenges we have in our state hospitals is the recruitment of psychiatrists, particularly in the central region, TPH area, as well as down in Ancora area. We have a number of vacancies and have been looking at creative ways to recruit psychiatrists and have contracted with an agency that is going to support us in recruitment efforts for psychiatrists.

D. Chris Morrison is now confirmed as CEO of Ancora.

E. Valerie – Social Services Block Grant Update – We have been granted a no cost extension for a few of our initiatives. One is the RRI (Recovery and Rebuilding Initiative), which is the treatment, short term residential detox .Supportive Housing for individuals who have a Substance Use Disorder. We were able to extend not only the housing subsidies but services as well as legal services. Basically the extension goes to September 30. 2017, as resources are spent down, it may end sooner. As relates to supportive housing, for those individuals who continually need housing, our appropriation for SFY 16, we did have some dollars in there so that individuals would not become homeless.

F. Q – Phil asked about Certified Behavioral Health Center (CBHC) A – Valerie – It's a federal grant. For the first year, it's a planning grant. We submitted it in partnership with Medicaid and it's an integration grant that is looking to co-site both primary health services as well as behavioral health services. It will enable agencies to provide co-located services at their site. One of the requirements is that at least one of the sites needs to be in a rural area, and one of the sites needs to be in an urban area. After the first year, those that participated in the planning grant would then be eligible to apply for the service portion of the grant by SAMHSA to actually provide services. What this planning process is really looking at is for us to develop and certify agencies to be able to provide this

service. Invites were sent out to targeted agencies that are licensed treat both individuals with substance abuse issues as well as mental illness.

G. Suzanne – We are making the presumption that we're getting the planning grant. That's why we started some of these forums. Webinars to keep up to date.

H. Valerie – We did receive an award from SAMHSA for medication assisted outreach program. In advance, one of the things we needed to do as a part of application, is identify the agencies that would be participating. We sent out a letter requesting interest, we did receive some back. Some of the activities that will be provided include: assessments, screening individuals for mental illness, provide medical physicals and medical screens screening for hepatitis, infectious diseases, and be able to HIV pretest, counseling and provide rapid tests on site. Citizen's Advisory council will also be supporting this initiative.

I. Dr. Williams was a part of the implementation as well, she will be providing presentations and webinars on the latest research and developments in use of MAT4 individuals who have an opioid addiction.

J. Q - Ellen – Does this grant encourage any work regarding stigmas?
A- Valerie – It will help to support that.

K. Q – Dr. Herbert Kaldany- Would the grant allow for our offender population to be enrolled through this grant?
A - Suzanne – the grant focuses on individuals being discharged from jails.

L. Q – Dr. Herbert Kaldany- Does it focus on jails and exclude prisons?
A - Suzanne – I think it's generic, just says discharged
Valerie – We will look into that.

M. Valerie- RFP's – issued preliminary award letters.
   1. One RFP is for the **opioid overdose recovery program**. We are looking to make 5 awards, one in each of the following counties– Atlantic, Camden, Essex, Monmouth and Ocean counties. Those are counties with high incidents of opioid use. Each award will be just a little over $250,000 each. With this initiative we are looking for agencies to hire recovery specialists and patient advocators. Looking to help support individuals who've been given Narcan emergency medication, who received lifesaving measures as it relates to their overdose and will help to engage those individuals into treatment. Will post awards on website.

   2. The other was an **opioid overdose prevention program**. We are looking to fund 3 regional awards. About $225,000 each to provide education regarding opioid addiction. Kits are being made available as it relates to intervention. Those preliminary award letters went out Friday.

3. DMHAS is currently reviewing proposals for the DD/MI **Clinical Consultation Support Services**, short term stabilization ($2M set-aside). It will serve dual-diagnosed consumers with risks of psychiatric hospitalization, or who have previous psychiatric hospitalization.

N. Valerie – Regarding the Papal visit, hospitals are prepping for increased visits to ER, hospital coverage, and medication dosages. Traffic is expected to be hectic, some roads and bridges closed. Preparations need to be made to ensure that patients will have access to medications in the event they cannot get to the hospitals. Appointments that aren't medically necessary should be rescheduled during this high volume. Transportation will be challenging.

1. Q - John – Regarding the Clinical Consultation RFP, what's the angle, what is the purpose? What are we trying to achieve? A – Valerie – To try to support individuals living in the community. Working with clinicians and providers.

2. Q – Ellen – Pope is particularly interested in reaching out to immigrants. Has there been talk of reaching out to this population to make them aware. There is a language barrier, particularly Vietnamese.
A – Valerie – Will check with Adrienne.

O. David – We did apply for a waiver just in case.

P. Q - Rocky – Regarding the shortage of psychiatrists, are you using APN's? Is that something that could be considered. A – Valerie – Absolutely.

1. Phil – There has been recent press coverage on the national shortage of psychiatrists.

V. Announcements:

A. Nominating Committee of Chris Lucca, Ellen Tanner, and Robert Paige will be meeting to recommend candidates for Chair and Vice-Chair.

B. Suzanne – In the grant we applied for CCBHC, it said we'd outreach to our extensive network of councils, committees, and other stakeholders for feedback on the project. One of the primary stakeholder groups is the Behavioral Health Planning Council. In the application, we said we'd explore the formation of an *ad hoc* committee of the planning council to assist in the planning of the CCBHC Q - Is that something we'd want to do? A – Phil – I think it's a natural thing.

Q. Suzanne – Who wants to volunteer?
   a. Maryann, Patrick, John, Connie and Gerri volunteered
   b. Donna – Let me know when you're meeting and we'll send it out.

Q- John – will County Drug & Alcohol be included? A -- Suzanne – yes, also reaching out to NJAMHAA, NAMI

C. Yunqing – With support of the MHBG, 5% set aside fund, DMHAS was able to contract with UBHC to provide a series of trainings on First Episode Psychosis (FEP). The trainings have two parts, overview and in-depth review of the components of the evidence based RAISE model. The trainings target agencies that want to provide FEP services but have limited knowledge on building successful service teams. The 1st part of the trainings took place in August. The 2nd part is still ongoing. UBHC will provide bonus training at TPH near the end of September.

D. Phil – Starting January 1, 2016, we will be meeting in the 1st floor meeting room. The November meeting has been changed to the 4th because of the holiday.

Next General Meeting October 14, 2015 at 10:00 AM