

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

Meeting Location: Division of Mental Health and Addiction Services NJ Department of Human Services 222 S. Warren Street Trenton, NJ

Date: October 30, 2015

Attendance: Camille Bloomberg, Roberta Flecha, Ian Gershman, Connie Greene, Manual Guantez, Jean Hennon, Deborah McKinley, Kendria McWilliams, Alan Oberman, Michael Paolello, Dharmesh Parikh, , Vera Sansone, Mike Santillo, Barbara Schlichting, , Dinita Smith, Don Starn, Don Weinbaum, Ernesine Winfrey

State Staff: Adam Bucon, Suzanne Borys, Vicki Fresolone, Nancy Hopkins, Alicia Meyer, Brian Regan, Harry Reyes, Cathy Vahey, Steve Fishbein, Kim Worthington, Susanne Rainier

Guests: Tonia Ahern, Deb Wentz, Shauna Moses

Chairperson Barbara Schlichting called the meeting to order at 10:05 a.m. and welcomed all; self-introductions were made.

Approval of May Minutes: The minutes of the September 2015 PAC meeting were approved as submitted.

PAC Discussion & Announcements

- Valerie Mielke –Assistant commissioner introduced herself and gave a brief overview of her history. She worked in Essex County, and Morris County. She has her masters in social work from Rutgers University. Her background is mostly in mental health but has interfaced with those with substance abuse disorders for a long time. She has been the assistant commissioner since August 2015 and has met with several substance abuse agencies she wants to know all of the agencies. She is attending meetings like the PAC to introduce herself and wants to know the challenges and our visions for the future. She wants to have an open dialogue with us and appreciates being challenged by the issues we face.
- **NJSAMS-** Brian Regan - DSM 5 Update
 1. November 9, 2015 release of updates, biggest of which is the DSM 5 Module.
 2. User interface is significantly different from 4 to 5.
 3. ASI is not required for UBHC but the DSM module is now mandatory.

4. Diagnosis can be made only within professional scope of practice. Licensed professionals are needed to sign off on a diagnosis. The module will not be locked until discharge to allow for supervisor review and amendment of any provisional diagnosis made by an unlicensed professional.

5. Brian will be developing a work group from providers to explore the ability for NJSAMS to accept information from provider EHRs.

Brian made it clear we need to follow the guidance of the legal team at the division.

IME Discussion

- **January 2016 Administrative authorizations will be needed.**
- This is part 1 of moving toward full utilization management. January 11, 2016 administrative authorizations will be live. Anyone admitted to care from January 11th on will need administrative authorizations. Administrative Authorizations will not require review of any clinical information. Part 2 will be in the Spring which is targeted for May 24— clinical authorizations for treatment will go live.
- Any new Medicaid clients that enter treatment after January 11, 16 need prior administrative authorizations.
- If a client moves to another level of care they need a new PA. Each service needs its own PA.
- There will be three training dates in November each one will have two ½ day training available. November 16, 2015, November 23, 2015 and November 30, 2015.
- In January the 30,000 people in treatment will be on a glide path for UBHC to enter all into the system. Clients currently in treatment via Medicaid will have prior authorizations completed by UBHC and providers will get notification.

Expansion of IME services

- The Department of Corrections DOC has contacted UBHC and the division to discuss how the IMC can facilitate transitional discharge planning with people who max out in prison.
- DOC agreed to fund a person for the IME.
- Medicaid turns on the day the person leaves prison.
- The FBI contact DMHAS and are interested in using the IME to assist the people who are involved in Human trafficking (they are mostly addicted to heroin) UBHC and the FBI are meeting next week.

Presentations

Suzanne Borys, Assistant Division Director, Office of Planning, Research, Evaluation and Prevention for the DMHAS, provided a PowerPoint presentation on the Certified Community Behavioral Health Clinic (CCBHC) federal grant that was recently awarded to DMHAS. This is a one-year planning grant to prepare states to apply for participation in a 2-year Demonstration Program. DMHAS is receiving \$982,372 in funding for the year. Key tasks that must be accomplished are to: 1) solicit input from a wide range of stakeholders, 2) certify at least 2 CCBHCs (one must be rural and one urban), 3) establish a prospective payment system (PPS) for this project, 4) establish the capacity to provide all the behavioral health services detailed in the SAMHSA RFA, 5) Develop or enhance data collection and reporting capacity, 6) prepare for participation in the national evaluation of the demonstration program and 6) submit a proposal to participate in the Demonstration Program by October 2016. The CCBHCs must serve adults with serious mental illness, adults with substance use disorders and children with serious emotional disturbance. There are nine key services required, of which four must be directly provided by the CCBHC and the other five arranged through a Designated Collaborating Organization (DCO) if not able to be provided by the CCBHC. This project represents an opportunity to provide improved and integrated care for all behavioral health clients.

Adam Bucon, State Opioid Treatment Authority for the DMHAS, discussed two new initiatives implemented through the Division, both effective November 1st.

Opioid Overdose Prevention Program (OOPP)

The purpose of this initiative is to establish a statewide opioid overdose prevention program to include an educational component, outreach to at-risk individuals, collaboration with interested stakeholders and distribution of naloxone rescue kits. The program will provide education to individuals at risk for an opioid overdose, their families, friends and loved ones to recognize an opiate overdose and to subsequently provide life-saving rescue measures to reverse the effects of an opioid overdose. DMHAS and the Governor's Council on Alcoholism and Drug Abuse (GCADA) provided total annualized funding in the amount of \$675,000, which is available for two (2) years. Three (3) regionalized contracts in the amount of \$225,000 were awarded for each of the following regions: North (Morris County Prevention is Key), Central (JSAS Healthcare), and South (Urban Treatment Associates).

Opioid Overdose Recovery Program (OORP)

The purpose of this initiative is to develop a program to respond to individuals reversed from opioid overdoses who are treated at hospital emergency departments as a result of the reversal. DMHAS, the Governor's Council on Alcoholism and Drug Abuse (GCADA) and the Department of Children and Families (DCF) provided total annualized funding of \$1,023,000 for two (2) years. Four (4) contracts in the amount of \$255,750 each were awarded in Camden (Center for Family Services), Essex (Turning Point), Monmouth and Ocean County (both Barnabas Health Institute for Prevention). The OORP will

utilize Recovery Specialists and Patient Navigators to engage individuals reversed from an opioid overdose to provide non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment. The Recovery Specialists and Patient Navigators will also maintain follow-up with these individuals. It is planned that, at minimum, recovery specialists will be accessible and on-call from Thursday evenings through Monday mornings. Another RFP was recently released to contract for an additional program in either Atlantic or Passaic County.

Topics for future PAC meetings:

- Recovery Housing
- Rates
- Contracts

Next meeting November 20, 2015

Adjournment 12:40