New Jersey Mental Health Planning Council (MHPC)
Meeting Minutes

March 9, 2011

Notices to announce the date, time and location of this meeting were sent out to the following news outlets: *Newark Star-Ledger*, *Asbury Park Press*, *The Times* (Trenton), *Bergen Record*, *The Press* (Pleasantville), and the *Courier-Post* (Cherry Hill)

Attendees:

Jacob Bucher	Robert Chain	Lisa Negron
Karen Vogel Romance	Helen Williams	Annette Wright
Damyanti Aurora	Karen Carroll	Patricia Dana
Gregory Karlin	Marilyn Goldstein	Phillip Lubitz
Patricia Matthews	Carolyn Davis	Marie Verna
Bruce Blumenthal	Hazeline Pilgrim (Phone)	Mary Ditri (Phone)
Barbara Johnston (Phone)	Regina Sessoms (Phone)	Joseph Gutstein (Phone)
J. Michael Jones (Phone)	S. Robin Wiess (Phone)	Shannon Brennan (Phone)

DHS, DAS, DCBHS & DDD Staff:

Roxanne Kennedy	Geri Deitrich	Julie Caliwan
Valerie Larosiliere	Steve Adams	Paula Hayes (Phone)

Guests:

Louann Lukens	Dr. Gary Brown

I. Administrative Issues/Correspondence/Review of Previous Minutes and Subcommittee Minutes
   a. The Council reviewed and approved the Meeting Minutes from February 9, 2011 with the following corrections:
      i. In Section II. i: Change "SCATT" to "SCAC"
      ii. In Section III g: Take out "Current RFO" and replace it with "3RFPs- one for residential, one for specialty services and one for psychiatric community residences".
      iii. In Section IV. m.: Change "gook" to "book".
   b. The Council received the Wellness and Recovery Transformation Action Plan Review Subcommittee Minutes from the February 9, 2011.
   c. The Council received the Membership Subcommittee Minutes from February 9, 2011.
   d. The Council received the Olmstead Advisory Committee Minutes from February 9, 2011.

II. Update regarding the merger between DAS and DMHS - Marie Verna (MV) attended the DMHS and DAS Merger Advisory Committee last month:

a. The preliminary results of the provider survey were presented to the Committee. Providers seem to be concerned about the licensing issues and workforce development.
b. Celina gray presented to the Committee and she and Vicki Fresolone (Executive Assistant to Kevin Martone) will be doing a stigma campaign around co-occurring disorders that will address stigma issues of both addiction and mental illness.
c. There are eight consumer and family forums scheduled, three remain, to obtain information about the merger. Some of the initial responses are that people are concerned about barriers, lack of information about services, providers having a balance of co-occurring skills, and ongoing peer services with both mental health and addictions. Consumers who attended seemed to want specialized case management and a point person to help navigate the system. A list of the meetings is attached to the handouts today.
d. Consumer Surveys are being disseminated and are available on the DMHS website.
e. There are county level forums occurring as well and counties can ask DMHS to hold these forums.
f. Question- Lisa Negron (LN): Margret Molnar mentioned that there was a forum at Eva's Village, a Division of Addiction Services provider, last night that was well attended and mentioned there may be more scheduled due to snowstorm. A: There may be some rescheduled as one was cancelled due to a snow storm.

III. Announcements
a. Jacob Bucher spoke about presenting at the budget hearing yesterday. He was representing NJPRA. He reported there were various representatives from different service systems i.e. deaf and hard of hearing, visually impaired and addiction services as well as mental health. The Legislatures seem to be more conversant and knowledgeable about mental health issues.
b. CSPNJ was awarded the Self Help Center RFP on the grounds of GPPH and TPH that are expected to open this spring.
c. The COMHCO conference is on April 16, 2011.
d. The CSPNJ Wellness and Recovery Conference is on April 6, 2011.
e. The National NAMI organization released a report regarding the funding for mental health services. This report is available at www.nami.org

IV. DMHAS FY 2012 proposed budget- Valerie Larosiliere and Steve Adams
a. The Division of Mental Health and Addiction Services (DMHAS) is a joint budget and is listed that way on the Governor's website.
b. The good news is there are no proposed reductions for direct services for mental health.
c. There is growth to further Olmstead efforts in the amount of $10M. $5M is the annualized amount for new services that came on line in FY 2011. There is $5M proposed to develop new services and housing opportunities for individuals in FY 2012.

d. There is $1.6M proposed for individuals who are diagnosed both with a mental illness and a developmental disability to be discharged into the community from state hospitals.
e. There is $2M designated for the implementation of Involuntary Outpatient Commitment (IOC). The first phase of IOC was due to begin August 2010 but implementation was delayed due to lack of appropriation in the FY 2011 budget to support IOC. There was a Request for Information (RFI) that was sent out to providers and stakeholders asking for information about the process and clinical needs of implementing IOC. DMHS will use this information to help inform the implementation of IOC and an RFP for IOC services in the 7 counties in FY 2012.
f. There is $1M reduction in third party contracts for training. DMHS is discussing internally how that will be rolled out and the impact that will have on the system.
g. There is a $4.3 reduction booked in the budget for the potential to pull down funds from Federal Financial Participation (FFP) through community support services and screening/psychiatric emergency services submitted to CMS in the State Plan Amendment. This may also allow Medicaid billing for PACT, IOTSS and supportive housing services. It is the goal to have IOTSS to be Statewide in FY 2012.
h. There is $9M booked to close a state hospital. The State Facilities Evaluation Task Force concluded their work and submitted to the Governor their recommendations for closure. At this time, there has not been a specific hospital identified for closure in FY 2012 but DMHAS booked this savings in anticipation of a closure.
i. Annualization of initiatives related to STCFs, partial care and county hospitals (a lower rate for county hospitals). Within each County hospital, rates vary and rates are based on costs from 2 years ago and inflated to the current year. There are carry forward adjustments from the interim rate to the actual rate based on costs and bed occupancy. The net effect was a $13M reduction for money needed from County hospital rates in FY 2012. Also, in FY 2011, County hospitals costs were capped to not exceed the State hospital rate. Two county hospitals were affected by this rate but it was a small adjustment.
j. In the Medicaid budget, the following is proposed for the FY 2012 budget:
    i. Co-pays for medications for individuals who are dually eligible for Medicaid and Medicare. The costs would range from $1.10-$2.50 for generic and $3.30-$6.30 for brand name. People in nursing homes will not be affected. Approximately 121,000 in NJ will be affected by this change. This is about a $13M savings.
    ii. Currently mental health services are not managed under an HMO. That will continue in NJ and will not be carved into the HMO structure. However, medications will be “carved in”.
    iii. There is a proposal in the budget for a Global Waiver. Mental health does not participate in the Global Waiver but this would give the State greater flexibility for Medicaid billable services. This is in the preliminary planning phase and stakeholders have begun to participate in conversations about the Global Waiver.
k. Questions/comments and answers:

i. Q- Phil Lubitz (PL): Would the State Plan Amendment cover services that are done off-site? A: Yes.
ii. Q- Jacob Bucker (JB): Will the State Plan Amendment require services to be unbundled? Will there be problem with reimbursement for peer services as Medicaid reimbursable? A: Bundling is a rate per day or a longer period of time that a credentialed individual would bill the same rate i.e. in an A+ group home, the cost is $170/day and the consumer may not see a licensed practitioner but the agency still receives the day rate. CMS has taken issues with States regarding a bundled rate due to individuals not seeing a credentialed individual. However, CMS seems to be going forward with the State Plan Amendment. There is no anticipated problem with reimbursable peer services for Medicaid as long as the person has the appropriate credentials.
iii. Q- Dr. Gary Brown (GB), CHS, representing NJAMHAA: In regards to IOC, is the $2M for the first year of development of IOC or the whole program and will there be a committee to develop IOC? A: The $2M will be for the first seven counties to roll out in FY 2012. A work group will be convened to help shape the RFP process for IOC implementation. However, the caveat will be that participation on a work group may preclude individuals from submitting proposals for IOC from their agency. DMHS has not made decisions regarding the type of clinical services that will be part of the RFP.
iv. Q- Marie Verna (MV): How many State Plan Amendments do we currently have in regards to mental health services: A: There are the following:
    1. Clinic Option
    2. Rehab Option under Child Behavioral Health and adult residential and PACT
    3. Targeted Case Management
    4. Inpatient psychiatric services for individuals under 21 and over 65.
    5. Personal care assistance services.
v. Q- Joseph Gutstein (JG): In terms of the number of individuals seeking services, is there considerable growth seen this year or anticipated? Do we expect to see more people in FY 2012? A: DMHS does not want to cut existing services in FY 2012 and targeted reduction initiatives to non-direct services. There was growth in Olmstead and Olmstead is not just beds but also other community services. In our block grant, the number of individuals served in the community continue to increase and we would expect that it continues to see an increase.
vi. Q-JG: Does this look like the year that the co-pay will be implemented for the dual eligible? A: Advocacy in the past has been helpful to avoid co-pays for dual eligible for medications. PL believes the trend will continue that the co-pays will not be instituted for dual eligible individuals.
vii. Q-PL: Is there any funding in the current or future budget to implement recommendations from the dual diagnosis task force? A: No, there isn't anything that is specific to the Task Force recommendations but not

certain without looking at the report as things we are implementing may be in the report.

viii. Q-PL: There is a booked savings for moving the blind and disabled to managed care and a proposal to carve out atypical medications. Is there a booked savings for this? A: Do not know the saving amounts but can get that to the planning council.

ix. Q-MV: One of the major recommendations from the merger task force and the consumer and constituency forums is for workforce development. There is great concern regarding the skill set for co-occurring disorders. Therefore, a cut in training in FY 2012 when the work force needs to be dually trained and skilled seems contradictory. What is DMHS going to do to insure a well-trained co-occurring workforce? A: There was some conversations to have a consultant work with 6 mental health and 6 addiction services agencies to develop a plan and determine their goals for their capabilities to effectively provide services through the Learning Collaborative. DMHAS is looking to have a broader scope than the Learning Collaborative. The Merger Task Force and staff are looking at the workforce needs and may need to redirect training funds to meet that need.

x. Q-GB: When is the decision going to be made regarding the closing of a State hospital and if it is Hagedorn closing, what is the availability to serve the geriatric population in other places? A: Do not know when a decision will be made by the Governor or when discussions will take place. There are plans for geriatric services to be provided in other State hospitals that include staff at Hagedorn to be experts at other hospitals and units designated specifically to serve the geriatric population. Currently geriatric consumers are being served at Ancora and Trenton. DMHS needs to ensure that the staffing competencies are what they need to be to meet the needs of the geriatric consumer.

xi. Q-JB: Where is the process for hiring an Assistant Commissioner? A: The position has been reposted, resumes have come in and after careful review, individuals have been selected for telephone interviews with perspective candidates. This position will shepherd the merged Divisions and the 2 Divisions will be co-located to support the merger. Also DMHS has conducted interviews for the position of Assistant Director of the Office of State Hospital Management.

V. Introduction of the new DCBHS Director and DCBHS FY 2012 proposed budget

a. Jeffrey Guenzel is the recently hired Director of DCBHS. Jeff was formerly the head of the CMO in Essex County this was one of the first CMO's to integrate case management with the CMO activities.

b. DCF will probably have a slight increase in the overall operating budget due to the closing of some residential facilities.

c. With the closing of Ewing Residential and Vineland, DCBHS has issued 3 RFPs for 49 beds and reconfiguring bed availability. The need seemed to be for the kids who needed step down residences other than ERTs programs.

d. Working with DDD to create what is best for each Division to serve. Want to create more of availability to kids who are dually diagnosed.
e. DCBHS is looking for efficiencies and community development money to support outpatient services by getting kids into services sooner.
f. NJ currently has 13 kids who are in residential programs out of state and usually these children are out of state due to unique special needs i.e. deaf and hard of hearing.
g. The needs of the children in residential care are higher than they used to be so more moderate level needs children are being served in the community and in their home.
h. CMO and YCM joining under the Unified Care Management (UCM) model seems to be the best way to care for kids. However, there is a hold on UCM implementation because DCBHS wants to involve the FSO in the UCM model as well. The Wraparound practice model of UCM has proven to be beneficial to the kids and their care. The implementation of UCM should be cost neutral.
    i. Youth Case Management usually serves the moderate level of kids with a staff ratio of 1:22.
    ii. Care Management Organization (CMO) serve the kids with the most complex problems in residential programs, at risk of out of home placements and/or justice system with a case management wrap around model with a staff ratio of 1:10.
    iii. Unified Care Management model will bring both YCM and CMO together with a staff ration of 1:15
i. Perform Care is the Contracted System Administrator and they are responsible for front door for families to call to access DCBHS system of care. DCBHS also uses this system to draw down more federal dollars. The CSA authorizes services, makes referrals from one program to the next and provides data statewide. This data helps DCBHS be more efficient, determine where the needs are and monitor outcome based performance contracts.
j. There are standardized strengths and needs assessments tool, a crisis assessment to see how kids and families are doing in the DCBHS system.
k. C –JB: The Commissioner Allison Blake is setting up the aging out strategic plan.
l. Question-JG: What data is posted online from DCBHS? A: What's online isn't as extensive as what it could be. However, in the next 6 weeks, there will be more data available on line. Providers who use the Perform Care Cyber database will have the ability to go in and see how their own agency is doing and get information on their assigned consumers and desired outcomes to determine how well they are doing. Perform Care is the central hub for creating and pulling together the data.
m. C-MV: One of DRNJ's priorities next year is to address bullying. Q: How will DMHAS collaborate with DCBHS address the Aging in population? A: DCF has created an Office of Adolescents services to address this population. This is one of the top 2-3 items DCF is going to address going forward. There are challenges to collaborating, program needs and training for DYFS and the mental health system. Currently the conversations are the Director and Executive level. The

child system is available to kids until their 21st birthday. Aging out is between ages 18-21 to do the work of getting hem linked to the adult mental health system. For example, there is a pilot program through DCF for kids who are in college could stay on the campus during breaks with some special programming currently at Rutgers and expanding to Montclair.

VI. Review of Subcommittee information/Future Agenda

a. The Wellness and Recovery Transformation Action Plan (WRTAP) Review Subcommittee meet this am and went over information regarding the Data Driven Decision Making and Workforce Development toward measurable outcomes. Next month the subcommittee will work on developing a report for the Planning Council. There was discussion of using a scorecard but DMHS is doing a self-assessment of the goals of the WRTAP. LN shared that the SHOUT program has a consumer survey that all SHC's have to implement about QI and it would be available to help this Subcommittee compile information related to W/R and could inform this Subcommittee.

b. The Olmstead Subcommittee met last month and reviewed the following:
    i. DMHS is on target for their discharge goals for the number of people on CEPP in the state hospitals.
    ii. There is a small subset of people who do not want to leave the state hospital and DMHS and the hospitals are working on discharge readying activities.
    iii. Readmissions rates are important for people to look at to help understand what is happening to people when they leave and be able to address barriers that led to readmission.
    iv. There is not yet a qualitative study of people being discharged and their quality of life.
    v. The Olmstead Semi-Annual report will be presented at the next meeting.
    vi. There is a continued interest in having the county hospitals involved in Olmstead settlement.

c. Proposed agenda items for April and months to follow are:
    i. DD/MI Task Force Update
    ii. Information about Consumer Operated Services.
    iii. The Council should have updates regarding the various Task Forces as a standing agenda item.
    iv. Director Turbetti from DCBHS Office of Adolescents Services to talk about aging out services.
    v. Susanne Borys and Molly Greene should present about the Federal data collection tools used for addiction services.
    vi. Speaker about veteran's services.
    vii. The issue of the County hospitals not being included in the Olmstead Settlement
    viii. Presentation about nursing homes and geriatric mental health care in NJ.

Next Meetings:

MHPC General Meeting: 04/13/11, **10:00am-12:00** noon, Room 336

Wellness and Recovery Transformation Action Plan Review Subcommittee: 4/13/11, **9:00am**, Rm. 378

Olmstead Advisory Committee: 4/13/2011, **12 noon**, Room 336