New Jersey Behavioral Health Planning Council
Meeting Minutes,
January 11, 2017 10:00 A.M.

Attendees:

Lisa Negron	Phillip Lubitz	Louann Lukens
Michael Litterer	Rachel Morgan	Judy Banes
Joe Gutstein (P)	Damian Petino	Cheri Thompson
Pam Nickisher	John Pellicane	Darlema Bey
Rocky Schwartz	Irena Stuchinsky	Robin Weiss
Harry Coe	Patricia Matthews	Maryanne Evanko
Ann Dorocki	Rocky Schwartz	Pamela Taylor
Christopher Lucca	Michele Madiou	

DMHAS, CSOC & DDD Staff:

Geri Dietrich	Suzanne Borys	Donna Migliorino
Jan Rudder	Mark Kruszczynski	Yunqing Li
Helen Staton	Sean Parnell	David Sauder

Guests:

Alric Warren (P)	Rod Bell (P)	Don Holford
Cindy Herman-Ivins	Julia Barugel	Mary Abrams
Amanda Zacharias	Suzanna Smith	Alyson Hague
James Castorina	Marte Hess	Amy White
Melissa Sampath	Laurel Holloway	

I. **Administrative**
   A. Rocky Schwartz – NJ Parity
   B. Minutes accepted from the December 2016 meeting.

II. **Subcommittee reports**
   A. Data
   B. Advocacy
      1. Louann Lukens received communication from S. Cambell regarding to pending legislative bills, regarding the alleged practice of insurance companies requesting excessive information for authorization determination. The bills are
         a. 52805
         b. A4355

III. **FEP**
   A. Oaks Integrated, Cherry Hill, NJ (Paul Soudter, James Castorina)
      1. 3 Clients enrolled, 8 referrals so far.

2. Open in April 2016
3. Some families said they prefer Partial Care rather than FEP
4. Oaks has conducted 460 outreaches
5. Outreach to many potential referring entities.
6. Refer of FEP team members
7. All team members are in place
8. Oaks may re-name program
9. Oaks will take 3rd party payment
10. Ages are 15+
11. Kids can be associated with CSOC and still participate
12. Participants can't be co-enrolled in EISS.
13. Anticipated Length of Stay in program is 1-2 years.
14. Program is very intensive; there are 13 different outcomes.

B. Rutgers – UBHC Program, Edison, NJ (Middlesex, Monmouth, & Mercer Counties), (Dr. S Silverstein, Alison Hague)
   1. Edison location is not a Hospital environment; its more consumer friendly.
   2. Team is almost entirely assembled; peer support stuff member not yet hired.
   3. They've done many outreaches
   4. Outreached to many groups including:
      - NJ Association of College Counselors
      - NJ Association of School Counselors
   5. Naming – Brochure doesn't specifically name psychosis Resilience Empowering Action Change Hope (REACH)
   6. Has not treated any consumers yet.
   7. Significant administrative challenges encountered, but overcome.
   8. Intake phone intake, first a phone assessment is done, then an office visit is arranged. REACH can visit consumers in their homes/offsite.
   9. Union County -FEP by Care Plus
   10. Question about peer support for family member
   11. Rate of FEO
   12. Caseload capacity is 35

C. Care Plus, Paramus NJ (Melissa Sampath, Laurel Holloway)
   1. 10 Counties – Northern region.
   2. Currently recruiting for all positions.
   3. Contract finalized in December 2016.
   4. Working on outreach, referral, and advertising materials.
   5. Considering name change.
   6. Capacity = 35.
   7. Start date for services = within 3 - 4 weeks (Mid-February 2017).

D. General questions
   1. Some of the Outcome measures are:
      a. 30 day re-admission to inpatient hospitalization
      b. Socialization
      c. Suicidality
   2. FEP has been practiced in New York State. This may offer insight on the extent to which people self-refer for services after seeing advertisements on public transportation.

IV. Fee for Service: Provider Perspectives Panel

A. Family Service Association of South Jersey (FSA SJ), Egg Harbor, NJ (Cindy Herdman-Ivins)
   1. Atlantic County
   2. Outpatient: – July – September =1,047 served; , 531 Medicaid, 516 mix of payers
      a. 141 psych evaluations,
      b. 1110 clinical sessions
   3. Partial Care: 78 clients. Average daily census 39-41
   4. FSA has been actively preparing for FFS
   5. FSA has been engaged in HDEIS standards.
   6. FSA had recently refinanced their mortgage was has been taking steps to reduce overhead expenses.
   7. Psychiatry service is reduced.
   8. Medication Monitoring groups have increased.
   9. Refurbishing the interior of building; capital improvements made to control indirect costs.
   10. Intake structure has been improved.
   11. All medication management is to be done by APNs not M.D's.
   12. Working with local physician groups for referrals.
   13. FSA hired F/T LPN; and P/T Navigator
   14. FSA has done lots of consumer outreach.
   15. Policy to "No shows" has changed
       a. No show 2x, case is closed
       b. Bob D – The system will draft to people more willing to be served.
   16. $100,000 expected losses; to be partially compensated by increases in Partial Care revenues.

B. Mental Health Association (MHA) of Essex County, Montclair, NJ, (Robert Davidson)
   1. MHA Essex went FFS base it wants to be in leadership role. It also makes good fiscal sense.
   2. OP, ICMS, Supportive Employment, Partial Care
   3. May lose $170k in Outpatient

4. Skepticism about whether state savings will be reinvested in mental health services.
5. Larger agencies may be expected to lose more revenue.
6. Concern that FFS will be the cause of reduced access to mental health services.
7. Customer service at DMHAS has been excellent.
8. It is expected that the mechanics of the FFS transition will work.
9. Concern that FFS will result in decrease in access to psychiatric services, but time will tell.

C. Preferred Behavioral Health, Lakewood, NJ (Don Holford)
   1. New York state went FFS over 30 years ago.
   2. Don is from New York
   3. Preferred Behavioral Health is going to FFS in July 2017.
   4. PBH will go FFS for Supported Employment, Partial care, Out Patient, ICMS,
   5. Don expects to have a stable budget.
   6. Preparation
      a. Weekly productivity reports
      b. Targets to be set based on budgets
      c. Corrective action plans
      d. Keep beds filled, increase average daily census.
   7. Concerns of agency increased revenues, (related to additional productivity) going back to the state, and not going back to the agencies.
   8. Outpatient is a challenge.
   9. Moving away from full-time staff.
   10. A fulltime outpatient clinician needs to have 30+ sessions per week.
   11. No shows must be more promptly discharged.
   12. "Inside out" program evaluations will be conducted.
   13. Work with more private practice model

D. Q & A
   1. Q: No-shows: How agencies remind consumers? (Joe G.)
      a. Cindy (FSA) hires an auto-reminder service 48 hours prior to appointment. Staff does phone calls.
      b. Bob (MHA Essex) – Consumers won't be given as many opportunities to not show up.

   2. Q: Concern that NJAMHAA : concern that:
      a. Agencies will be work at a loss.
      b. Less access to services

      A: Responses:
      a. Cash flow variables (Don H.)

b. DMHAS cash advance policy has been very positive DMHAS has provided agencies with additional resources to ease the FFS transition (Bob D.)

3. Staffing – fringe benefits
    a. Cindy (FSA) has staffed more supervisors for more per-diems.
    b. "Sales plus" compensation allows staff to earn benefits & vacation time.
    c. Bob (MHA Essex): Has all per-diem staff.

4. Concerns that FFS doesn't sound very patient-focused.
    a. Don H: We are more quality focused; there are greater opportunities to focus on quality of care.

5. Community Support Services (CSS) / Supportive Housing (SH) (Robin)
    a. Bob: If CSS goes as advertised, it should work well.
    b. Bob: DMHAS over-estimates the provider community.

6. APNs's are they in collaborative agreement with agencies?
    a. Yes (Cindy)

V. Meeting Adjourned.