

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

Attendees:

Bruce Blumenthal	Christopher Lucca	Connie Greene (P)	Darlema Bey
S. Robin Weiss	Ksenia Lebedeva	Susan Bracco (P)	Joseph Gutstein (P)
Michael Litterer (P)	Phil Lubitz	Rocky Schwartz	Thomas Pyle
Winifred Chain	Harry Coe (P)	Lisa Negron (P)	Damian Petino
Barbara Johnston			

DMHAS, CSOC & DDD Staff:

Geri Dietrich	Irina Stuchinsky	Mark Kruszczyński	Cheri Whitfield (P)
Donna Migliorino			

Guests:

Alric Warren (P)	Julia Barugel	Roderick Bell (P)	William Cole (P)
Louann Lukens	Diane Riley (P)	Rachel Morgan	

I. Administrative

- A. Introduction.
- B. Quorum reached.
- C. Revised minutes accepted from the April 2017 meeting.

II. Announcements

- A. CBS News recently ran a five-part series of news reports, “State of Mental Health in Our Nation” featuring insurance denials & stigma
- B. On 5/18/17 there will be a Hunterdon County Advisory Interest Meeting
- C. NAMI Walk on 5/8/17 in Seaside Park, NJ
- D. Burlington County is starting mandatory 8-hour training on 5/23/17 for law enforcement personnel on the topic of populations with special needs (including SMI).
 1. The training will be 2x/month until December.
 2. Even staff with prior Crisis Intervention Training (CIT) must take part in this training.
 3. Every officer in NJ is required to take the training: about 33,000 officers.
 4. Comment supporting all officers should receive the 40 hour CIT training but there was concern that some personnel might be trained twice.
 5. Attorney General (AG) has a goal of 20% if law enforcement receive CIT training.
 6. There is a Special Needs Registry in Monmouth County, allowing individuals to self-declare issues that might trigger an adverse response from law enforcement (LE): variants are found in other counties.
 7. Concern about retraining LE receiving duplicative training, and suggestion to advocate to the AG to reduce the risk of redundant training.
 - a. T. Pyle volunteered to create a draft document to be signed off by the Planning Council (P. Lubitz)
 8. Comment made regarding the importance of ongoing LE training in behavioral health issues.
 9. Comment made on the issue/importance of how ongoing training can positively impact

cultural change in the LE community.

III. Subcommittee Reports

- A. Request for members with expertise in children's issues to join the subcommittees.
- B. Data and Outcomes
 - 1. Substance abuse white paper on opioid epidemic and wait time for treatment programs.
- C. Advocacy: Housing subcommittee combined with Advocacy subcommittee to work on housing.
 - 1. The goal is to create a housing roadmap document
 - 2. Diane Riley (SHA) - The project would be a 'companion' guide to SHA's existing document, that would specifically focus on housing options for consumers with behavioral health issues. She will be putting together a panel at the upcoming SHA meeting regarding housing vouchers.
- D. Nominations Subcommittee
 - 1. Members: Barb Johnston, Harry Coe, Tom Pyle, Phil Lubitz
 - 2. A conference call will be scheduled for early June.

IV. Budget Briefing, Division of the Children's System of Care (Ruby Goyal-Carkeek, NJ DCF/CSOC)

- A. SFY2018, \$592 M. Children's System of Care is fully developed, and annually serves over 52,000 children, youth and young adults with behavioral health, developmental disabilities and substance use challenges.
 - 1. CSOC is in the process of increasing services for youth, and young adults with substance use challenges. An RFP for additional out of home treatment services for young adults ages 18 through 19 years old with co-occurring behavioral health and substance use diagnoses is currently posted under "Public Notices" on the DCF web page. The Bidders Conference for providers and stakeholders was held on May 8, 2017. The Q&A is posted on the DCF webpage.
 - 2. Reach NJ serves all consumers regardless of age.
 - 3. CSOC has developed a continuum of care for in-home treatment services for children, youth and young adults with intellectual and developmental disabilities.
- B. Comments
 - 1. FEP/CCBHC's single point of entry is important.
 - 2. Children's System of Care (CSOC) serves children, youth and young adults up to age 21.
 - 3. Q: Have there been any changes in funding [from previous year]? A: No cuts.
 - 4. Comment: The continuum of care has been built up.
 - 5. Suggestion for increased expertise at PerformCare on issues related to developmental disabilities.
 - 6. Q: How do you contact PerformCare? A: 877.652.7624
 - 7. Question: Does CSOC have any advice for DMHAS as it moves to Fee-for-Service (FFS)?
 - a. Answer: DMHAS has "got it"; in CSOC the providers thrive in the FFS environment.
 - b. CSOC can see trends with existing data, and it uses that data for capacity-building.
 - 8. Suggestion made about giving DMHAS agencies additional resources to facilitate FFS transition.
 - 9. Q: Has CSOC looked into possible changes with federal funding that could impact CSOC? A: No clear guidance has been given from Washington on this subject yet.

V. Licensed SUD Program in the Department of Corrections (DoC) (Dr. H. Kaldany, NJ DoC)

A. Licensed Substance Use Disorder (SUD) Program

1. Mid State Correctional Facility for Men (Capacity: 656, Occupancy: 382)
 - a. Just rolled out new program within the past two weeks
 - b. 4-5 years in development.
 - c. The new program has been licensed, and all individuals are licensed. 50% of staff are Board-certified, and the remaining 50% must be in training that will lead to Board certification.
 - d. Gateway is the company who won the RFP, and they are doing very well.
2. Edna Mahan Correctional Facility for Women (Program capacity 65, occupancy 60)
3. Medication Assisted Treatment (MAT) is now offered.
 - a. Substance Use Disorder (SUD) training and primary health treatment are now offered more promptly.
 - b. It is expected that inmates will re-take SUD programs multiple times.
 - c. Narcan has been used in DoC for the past 15 years.
 - d. Vivitrol is offered to inmates in need, upon discharge/release.
 - e. There are still many negative outcomes for ex-prisoners (e.g., Suicide, accidental drug overdose).
 - f. Suboxone is available in DoC medical facilities.

B. The Old Program and the New Program

1. There is no longer a “one size fits all” approach; [each treatment is] solely determined by A treatment team which can include physicians.
2. For citizens who complete their SUD program, they qualify for entitlements (e.g. General Assistance (GA), Temporary Assistance for Needy Families (TANF)), however individuals convicted for drug distribution are still not eligible for TANF.
3. Approximately 40% of individuals with SUD at some point will sell drugs to support their addiction.
4. Drug Court has been a boon to NJ in diverting people from prisons, however the remaining population in the prison system is more difficult.
5. DoC census is approximately 20,378 inmates (approximately 648 female, 19,700 male).
6. NJ has decreased its prison population by about 33% since 1999. In NJ DoC population was reduced in large part via reduced incarceration of parole violators.
7. Question about discharges from state prisons and access to medications. Answer: Released people are given two weeks of medication and a prescription.
8. Question about juvenile offenders. Answer: the NJ Juvenile Justice Commission (JJC) handles offenders under the age of 18, and is underage Office supervision, not DOC.
9. All DoC inmates qualify for Medicaid via Presumptive Eligibility (PE), and have access to the Interim Managing Entity (IME).
10. DoC has applied to the federal government to obtain funds for Recovery Coaches to do inreach and follow-up for inmates.
11. NJ Medicaid is working on transition behavioral health services for inmates who qualify.
12. Question: When did crime rates go down in NJ? Answer: From 2007 to 2012.
13. Question: The issue of discharged consumers walking out of prison w/o seasonally/weather appropriate clothes. Answer: DoC does provide all released inmates with weather appropriate clothing, however the majority of inmates either reject it, or dispose of the clothing at their first opportunity.

- VI. Block Grant Quarterly Report** (Donna Migliorino, DMHAS).
- A. Suicide Prevention Indicator will be phased-out in the SFY18-19 Application.
 - B. Supportive Housing (SH)
 - 1. Beds created indicator will remain.
 - 2. CSS (Consumer Support Services) training/technical assistance activity indicator will be phased-out in the SFY18-19 Application
 - C. Multicultural competence training & agency survey: It is unknown if these indicators will persist going forward.
 - D. Children's System Indicators
 - 1. Trauma-focused care: trainings.
 - 2. CSOC will increase the number of children and youth receiving behavioral health home services.
 - E. Questions
 - 1. Q: Are services being cut due to FFS? A: Q1 CY17 just ended, so the billing data needed to answer.
 - 2. The Burlington County MH Administrator reports that Legacy Treatment Services has not reported any major issues since going to FFS.

VII. Meeting Adjourned.

Next Meeting of the Planning Council,
Wednesday, June 14, 2017, 10:00 am
222 South Warren Street, Trenton NJ 08625, Room CR-1000

Planned Subcommittee Meetings:

9:00 Block Grant Subcommittee

12:00 Housing/Data/Advocacy Subcommittee