

**New Jersey Behavioral Health Planning Council
Meeting Minutes,
December 13, 2017 10:00 A.M.**

Attendees:

Jim Romer (Chair)	Rocky Schwartz (Co-Chair (P))	Darlema Bey	S.Robin Weiss (P)	
Ellen Tanner	Phil Lubitz	Connie Greene	Harry Coe (P)	John Calabria
Pamela Taylor	Michele Madiou	Marie Verna	Ksenia Lebedeva	

DMHAS, CSOC & DDD Staff:

Geri Dietrich	Mark Kruszczyński	Donna Migliorino	Yunqing Li
Suzanne Borys	Stuart Waldorf (DCF)		

Guests:

Rachel Morgan (P)	Julia Barugel	Louann Lukens	Nick Loizzi
Jennifer Turi (DoE)			

I. Welcome / Administrative Issues / Correspondence / Announcements

- A. Quorum not reached (only 13 out of 47 members participated, 28% attendance, $\geq 33\%$ needed for quorum)
- B. Minutes from November 8th meeting provisionally approved.
- C. The January 10th meeting of the Planning Council will meet at DMHAS Office, 5 Commerce Way, Hamilton NJ 08611, Suite 100, at 10:00 am.

II. Subcommittee Reports

- A. Substance Abuse (L. Lukens)
 1. Substance Abuse White Paper was previously created by the Subcommittee to look at the waiting time for detoxification (detox) treatment.
 2. On 12/13/17, (prior to today's general meeting of the Council), the subcommittee had a productive conversation on:
 - a. Appropriate language: "substance use disorder" is preferable to "substance abuse".
 - b. SAMHSA's position on: "on demand" detox beds. Detox isn't an EBP.
 - c. Differences between detoxification from: opioids and detox from alcohol/benzodiazepines.
 - d. Availability of detox treatment isn't a matter of "more beds"; it is more of a patient funding issue
 - e. Detox resource expansion
 - i. Need to educate emergency room physicians on adjusting medication protocols to reduce distribution and expansion of opioid addiction.
 - ii. Need to Expand Opioid Overdose Recovery Programs (OORPs).
 - iii. IMD Exclusion will allow Medicaid funds to be used for detox services.
 - iv. Training on medication assisted treatment (MAT) interventions to be expanded.
 - v. Expansion of MAT
 3. Many hospitals do not provide formal detoxification services
 4. Gaps in hospital system with regard to substance use disorder (e.g. a consumer treated in a general hospital for hepatitis-related issues precipitated by needle-sharing was not

- referred for substance use treatment.)
5. All 21 NJ counties have OORP

III. Certificate of Need (CN) Overview (J. Calabria, DoH) [See handouts, “Table 1 Call Notice Need Determination”, and “Appendix C: Psych Bed Batch Proposed Allocation by County”]

- A. CN process began in the 1970s to regulate health care facility and service growth/expansion in New Jersey
- B. 1992 and 1998: Laws passed in NJ to shift focus in health care facility/service growth from considerations of cost containment to considerations of market forces. Services such as ambulatory surgical centers and Imaging facilities were removed from CN oversight.
- C. For specific types of beds, the organization which wishes to develop the bed must determine if the organization can apply for a license. For services which remain under CN review, approval of a license can only be considered if a CN has first been granted.
 1. Issues/Services overseen by CN process includes: nursing homes and assisted living facilities, trauma care, inpatient psychiatric beds, and general hospital closures.
- D. Recent CN Call for inpatient psychiatric beds: need set at 40 adult psychiatric beds per 100,000 adults.
- E. Completeness Questions were asked of each of the 30 applicants which responded to the CN Call, based on a review of the applications and compliance with a guidance document that was published on the DoH website.
- F. CN process allows for when there is a need for beds in one county, the applicant can apply for beds in adjacent counties.
- G. NJ State Health Planning Board (a public meeting)
 1. Has 15 permanent members
 2. Appointed by Governor, with the Commissioner of the Department of Human Services permanently on the Board in an *ex-officio* capacity.
- H. All applicants for new beds in the recent CN Call have two years to get the requested beds up-and-operational.
- I. By NJ statute and regulation all NJ general hospitals must accept all consumers regardless of ability to pay for treatment or payment source.
 1. As a condition of approval, proprietary hospitals must admit for treatment at least 5% Medicaid-eligible consumers. General hospitals already must admit patients regardless of ability to pay or payment source.
 - a. a comment was made that Hospitals work around the “5% Charity Care rule” by only admitting consumers with private insurance, and then once those consumers’ insurances run out, the hospital keeps the consumers in the hospital for additional treatment time.
 2. Comment: within the past ten years, the emphasis has shifted from acute care to early intervention and diversion.
- J. Comment: Concern of too many beds, but not enough resources for underserved populations to access those beds.
- K. Comment: Concern of reciprocity of facilities among adjacent counties.
- L. Comment: Concern of specialized hospitals not required to provide charity care.
- M. Comment: Danger of private companies marketing their behavioral health services to community hospitals. Such hospitals won’t take charity care, they won’t accept Medicaid, but will accept Medicare.
- N. Comment: Need for Psychiatric care and primary care to be provided in same building.
- O. Comment: Movement of DMHAS from DHS to DoH is an opportunity for system improvement.
- P. Legislation sponsored by Sen. Vitale removed co-occurring psychiatric beds from CN process.
- Q. Comment: It is recommended that before the CN process begins, the Department of Health’s Licensing

Office obtains input from stakeholders/the public.

IV. 2017 Synar Report (S. Borys, DMHAS)

- A. Purpose of Synar is to report the sale and distribution of tobacco products to consumers under the age of 18. Synar report is a requirement of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG).
- B. This year the Retailer Violation Rate (RVR) was 13.6%, a decrease from last year's rate of 17.8%.
- C. Citations: 75 violations, 11 fines assessed.
- D. Inspections were conducted from July 14 to September 30, 2017; there were 13 youth inspectors.
- E. Tobacco sale age increased to 21.
- F. There were 9,438 potential sites and 587 were inspected G. The final sample size was 550.
- H. Concern of alternate nicotine delivery methods (i.e., vaping, e-cigs) replacing cigarette/tobacco sales.
- I. A new coverage study is to be undertaken in 2019.

V. Closing Comments

- A. Bill in the NJ Legislature to expand Early Intervention Support Services (EISS) across NJ.
 - 1. Bill was amended to say "any services similar to EISS".
 - 2. EISS is state grant-funded, because it provides services not funded by the state Fee for Service (FFS) initiative.
 - 3. Concerns of the use of the California "Alameda model" (i.e., transferring patients from general hospital EDs to a regional psychiatric emergency service, ostensibly to reduce the length of boarding times for patients awaiting psychiatric care).
- B. Gun Violence: It is recommended that the BHPC wait for the inauguration of the new state governor, and then send him the NJ gun violence report (SAFE NJ Task Force) <http://nj.gov/oag/newsreleases13/NJSAFE-REPORT-04.10.13-WEB.pdf>
 - 1. New York Legislature requiring Mental Health providers to report consumers to state gun ownership registry is under scrutiny, as it may cause more problems than it solves by discouraging consumers from seeking behavioral health services.
 - 2. Potential problem of New Jersey reporting consumers to County Adjustor, even if consumer voluntarily agrees to treatment.
 - 3. Special Needs Registry (Monmouth County) allows individuals and loved ones to notify their local First Responders if they (or their family member) has any physical or behavioral health needs that First Responders should be aware of in a crisis situation.

VI. Announcements

- A. The January 10th meeting of the Planning Council will meet at DMHAS Office, 5 Commerce Way, Hamilton NJ 08611, Suite 100, at 10:00 am.

VII. Meeting Adjourned

- A. Next Meeting of the Planning Council: Wednesday, January 10, 10:00 am, DMHAS Office, 5 Commerce Way, Hamilton NJ 08611, Suite 100
- B. Proposed agenda topics: CHIP program
- C. Planned Subcommittee Meetings (1/10/17):
 - 9:00: TBD
 - 12:00: TBD