New Jersey Behavioral Health Planning Council
Meeting Minutes,
May 11, 2016 10:00 A.M.

Attendees:

Marie Verna	Harry Coe (p)	Phillip Lubitz
Michael Litterer (p)	John Calabria	Ann Dorocki
Christopher Lucca	Bruce Blumenthal (p)	Patricia Matthews
Dan Meara	Pam Nickisher	John Pellicane
Bianca Ramos	Thomas Pyle	Rocky Schwartz (p)
Brenda Sorrentino	Irina Stuchinsky	Barbara Johnston
Joseph Gutstein (p)	Robin Weiss	

DMHAS, CSOC & DDD Staff:

Geri Dietrich	Donna Migliorino	Mark Kruszczynski
Yunqing Li	Ilene Palena	

Guests:

Louann Lukens	Scott Campbell	D. Cushaney
Rachel Morgan	S. Lubitz	Jay B. (CSPNJ)
Herbert Kaldany	Rod Bell (Bridgeway)	Gregory S. (Bridgeway)
Bill Cole		

I. Welcome/Administrative Issues/Announcements

A. Minutes from last meeting (4/13/16) approved with corrections made.

B. Sub-committee sign-up sheets passed around.

II. **PATH Grant Application Submission Update** – Ilene Palena

A. Power Point Presentation [Subsequently emailed to the Planning Council on 5/12/16.]

B. Application currently under review.

C. Discussion about HUD guidance regarding housing of persons with criminal records. Bruce will send guidance to Donna. [Subsequently emailed to the Planning Council on 5/13/16.]

D. Question and Answers
Q- Tom – On the criminal history, are people being excluded because of what is on their record, including arrests or must it be a conviction?
A – Bruce – That's what the guidance is about.
Comment – Herb Kaldany – We would hope it wouldn't.

Q- Marie – PATH application doesn't have to talk about Substance Abuse?
A – Ilene – Primarily Mental Health but can fund some Co-occurring services.

Q – Marie- No target for co-occurring?
A- Ilene – PATH serves individuals with co-occurring mental health and substance use disorders.

Q- Marie – Targets have to stay the same?
A – Ilene – Yes.

Q – Joe – Of those served, how many were literally homeless? Of those, how many were placed in permanent housing?
A – Ilene – Don't have the literally homeless figure in front of me but I can tell you in 2015, out of 2,265 people that were served, 472 were linked to permanent housing, so a little under a quarter were linked to permanent housing and about the same percentage were linked to temporary housing.

Q – John – Can we get county utilization data?
A – Phil – Might want to look at 3rd quarter expenditure report.

Q- Tom – Just to confirm my understanding, the service commitments in 2017 totaled 4827, of which, 2364 were served from funding that as I understand is was $2,125,347. That's about $900 per person served. How do we compare that to the total number of homeless?
A – Ilene – We have the point in time counts that give you a one day picture of number of people to be served and I find that our percentages are pretty close to how we estimate the number of people who are homeless in the county, using our formula. But what percentage, that's a good question, I don't know.

Q- Robin – 400 some odd people who went to permanent housing. Where do the rest go?
A – Ilene – shelter plus care housing, section 8 sometimes, individual landlords if they can afford it, DMHAS vouchers, things like that. DCA housing, 811 housing opens up.
Joe – Some of them are going to set up shelters as well.

Q –Unknown Speaker– How do you verify mental health history?
A – Ilene – Some of it's self-reported some of its observed behavior and cognitive and functional functionality, some of it's having the APN or psychiatrist evaluate, past history if they're known to have received services. Sometimes it's hard but they'll assume eligibility before they will refuse someone.

III. **CSOC Budget Update** – Ruby Goyal-Carkeek

A. Overview on CSO budget.

B. In the 2017 budget, our total budget is about $554 million and it is a combination of federal funding and state funding. What that means in terms of federal funding for us is, Medicaid, Title 19, Title 21 funds and our services are provided through provisions through state plan amendments with Medicaid. Also, we took on some waivers when we took on the integrated population from the transfer of children from DDD and DMHAS around the substance use children. The increase in 2017 was around $25.8 million and it really does cover our trend data.

Q – Barb Johnston – You have presumptive eligibility, and I'm curious, are there other funders, who pay for services?
A– Ruby – State only & Medicaid.

Q – Tom – Total budget for 2017 is about 554 million, 2 parts, federal and state. Federal portion is what?
A – Ruby – Roughly 35-40%.

Q -Tom – All Medicaid?
A - Ruby – All Medicaid.

Q - Tom – How many children are served?
A - Ruby – upwards to over 45,000 a year.

Q – Marie – Any part specifically for emerging adults?
A – Ruby – Not targeted to specific groups.

Q – I'm told you can extend services in some cases. Is there any specific part of the budget for that growing population [i.e., 'aging out']?
A – Ruby – We ran the data on 18-21 population. The number of registrants into our system per year is actually less than 2%. We serve up to 21.

Q – Phil – Any initiatives with DMHAS to transition children from 18 to whenever to transition into the adult system?
A – Ruby – we work with DMHAS on a case by case basis. We need to perhaps develop that a little more.

Q – John – Used to get data from DMHAS regarding inpatient stays, how many kids were using heroin, how many are getting admitted. We can't get that information from CSOC, is there something in the future we can get?
A – Ruby – Absolutely. We're working on it. Next month we're going to present on Substance Abuse, so I'd like to save a lot of that for the presentation.

Q – Phil – There used to be a bunch of contracts that went through DYFS, outpatient, s/a funding, bring our children home, etc. Are those in the CSOC budget or are they somewhere else?
A – Ruby – Any funding that was for Substance Use for under 18 was transitioned to us at CSOC, that included DMHAS and child protection (DYFS). Our budget is inclusive of those numbers.

Q – Tom – When we treat children who have addiction issues and out them through detox and rehabilitation, can we get those kids into the co-occurring rehab places and are any of them funded by CSOC? Is there an age restriction?
A – John – CSOC does have funds at New Hope foundation but it's a metamorphosis, there really isn't that many children that need detox, maybe not enough to sustain a detox. There only place that they are able to detox adolescents that I know of is Lighthouse. Lighthouse just became privatized. So basically New Hope foundation does their best to detox these clients but it's a short term residential facility.

Q – Tom – So the adolescents are 18-21 and not yet emerging?
A – John – No, under 18.

Q - Marie – At what age does it start?
A – John – 14.
A - Ruby – We moved it to New Hope. We didn't find the numbers but at least it's there as a resource because we served 18 children.

Q – Phil – Rates in Children's care?
A – Ruby – We are always looking and examining our rates.

Q – Phil – So with care management, are the rates going up, going down?
A – Ruby – I'm not sure, we are working on rates across the system.

Q – Marie – Adult BG now includes 1st episode psychosis, is there anything in CSOC with psychosis?
A – Donna – We are working jointly on that.

Q – Ellen – What vision do you have for providing more services for the entire family?
A – Ruby – It's a child/family team that works on what each family needs. Engaging families, in-home therapeutic.

IV. **NJ Department of Corrections (DOC) –** Dr. Herbert Kaldany

A. 312 million people in the US, 25 million people estimated to have Substance use addiction, which is 8% of the population. 60 million estimated to have a substance abuse problem, in that they're functioning, unlike an addict. That's 20 % of the population. There's 90 million people whose families are affected by the addict, which is 40% of the population. Add that all up, that's 55%. And that's just on substance use alone. Haven't even included mental health. This affects nearly everybody.

B. Regarding Adult Suicide rates across the country, NJ state rate is below average and so is the DOC rate.

C. The Department of Corrections is beginning a collaborative effort to get inmates access to the IME. The IME is a state wide call in center to set up Medicaid funded substance use disorder treatment in NJ. In DOC the healthcare staff will call the IME on behalf of the offenders – all of whom should qualify under Medicaid. While under the care of DOC, offenders cannot access other Medicaid resources, the state has to pay for it. DOC has agreed to pay for a portion of the IME. Once the IME is in place, the DOC intends to offer medication assisted treatment (most likely the non-opiate based medication Vivitrol) to offenders who might need it at the time of entry.

D. DOC is reopening the Mid State Correction Facility (MSCF). It will be exclusively a substance use treatment prison. The DOC is collaborating with DMHAS to have the substance use disorder program fully licensed to offer service at mid-state. It will be a fully operating prison with services offered only to offenders. Contrary to some rumors, it will not be a detox center. While detox can be performed, most offenders go through detox at the municipal or county jail.

   Q – Phil – Will that change with parole reform?
   A – Herb – With parole reform, some additional people that enter DOC directly off the street may need detox and those cases will be monitored closely. Currently DOC has a detox protocol that we would be available. DOC also has offenders in a halfway house who unfortunately have been seen to come back from work intoxicated. So yes, DOC provides detox however it would take place in the medical infirmary.

E. DOC is expanding the in-reach program, working with former governor McGreevey and NJ Re-entry Corporation. DOC authorizes their staff to enter DOC prisons to interview the offenders so providers can introduce themselves and make stronger connections with offenders. This increases the chances of successful follow up and reentry.

Q – Tom – How many folks are you anticipating to serve in mid-state and what will be the budget?
A – Herb – The cost is already included in the DOC budget. The vendor is yet to be selected. DOC presently has in place a budget of about $5 million but I am not sure what else will be budgeted off the top of my head. There will be 696 male beds. As this comes online, we will have the equivalent program for female offenders at a facility in Clinton. Approximately 66 bed unit in Clinton for the women to also have access to this program.

Q – Tom – How many of these 696 do you suppose will be taken up by inmates already in the system still addicted?
A – Herb – DOC currently has many offenders with addiction. All current offenders in treatment will be transferred to MSCF.

Q – Geri – Mid state, is that Fort Dix?
A – Herb – yes

Q – Tom – question about medication assisted treatment. Which one will be used?
A – Herb – We will be using Vivitrol as opposed to Methadone.

Q – Ellen – Some don't want Vivitrol, what are some incentives we can use?
A – Herb – Enrollment into treatment is given extra credit for time served. Also, DOC utilizes a payment incentive by which offenders are paid to be in treatment. They're paid 7 days a week vs. the usual 5 days. Offenders are also offered extra visits and special meal. To date these incentives have not shown to increase the enrollment into this voluntary program. Medications and support systems need to work hand in hand. There's still a stigma issue.

Q – Pam Nickisher – You spoke about a difference in the number of beds for men vs. women. That's a profound problem. I understand that's not just in corrections, it's in treatment as a whole. There are certain issues that are specific to women and I wonder, there are more women in the system and being arrested than ever before. Are there any initiatives addressing that? Because of the prison culture, etc., if things such as motivational interviewing or other simple kinds of clinical approaches can be employed to use as an aid and incentivizing in another way?

A – Herb – Treatment staff is all trained in motivational interviewing. The reason for the allocation number of beds is because in DOC only a 10^{th} of our state's incarcerated population is female. That figure has been used to match up to what we believe is the need. The social and psychological factors contributing to the differences stem from women being more accepting of services than men. As an example, in the DOC we designate people who are receiving MH services as being on the MH Special Needs Roster. For the men that percent is about 14.1%; for women it is 45%. DOC offers additional services for women at Clinton who

are on the MH Special Needs roster. The hope is that women will be more likely to take substance use treatment as well. We currently have a program at the Clinton prison yet we do not have a waiting list unfortunately. These figures are fluid and the DOC can change what is offered to keep a balance of supply and demand in terms of the number of men and women.

V. Announcements/Closing Comments

A. Scott Campbell – Presented 2 letters from the DMHAS acknowledging his complaint about therapy notes being included in medical records that are shared with insurance companies. Showed a list of providers he has called. The public is promised that records are confidential but when records are requested, they are no longer confidential.

C – Robin – I think he should go through the Advocacy Committee.
C – Phil – I wonder what the response would be if we request insurance companies to get prior authorization to share conversational content. (to Barb) Maybe we can share with Ward and see his take on it?
A – Barb – yes.
C - Phil - And we will refer to Advocacy.

B. C - Tom – Regarding Supported Employment, I'm working with DVR. I've requested information on my son's case. What is going on in DVR? I get a sense that there's no sense of urgency to push and there seems to be a lot of stonewalling. I think this needs to be addressed second to housing.
Q – Phil – You want someone from the division who oversees SE, a SE provider, or do you want DVR? All those are separate.
A – Tom – Department of Labor.
C – Phil – One of our members, Bob Paige, is from DVR, why don't we reach out to Bob and see if he can attend one of our future meetings?
C – Marie – We used to do a survey of consumers and pretty much across the board, DVR just wasn't enough.
C - Robin – It varies by county.

C. Announcement - Phil – September 1 is deadline for reporting, that affects our August meeting, so we'd like to not have an August meeting.
C – Donna –Some of us will be attending a Block Grant conference during the second week of August.

NEXT GENERAL MEETING TO BE HELD

Wednesday June 8, 2016, 10:00 am

First Floor Conference Room (CR 1-100A)

Membership Subcommittee Meeting 9:00 am (CR-1-100A)
Data & Outcomes Subcommittee Meeting 12:00 noon (CR-1-100A)