

New Jersey Mental Health Planning Council (MHPC)
Meeting Minutes

October 12, 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	Winifred Chain	Karen Vogel-Romance
Leah Barhash	Damyanti Aurora	Patricia Dana
Donna Best	Tracy Maksel (phone)	Angela Romano-Lucky
Marilyn Goldstein (phone)	Karen Carroll	Barbara Johnston
Marie Verna	Harry Coe	Phil Lubitz
Maryanne Evanko	Robin Weiss	Michael Ippoliti
Jim Romer	Shauna Moses	Ana Guerra (phone)
Angel Gambone (phone)	Chris Luca	

DMHAS, DCBHS & DDD Staff:

Paula Hayes	Vicki Fresolone	Raquel Mazon- Jeffers
Geri Dietrich	John Whitenack	Robin Nighland
Patricia Bernabe		

Guests:

Rachel Morgan (phone)	Louann Lukens
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- I. Administrative Issues/Correspondence/Review of Previous Minutes and Subcommittee Minutes
The Council reviewed and approved the Meeting Minutes from the September 14, 2011 Planning Council meeting.
- II. Announcements
 - a. Jack Bucher passed out a flyer related to the Real Economic Impact Tour—a national movement of the National Disabilities Institute. He also distributed a presidential proclamation regarding National Disability Employment Awareness Month.
 - b. Harry Coe provided information related to an upcoming Monarch Housing event.
- III. Update regarding the merger between DAS and DMHS – Vicki Fresolone and Marie Verna
 - a. Information regarding the consumer, family and provider forums results have been posted on the website.

- b. Consumer needs were identified from the merger forums. The forum report will be the basis for future planning. It is a valuable document that should be used in the development of the ASO and the MBHO.
- c. The first DAS unit has moved to 50 E. State Street.
- d. Technical assistance with SAMHSA at state psychiatric hospitals was a very successful 2 day meeting.
- e. The two forums in Newark and Piscataway provided good, usable feedback for the merger.
- f. The provider and consumer surveys were in sync.
- g. Jim Romer offered an example of a positive experience related to the merger. He stated Vicki Fresolone recently attended a Systems Review Committee meeting. Because of her helpful input regarding an individual who was a long time substance abuser and had a mental illness, a creative solution was found and a life may have been saved.

IV. Hagedorn Closure-John Whitenack, Assistant Director, Office of State Hospital Management

- a. John Whitenack presented the information that was contained on the power point slides. (see attached)
- b. There are 206 patients at Hagedorn presently.
- c. Transfers will start in January but there may be some earlier as individuals are transferred to a new unit.
- d. Individuals will receive a clinical assessment and a length of stay (LOS) assessment.
- e. Our first goal is to give consumers the opportunity to achieve the best clinical outcomes. For some that is discharge and for others it is being transferred to an appropriate clinical setting.
- f. Families are involved in transfer and discharge decisions.
- g. Greystone will get the bulk of the transfers.
- h. Up to 100 patients may be transferred.
- i. Assessments will be done in January and again in April.
- j. Question: Marie Verna had a question regarding the type of assessments used. She was also interested in seeing the assessments. She trains direct care staff; what does work force need? Also since the timing of discharge is important, does John think the date for closure may change? Answer: John Whitenack responded that he does not see the date changing. The Quarterly assessments will inform the discharge plan. Raquel Jeffers asked if the question was—as we identify needs as we conduct the assessment, how do we communicate that with our training contracts? Marie responded that was part of the question.
- k. Question: Barbara Johnston asked if all the units at Greystone were discrete geriatric units. Answer: John Whitenack responded that there were two discrete geriatric like units. There is a medical unit and a dementia unit.
- l. Question: Barbara Johnston asked if we are doing assessment on how we are doing with transfers and closing? Is there a team to do an assessment?

Are they following patients? John Whitenack responded that we do have outside people who look at the hospitals closely and also people from central office looking and overseeing.

- m. Question: Phil Lubitz asked if there were predetermined criteria to be evaluated? Could that be shared with the Planning Council? John Whitenack responded that he doesn't have a standard pre-existing form or formal checklist. Marie Verna added, for example, does a person feel safe? Absolutely, John Whitenack responded, but reiterated that he has no formal check list at the moment.
- n. Question: Jack Bucher asked if staff were following individuals to hospitals to facilitate transfer? Will staff be moved? John Whitenack responded that they hope to avoid lay offs and to be able to transfer staff. There are staff who may want to go to Greystone or to Hunterdon Developmental Center.
- o. Question: Leah Barhash asked if there was an ombudsman for patients without families? The ombudsman could facilitate transfer or discharge. John Whitenack thought that sounded like a good idea. Ombudsmen come in now for geriatric consumers.
- p. Question: Maryanne Evanko asked if there was anyone under 21 at Hagedorn? John Whitenack would need to check.
- q. Question: Harry Coe asked if the PSCU could help out with evaluating? John Whitenack responded that was a possibility. PSCU will be involved as part of their regular role.
- r. Question: Jim Romer mentioned concern among stakeholders regarding the vulnerability of elderly individuals with mental illness. Will they be safe? Putting the elderly in a STCF is problematic. There is a lack of geriatric expertise. Is there any consideration of piloting a geriatric STCF? In response, John Whitenack stated we wanted to expand geriatric services in the community and mentioned the recent RFP to expand geriatric services.

- V. Information Regarding the Medicaid Comprehensive Waiver -Raquel Mazon-Jeffers, Deputy Director, Division of Mental Health and Addiction Services
 - a. Raquel presented the information that was contained on the power point slides (attached).
 - b. A seismic shift in how we manage our system of care is about to occur.
 - c. The Waiver is the road map for the future for NJ Medicaid.
 - d. Currently there are 1 million Medicaid recipients in New Jersey.
 - e. The 4 Quadrant Model will be utilized.
 - f. All services will be under an ASO (no risk) and MBHO (partial to full risk).
 - g. State will develop a per member per month rate.
 - h. Two thirds of the high cost beneficiaries have mental illness.
 - i. Question: Barbara Johnston asked what percentage of Medicaid recipients are high users? Raquel Jeffers responded that she wasn't sure—maybe 5 to 10 %. We can follow up with Medicaid on that.

- j. Question: Maryanne Evanko asked what will the client experience Raquel Jeffers responded “more uniform access, easier access, and additional care management services to help navigate.
- k. Question: Will HMO still be paying the bill? The existing four HMOs will provide basic behavioral health care. They will refer their cost drivers to MBHO. They will develop IT infrastructure with MBHO.
- l. We are beginning to write the RFP for the ASO and MBHO.
- m. Still sorting out details relating to kids with substance abuse issues.
- n. Dual diagnosis population will be served through MBHO. It will be determining their clinical needs.
- o. State will set benchmarks and performance measures.
- p. Phil Lubitz asked how will we know we are ready to go live? Raquel indicated there will be a 6 month readiness review.

Meeting was adjourned at noon.

Next Meeting:

MHPC General Meeting: 11/9/11, **10:00am-12:00** noon, Room 336