

**New Jersey Behavioral Health Planning Council  
Meeting Minutes,  
June 8, 2016 10:00 A.M.**

**Attendees:**

Winifred Chain	Harry Coe	Phillip Lubitz
John Calabria	Connie Greene	Damian Petino
Christopher Lucca	Pam Nickisher	Ann Dorocki
Bianca Ramos	Alice Garcia	Thomas Pyle
Rocky Schwartz	Brenda Sorrentino (p)	Pamela Taylor
Joe Gutstein (p)	Dan Meara (p)	

**DMHAS, CSOC & DDD Staff:**

Geri Dietrich	Jan Rudder	Suzanne Borys
Yunqing Li	Donna Migliorino	Irina Stuchinsky (p)
Mark Kruszczyński		

**Guests:**

Rachel Morgan	Louann Lukens	Alan Vietze
Scott Campbell	S. Lubitz	Cheri Thompson
Darlema Bey	Judy Banes	Bill Cole
Alric Warren	Greg Jackson	Daryl Walker

- I. **Welcome/Administrative Issues/Announcements**
  - A. Minutes from last meeting (5/11/16) approved with corrections made.
  
- II. **State Partners Involvement** – Phil Lubitz
  - A. Phil – Discussion about making better use of our state partners.
  
- III. **Subcommittee Reports** – Chairs of Subcommittees
  - A. Chris Lucca gave overview on work so far with Data & Outcomes.  
John Calabria spoke about his role with the Dept. of Health.
    1. Alice Garcia spoke about the Juvenile Justice Commission.
      - a. Donna – Monthly alternating presentations by all state representatives and providers on the Planning Council (as they were conducted in the past) may be helpful. It would be an opportunity to share what is going on in each agency, as well as a way to share best and promising practices.
      - b. Connie – Agreed with Donna.
      - c. Damian – Suggests rotation, spoke about DOE.

d. Joe – Add a continuing action agenda.

e. Phil – I think that's a good idea.

f. Mark – Starting later this summer we will co-ordinate with state employees.

g. Phil – Let's start with Bruce Blumenthal.

h. Comment – Additional participation from representatives of, and consumers/families served by DCF, DCSOC would be beneficial.

i. Comment – Marie – Olmstead Committee is a good place, primarily housing.

B. Donna gave update on Olmstead Committee – DMHAS has met most terms of the agreement and is in discussions now. The Home to Recovery Plan- version 2 is currently in development.

C. Louan Lukens gave update on Advocacy Committee, they've been looking at gaps in service, housing seems to be an issue for everyone.

**IV. Transition of Adolescent Substance Use Services to the Children's System of Care – Alan Vietze**

A. Brochures handed out, Alan spoke about CSOC.

B. Concerns about not using all our resources.

C. Goal is to make it a seamless process.

D. Perform care allows electronic access.

E. Youth and families may not only access services through Performcare, but they can go directly to the program at which time the agency will take them through the process and the youth may be admitted to the program on the spot if that is desirable.

F. Maintain use of 42CFR part 2, somewhat of a barrier.

G. Co-Occurring Residential programs, 228 beds.

H. Clinical services.

I. Converted all out of home residential/in-patient programs to co-occurring.

1. Comment – Connie – Is there any stipulation or mandatory work required of the family before a child can return home?

2. Answer – Alan – Agency does an evaluation.

- J. Geri – RFP (Request for Proposal), part of the process, we ask prospective agencies to describe their family engagement processes, not just family engagement but how to sustain family engagement.
- K. Alan – SAMHSA grant awarded last autumn to address the use of seclusion and restraints in all of our outcome programs. We’re looking long term to eliminate the seclusion and restraint.
- L. Alan – Trauma based approach seems to have better outcomes.
- M. Rocky – spoke about lack of services in central & western parts of the state.

**V. Fee For Service (FFS) – Renee Burawski**

- A. Currently 7 work groups tasked with transitioning MH contracts into FFS contracts. Those work groups include: Core Policy Workgroup, IT, Provider Network, Quality Assurance, Medicaid, Stakeholder Communication, and Fiscal & Contracting. There are over 30 staff from the Division working on the transition. There are Medicaid folks also working with us.
- B. We’ve created a repository of information about the transition to FFS, that we will send to the Planning Council members. Any information that has been shared with providers is centralized in this one place on our website.
  - 1. The timeline for the transition has been revised slightly. There have been some changes. The timeline is available on the website. The one significant event that occurred on May 13<sup>th</sup> was that the acting commissioner announced that mental health providers will have the option of transitioning to FFS either Jan 1, 2017 or July 1, 2017.
  - 2. Addictions providers are transitioning this July so the Medicaid rates increases are effective July 1. The True Up also happens July 1 for the addictions providers.
  - 3. On May 24, Addictions services became managed. So the IME (Interim Management Entity) is providing prior authorization for addictions services.
- C. Question – Chris – Interim implies that it will end, correct? Will that evolve into something else?
  - 1. Answer – Phil – the state is going to submit a renewal of their 1115 Medicaid waiver. In that renewal, they are saying that they will go to managed care within 5 years.
  - 2. Comment - Irina – The waiver will go public in 30 days. The public will be able to comment, we will send he link when published.

- D. Renee – Shows list of services & Q&A on website.
- E. IT staff are working on an application for providers to use when accessing state dollar reimbursement for services that are moving to FFS Jan 1. The concept is that it's a simple web-based application for providers to use.
  - 1. Comment – Judy – Providers are frantic about the changes that FFS will bring. Some people won't be eligible anymore.
  - 2. Renee- We had listening sessions for providers to solicit feedback to inform internal planning processes Concerns were expressed about outpatient rates, specifically medication monitoring and psychiatric evaluations. DMHAS have encourage providers to share their fiscal projections with DMHAS fiscal staff, so that data can be reviewed for potential action. We met with PACT directors and gathered some useful information. Ongoing meetings with various stakeholders continue and will continue. We're having one more listening session, Monday, June 20th at Monmouth County Library for consumers and family members.
  - 3. Comment – Tom – We need to advocate for better rates.

**VI. Announcements/Closing Comments**

- A. Suzanne – just submitted 2 federal grants. One working with State police, real time data. The second, using Prescription Monitoring Program (PMP) data, will focus on substance use/abuse among young athletes.
- B. Scott Campbell – spoke about release of therapy notes.
- C. Phil – That's been referred to advocacy, we will wait for action from them.

**NEXT GENERAL MEETING TO BE HELD**  
**Wednesday July 13, 2016, 10:00 am**  
First Floor Conference Room (CR 1-100A)