

New Jersey Behavioral Health Planning Council Meeting Minutes,

July 11, 2018 10:00 A.M.

Attendees:

Jim Romer (Chair)	Phil Lubitz	Darlema Bey
Winifred Chain	Mary Abrams	Joe Gutstein (p)
Christopher Lucca	Michael Ippolitti	Ellen Taner (p)
Barbara Johnston	Damian Petino	Tracy Maskel
Harry Coe	Cheri Thompson	Pam Taylor
Susan Brocco (p)	Nick Loizzi	

DMHAS, CSOC & DDD Staff:

Suzanne Borys Mark Kruszczyński Geri Dietrich

Guests:

Yannai Kranzler Rachel Morgan Alex Smuklavsky Luann Lukens
Erica Westman Herbert Kaldany

(p) Indicates participation via conference call.

I. Welcome / Administrative Issues / Correspondence / Announcements

- A. Quorum reached (17 out of 45 members participated, 38% attendance, $\leq 33\%$ needed for quorum).
- B. The August 8th meeting of the Planning Council will meet at DMHAS Office, 5 Commerce Way, Hamilton NJ 08611, Suite 100, at 10:00 am. Going forward, all subsequent meetings will be held at this location unless otherwise indicated.
- D. Information on the meeting sign-in sheet for General Meeting will be shared with SAMHSA as a part of the 2019 Community Mental Health Block Grant “Mini Application” and will be a public document.
- C. Minutes from June 11th meeting approved, with minor edits.
- D. On 7/21/18 the Department of Health and Department of Human Services announced that DMHAS will be moving back to the NJ Department of Human Services (with the exception of the state hospital operations and Licensing) in approximately 60 days from that date.
 1. Services to consumers will not be disrupted.
 2. The administrative location of the DMHAS Office of Olmstead, Planning, Compliance and Evaluation has yet to be determined.
 3. No known physical relocations of DMHAS staff have been announced.

II. DMHAS Fiscal Overview (Morris Friedman, CFO, DMHAS)

- A. Governor Murphy appropriated \$27 million in FY18 for new opioid initiatives; any funds unspent are expected to carry forward into SFY19, subject to approval by the Office of Management and Budget.
- B. New \$100M for SFY19 to address opioid epidemic will be distributed across multiple state departments and divisions, including DMHAS.
- C. For SFY19, DMHAS will take a reduction of \$20M in the Mental Health Community Care account due to a reduction in anticipated divisional spending compared to FY18 appropriated levels;

however, even with this reduction, federal and State Medicaid dollars are expected to compensate for this reduction. Service availability is not expected to be adversely impacted.

- D. Community Support Services (CSS) is not going to Fee-For-Service (FFS) yet; it will remain as a deficit-based reimbursable contract for SFY19. The Division fully expects to transition CSS to Fee for Service reimbursement beginning July 1, 2019, i.e., SFY20.
- E. Comment: Ongoing concerns expressed by some providers about adequate funding.
 - 1. Response: DMHAS is collecting survey data from providers on CSS and other services on experiences related to FFS transition. Surveys take a fresh look at underlying costs to deliver services and policy – and fiscal - decisions will be required to implement any possible changes to rates and allowable billable activities.
- F. Comment: Concern about giving family stakeholders additional input on appropriations.
 - 1. Response: Assistant Commissioner Mielke and her staff are open/receptive to receiving feedback on appropriations.
- G. Comment: DoH has ended the stakeholder forums on the Budget.
 - 1. Motion Proposed: **For the Planning Council to recommend that Department of Health reinstate stakeholder/family forums on the DMHAS Budget.**
 - a. **Motion carried**/approved by unanimous vote 17-0.

III. Department of Corrections, Mid-State Correction Facility: Substance Abuse Treatment Programming (Dr. Herb Kaldany, NJ DoC)

- A. All 13 state prisons have substance abuse treatment programs.
 - 1. About 25% of prison population has co-occurring SMI/SUD
- B. Mid-State Correctional Facility (males)
 - 1. Total number of graduates since opening: 292
 - a. Transferred back to general population: 174
 - b. Left prison on parole: 29
 - c. Maxed-out: 76
 - d. Left on ISP: 7
 - e. Left with ICE detainees: 3
 - f. Released from court: 1
 - g. Released to halfway houses: 2
 - 2. Total number who left the prison system: 105
 - 3. Number who have returned to prison who left: 8
 - 4. Number of clients who returned to the program since receiving a completion: 0
 - 5. Only five people were charged with institutional violations after returning to general population.
- C. Edna Mahan Correctional Facility
 - 1. Total number of graduates since opening: 29
 - 2. Number of clients who have returned to prison who left the program: 0
 - 3. Number of clients who have returned to the program since completing it: 0
- D. Admission to Mid-State Correctional Facility (Substance Abuse Treatment Program) is based on ASAM criteria/clinical need, and client must be medium (security) risk.
- E. Inmates are paid \$4.00 a day to be in the program.
- F. Program is not time-delimited; but average length of stay is approximately six months.
- I. All types of medically assisted treatment intervention (MATI) are offered.
- J. Re-entry: One individual serves dual role of peer specialist and peer navigator; 15 have been hired so far (out of potentially 30).
- K. Program contains harm-reduction programming and a trauma-sensitive approach.
- L. Question and Answer
 - 1. Q: How is the family linked in? A: Family co-therapy is advocated. Since 2006 the

- “engaging family” program is offered in all 13 NJ state prisons.
2. Q: Any effort to replicate the Mid-State Correctional Facility program at the County jails?
A: County jails are not part of the NJ DoC. State Opioid Addictions Response (SOAR) funding is targeted for County jails.

IV. State Health Improvement Plan (Healthy People 2020 Plan) (Yannai Kranzler, DoH)

- A. Behavioral Health Action Plan
- B. Challenges: Integrated treatment of urban and rural populations; incarcerated persons, emerging adults, neonatal abstinence from drugs and alcohol.
- C. Forthcoming report will enumerate active system partners.
- D. Workforce development
 1. Incentivize health care practitioners to stay in NJ.
 2. Cultural competency, improve the lack of bicultural services
 - a. NJAMHAA recently applied for a new cultural competency training grant for NJ/NY/PR/USVI . that would have a bilingual/bicultural program director and which partners with New Jersey’s two cultural competence centers, as well as with providers in PR and the USVI, among others
- E. Questions of efficacy of services.
- F. State Health Improvement Plan (SHIP) is still in the process of getting feedback from focus groups.
- G. Comment: Measuring fidelity of treatment modalities and Evidence Based Practices (EBTs).
- H. Updated SHIP PowerPoint will be released to/shared with the BHPC once it is approved.

V. Subcommittee Reports (J. Romer, Chair)

- A. Advocacy/Data/Housing (C. Lucca)
 1. Review of director of websites containing NJ housing information.
 2. Request to have housing information placed on DoH (DHS?) website.
 3. Idea of having Advocacy Subcommittee investigate resources for aging caregivers (of those with SUD/SMI)
- B. Membership Subcommittee (J. Romer, M. Ippolitti)
 1. Membership packets of three applicants reviewed at subcommittee meeting on 07/11/18.
 - a. Three packets were reviewed. Two packets were nominated by the subcommittee and forwarded to the relevant DMHAS Executive Staff for final approval.
 - b. Reminder that federal law and Block Grant award requirements stipulate that majority of Planning Council must be consumers and family members of those with (or recovering from or impacted by SUD/SMI/SED).

VI. Comments

- A. Request from Planning Council to have DMHAS Executive Staff update the Planning Council on SAMHSA site review (March 2016).

VII. Meeting Adjourned & Announcements

- A. Next Meeting of the Planning Council: Wednesday, July 11, 10:00 am, DMHAS Office, 5 Commerce Way, Hamilton NJ 08611, Suite 100

B. Planned Subcommittee Meetings (8/8/18):

9:00: TBA

12:00: TBA

C. Application for new MATI grant submitted.

D. Upcoming SOAR grant.

E. Six Certified Community Behavioral Health Clinics (CCBHCs) applied for expansion grants.