



COUNTY OF HUNTERDON NEW JERSEY

HUMAN SERVICES ADVISORY COUNCIL LOCAL ADVISORY COMMITTEE ON ALCOHOLISM & DRUG ABUSE YOUTH SERVICES COMMISSION MENTAL HEALTH BOARD



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REFERENCE:

- Council
- Mental Health
- Youth
- Disability Services
- Substance Abuse
- Transportation

Approved October 19, 2016

PROFESSIONAL ADVISORY COMMITTEE ON ALCOHOLISM AND DRUG ABUSE

Regular Meeting

Wednesday, August 17, 2016, 1:00 p.m.

Hunterdon County Department of Human Services
Conference Room
8 Gauntt Place
Flemington, New Jersey 08822

<u>MEMBERS PRESENT</u>	<u>STAFF</u>	<u>GUESTS</u>
H. McIntosh	D. Paulmeno	M. McCann
G. Duncan		
R. Marks		
D. Roden		
G. King		
P. Ward		
*S. Carew		

*Designee

I. CONVENE: OPEN PUBLIC MEETING STATEMENT:

“This meeting is being held in accordance with the provisions of the Open Public Meetings Act, N.J.S.A. 10:4-6 – 10:4-21. Notice of this meeting has been provided in the Hunterdon County Democrat, the Courier News, and the Hunterdon Review. A public notice announcing this meeting has also been placed in the lobbies of the Hunterdon County Department of Human Services, the first floor of the Main Street County Complex, 71 Main Street Building #1, Flemington, NJ; the first floor of the Route 12 County Complex, Building #1, 314 State Route 12, Flemington, NJ and County Clerk’s Office.”

Chairperson R. Marks opened the regular meeting of PACADA with a quorum present.

II. MINUTES: A motion was made and carried approving the Minutes as presented for April 20, 2016.

III. REPORTS:

A. County Update:

Needs Assessment Survey – D. Paulmeno stated that the subcommittee for the County-Wide Needs Assessment met last Thursday and members were asked to submit questions for possible inclusion in the survey. It is anticipated that the questionnaire will be made available before the end of the year.

The point of contact at Human Services for the Needs Assessment is D. Childers. D. Paulmeno provided a handout of possible questions to be included in the substance abuse portion of the Needs Assessment survey. She asked the Committee members for feedback on the questions. Discussion ensued.

D. Paulmeno stated that the Needs Assessment questions will branch out; meaning that certain answers to questions will direct the participant accordingly through the completion of the survey. The format of the Needs Assessment has not yet been determined. Individuals without internet access will receive a hard copy questionnaire. The County may also use Survey Monkey. A QR code may be included on a paper copy so that the survey can be scanned and accessed with a phone. There will be a lot of publicity about the survey. There may also be incentives to participate.

D. Paulmeno will convey all suggestions regarding the Needs Assessment to D. Childers.

Ambulatory Detox - D. Paulmeno and her colleague from Warren County attended a meeting in July regarding ambulatory detox. In preparation for the meeting, she had sent an email to PACADA members asking their opinions on ambulatory detox. Staff from the Hackettstown Medical Center hosted the meeting as an information session. They are part of the Atlantic Health system with hospitals in Union, Sussex and Warren Counties.

As consideration is given to this ambulatory detox program, Hackettstown Medical Center staff questioned where people would go, as no one hospital in that network is convenient for the interested counties. Establishing the program in a hospital eliminates the obstacle of locating a doctor willing to participate in the program.

D. Roden from the New Hope Foundation communicated that programs like this already exist. However, there are obstacles to running a licensed ambulatory detox program such as the need for nurses and staffing, etc. It may be more fiscally sound to co-locate this service in a doctor's office with an outpatient program. Insurance can be challenging to operate within the financial regulations. Another challenge is getting the clients to come in for counseling services.

D. Roden also shared information about federal relief funding that was made available to counties after Hurricane Sandy. The programs were filled but now there are many empty beds. However, that is not the case for the New Hope Foundation since they contract with so many counties. There was dialogue regarding New Hope's programs and the federal funding available.

S. Carew advised that Daytop is not a detox program but does administer suboxone. They have a primary care physician and do all the scheduling. They accept Medicaid and private pay insurance. She will have S. Mirchandani or P. Waller email the specifics to D. Paulmeno.

Another fact-finding meeting with staff from Hackettstown Medical Center is anticipated. The information may help determine if the proposed ambulatory detox is a program that Hunterdon County

would be able to utilize. D. Paulmeno reminded members that this is all very preliminary. Hunterdon's funds have been allocated to contracted agencies. Because Hunterdon does not have a detox or short-term residential program, the DMHAS encouraged the County to consider investigating ambulatory detox services. D. Paulmeno will keep the group apprised as more information becomes available.

Warren, Hunterdon and Sussex Counties are sponsoring a seminar to discuss "Treatment and Recovery Resources for Opioid Addiction". D. Paulmeno distributed a save-the-date handout and will forward additional registration information when it becomes available.

An informative brochure generated by the DMHAS was distributed on the topic of "Summer Heat and Sun Risks When Taking Psychiatric Medications".

Christine Hammerstone was announced as the new Human Services Administrator. She will be accompanying D. Paulmeno on site visits to agencies receiving Chapter 51 funding.

D. Paulmeno also advised that there is a new Social Services Division Manager. She will email the group her contact information.

B. Municipal Alliance Update:

The 2017 Municipal Alliance grant was approved at the GCADA Council meeting on May 18, 2016. The funding amounts for all the prevention programming remained the same, as well as the total amount received by Hunterdon County. G. Duncan inquired about GCADA staff. Celina Levy is the Acting Executive Director for GCADA, Rebecca Alfaro is the Deputy Director, Kevin Sullivan is the Director of Programs and Planning, and Kimberly Rodriguez and Sean Campbell are the State Alliance Coordinators. GCADA currently does not have a fiscal manager.

C. State Update:

Medicaid rates changed as of July 1, 2016. DMHAS updates its website every time there is a rate change.

G. Duncan stated that the substance abuse providers/agencies have not experienced much difficulty with the rate changes and the conversion to fee-for-service. D. Paulmeno indicated that next year, mental health providers/agencies will convert to fee-for-service with anticipated negative impacts. G. Duncan explained that the block grants that providers/agencies are currently receiving will no longer be available when the fee-for-service system is implemented. Substance abuse providers/agencies are receiving significant increases but mental health providers/agencies will see the opposite, a significant decrease. Many of the mental health providers/agencies are strongly considering closing. Hospitals will no longer be able to recoup significant dollars from the discontinued grant funds with the implementation of fee-for-service. Additionally, Medicaid has lowered the reimbursement rates. Discussion continued on the negative impacts on mental health services related to fee-for-service, such as the Medicaid income eligibility amounts, suboxone treatment and the rule that patients cannot be enrolled in two programs consecutively. G. Duncan stated that Hunterdon Drug Awareness Program just became a presumptive eligibility provider.

Medicaid, a federally funded pass-through program works favorably for the State. However, many Medicaid clients who secure employment (generally offered only part-time work, 32 hours per week) now have an earned income that puts them above the poverty level and thus, no longer eligible for Medicaid. This has a negative impact on the outpatient clients discharged from their treatment services. They need continued medication but will not be able to afford it without Medicaid benefits. Recipients are not notified by Medicaid but by the pharmacy that advises them that they are no longer receiving

these benefits.

There was discussion on the process of prior authorizations since July 11, 2016. G. Duncan provided an example that, if his staff sets up an IOP authorization, they are told that it would be good for four months (60 sessions, 56 minimum). In actuality, the authorization would only be good for 24 sessions (2 months). After two months, his staff would have to call again to get two additional, one-month authorizations, like a managed care.

Further discussion involved the DAS system as opposed to Medicaid billing. For example, services are provided for the period August 5th through September 5th. It is now September 6th and billing must be done but the actual date of service has passed. If the billing time expires, providers can no longer bill for that past service. Providers are now faced with trying to get a new authorization for that service along with having it backdated.

D. Paulmeno stated that the IME (Interim Managing Entity) is required to respond to the provider within an hour to assign a pre-authorization number. However, a preauthorization number is not a guarantee in the event that all of the DUII funds have been utilized for the month. Previously, there was an automatic step-down guarantee for continuum of care with a prior authorization.

The IRDC program was briefly discussed in terms of challenges to get scheduled. The last 12-hour class only had four (4) participants. The more populous counties may have difficulty with scheduling the 48-hour class, such as Middlesex County, which has about 80 participants per month.

D. Paulmeno conveyed a reminder from the State that active client information be up-to-date in the NJSAMS; incorrect information can delay authorizations.

R. Marks provided handouts on the NJ Recovery Walk Rally to be held on September 17, 2016 at Middlesex County Fair Grounds. Booths are available at this event for \$500. R. Marks offered smaller agencies and nonprofits the opportunity to share the Princeton House booth. M. McCann from High Focus also offered to share their booth.

It was noted that at least three recovery walks (Middlesex County, Philadelphia and Carrier Clinic) are all scheduled for September 17, 2016.

V. NEW BUSINESS:

A. PACADA Reorganization:

Nominations were made for Helen McIntosh as the Chairperson and Jim Monaghan as the Co-Chairperson. A motion was made, seconded and carried to elect Helen McIntosh as the Chairperson and Jim Monaghan as the Co-Chairperson.

B. Agency Reports:

Hunterdon Prevention Resources – P. Ward reported that the family programs will start again in September and October. There are two upcoming fundraiser events, the annual fashion show and a farm-to-table dinner. P. Ward will email D. Paulmeno when the dates become available for appropriate distribution.

Princeton House – R. Marks reported that Princeton University Medical Center will complete its merger with Penn Medicine by the holidays next year.

She explained that Princeton House offers both adult and young adult detox as well as an extended,

14-day detox for insurance-only individuals (Medicaid does not pay for this program). It also provides services for the medically compromised that other facilities are not equipped to handle, such as HepC, stage IV cirrhosis and diabetes.

High Focus Center – M. McCann stated that the agency provides service to adults and adolescents with co-occurring mental health and substance abuse issues. She shared feedback from discharged patients which revealed that they did not feel there was much of a continuum of care or support group. As a result, High Focus organized a support group for these individuals that meets on Tuesdays (5:30 to 6:30 p.m.) and is overseen by licensed clinicians. The support group is not covered by Medicaid or Medicare. It is either self-pay or can be submitted for payment to insurance if the patient is not attending another treatment center on the same day. High Focus is considering ambulatory detox.

High Focus bought into a software program that provides a free app, called “Sober Grid” (that works similar to Facebook) that clients can download prior to their discharge. Clients can remain anonymous or post their picture and profile. The app provides an opportunity for inspirational postings, updates on upcoming local events, rallies, and encouragement to attend NA/AA meetings. The app is monitored for posting content and appropriateness as well as identifying individuals who may be struggling in some way and need services. Anyone can sign up on “Sober Grid” but there is an internal portion of the app that only High Focus clients can access. Additionally, there is something called the “Trigger App” that actually monitors more personal information. It can even monitor a client’s physical location and whether it might be near a “trigger” area. They do not subscribe to this app because there is a cost associated with it.

Daytop – S. Carew provided the update. Daytop provides intensive outpatient and outpatient services for adults and young adults. At this time, they do not have IOP groups for either population. They do have a full IOP for adolescents. They are dual licensed for both mental health and substance abuse services.

New Hope Foundation – New Hope receives Chapter 51 funds for detox and short-term residential services. It operates its main facility in Marlboro. It has 18 detox beds, 80 adult beds and 42 adolescent beds. Four of the adolescent detox beds are paid for by the Children’s System of Care.

New Hope operates several half-way houses utilizing fee-for-service. Mattie House and Philip House are halfway houses for men. The Epiphany House has two locations, one for adult females only; the other for adult pregnant females or those with dependent children up to 12 years of age.

D. Roden advised that New Hope’s adolescent unit was recently approved to do IIC (Intensive In-Community) work, which is part of the Children’s System of Care. He will send out notification when this system is up and running. New Hope accepts children state-wide. The New Hope Foundation operates outpatient therapy programs called “Open Door”. They are located in Freehold, Long Branch and New Brunswick.

Freedom House – G. King reported Freedom House is an approved Medicaid and SAI provider and is increasing beds from 41 to 44. He stated the transition to fee-for-service was not too difficult. The Clinton outpatient facility is doing well. Freedom House is considering applying for DUII funding.

A recovery walk is scheduled for September 10th in Morristown; G. King will forward the

information to D. Paulmeno to send out to the group. Freedom House also operates the Family Afterward recovery program for women and children located in Trenton.

Freedom House will host a Distinguished Citizens Award Banquet on October 19, 2016.

Anderson House – H. McIntosh reported that Anderson House has 14 beds, which are full most of the time. Anderson House continues to apply for grants to help with work that needs to be completed on their buildings. It was noted that Anderson House and its programs remain a non-profit agency.

The golf outing fundraiser went well. There are no other fundraisers planned until April.

Turning Point – H. McIntosh shared that the detox program is being revamped by John Clancy's organization CEC (Community Education Center), which originated as a nationwide network of halfway houses for individuals released from prison.

Hunterdon Drug Awareness – G. Duncan reported that most of the agency's fundraisers are over; a Tricky Tray Basket Bingo is scheduled for November. This agency provides outpatient and intensive outpatient services. They have an APN and clinicians that are co-licensed so that they can also provide mental health services.

Hunterdon Drug Awareness received a small grant to provide case management services for a new program that started this year. The new program is a mental health/jail diversion program designed to receive inmates from the Somerset County Jail and place them into services. To date, the program has received about 20 individuals and anticipates a total of approximately 39 throughout the year.

There being no further business, the meeting was adjourned at 1:47 p.m. The next meeting of PACADA is scheduled for Wednesday, October 19, 2016, at 1:00 p.m., at Hunterdon County Department of Human Services Conference Room, 8 Gauntt Place, Flemington, New Jersey 08822.