

New Jersey Mental Health Planning Council (MHPC)
Meeting Minutes

August 17, 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:

Angel Gambone	Robin Weiss	Helen Williams
Michael Jones	Damyanti Aurora	Robin Nighland
Marie Verna	Herb Kaldany	Karen Vogel-Romance
Patricia Dana	Karen Carroll	Donna Best
Winifred Chain	Maryanne Evanko	Barbara Johnston
Greg Carlin	Harry Coe	Mary Ditri (Phone)
Marilyn Goldstein (Phone)	Lisa Negron (Phone)	Joseph Gutstein (Phone)

DMHAS, DCBHS & DDD Staff:

Roxanne Kennedy	Mark Kruszczyński	Dona Sinton
Donna Migliorino	Geri Dietrich	Vicki Fresolone
Yunqing Li	Suzanne Borys	Paula Hayes

Guests:

Ana Guerra	Louann Lukens	Michael Ippoliti
Peggy Rief	Lou Schwartz (Phone)	

- I. Administrative Issues/Correspondence/Review of Previous Minutes and Subcommittee Minutes
 - a. The Council reviewed and approved the Meeting Minutes from July 13, 2011 with the following corrections:
 - i. Michael Jones was present via the Phone
 - b. The Council received the Mental Health and Addiction Services Joint Block Grant Subcommittee Minutes from July 13, 2011.
 - c. The Council received a copy of the correspondence to the Centers for Medicare and Medicaid Services Office of Acquisition and Grants Management in support of the “Real Choice Systems Change Grant: Building Sustainable Partnerships for Housing” that was submitted on August 15, 2011 as a joint effort between the NJ Department of Human Services, the NJ Department of Community Affairs, the NJ Housing Mortgage Finance Agency, and NJ Department of Health and Senior Services.
 - d. There needs to be further discussion about including consumers, families, and providers of substance use and co-occurring disorders. The possibility of having a Co-Occurring Subcommittee will be considered.

- II. Update regarding the merger between DAS and DMHS – Marie Verna
 - a. There have not been any meetings recently and the group has been on hiatus in order to determine continued the role of the Merger Committee with the new leadership at DMHAS.
 - b. There is a summary report of the merger activities that is being reviewed and will be available on the DMHAS website in September.
 - c. The report is a summary of information collected by DMHAS from the:
 - i. Consumer Forums
 - ii. Provider Survey
 - iii. County Forums
 - d. Question Jacob Bucher (JB): Will the Merger Committee be continuing? A: Vicki Fresolone (VF): Not sure at this time. However, there was a determination made by this Merger Committee that there needs to be a group of clinical supervisor meeting to discuss problems related to accessing services in the community and collaborating with other services.
 - e. Marie Verna (MV): In the Merger Committee we discussed the need to have the Planning Council increase its membership to include consumers, families and providers of substance abuse and co-occurring services.

- III. Introduction of Lynn Kovich, Assistant Commissioner, Division of Mental Health and Addiction Services
 - a. Lynn Kovich had served on the Planning Council as the representative of the Supportive Housing Council until March 2006. Lynn had worked at Alternatives Inc. (a non-profit that provides housing to individuals with developmental disabilities, mental health issues, homelessness and other disabilities) and then worked in Lehigh County in Pennsylvania as a County Human Services Director overseeing child welfare, Health Choices, mental health, addiction services, child behavioral health and veteran’s services. While there, she developed experience working with unions and within the government system. Lynn returned to NJ with the Division of Developmental Disabilities in 2010. Building on her experience, Lynn became interested in this position and brings these skills and experiences with her to the Assistant Commissioner position at DMHAS.
 - b. Lynn is familiar with closing of a state hospital as Allentown State Hospital closed while she was the County Human Services Director in Lehigh County. She directed and led the charge of the programs needed and levels of care for the individuals when they left the state hospital.
 - c. Pennsylvania has a managed care behavioral healthcare system that is called the Health Choices program. People had services, choice and there was excess dollars available that were reinvested into the County services. With the change in NJ of moving to an Administrative Services Organization (ASO), Lynn has relevant experience that will be helpful in this transition.
 - d. There will be stakeholder meetings about the closure of Hagedorn Psychiatric Hospital and the development of an ASO.
 - e. Question: Robin Weiss (RW) – In regard to the Community Support Plan Amendment, I’m interested in knowing if the role of peers and qualifications will be a part of the RFP? Also how do you feel about the CPRP and the CRSP

certifications for peers to have? Pennsylvania also has training for providers to work with peers; will NJ be adding this to our system as well? A: Peers are involved in the review of RPFs and Lynn reported that she is committed to involve peers in RFPs going forward. With the Community Support Plan it is our intent to have peers involved at various levels going forward. MV- NJAMHA has a work group of peers that includes recommendations about trainings throughout the system through Consumer Connections, CPRP and the Coaching Program for peers. The work group has met with Val L. with recommendations from the workgroup.

- f. Q Joseph Gutstein (JG): In regards to communications, what process going forward will be used to deliver information to the community? A: Lynn reported that her goal is to communicate with stakeholders, families, and consumers and it is imperative that DMHAS enhance communication in order to have transparency.
 - g. Q: Jacob Bucher (JB): How will the Deputy Commissioner position affect your communication with the Commissioner? A: The position was posted yesterday and Kevin Martone leaving is a loss to the system but certainly look forward to working with the Commissioner and a new Deputy Commissioner when he or she is appointed.
 - h. Q: Herb Kaldany (HK): The DOC is following a parallel course by merging the mental health program and addiction programs and Herb has been asked to chair this merger. Would the DOC be able to get their programs licensed under mental health and addiction services in order to be able to get people into the community system when they leave the prison system? A: Yes, I would be in support of that. Raquel Jeffers is the Deputy Director for DMHAS and she would be a good person to reach out to discuss this issue.
 - i. Q – Maryanne Evanko (ME): Is there a closure date yet for Hagedorn? And when will they stop taking patients? A: The expected closure date is on June 30, 2012. The date for stop taking patients has not been determined at this time but patients are continually being evaluated for appropriate placement.
- IV. Review of the joint Mental Health and Addiction Block Grant – Donna Migliorino, Roxanne Kennedy, Dona Sinton, Geri Dietrich, Suzanne Borys
- a. The Block Grant will be available for the Planning Council to view on WebBGas and information for accessing this website will be sent out to the Planning Council later today.
 - b. This year’s submission is a joint Block Grant between mental health, children services and addiction services.
 - c. The planning period for this submission is from October 1, 2011 through June 30, 2013 and the next submission is due on April 1, 2013.
 - d. The areas highlighted for the Planning Council:
 - i. Section B - Planning Steps
 - ii. Section C - Use of Block Grant Dollars for Block Grant Activities
 - iii. Section D - Activities that Support Individuals in Directing Their Services
 - iv. Section I – State Data Dashboard
 - v. Section J – Suicide Prevention
 - vi. Section L – Involvement of Individuals and Families

- vii. Section O – State Behavioral Health Advisory councils
 - 1. Table 12 explains the make up of the Council’s membership. Currently there are 39 members of the Planning Council, 20 members are consumers in recovery or family members of children and adults; and 19 members are state and representatives of provider agencies in the State.
- viii. Section P – Comment on State Plan
- e. Highlights of Section B – Planning Steps -Donna Migliorino, Suzanne Borys and Geri Dietrich
 - i. Step 1 - assesses the strengths and needs of the service system to address the specific populations
 - ii. Step 2 - identifies the unmet service needs and critical gaps within the current system
 - iii. Step 3 - prioritizes State planning activities (Table 2)
 - 1. *Access to mental health services in the community for adults
 - 2. *Access to community based mental health serices for children, youth and young adults
 - 3. Pregnant women/women with children
 - 4. Youth suicide
 - 5. *Intravenous Drug Users
 - 6. Tuberculosis
 - 7. HIV
 - 8. *Supportive Housing
 - 9. Adolescents with Substance use disorders
 - 10. *Intoxicated drivers
 - 11. *Supported employment
 - 12. Justice involved services
 - 13. Older Adult
 - 14. *Intensive Family Support Service
 - 15. *In-State Community based specialty services for children, youth and young adults
 - 16. Mental health outpatient services for youth.¹
 - iv. Step 4 - developed objectives, strategies and performance indicators (Table 3)
- f. Section C – Use of Block Grant Dollars for Block Grant Activities- Steve Adams
 - i. Table 4 - Services purchased using reimbursement strategy. Mental health services are currently defined as a grant/contract reimbursement. However, over the next two years, there may be changes to a fee for service or encounter based reimbursement with the Medicaid Comprehensive Waiver.
 - ii. Table 5 - Use of block grant dollars for block grant activities. This Table estimates the dollars that go to the different service types in our contacts in current BG dollar allocation. In the future, DMHAS may look to change how block grant dollars are used as more people become eligible for Medicaid with the ACA.

¹(*) Represents an identified priority for Section I – State Data Dashboard

- iii. Table 6 - Primary Prevention Planned Expenditures Checklist
 - iv. Table 7 –Projected State Agency Expenditure Report.
 - v. Table 8 – Resource Development Planned Expenditure Checklist
 - g. Comment - JB: The partnership with the Department of Human Services and the use of peers in licensing is unique to NJ and needs to be included in this application. There are 31 Self Help Center identified on page 28 and with the addition of the SHC at Greystone Park and Trenton Psychiatric Hospitals the number should be 33. This correction will be made.
 - h. Q – MV: Is there a clear description of the difference between Supportive Housing, Residential Intensive Support Team (RIST) and other case management services? A – DM: In the Block Grant there isn't a detailed description of the difference between Supportive Housing and RIST but there are descriptions of the various case management and housing services available.
 - i. Q- PL: Addiction Services has always had a needs assessment component to their Block Grant and strategic planning. How will the mental health and addictions needs assessments merge to be effective? A: Addiction services complete needs assessments using various techniques to determine areas of need on a County level. With some changes in our data systems, mental health services will be better equipped to acquire data that will be used in the needs assessment.
 - j. Q-JG: Does SAMHSA require that State's respond to how they are addressing and trying to meet the unmet needs in the BG? A-DM: This is addressed in the Implementation Report that is due on December 1, 2011.
 - k. Q- JB: There is a reduction of the block grant in \$236,000 for FY 2011. A- SA: DMHAS has been conservative in calculating revenues for FY 2011 and 2012 and are hopeful that there are not reductions to providers in the system.
 - l. Q-PL: Could prevention activities such as suicide prevention be an area we will use BG dollars in the future? A: Yes if SAMHSA indicates that BG Dollars should be directed towards prevention activities then that will certainly be something we look at in the future.
- V. Planning Council input in Section O regarding the State's strengths and weaknesses:
- a. Identified Strengths of the State's SSA, SMHA and Children's System of Care (CSOC)
 - i. Expansion and continued recognition of the value of consumer driven services.
 - ii. The cooperation of the State's Medicaid agency with the DMHAS and the CSOC.
 - iii. Beginning the integration of mental health and addiction services through the newly formed Division of Mental Health and Addiction Services.
 - iv. Consumers and family members who are also Planning Council members involved in various levels of State planning including the Implementation of Involuntary Outpatient Committee, Early Intervention Services, review of RFPs, and licensing reviews.
 - v. Increased funding for Early Intervention Services, Residential Services and Intensive Outpatient Treatment Support Services.

- vi. Implementation of a Procedure for registering and accessing Psychiatric Advanced Directives
 - vii. The Approval of the State Plan Amendment of Community Support Services that will enhance the use of peers in the service system.
 - viii. The broad composition of the State's Behavioral Health Planning Council and the commitment of the Membership to improving care for people with mental illness and addiction disorders in New Jersey.
- b. Identified Weaknesses of the State's SSA, SMHA and Children's System of Care (CSOC)
- i. The lack of data infrastructure to adequately report client level data in the mental health system.
 - ii. Budget reductions to the community legal service programs that provide services to individual with mental health disorders may decrease consumer's ability to access legal services.
 - iii. Despite this consistent use of supportive employment services in the State, the unemployment rate for consumers with SPMI has been remained at 90%. Access to the few supported employments slots in the state is limited due to a cumbersome, ineffective referral process and by programs that do not provide pre-vocational and readiness services that prepare consumers to pursue competitive work opportunities commensurate with their employment choices, skills and financial needs.
 - iv. New Jersey's mental health advocacy organizations have called repeatedly for increased funds to build more and better Supported Employment programs; however, this critical recovery domain remains under funded.
 - v. Challenges of integrating primary care and behavioral health care.
 - vi. Lack of coordinated services for aging-in youth into the adult systems
 - vii. Long waits in emergency rooms for proper levels of care, particularly with children and adolescents.
 - viii. Insufficient workforce development for providers, especially about co-occurring disorders.
 - ix. Education is needed for consumers, families and providers about accessing emergency services.
 - x. There is not a web based interactive registry of Psychiatric Advanced Directives as planned in the original Advanced Directive Legislation.
- c. Planning Council members will have the opportunity vote and provide comment on Survey Monkey until September 26 about their recommendations for support of the Block Grant. The link will be emailed to Planning Council members later this week.

VI. Review of Subcommittee information/Future Agenda

- a. The Membership Subcommittee will be meeting at 9am next month in Room 378.
- b. Proposed agenda items for September and months to follow:
 - i. Information about the Comprehensive Medicaid Waiver progress
 - ii. Information regarding the supported employment and Department of Labor, Office of Vocational Rehabilitation
 - iii. Information about Consumer Operated Services.

- iv. Director Turbetti from DCBHS Office of Adolescents Services to talk about aging out services.
- v. Speaker about veteran's services.
- vi. Health Information Exchange Information
- vii. Emergency Psychiatric Services in regards to children's services

Next Meetings:

MHPC General Meeting: 9/14/11, **10:00am-12:00** noon, Room 336

Membership Subcommittee:
09/14/11, **9:00am**, Rm. 378