

**New Jersey Mental Health Planning Council (MHPC)**  
**Meeting Minutes**

**December 14, 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:**

Leah Barhash	Bruce Blumenthal (HMFA- phone)	Bruce Blumenthal (DOC)
Jacob Bucher	Karen Carroll	Winifred Chain
Joseph Delany	Angel Gambone	Ana Guerra
Joseph Gutstein (phone)	Michael Ippoliti	Phil Lubitz
Lisa Negron	Hazeline Pilgrim (phone)	Regina Sessoms (phone)
Karen Vogel-Romance	Marie Verna	Robin Weiss (phone)

**DMHAS, DCBHS & DDD Staff:**

Suzanne Borys	Robert Culleton	Geri Dietrich
Vicki Fresolone	Mark Kruszczyński	Dona Sinton

**Guests:**

Harry Coe (phone)	Louann Lukens (phone)
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- I. Administrative Issues/Correspondence/Review of Previous Minutes
  - A. The Council reviewed and approved the meeting minutes from the November 9, 2011 Planning Council meeting.
  
- II. Announcements
  - A. Jack Bucher passed around a Medicaid benefit changes flyer
  - B. Mike Ippoliti passed around a Youth Stigma Council flyer
  - C. Geri Dietrich announced that she saw that the Vet to Vet program is going nationwide and that Facebook now has a reporting system about suicidal thoughts
  - D. Suzanne Borys introduced herself and Robert Culleton from DMHAS who will begin to attend the meetings regularly because of their substance abuse prevention and treatment Block Grant involvement
    1. Suzanne will give an overview in January of the various substance abuse prevention and treatment projects available
  
- III. Update regarding the merger between DAS and DMHS – Vicki Fresolone
  - A. Vicki gave a powerpoint overview of the merger and included a copy of the high level table of organization for the new division showing the various offices
    1. The new Division logo was included on the powerpoint
    2. The merger went through several phases
      - a. Phase I – creation of the Merger Advisory Committee (MAC), survey, Consumer/family/county forums

- b. Phase II – Administrative reorganization with the hiring of Lynn Kovich and new table of organization rolled out on 11/11/11
    - 1. Assistant Commissioner Units –
      - i. Quality Management is now a direct report to the Assistant Commissioner and includes quality assurance for hospitals and community providers
      - ii. Disaster and Terrorism
      - iii. Governor’s Council on Mental Health Stigma (Celina Gray now with the Governor’s Council on Alcoholism and Drug Abuse [GCADA])
      - iv. Fiscal and Management Operations
      - v. Information Technology (new IT Assistant Director Roy Roldan starts on Monday)
      - vi. Medical Director
      - vii. Legal and Regulatory
      - viii. Human Resources
      - ix. State Hospital Management (Ann Klein Psychiatric Hospital is now included in this unit)
      - x. Deputy Director (overseeing the integration of primary care and community based care)
    - 2. Deputy Director Units
      - i. Care Management (Medicaid Global Waiver, if implemented will be overseen in this unit)
      - ii. Treatment and Recovery Supports (Intoxicated Driving program, Special Populations, Olmstead)
      - iii. Research, Planning and Evaluation
      - iv. Prevention, Early Intervention and Community Support (there is value from both the addictions and mental health sides and how they functioned previously so this is being merged with the best of both divisions)
  - c. Phase III – merged work begins (such as the combined Block Grant application, workplans which include the MBHO, Hagedorn closure, merger, clinical model and workforce development)
- B. Question: Jack Bucher – What is the role over county hospitals? Answer: DMHAS has a role but not the complete oversight of the county hospitals; we don’t administrate them and only have direct administrative oversight of the State hospitals.
  - C. Comment: Marie Verna – Last week Lynn also mentioned not knowing what will happen with the Governor’s Council on Mental Health and Stigma; Answer: it was originally intended to be similar to the GCADA and created under an Executive Order, but never ended up functioning like that. Celina Gray has moved to the GCADA so we don’t know currently what will occur.
  - D. Question: Marie Verna – where does acute care fit in the organization? Answer: In Treatment and Recovery Supports under Valerie Larosiliere
  - E. Suzanne Borys briefly discussed the Statewide Epidemiological Outcomes Workgroup (SEOW) and State Prevention Enhancement Grant
    - Phil Lubitz asked if anyone from DCBHS is on the SEOW and Geri Dietrich volunteered to do so.
    - Question: Marie Verna – Is tobacco information included in your data because it’s a problem of comorbidity and we always advocate to keep tobacco incorporated in studies Answer – Yes we will continue to include tobacco variables and Dr. Jill Williams will be launching a study because addiction residential agencies will be going smoke-free.
  - F. Question: Phil Lubitz – What is the clinical workplan? Answer – What does DMHAS want by the merged services?

- G. Question: Jack Bucher – Where does the waiver fit into the workplans? Answer – we have the MBHO workplan. Mollie Greene used the full report from the consumer forums and had her staff read the plan.
- H. Question: Ana Guera – when will we be getting information on adolescents going to DCBHS? Answer – Vicki and Geri advised that we are not certain but there will be stakeholder involvement and Geri will report back on any new information.
- I. Comment: Joe Delany – Smoking cessation is tough and it is hard to go from 2 packs to nothing. What new measurements will be implemented? Answer – Vicki stated there is an outcomes group that will work on what we will be measuring and we will have rich data by client.
- J. Comment: Marie Verna – The Merger Advisory Committee is not meeting anymore but will be subsumed into the MBHO workgroup.

#### IV. Adult Survey for Implementation Report –Mark Kruszczynski

- A. In Autumn 2011 DMHAS sent out Consumer Perception of Mental Health Care Surveys to 8,533 randomly selected consumers whom were receiving DMHAS-funded community mental health services (excluding acute services) from 128 agencies, at 605 separate provider program locations.
- B. The survey instrument contained in its entirety the MHSIP Adult Consumer Survey instrument as well as ten questions on primary health from the Behavioral Risk Factor Surveillance System (BRFSS). Each survey questionnaire was coded to allow the DMHAS survey team the opportunity to identify the program element and service provider that the respondent is receiving services from.
  - On 11/28/11 approximately 1300 questionnaires were received which was a 16.5% response rate (comparable to previous efforts)
  - There was discussion about the timing of the surveys since there was a quick turnaround time and Mark explained it had to be time limited for survey purposes but yet as open ended as possible
  - The surveys did go to self help centers and the results are on the web based Block Grant Application System
- C. Question: Regina Sessoms – When surveys went out was there an independent person administering them or was it an administrator? Answer – we want to avoid bias but we did give guidelines to only give as much support as necessary (for issues such as linguistics) to minimize bias.
- D. Comment: Jack Bucher – You had self addressed stamped envelopes and each pack was very specific
- E. Question: Marie Verna – Is it perception of care or evaluation of care? Answer – those terms are from the federal government

#### V. Child Survey for Implementation Report – Geri Dietrich

- A. 40,000 families were sent surveys
  - Over 900 surveys were received back but DCBHS used an incorrect template so they weren't able to be scanned
  - No new juvenile justice involvement (91%)
  - Parents/caregivers of youth (88% reported improvement)
  - Increased social supports (72%)
  - For family satisfaction of the 902 responses 491 responded favorably
- B. Question: Phil Lubitz – What is favorable? Answer - .4 to .5 is favorable. We think a .3 may have been considered favorable last year and that is why the number is so skewed this year
- C. Question: Marie Verna – Did you survey families or people directly? Answer – We will consider that for next year
- D. Comment: Mike Ippolito – A separate survey for youth and parents and emerging adults should be considered because they will see it all differently.
- E. Comment: Marie Verna – The Office of Adolescent Services has no counterpart at the Division of

## Mental Health and Addiction Services

- F. Question: Hazeline Pilgrim – What age do adolescent services go up to? Answer – our legislation allows for up to age 21. NJ Transitions for youth website has a wealth of information on youth services and Jessica Trombetta from DCBHS will be at next months council meeting to discuss services

## VI. Integrating Substance Abuse into the Council – Phil Lubitz

- A. SAMHSA did not require but has requested Planning Councils to merge substance abuse into the council. How can we begin to integrate substance abuse into the council, remembering that the council has to be 50% consumers?
- B. Discussion ensued with how to get more substance abuse representation, including on how some individuals currently can represent either a consumer or a provider
- C. We did send out an email to give members an opportunity to self identify with addictions as well but it may get back to your boss and that may impact individuals
- D. Some consumers feel like they become the ‘token’ representative and we need to ensure that the agenda is inclusive
- E. Council could consider asking the addictions Professional Advisory Committee for a member (especially if that member self identifies as a consumer)
- F. Self help centers are doing dual diagnosis so that could be an avenue
- G. Could contact Eva’s Recovery Center in Paterson

### **Next Meeting**

**MHPC General Meeting: 1-11-12, 10:00am-12:00 noon, Room 336**