

New Jersey Mental Health Planning Council (MHPC)
Meeting Minutes

September 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:

Jacob Bucher	Winifred Chain	Karen Vogel-Romance
Helen Williams	Damyanti Aurora	Patricia Dana
Gregory Karlin	Alice Garcia	Teresa Buxton
Marilyn Goldstein	Christopher Lucca (DOC)	Hazeline Pilgrim
Marie Verna	Harry Coe	Mike Jones(Phone)
Maryanne Evanko (Phone)	Robin Weiss (Phone)	Joseph Gutstein (Phone)
Annette Wright (Phone)		

DMHAS, DCBHS & DDD Staff:

Roxanne Kennedy	Paula Hayes	Dona Sinton
Geri Dietrich	Steven Fishbein	Robin Nighland

Guests:

Ana Guerra	Louann Lukens	Robert Paige
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- I. Administrative Issues/Correspondence/Review of Previous Minutes and Subcommittee Minutes
 - a. The Council reviewed and approved the Meeting Minutes from August 17, 2011 with the following corrections:
 - i. Page 1 I. d. should read “possibility” instead of “possibly”
 - ii. Page 3 III. g. Initials “JG should read “JB”.
 - iii. Page 6 V. b. iv. should read “under funded” instead of “unfunded”.
 - b. The Council received the Mental Health and Addiction Services Joint Block Grant Subcommittee Minutes from August 17, 2011.
 - c. The Council received the Olmstead Advisory Committee Minutes from August 17, 2011.
 - d. The Council received a copy of the correspondence to SAMHSA in support of the joint Behavioral Health Assessment Plan Block Grant submitted on September 1, 2011.
 - e. A press release of the submission of Medicaid’s Comprehensive Waiver on 9/9/2011 is attached to the Minutes.

- II. Announcements
 - a. The Joint Behavioral Health Assessment Block Grant submitted on September 1, 2011 will be available as a link to a PDF file on the Division of Mental Health and Addictions Services website later today.
 - b. The 1115 Medicaid Comprehensive Waiver was submitted on September 9, 2011. This is posted on the DHS website and should be topic of presentation at next months meeting.
 - c. October is National Recovery month and a tool kit is available through SAMHSA about different activities that can be done to celebrate.
 - d. Through the Governor’s Council on Alcohol and Drug Addiction (GCADA) there is a Recovery Walk in Philadelphia on September 24, 2011 beginning in Philadelphia. There are buses and lunch provided to those who sign up through the sponsor’s website. Roxanne will send more information about this event to the Council later today.
 - e. On the DMHAS website, there is a timeline about the changes in State hospital catchement areas in light of the closing of Hagedorn Psychiatric Hospital.
 - f. The Mental Health Association Wellness Walk is on October 9, 2011. If you would like more information, please contact Marie Verna. It will be in Johnson Park.

- III. Update regarding the merger between DAS and DMHS – Marie Verna
 - a. The Merger Advisory Subcommittee continues to be on hiatus and awaiting direction from the newly established leadership at DMHAS
 - b. Information regarding the consumer, family and provider forums results will be posted on the website in the near future.

- IV. Vocational Services- Steven Fishbein, DMHAS, and Robert Paige, DVRS
 - a. DMHAS Career Services- Steven Fishbein
 - i. DMHAS recently renamed supported education and supported employment to Career Services
 - ii. Steve also has oversight of DMHAS Criminal Justice Services, Veteran’s Services, and Evidenced Based Practices- IDDT, IMR and Supported Employment
 - iii. DMHAS provides supported employment services through programs in each county with PACT teams having vocational specialists and Partial Care having pre-vocational services.
 - iv. DMHAS has also funded supported education services for several years because as individuals begin working, they want to advance their education and careers in order to advance their careers.
 - v. In 1993 DMHS produced a handout “So you want to go back to College” to help consumers consider thinking about furthering their education.
 - vi. NJ LEARN (supported education) programs began several years ago and are currently operated out of Saint Clare’s in Morris, Bridgeway in Union, the Mental Health Association in Southwest NJ in Camden and Preferred Behavioral Health in Ocean are the host supported education agencies providedrsin 11 Counties. Steve will provide a handout regarding these

programs. In the LEARN programs there is an educational coach who works with individuals in each county who are interested in furthering their education. These programs are participating in a research study to look at the efficacy of these programs and their outcomes.

- vii. There are 22 Supported Employment programs, one in each county and two in Mercer.
 - viii. There are fidelity assessments for supported employment programs and each provider is asked to complete the fidelity assessments for this EBP. Most agencies do well with fidelity to the EBP. SAMHSA has a tool kit for supported employment as well.
 - ix. Generally Career Services serves about 2100 people a year. About 1,000 are continuing in Career Services and the remaining are new enrollees in Career Services. Consumers and clients are a part of DVRS as well.
 - x. Of the new individuals that come in there is about a 58% placement rate of consumers obtaining an initial job.
 - xi. Providers are supposed to take referrals from anywhere i.e. consumer, providers, family.
 - xii. CSPNJ is part of a Dartmouth project to look at the staff of CSPNJ as supported employees as part of the study.
 - xiii. Question PL: At any one time, how many people are enrolled in Supported Employment? A: About 1,000 across the State.
 - xiv. Q – JB: What is the funding mechanism for the 22 supported employment programs? A: The history of SE is that all the funding for SE came from DVRS and in-kind support from agencies. However, DMHS began providing funding and in the mid 2000s, it was about a 50/50 split with DVRS funding. As a part of the Governor’s Mental Health Task Force, there was an increase by 1M with .5M to DMHS and .5M to DVRS. The current budget for Supported Employment is 4.5M with about 27% from DVRS and 73% from DMHAS. This does not include funding for supported education.
- b. Division of Vocational Rehabilitation Services (DVRS) – Robert Paige
- i. DVRS has 18 field offices throughout the State and provides vocational services that include vocational assessments, some money for educational costs, start up money for business, skill and business training. Most DVRS services are free to individuals who want to work.
 - ii. Individuals can access DVRS services through several avenues including Supported Employment services through DMHAS
 - iii. When someone enters supported employment services, job coaching is provided and when a consumer is job ready, a case is opened at DVRS.
 - iv. If someone has a mental illness and walks into a field office, DVRS would guide that person to a job that is in demand.
 - v. Q – MV: If someone is in a Partial Care program and feels they are ready to go back to work, they are being told they have to go to DVRS first and can only be referred to supported employment if the patient requests it. Is this the process? A-SF: The individual can go directly to the DVRS office that will refer them to supported employment if SMI **or** a person can go to

the Supported Employment program that will then refer them to DVRS. A-RP: Typically when someone is in partial care, they may not be perceived as work ready by the PC staff.

- vi. Q- PL: If someone with mental health problems goes to DVRS but does not want to go through a mental health provider, what can a DVRS offer that person? A-RP: It is client choice. An individual does not have to go through an agency to get services but it may be recommended to get mental health treatment if it would be more helpful in obtaining a job.
- vii. Q-MV: In the EBP we fund training and consultation for IDT and IMR. Is there a mechanism for supported employment and consultation funding? A-SF: Yes, through MHA of Essex for the northern counties and UMDNJ for the southern counties. They do not go out on a regular basis but have provided consultation as needed. Steve meets quarterly with SE/ED supervisors.
- viii. Q-PL: What is the job placement rate for PACT compared to that for Supported Employment? A-SF: The numbers have not been compared but PACT does more direct placement as opposed to going through DVRS and Supported Employment programs.
- ix. Q- Winifred Chain (WC): How does an individual access Ticket to Work for an individual on SSD or SSI? A-SF: The Ticket to Work program is for individuals with a serious disability that is obtained through Social Security. Once an individual has a Ticket to Work they go to a “employment network” to become employment ready. A-RP: When someone comes into DVRS with SSI or SSD, they are asked if they have a Ticket To Work. If not, they are encouraged to do so through Social Security. If someone is successfully employed through the Ticket to Work program, DVRS receives some payback from SS for services provided by DVRS.
- x. Q-Harry Coe (HC): Do One Stop Career Centers have a Disability Navigator? A-SF: Yes, Disability Navigators are at One Stop Agencies. In addition, the Social Security website is a useful website with lots of information about employment services.
- xi. Q- MV: Are One Stops County funded? A-SF: No, they are funded through the Department of Labor, Workforce Development and county dollars.
- xii. Q-Hazeline Pilgrim (HP): How would a youth turning 18 or an aging in consumer access Supported Education in the adult mental health system? A-SF: There is a requirement through the Department of Education for an individual with a Disability to provide vocational services. SE/Ed is careful about the numbers of aging in consumers who receive SE/Ed services. However, we take individuals through the transition process and the SMI consumer would contact the SE/SEd provider in their county. A-RP: Although DVRS cannot take someone who is under 18, DVRS can be consulted and participate in the IEPs and other transition meetings earlier in the process.

- xiii. Q- Robin Weiss (RW): For someone in partial care who has utilized all the pre-vocational services offered by the PC, how would they get help to obtain further employment services? A-SF: Have them contact their county designated SE/Ed agency.
- xiv. Q-RW: When people go to DVRS and their case is open, sometimes DVRS demands that they go to “sheltered workshop” which is ok for some but not for others. It appears to some consumers to be a delay tactic. A-RP: Most of the field offices no longer utilize “sheltered workshop” but some do still exist. However, the “sheltered workshop” does help assess an individual’s skills. There is a need for the PC or treating psychiatrist provide input to DVRS through a letter to inform them of one’s ability to work. RP encouraged an individual contact the local officer manager and have a conversation about the clients’ dissatisfaction regarding services i.e. sheltered workshop.
- xv. Q-MV: Is there a Medicaid vehicle through the Community Support Plan Amendment PA for education about SE/Ed services? A-SF: There will be a role to provide employment supports. However, individual job placement may not be covered under CSS. Supporting an individual at work or in the field would qualify for Medicaid reimbursement under the CSS.
- xvi. Q-Roxanne Kennedy (RK): How does someone with substance abuse or someone who is a veteran access DVRS services? A-RP: DVRS is working with Mollie Green at DMHAS providing general guidance for DVRS employees in regards to an individual with addiction issues. A-SF: DMHAS is encouraging providers to provide services for individuals with co-occurring issues and who are veterans in these services. DMHAS works with Veteran’s services through DMAVA, the 3 VA healthcare systems, and special projects with the State Parole Board. DMHAS is looking at a variety of opportunities to work with various veterans’ services throughout the State. Last year DMHAS served about 7,500 identified veterans but feel this number is underreported.
- xvii. Q-WC and Christopher Lucca (CL) : The Departments of Corrections has been expanding discharge planning and the question is how to connect inmates who has maxed out or on parole access mental health services including supported employment? A-SF: There are max outs, parolees and probationers who do enter SE/Ed services. About 20% of the SE/Ed enrollees have had some kind of involvement of police charges with convictions. There have been trainings to the SE/Ed providers about dealing with consumers with a history of legal charges. However, the demand of the JIS consumer may exceed the availability of resources for SE/Ed and other MH services.
- xviii. Q-CL: The question Christopher is considering is do the clinicians doing the discharge planning know these vocational resources exist? A-RP: DVRS works with a probationer or parolee and with the current staff shortages and the amount of paperwork needed, typically the JIS individual loses patience and become lost to contact. A-SF: The best

thing someone released from jail is to have their CD with all their medical information that includes a psychiatric assessment would expedite services from DVRS and SE/Ed

- xix. Comment-MV: Through John Verney and the TAC, there is recertification training around screening of veterans who are in crisis.

V. Review of Subcommittee information/Future Agenda

- a. The Membership Subcommittee met this am and completed the following:
 - i. Reviewed type of memberships.
 - ii. Reviewed membership of the Citizens Mental Health Advisory Board and will look to reappoint current members with the addition of:
 - 1. Phil Lubitz being recommended as a representative of the League of Municipalities
 - 2. Marie Verna as a newly appointed member
 - 3. Change Annette Wright from Provider to Consumer representative
 - iii. To the Planning Council, we will officially add Ana Guerra, Michael Ippoliti and his alternate Nicole Kelly. Andrew Dudas is being considered for Council participation and membership.
 - iv. The Subcommittee explored the possibility of having a representative from the County Drug and Alcohol Directors and Dona Sinton will reach out to the County Drug and Alcohol Directors Association to determine if this is possible.
 - v. The Subcommittee decided to change Robin Nighland's designation from a representative of Division of Addiction Services to an attendee from DMHAS.
 - vi. Geri Dietrich will be recommending a new employee of DCBHS, Pat Bernabe also attend the Council as she works with DCBHS constituency and family organizations and would be a good representative from DCBHS.
- b. The Olmstead Advisory Committee met on August 17, 2011. Reports were provided from the Central Region Olmstead Coordinator Joseph Botelho and Hospital Liaison Rakisha Scott.
 - i. Question Joseph Gutstein: Will there be reports regarding where individuals on CEPP are being discharged? A-PL: Yes that was provided in the last Quarterly report and should be provided at the next Olmstead Advisory Committee meeting in October or November.
- c. There was a proposal of having a Co-Occurring Subcommittee. If anyone is interested in participating in this Subcommittee, let Roxanne Kennedy know of your interest.
- d. The Block Grant Subcommittee will be meeting again in November for the Implementation Report and will be scheduled as needed.
- e. The Wellness and Recovery Transformation Action Plan Subcommittee is on hiatus awaiting the DMHAS' review of the progress of the WRTAP. There was a request made that DMHAS inform the Council of when to expect the release of this WRTAP review.
- f. Proposed agenda items for September and months to follow:

- i. Briefing on the Comprehensive Medicaid Waiver progress – October
- ii. Briefing on Hagedorn closure and additional geriatric services - October
- iii. In January, the SYNAR information should be presented to the Council. The SYNAR report is the required to be submitted to SAMHSA by 12/31 and is information about cigarette sales to youth in New Jersey.
- iv. Information about Consumer Operated Services.
- v. In November, Director Turbetti from DCBHS Office of Adolescents Services to talk about transitioning services, addiction services to youth and emergency Psychiatric Services in regards to children's services
- vi. Health Information/Insurance Exchange Information
- vii. Veteran's Services

Next Meetings:

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

Olmstead Advisory Subcommittee:
10/12/11, **12:00pm**, Rm. 378