<u>New Jersey Mental Health Planning Council (MHPC)</u> Meeting Minutes

February 13, 2013 10:00 A.M.

Attendees:

Hazeline Pilgrim (Phone)
Angel Gambone (Phone)
Jack Bucher
Karen Carroll
Maryanne Evanko
Gail Levinson
Linda Meyer

Marilyn Goldstein (Phone) Robin Weiss (phone) Harry Coe (Phone) Renee Ingram (phone) Robin Crist (phone) Ron Defeo (phone) Winifred Chain Damyanti Aurora John Pellicane Patricia Dana Connie Greene Barbara Johnston Phil Lubitz Gail Mesavitch Thomas Pyle Marie Verna

DMHAS, DCBHS & DDD Staff:

Suzanne Borys	Robert Culleton	Geri Dietrich
Mark Kruszczynski	Donna Migliorino	Dona Sinton

Guests:

Gregory Karlin	Louann Lukens	Elizabeth Manley
Barbara Bigland (Phone)	Judy Sturm (phone)	

- I. Administrative Issues/Correspondence/Review of Previous Meeting Minutes
 - A. Thanks to Jack for chairing last meeting.
 - B. Welcome to Connie Greene as our newest member.
 - C. Minutes approved with an edit on page 3. It was clarified that Mark provided a summary of the Block Grant implementation report at the last meeting. The division sent approximately 6,400 questionnaires and around 1,400 were returned. The plan is to take the remaining responses into existing data set so a final document can be released in early spring.

D. Announcements

- 1. CSP housing wellness conference 3/22/13
- 2. Self-help center recognition day at Ancora Psychiatric Hospital is 3/13/13
- 3. Schizophrenia Conference is out of consumer scholarships at the reduced rate; need to know by today if you are interested in attending
- 4. Older Adults conference in March
- II. Adolescent Services Overview Liz Manley
 - A. On January 1, 2013 the Children's System of Care (CSOC) took over all youth who have developmental disabilities (around 16,000 youth)
 - 1. PerformCare will have up to April 1, 2013 to get up to speed
 - 2. Services were not interrupted for most contracts
 - 3. The CSOC took the most complex youth in October 2012
 - 4. About 2,000 phone calls being answered right now

- 5. CSOC took over eligibility (youth 18 and under goes through DCF and they are reviewing about 30 applications right now)
- 6. CMO's are in process of unifying. By May 1, 2013 all care management services will be under CMO's
- 7. Around 8 are in transition to unification for youth case management into just CMO
- 8. Youth don't need to be Medicaid eligible
- B. Addiction youth will also go over to the CSOC
 - 1. Contracts will be moved over to CSOC.
 - 2. Moving records and data over to Perform care as of July 1, 2013
- C. Questions/Comments/Answers
 - 1. Question Tom Pyle What's the breakdown of youth with developmental disabilities, behavioral health issues and addictions? Answer 40,000 youth served on any day in primary behavioral heath, 16,000 youth with developmental disabilities and anticipate 4,400 addictions youth.
 - 2. Question What budget is going into all these groups? Answer Family support services is \$20 million (no growth to that) and we're working on budgets right now for the other populations
 - 3. Question Suzanne Borys What are the plans for moving the rest of the youth with mental health issues in blended programs to DCF? Answer This is still in process and we're hoping by July 1 but it's still being worked out.
 - 4. Question Suzanne Borys- Children's Crisis intervention Services still remain in DMHAS for now? Answer Yes but will move at some point.
 - 5. Question Karen Carroll Can you clarify eligibility again? Answer Yes, for individuals 21 and under all services (addictions and behavioral health is CSOC), eligibility for those 18 21 years is determined by DDD for that population
 - 6. Question Jack Bucher Are the out of state services being addressed? Yes, it is not our intention to do out of state services. Four youth should be back in New Jersey by April from out of state (children are deaf). Geri Dietrich mentioned that CSOC also issued a Request For Proposal for services for deaf which will be a residential program Marie Katzenbach.
 - 7. Question Mark Kruszczynski What are the ramifications for your customer services associates in terms of DDD transition? Answer Families require more time on the phone. State still doing most of phone work with families rather than PerformCare
 - Question Gail Levinson -- Are you projecting encouraging providers to integrate as an emphasis for providers? Answer - Yes, the training and support for behavioral health providers and to realize that kids will be served across the continuum. A lot of youth in the developmental disabilities world who had dual diagnosis in October are already in CMO's.
 - 9. Question Marie Verna What about children with Autism? Answer We do have contracts with Autism NJ, moving now to our system. We want training for providers.
 - 10. Question Connie Greene Are you talking about DMHAS relationship with Rutgers? Answer No.

- 11. Question Barbara Johnston –In addition to integration, what are your other goals? Answer Integration is big, as well as making services more accessible. We are hoping to have conversations with behavioral health providers to make services more nimble and having an ASO ready to move will make it easier.
- 12. Comment John Pellicane For licensing all providers have substance abuse interns and CADCS. You can't give a pre certification to interns.
- 13. Question John Pellicane How do you know that South Jersey kids won't have to go to North Jersey for services? Answer We'll pay attention to all that. There's no new dollars. We are hoping to find administrative efficiencies to use for services.
- 14. Question- Donna Migliorino Do the 16,000 youth include kids in the developmental centers? Answer Youth in facilities managed by Medicaid didn't come over and youth in community care waiver didn't.
- 15. Question Jack Bucher Where does juvenile justice fit in? Answer They're separate. We're working on how we come together to work together and we hope to have a stronger connection
- 16. Comment- Chris Lucca- There is a lot of emphasis on recidivism which is great place to start
- III. Mental Health Block Grant monitoring report Donna Migliorino
 - A. We received the draft report and it is being reviewed administratively for any changes.
 - B. It was very complimentary to the Planning Council and our consumers
 - C. Donna suggested that members contact Margaret Molnar to review the consumer section and make comments.
 - D. Comment- Chris Lucca It's commendable that there are no actual deficiencies.
 - E. Comment Phil Lubitz It will be a public document once finalized and should be put on the web.
 - F. Gerri Dietrich at the exit conference they said we're doing so well and asked if there is any TA we could ask for, to keep us on top that would be great.
- IV. The application for Technical Assistance to fully transition the MHPC into a Behavioral Health Planning Council that was submitted last week is included in your materials.
 - A. Question- Jack Bucher What kind of commitment is this if we get the grant? A. We would sit on webinars and provide TA to some other states, and update our bylaws to make the group more behavioral health oriented.
- V. Block Grant Subcommittee Report Jack Bucher and Donna Migliorino
 - A. Block Grant application guidelines have not been finalized
 - B. Mental Health Barometer and Core Measures have not yet been announced by SAMHSA so they will not be part of this application
 - C. The application is due April 1, 2013 according to the draft guidance
 - D. We were only given about 1 ½ months to get it ready from the time the draft guidance was released. We have an internal deadline of 2/26 to try to give enough time for review by the Governor's Office, public and Planning Council.
 - E. Will be adding dollars for suicide prevention

- F. Adult areas of focus could include the following:
 - 1. supportive housing
 - 2. increased access to services the community
 - 3. supported employment
 - 4. older adults
 - 5. suicide prevention
 - 6. intensive family support services
 - 7. justice involved services
- G. Children's areas of focus
 - 1. Integration of DD and substance abuse services
 - 2. Special populations (parenting teens, deaf and Hard of Hearing Behavioral assistance programs
 - 3. Suicide prevention
- H. Questions/Comments/Answers
 - 1. Question John Pellicane Where is the substance abuse representation on integration and the children's side? Answer Rosemary Brown is traveling throughout the state each county has a CIACC. In addition, Geri Dietrich will get back to the Planning Council on this as substance abuse transition is really addressed by Alan Vietze and his staff.
 - 2. Comment Suzanne Borys There is a planning group that meets that does include Substance Abuse Providers
 - 3. Maryanne Evanko stated that Project Teach is a pregnant teen program that can assist children's services too
- VI. Advocacy Subcommittee
 - A. Next meeting is 3/13/13 at noon
 - B. Jay Raymond from DCA will address the group regarding monitoring and licensing of homes
 - C. Still have two letters pending for council review
 - D. It was suggested to form a subcommittee on outcomes
- VII. Membership Committee
 - A. Will bring to next Planning Council meeting a written criteria on selection
- VIII. Identified Strengths of the State's SSA, SMHA and Children's System of Care (CSOC)
 - 1. Statewide basis for services
 - 2. Positive working relationship between Medicaid and SSA, SMHA and CSOC
 - 3. Youth development council
 - 4. Consumer operated services
 - 5. Free standing consumer operated care at the State hospitals
 - 6. Program regional analysts
 - 7. Multiple outlets to provide input to State
 - 8. Access to many services for children and adults compared to other states
 - 9. Commitment of funding for mental health and Olmstead services
 - 10. Commitment to integrated affordable community-based flexible supports for housing
 - 11. Collaboration with State universities for evidence-based practices

- 12. Wellness and Recovery Transformation Plan as a framework for transition
- 13. Psychiatric rehabilitation efforts
- 14. Family volunteer hospital monitoring program
- 15. Involvement of families and consumers
- 16. Positive efforts regarding veterans
- 17. Seamless and integrated response to natural disaster
- 18. Intensive Family Support Services
- 19. Increased integration of physical health and behavioral health services
- 20. Tobacco services and consumer run education program
- IX. Identified Areas for Improvement of the State's SSA, SMHA and Children's System of Care (CSOC)
 - 1. Continued increase of integration on physical health and behavioral health services
 - 2. Importance of serving homeless who are mentally ill
 - 3. Need for innovative housing models like public/private partnerships for funding and service delivery
 - 4. Training of front-line staff in recovery and wellness principles
 - 5. Comprehensive plan for workforce development
 - 6. More peers in field
 - 7. Increase in payment rates
 - 8. Attention to transportation needs, especially in the South
 - 9. Lack of services and consumer support groups in the South
 - 10. Lack of services for individuals who identify as LGBTQ
 - 11. Waiting lists for services
 - 12. Financial literacy training for consumers
 - 13. Obstacles to services for individuals who are involved in juvenile justice system and ex-offenders
 - 14. Declining support for legal services for individuals and their families
 - 15. Insufficient supports for psychosocial services

X. Future Topics

- 1. Chris Lucca Quality Assurance of Healthcare Services
- 2. Maryanne Evanko financial literacy
- 3. Workforce Development

Adjourned 11:57

Next General Membership Meeting on 3/13/13-10:00-12:00, Room 3000

The Olmstead Advisory Committee will meet at noon on 2/13/13 in room 3052

The Membership Subcommittee will meet at 9 am on 3/13/13 in room 3052

The Block Grant Subcommittee will meet at 9:30 am on 3/13/13 in room 3052 The Advocacy Subcommittee will meet at noon on 3/13/13 in room 3052