

New Jersey Mental Health Planning Council (MHPC)
Meeting Minutes

March 13, 2013
10:00 A.M.

Attendees:

Jack Bucher	Winifred Chain	Damyanti Aurora
Donna Best	Julian Fowler	Pat Dana
Maryanne Evanko	Angel Gambone (Phone)	Bianca Ramos
Joseph Gutstein (phone)	Barbara Johnston	Gail Levinson
Phil Lubitz	Christopher Lucca	Linda Meyer
Joanne Oppelt	John Pellicane	Tom Pyle (Phone)
Robin Weiss	Shauna Moses	Marie Verna
Annette Wright (Phone)	Anna Guerra	

DMHAS, DCBHS & DDD Staff:

Suzanne Borys	Robert Culleton	Geri Dietrich
Donna Migliorino	Dona Sinton	Roger Borichewski
Steve Adams		

Guests:

Harry Coe (phone)	Louann Lukens	Greg Karlin
Irina Stuchinsky	Rachel Morgan	Donna Best
William Cole	Maria Connell	Joseph Hadzon
Rodney Belle	Frank Picaro	Virginia Erazo
Jeannette Palacios		

- I. Lost to Contact Form – Roger Borichewski
 - A. Wanted to get review/feedback from the Planning Council on this draft document
 1. Right now there isn't a consistent policy/practice among Mental Health agencies
 2. It walks through how to reach out to consumers if they have lost contact and how to mobilize to make sure they are ok. Document has been revised multiple times and needs more input.
 3. Dona to send out the draft document for additional comments out to group
 - a. Please let Roger know what you think as a recommendation to improve the document and you can him or Dona Sinton
 - B. Questions/Answers/Comments
 1. C- Marie Verna – I think its great to have the time recommendations. On page 2 under imminent risk in the second bullet about the signed consent. Isn't it common that the consent is missing? The emergency contact person is often not listed.
 2. Q- Phil Lubitz – why are we requiring a signed consent when HIPAA and New Jersey State law don't require it in emergencies? A - Good point
 3. C- Linda Meyer – the crisis plan covers this as this establishes what my emergencies are.

4. C - Robin Weiss – in reality many consumers have this in their WRAP
5. C – Chris Lucca – Isn't this covered in the Tarasoff and McIntosh verses Milano, etc. that imposed the duty to warn and tell police and family members?
6. C – Barbara Johnston – in my screening center dialogues they work to implement Tarasoff to contact police, relative and victim. They do have accountability.
7. C – Phil – The Statute tells about the duty
8. Q – Robin Weiss – Are these to be consecutive contacts? A - These should all be concurrent contacts.
9. Q – Robin – My concern is opposite. What does a crisis look like? Instead of working with them to define what a crisis is this is reactive. A - Roger – looking to be sensitive that staff have to do multiple outreach and trying to balance between too cautious and not cautious enough.
10. Q- Chris Lucca - Conditions to terminate the client says “may” but what else is there? Are there other steps to follow like a last phone call? A - The 30 days was questionable at the time but really the agency needs to adhere to their own policies post the 30 days relating to the termination of consumers.
11. Q - Rachel Morgan C- Do you have a deadline for comments? A – No hard deadline but maybe two weeks and you can send to Roger or Dona even
12. Q- Jack Bucher – Is this a guideline or a recommendation? A – Right now just a recommendation but could at some point move to regulation
13. C – Marie Verna – Can you say “family/supporter”. It's who you've named as your supporter and is consistent with the PA.
14. C – Tom Pyle – I would not put “family/supporter” but instead family member, supporter
15. C – Linda Meyer – this does not give consumers a way to help themselves through the crisis. Its heavy handed. All these points should be part of the crisis plan. This makes the system traumatize me as a consumer.
16. Q – Robin Weiss – Potential for 30 day termination? How does this impact the PACT team for life and such? A- I think we need to refer back to agency policies on termination
17. Q- Phil Lubitz – When will provider report back to DMHAS or is it only on USTF form? A – Were mindful of that

II. Budget Overview – Steve Adams

A. Approximately a \$6 million increase between original MH Community Care appropriation in 2013 and the recommendation in 2014

1. about ½ (\$3 million) is re-budgeted to us from DDD to service individuals with DD/MI from Psychiatric Hospitals
2. Majority of remainder is to annualize a portion of Hagedorn Savings which were appropriated to Community Care

B. \$2.4M for IOC expansion which is carry forward from 2013 to 2014

C. Olmstead

1. \$2.5M in growth to start 150 CEPP beds and 100 at risk beds to annualize to \$10M in 2015
2. 5M for the programs that were started in 2013 in Olmstead
3. \$550k to start phase in for above the minimum requires Olmstead

- growth
- 4. \$375K for additional DD placements
- 5. \$1.439M to annualize a portion of Hagedorn savings which were appropriated to Olmstead
- D. We will be moving resources for adolescent addiction services to DCF from ages 0 – 17.99. It's mostly contracts and some FFS. Transfer is expected on July 1, 2013, but will be a close hand off to ensure continuity of care.
 - 1. Its \$8.1M being transferred to DCF from the SAPT Block Grant
- E. There's a drop in State dollars for Psychiatric Hospitals but an increase in them in another category so it is really neutral except for an increase related to contractually required employee raises
- F. \$130M supporting county hospitals is being funded out of property tax relief fund
- G. Questions/Answers/Comments
 - 1. Q – Tom Pyle – what will be the general impact of Medicaid Expansion? A- Not prepared yet for that answer. We need clarity in volume of people who will fall into this expansion and need clarification on scope of package. We can't really say until we know these answers.
 - 2. Q- Robin Weiss- With the redistribution of Buttonwood funds, what about Camden Hospital? A – Some language provision for Camden County Hospital if it's sold we are to be able to purchase services elsewhere. There is a lot of play on this situation. Camden has 150 psychiatric beds so it's a huge impact.
 - 3. Q- Joe Gutstein – what kind of housing will be created? Does that include RIST? A – Some variety of supportive housing.
 - 4. Q- Marie Verne - is there anything we've done to increase services for "emerging adults"/aging-out kids? A- We have a current debate about moving the 18 – 21 year olds to DCF but there's concerns. We're trying to separate out the resources for this population still.
 - 5. Q- Chris Lucca – Were there any additional funds to be considered for inmates being released from prison? A – No
 - 6. Q - Barbara Johnston – what about Runnells Hospital? A- OMB discussions were had to pull dollar limit in budget language out so we can move funds around easier when county hospitals close.
 - 7. Q – Winfred Chain – Why were houses cut for inmates with mental illness? Phil answered that those were federal dollars, not DMHAS funds. Steve answered that there is no effort to get additional resources since it wasn't our funding/program.

III. Sequester Overview – Steve Adams

- A. We had received an increase in Block Grant and we've had accruals in administrative resources and salary since we haven't hired. With the sequester were looking at using these accruals and contract reductions. For the SAPTBG, it's about \$2.5M and were looking at contract reductions for underutilization.
- B. Questions/Answers/Comments
 - 1. Q. Greg Karlin – But Medicaid expansion is 100% federally funded? A. yes but to some degree our resources will be freed up since its federal

dollars that they will use now.

2. Q. John Pellicane –The MATI program is State dollars. Will it have the same eligibility? A. It should. It should be same people just different money. There's a higher need than we can serve today. Most MATI clients are well under the 133% FPL
3. Q. Rachel Morgan -For DDD do they have to get Medicare? A. DDD is moving to serving only Medicaid eligible people.
4. Q. Jack Bucher – Sequester will go on for a while. Do we have enough resources? A. We have enough through September 1, 2013 so this cycle should be ok for Mental Health side. The substance abuse side is large and not finalized yet. If it goes on longer than that we have to look deeper.
5. Q. Tom Pyle – what percentage of budget is being affected by sequester? A. 5.8% of Mental Health Block Grant , Substance Abuse Block Grants and PATH Grants.

IV. Membership Subcommittee Report – Jack Bucher

- A. A draft selection criteria was distributed in the packets for review.
- B. It was approved with edits including adding the words personal/professional before experience.

V. Nominating Subcommittee – Phil Lubitz

- A. As part of his duties Phil asked Damyanti Aurora, Marilyn Goldstein and Helen Williams to be on the subcommittee to solicit a slate for Chair and Vice-Chair to be voted on in the summer.

VI. Block Grant Subcommittee Report – Donna Migliorino

- A. SAMHSA changed the due date from September 1 to April 1 and now its changed back to September 1 (the regulatory deadline for the Community Mental Health Block Grant)
- B. No barometer or core measures posted yet on Mental Health side but there are 12 measures in application that are the beginning of the core measures of the barometer
 1. We're looking to submit officially by June 3
 2. Most items will be uploaded to BGAS by April meeting
 3. Dona to send out BGAS log in information again
- C. We have to cut down our priorities from 16 to 9 (3 for Mental Health, 3 for children and 3 for Substance Abuse)
 1. Children
 - a. increase access to services
 - b. suicide prevention
 - c. special population/parenting teens/DDIMI
 2. Substance Abuse
 - a. women/dependent children
 - b. IVDU
 - c. HIV
 3. Mental Health adults

- a. Supportive housing
- b. suicide prevention
- c. consumer operated services

- VII. Olmstead Advisory Subcommittee – Phil Lubitz
 - A. We met last month and DMHAS is going above and beyond the targeted number of beds to be created.

- VIII. Administrative Issues /Review of Previous Minutes/Announcements
 - A. Minutes approved with the addition that it's at Ancora State Hospital for self-help recognition day (I.D.)
 - B. Marie Verna – UBHC did get the suicide prevention hotline award
 - C. Gail Levinson – DCA released its plan for Sandy relief dollars and a portion is for special needs housing
 - D. Recovery and Rebuilding announcement distributed to all in their packets
 - E. Phil Lubitz – the AP stylebook added on entry on mental illness

- IX. Future Topics
 - A. Maryanne Evanko- there will be a board meeting in April and financial literacy will be brought forth as a top priority in next year. Maryanne would like Jack and Marie to be involved.
 - B. Mark's survey monkey will be sent out in the next week or so as we need to better classify members for the Block Grant per their requirements
 - C. S-COPE/Hagedorn final report will be discussed at next meeting
 - D. Tom Pyle wants to know if anyone else wants to look into Medicaid expansion with him
 - E. Eli Lilly Grant go to National Council website and look for the award applications again in the fall

Next General Membership Meeting on 4/10/13- 10:00-12:00, Room 3000

The Membership Subcommittee will meet at 9 am on 4/10/13 and 5/8/13 in room 3052
 The Block Grant Subcommittee will meet at 9:30 am on 4/10/13 and 5/8/13 in room 3052
 The Advocacy Subcommittee will meet at noon on 4/10/13 and 5/8/13 in room 3052
 The Olmstead Advisory Committee will meet at noon on 6/12/13 in room 3052