

New Jersey Behavioral Health Planning Council
Meeting Minutes,
December 14, 2016 10:00 A.M.

Attendees:

Lisa Negron	Phillip Lubitz	Louann Lukens
Michael Litterer	Rachel Morgan (P)	Connie Greene
Joe Gutstein (P)	Damian Petino	Cheri Thompson
Pam Nickisher	John Pellicane	Thomas Pyle
Rocky Schwartz (P)	Irena Stuchinsky	Robin Weiss
Shauna Moses	Darlema Bey	

DMHAS, CSOC & DDD Staff:

Geri Dietrich (P)	Suzanne Borys	Donna Migliorino
Roxanne Kennedy	Mark Kruszczyński	Helen Staton

Guests:

Alric Warren (P)	Rod Bell (P)
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Meeting Minutes

I. Administration

A. Roll call

- 1) Quorum reached
- 2) Minutes from last meetings (11/19/2016) approved
- 3) Roll call

II. Synar Report [S. Borys]

- A. Legislature to prevent underage (≤ 21) tobacco sales, in accordance with state and federal laws
- B. Compliance report for SFY 2017
- C. Results may be found in <https://bgas.samhsa.gov/>
User name: citizennj Password: citizen
- D. Age 19 in NJ to purchase
- E. Reports due 12/31/2016
- F. Oversight: DHS DMHS
- G. Inspections: DHS OTNCF
- H. Enforcements by NJ Dept of Health.
- I. Findings
 1. 98 citations 13 fines
 2. 13 inspectors utilized in late Summer 2016
 3. S.S.E.S.
 4. 3 year coverage study completed.
- J. Intended use: reduce rate of youth tobacco sales for SFY 2017.
- K. Discussions to enhance retail violator rate.

- L. Increase \$ need for merchant education.
- M. 21 municipalities raised age of tobacco sales
- N. Coalitions are doing merchant education.
 - 1. Fine for selling is \$50
 - 2. DMHS wants to partner with Dept. of Treasury to impose bigger fines.
- O. Methodology
 - 1. Stratified random sample, stratified by:
 - a. County
 - b. Density of retailers (High, medium, low)
 - 2. 2) N=9402, n= 551, Sampling ratio = 5.8%
 - 3. Youth inspectors are aged 16-17 years.
 - 4. Next year E-Cigarettes will be included
- P. Coverage Study, every 3 years
 - 1. 83.1% coverage in 2016, 95% coverage in 2013
 - 2. 189 sites canvassed.
 - 3. 157 sites/vendors on list provided by Treasury
 - 4. 2010 US census Tracts
 - 22 census tracts were canvassed.
 - Minimum coverage rate 80%.

Sidebar:

Electric Nicotine Delivery System (E N D S).

Levels of Nicotine vary by variety of vape.

Side effect is pulmonary pathology of “popcorn lung”, due to additive to vape, Diacetyl

Diacetyl is not in flavoring; claims there is a decrease in use if vaping.

Discussion about why penalty fees aren’t higher for vendor violations of tobacco sales laws.

Concerns raised about possible unintended effects of Synar.

III. Sub-Committee Reports

- A. Substance Abuse Data Workgroup
 - 1) John P seeks information from Suzanne B on wait times for SA treatment.
- B. Membership: MK will check to see if the Assistant Commissioner has reviewed application materials of J. Barnes, J. Romer, and D. Bey.
- C. Advocacy

IV. Fee-for-Service (F.F.S.) [See PowerPoint By R. Kennedy]

- 67 total providers
- 17 providers to transition to FFS in January 2017
- 50 providers to transition to FFS in July 2017

V. **First Episode Psychosis (F.E.P)** [D.Migliorino]

A. Awardees

1. Oaks Integrated – Southern Region
2. Care Plus –Northern Region
3. Rutgers-- Central Region
4. Each agency will present next month

B. Team Composition

1. Team Leader
2. Recovery Coach
3. Supportive Employment Specialist
4. Peer Recovery Specialist
5. Prescriber (Psychiatrist or Nurse Practitioner)
6. Outreach Specialist

C. Services

1. The FEP programs are not like PACT in terms of being long term. They will serve a person up to 2 years.
2. They are recovery-focused.
3. They are patient-centered.
4. The programs are tailored to the consumers' needs.
5. The team is required to meet weekly to discuss the consumers on their caseload.

D. NJ will also be developing a Learning Collaborative for FEP.

E. FEP Teams have been trained by On Track NY through Technical Assistance received via the Mental Health Block Grant. The Technical Assistance will be continuing as we begin to roll out the Coordinated Specialty Care Teams for FEP and have conference calls with each of the teams. These calls are based upon roles (prescribers, peer recovery specialists, etc), to provide opportunities for learning and sharing of best and promising practices.

VI. **Announcements**

A. Agenda for January 11, 2017 meeting

1. Provider Perspectives on FFS
2. F.E.P. provider presentation
3. Discussion of Seclusion and Restraint

B. Block Grant: Solicitation for Comments on Block Grant Application

C. Cures Act: Competitive grant application, 2 year award, the federal award amount was less than expected.

1. There were eight CCBHC demonstration states.
2. DMHAS received an outstanding evaluation.