

**New Jersey Behavioral Health Planning Council (BHPC)
Meeting Minutes, January 13, 2016 10:00 A.M.**

Attendees:

Ernst de Haas	Brenda Sorrentino	Dan Meara
Phil Lubitz	Irina Stuchinsky	John Pellicane
Marie Verna	Ellen Taner	Thomas Pyle
Tonia Ahern	Robin Weiss	Rocky Schwartz
Damian Petino	Mary Abrams	
Sharon Harrigan	Christopher Lucca	

DMHAS, CSOC & DDD Staff:

Donna Migliorino	Suzanne Borys	Ruby Goyal-Carkeek
Mark Kruszczyński	Helen Staton	Tara Ellison
Robert Culleton	Yunqing Li	

Guests:

Scott Campbell	Luann Lukens	Rachel Morgan
Kim Mulford		

I. Welcome/Administrative Issues/Correspondence

- A. Introductions.
- B. Minutes from last meeting (12/9/15) approved.
- C. Announcements
 - a. Governor's address - \$100 million for Mental Health & Substance Abuse Treatment.
 - b. Possibility of turning mid-state prison into a treatment facility.

II. Olmstead Update – Donna Migliorino & Domenica Nicosia

- A. Olmstead Annual Update – The percentage of state hospital discharges to Supportive Housing for our CEPP population has gone from 11.11% in SFY 2011 to 29.18% in SFY 2015 and our overall state hospital population discharges to Supportive Housing have also increased during that same time period from 8.4% to 20.37%.
- B. Admissions to state hospitals (excl. AKFC) have significantly declined, going from 2938 in SFY 2006 to 1994 in SFY 2015.
- C. The total average census at the NJ State Hospitals (excl. AKFC) has declined from 2122 in SFY 2006 to 1424 in SFY 2015.
- D. We continue to see an increase in the number of adults being served in our community. In SFY 2006 there were 231,275 consumers served and in SFY 2015 there were 320,608 served.

- E. In addition, in SFY 2006, there were 2136 consumers served in Supportive Housing and 5205 in the state hospitals. In SFY 2015, there were 5989 served in Supportive Housing and 3581 served in the state hospitals.
- F. In examining the ranks of most popular placement types for CEPP consumers discharged from state hospitals, Supportive Housing was #1 during first quarter 2016 (July-September 2016). This reflects a rise in ranks from 2011, during which time Supportive Housing was the fourth most popular placement type, behind Private Residence, Group Home, and RHCF.
- G. The CEPP census has declined from 735 on 7/1/09 to 318 on 1/13/16.
- H. The number of CEPP consumers awaiting discharge since before July 1, 2008 has dropped from 297 at the time of the settlement (7/10/09) to 3. Of these three consumers, one is refusing to leave the hospital, another has legal issues, and the third is both refusing to leave the hospital and facing legal issues.
- I. DMHAS has exceeded the targets for bed development in the settlement agreement.
- J. The proportion of the year end state hospital census on CEPP status has gone from 50% in SFY 2006 to 27.6% in SFY 2015.
- K. The cumulative Olmstead appropriations have gone from \$5M in 2006 to \$96.006M in SFY 2015.
- L. BEDS training for providers is scheduled for 1/25-1/29.

III. Assessing Recovery Outcomes – Suzanne Borys

- A. Supposed to talk about the SHARP system, but that is now on hold because there is no funding.
- B. We are working with our community wellness centers on outcomes.
- C. On Monday, we launched our Common Ground Academy Recovery Library. Common ground is a person centered approach. We are going to implement this in our community wellness centers and our 2 recovery centers. There will be eight training sessions.

IV. NJ DCSOC: Data, Outcomes and how CSOC uses data to Enhance the Children’s System of Care – Ruby Goyal-Carkeek

- A. Reformed care is a non-risk based entity. This information can be used to assess consumer need, and set the priority for treatment. We meet regularly to look at the data. Our data dashboards are publicly available on the website. The dashboard shows the representation for each county statewide. This provides data on demographics.
- B. We use the John Lyons CANS tools. We have a lot of data and so all our services are ore-authorized.
- C. We have a geomap to determine where children are and how far they’re travelling for services, to determine if we need additional locations.
- D. We’ve also found families are accessing our system at a younger age.
- E. Performance indicators posted on treasury website.
- F. In 2006, we had 300 children receiving services out of state, we currently have 0 kids going out of state for treatment.
- G. Question about aging in/aging out.
- H. See the DCF Commissioners Dashboard on our website :

<http://www.state.nj.us/DCF/childdata/continuous/>

V. **Public Comment**

- A. Scott Campbell would like to clarify 2 paragraphs from his comments at last meeting, gave a copy of changes requested*.

VI. **Closing** – Phil

- A. Mid-March the Fed will be meeting here. Please try to be at the meeting March 16.
- B. The numbers from Donna’s presentation will be sent out to members.

NEXT GENERAL MEETING TO BE HELD

February 10, 2016, 10:00 am

New room location: First Floor Conference Room (CR 1-100A)

* Where the December 9th meeting minutes read “This is a privacy issue”, it was suggested to revise to “This is a privacy and safety issue.” It was also suggested to insert “in violation of 45 CFR 164.508 (a) (2).” after the statement “taken place behind closed doors”. And finally, “private conversations by a mental healthcare provider is defined by HIPAA as psychotherapy notes, not PHI”. “Psychotherapy notes contain domestic violence issues and criminal activities that if disclosed to a 3rd party in response to a chart review or audit, could jeopardize the health and safety of consumer and is in violation of 45 CFR 164.508(a)(2)”.