New Jersey Behavioral Health Planning Council Meeting Minutes, March 15, 2016 10:00 A.M.

Attendees:

Winifred Chain	Harry Coe	Michael Ippoliti
Phillip Lubitz	Lisa Negron	Marie Verna
Bruce Blumenthal (P)	Sharon Harrigan	Barbara Johnston
Christopher Lucca	Michele Madiou	Patricia Matthews
Dan Meara	Pam Nickisher	John Pellicane
Ann Dorocki (P)	Thomas Pyle	Rocky Schwartz
Brenda Sorrentino	Irina Stuchinsky	Ellen Taner (P)

DMHAS, CSOC & DDD Staff:

Geri Dietrich Mark Kruszczynski Yunqing Li Kenneth Eley Donna Migliorino Jonathan Seifried

Guests:

Louan Lukens

Cmdr. William Bolduc

- I. Welcome/Administrative Issues/Announcements A. Minutes from last meeting (2/10/16) approved.
- II. Subcommittee Reports Phil Lubitz & committee chairpersons
 - A. Phil talks about increases in funds, will go into this in depth at next month's meeting.
- III. SAMHSA Block Grant Monitoring Visit Cmdr. William Bolduc (CMHS, SAMHSA)
 A. Question What is the committee's major goals are what gaps are there? Answer – Marie – First episode psychosis, need more funding and education. Answer – Tom – Medicaid rates generally are a gap. NJ ranks 50th out of the 50 states in Medicaid rates compared to Medicare rates. The national average Medicaid/Medicare ratio is .76. NJ's ratio is .37, implying that NJ's Medicaid rates would have to double merely to equal the national average. Comment – Phil – New rates to encourage providers to accept Medicaid.
 - B. Q Cmdr. Bolduc Prior to that, how did that impact provider rates? What incentives were to providers prior to this?
 A Phil NJ was heavily subsidizing, there was a clear disincentive for outside providers, but it was a pretty good rate for those that did. NJ had a pretty good rate for those providers. Providers that never took Medicaid are now applying. A Marie In terms of capacity, the training... there are efforts to keep up. We have some very powerful behavioral health homes in NJ. Medicaid is trying to increase funds for tobacco cessation. We are the last in the country to integrate that.

A - John - The transition is creating positive movement but difficulties come with Medicaid. The size of the group may go up, will increase cost to agency. A lot of providers are concerned about their costs.

A - Phil - IMD exclusion is an impediment to care for some sectors of the continuum of care. It has outlived its usefulness.

C. Q – Cmdr. Bolduc – What have you heard from providers in terms of rates?
 A – Barbara – Concerns about access to care. Are providers equipped to handle it?

A - John - SA providers to some degree, managed care. Capacity gap, backlogs, big challenge. They need to work hand in hand.

A – Michele – Fair amount of anxiety, PACT committee meeting we will hear a little more.

A – Marie- NJ got one of the CCBHC grants, we have one of them, so will be very involved in learning more. So we need SAMHSA to help.

A - Phil - Our original 1115 waiver is about to expire. Little if any discussion with stakeholders about what the new one will look like.

D. Q – Cmdr. Bolduc – Dissemination of information to Planning Council, is there a feeling among providers that there's a spirit of transparency on the part of the division as far as sharing?

A – Sharon – Increase in Medicaid, difficult to find out rates.

A – Lisa – CSP never needed Medicaid, but it is affecting housing.

E. Q – Phil – How do you get information? How do you feel about the division's intent?

A – Barbara – The intent is there, a real interest.

A – Marie – When effort started, we weren't doing much. I began an effort to educate consumers. I try to teach, we just hadn't done that. Educating consumers is a need not being met.

A – Barbara – It's a good forum.

- F. Q _ Cmdr. Bolduc How does council monitor relocation of services? A – Chris – We formed a Data & Outcomes Subcommittee where council members can investigate and bring back to the Planning Council.
- G. Q Cmdr. Bolduc To what degree is the Planning Council involved in the budget?
 A Phil We list some shortcomings and hope it will be included. The Planning Council and Advocacy Committee can give testimony.
- H. Q Cmdr. Bolduc Regarding BHPC, do you feel consumers are being represented?

A – John – It is hard to get consumers to join the Planning Council.

A - Lisa - It is difficult to get them involved, transportation is an issue. A lot of them don't know how to be involved. Timing of medication is another issue. Applying is intimidating, we require a resume. They feel "what do they have to offer?"

A – Phil – We get many more applications than we have places.

A – Rocky – I've always felt totally welcome here, always respected. Not having enough detoxes is an issue, an EMT recently told me they don't even know where to take them, no recovery housing. Nothing for long term treatments in my area. A – Tom – More immediate concern for consumers coming out of residential, there's a housing issue. A large number of loved ones with psychiatric disabilities are on SSI/SSD. For the 120,000 New Jerseyans on SSI/SSD, receiving only about \$765 per month, there are only 40,000 "affordable" housing units available. A – Marie – I was on the membership committee… help consumers not feel intimidated. Some get a stipend, transportation is still an issue.

A - Marie - All these issues are important. We are missing voices of those who've been in the criminal justice system. We have to express to consumers that we really want them involved. A lot of them are out there and we need them to speak with us.

A – Phil – We didn't ask them if they were involved in the justice system, so there may be some (who have been) involved.

A- Pam - I've been in the criminal justice system as a child and as an adult. Supportive Housing has made all the difference to me. All the needs don't matter if they have nowhere to live.

A – Michael – Regarding the youth voice, transportation and time prevent them from being involved. Most are under 18 and still in school. Language is also an issue for them, most terms and acronyms used, most youth wouldn't be able to keep up at a meeting.

I. Q – Cmdr. Bolduc – Regarding Rocky's & Tom's concerns, what progress has been made in terms of wrap around? A – Rocky – It's still very broken, a month long wait after release.

Q – Cmdr. Bolduc – Are they able to access medication ?

A – Rocky – No, that's a month wait too.

A – Phil – It's a policy violation if discharged to a shelter. They are supposed to receive an appointment within a week.

A - Tom - A homeless shelter is not an appropriate place for someone who's a danger to themselves and others.

A - Lisa - I've seen major efforts in the number of vouchers for dual diagnosis. CSP works, but it's not 100%, it is up to the individual to maintain. Housing has to be taken care of first.

J. Q – Cmdr. Bolduc – Michael, what was your experience with the youth services you received. Did you feel you had enough access to services?
 A – Michael – It's hard to find a good doctor, they all want to give you meds. It's easy as far as information available, but hard to find a good fit.

K. Q – Cmdr. Bolduc – Peer support & its effect?

A – Michael – It was great. Comment – Dan – Wrap around, on addiction side, very early stages.

A - Sharon - It's very difficult to get through using the phone #. I also find it hard to keep up with the acronyms.

Comment – Mark – I have a list of acronyms I will send out.

Comment – Geri – Spoke about Contracted System Administrator (CSA) and Family Support Organizations (FSOs).

Comment – Marie – We have progressed in peer services. We recently did a survey and took resumes for peer specialists.

- IV. Closing Phil
 - A. Next month's meeting we will have a budget presentation, community support services, and adult suicide prevention.

NEXT GENERAL MEETING TO BE HELD Wednesday, April 13, 2016, 10:00 am

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