

New Jersey Mental Health Planning Council (MHPC)  
Meeting Minutes

**June 8, 2011**

Notices to announce the date, time and location of this meeting were sent out to the following news outlets: *Newark Star-Ledger*, *Asbury Park Press*, *The Times* (Trenton), *Bergen Record*, *The Press* (Pleasantville), and the *Courier-Post* (Cherry Hill)

**Attendees:**

Jacob Bucher	Bob Chain for Winifred Chain	Lisa Negron (Phone)
Karen Vogel-Romance	Helen Williams	Damyanti Aurora
Donna Best	Karen Carroll	Patricia Dana
Gregory Karlin	Angel Gambone	Teresa Buxton
Herbert Kaldany	Phillip Lubitz	Robin Nighland
Shauna Moses	Robin Weiss (Phone)	Rachel Morgan (Phone)
Angel Gambone	Mary Ditri (Phone)	Joseph Gutstein (Phone)
Harry Coe (Phone)	Marilyn Goldstein (Phone)	Regina Sessoms (Phone)

**DHS, DAS, DCBHS & DDD Staff:**

Roxanne Kennedy	Geri Dietrich	Paula Hayes
Mark Kruszczyński	Donna Migliorino	Suzanne Borys
Dona Sinton		

**Guests:**

Louann Lukens	Michael Ippoliti	Marti Knisley
Peggy Reif		

- I. Administrative Issues/Correspondence/Review of Previous Minutes and Subcommittee Minutes
  - a. The Council reviewed and approved the Meeting Minutes from May 11, 2011 with no corrections reported in the meeting.
  - b. The Council received the Membership Subcommittee Minutes from May 11, 2011.
  - c. The Council received the Mental Health Block Grant Subcommittee Minutes from May 11, 2011.
  
- II. Update regarding the merger between DAS and DMHS - Helen Williams
  - a. DMHAS received 300 surveys from providers and have to date 158 consumer and family surveys. DMHAS would like to receive 300 from consumers and families as well. The link to this survey was sent out with the agenda for today's meeting. Please forward as appropriate.

### III. Announcements

- a. Lynn Kovitch as been appointed as the Assistant Commissioner of the Division of Mental Health and Addictions Services (DMHAS).
- b. Raquel Mazon Jeffers has been appointed as the Deputy Director of DMHAS
- c. Valerie Larosiliere will return to the position of Assistant Director, Office of Housing, Policy and Planning for DMHAS
- d. Roger Borichewski has been appointed to the position of Assistant Director of Community Services for DMHAS
- e. John Whitenack has been appointed to the position of Assistant Director for the Office of Hospital Management with DMHAS.
- f. There is a memo to the Planning Council members regarding SAMHSA's requested change in membership and role of the Planning Council. If someone would like to self disclose or like to represent anyone of these populations identified in the memo, please contact Roxanne Kennedy.
- g. The Consumer Provider Association of New Jersey is holding their annual conference on Saturday, June 11 at Cook College Center, Rutgers University.
- h. The Supportive Housing Association is having a Focus Group Discussion in Lawrenceville and is looking for volunteers. The meeting will be held on Thursday, June 23 regarding the Money Follows the Person (MFP) provision that adds federal dollars to a fund as eligible persons leave institutions for community housing. This fund can be used to improve access to housing.
- i. The Quality Improvement Fair will be held on June 9 and people are free to register for this event.
- j. Through the Division of Military Affairs, UBHC will be holding a best practices training for professionals working with veterans on June 27 at the Imperia in Somerset county and costs \$27.
- k. The Red Mill Museum in Clinton NJ will be doing an exhibit regarding 300 years of Mental Health Treatment in NJ from May 15 through the mid of July. The Museum has been able to acquire artifacts and other items from hospitals across the State. Phil will bring flyers when available.

### IV. Update regarding IOC Committee Meetings.

- a. The IOC Committee met on 4/12/2011 and 5/10/11 and has been meeting monthly with two subcommittees, one regarding court procedures and the other regarding screening and training. There are four members of the Planning Council on the Committee –Angela Romano-Lucky, Phil Lubitz, S. Robin Weiss, and Jim Romer. These members were asked to report back to the Planning Council about the developments of the IOC Committee.
- b. There is 2 Million proposed in the FY 2012 budget to be spent on IOC services in seven counties in FY 12.
- c. The Screening Work Group is discussing screening and service delivery models to provide the appropriate services to an individual who is on IOC and various other components of implementing IOC.
- d. The Court Procedures group discusses the legal obligations as well as the actual processes needed to implement the legal requirements i.e. how does a psychiatrist get to court and where the hearings will be held.

- e. There are various organizations represented including the County Adjusters Office, the Administrative Offices of the Courts, county councils, advocacy organizations, provider agencies, NJAMHAA, MHESA, consumers, psychiatrists and family members.
  - f. Issues have been raised and discussed with the goal of an RFP by late fall. The Committee and Subcommittees are informing the RFP probes. Consensus is beginning to form around what services will be needed.
- V. Introduction to and use of the Substance Abuse Prevention and Treatment Block Grant (SATPBG) by Dona Sinton. There was a PowerPoint included and handout provided.
- a. Historically, the SAPTBG has been due annually 9/30 and the Synar report due 12/31. Now the SAPTBG will be submitted in conjunction with the mental health block grant so it is due on 9/1.
  - b. The SAPTBG is a total of 47 Million for Addiction Services.
  - c. The SAPTBG has several areas of key provisions. There is a State Maintenance of Effort (MOE) for expenditures related to TB, HIV and pregnant women and women with dependent children services for SA treatment clients.
  - d. There are seventeen goals and agreements in the SAPTBG. In the new application, there will be a check off box for State's to attest that they completed these goals. Some highlighted are:
    - i. Prevention- 20% (between 9-11M/year) of the BG is set-aside for primary prevention activities.
    - ii. Synar component- The State must conduct annual, random, unannounced inspections of both over-the-counter and vending outlets who sell tobacco products.
    - iii. HIV Early Intervention Services (EIS) - NJ is an HIV designated State. The State needs to carry out one or more projects to make available to the individuals early intervention services for HIV disease at the sites at which the individuals are undergoing such treatment. There are approximately 19 providers who provide EIS in NJ.
    - iv. TB Services- Any program receiving funds from the SAPTBG for operating a program of treatment for substance abuse has to follow procedures which address how the program will make available TB services.
    - v. Intravenous Drug Users (IVDU) – The State has to ensure that each individual who requests and is in need of treatment for IVDU is admitted to a program within 14 days after making the request for admission.
    - vi. Pregnant Women/Women with Dependent Children (PW/WDC) – Ensure that each pregnant women in the State who seeks or is referred to would benefit from such services is given preference in the admissions to treatment.
  - e. Independent Peer Review- The State must provide for independent peer review to assess the quality, appropriateness and efficacy of treatment services provided in the State to individuals in SAPTBG Funded programs and ensure that at least 5% of the entities providing service in the State under such programs are reviewed.

- f. Revolving Loan Fund – Establish and provide for the ongoing operation of a revolving fund to provide housing in which individuals recovering from SA abuse may reside in groups of not less than six individuals. Not less than \$100,000 will be available for the revolving fund.
- g. Charitable Choice - ensure that religious organizations may compete on an equal footing for Federal funds for SA services. However, religious organizations that are SA providers must give notice of the right to alternative services to all potential and actual program participants.
- h. Grant Restrictions- The State shall not expend the BG on the following activities:
  - i. To provide inpatient hospital services
  - ii. To make cash payments to intended recipients of health services
  - iii. To purchase or improve land, purchase, construct or permanently improve any building or other facility or purchase major medical equipment
  - iv. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
  - v. To provide financial assistance to any entity other than a public or nonprofit private entity.
  - vi. To provide individuals with hypodermic needles or syringes so that such individual may use illegal drugs. NJ's needle exchange program is run through the Department of Health and Senior Services.
- i. Priority Populations are:
  - i. Pregnant addicts
  - ii. Women who are addicted and who have dependent children
  - iii. Injecting drug addicts
  - iv. Substance abusers infected with HIV
  - v. Substance abusers who have TB
- j. Assessment of Need – The State is required to submit to the Secretary an assessment of the need in the State for authorized activities, both by locality and by the State in general.
- k. Question: What about men with dependent children? A: There are programs through DYFS that assist fathers with children but not specific SA funded programs at this time.

- VI. Federal Data collection tools used for Substance Abuse Services by Suzanne Borys. PowerPoint emailed and handouts made available.
  - a. State Plan- Intended use of FY 2011-2013 SAPTBG funds Planning: Needs Assessment and Utilization that includes:
    - i. Planning
    - ii. Treatment Needs Assessment Summary Matrix
    - iii. Treatment Needs by Age, Sex and Race/Ethnicity
  - b. Annual Report, Progress Report and State Plan in regards to Federal Requirements
    - i. Goal 8: Synar
    - ii. Goal 13: Needs assessment for treatment and prevention services utilization data
    - iii. Treatment Utilization Matrix

- iv. Number of persons Served for alcohol and other drug use
- c. Treatment Performance Measures
- d. Data Information Systems within DAS:
  - i. NJ Substance Abuse Monitoring System (NJSAMS)
  - ii. Prevention Outcomes Management System (POMS)
  - iii. Block Grant Support System (BSS)
  - iv. Contract Information Management System (CIMS)
  - v. Intoxicated Driving Program (IDP) Data System
  - vi. Other data sources
- e. Surveys used:
  - i. NJ Household Survey on Drug Use and Health, (2003, 2009)
  - ii. NJ High School Risk & Protective Factor Survey (2008)
  - iii. NJ Middle School Risk & Protective Factor Survey (2007, 2010)
  - iv. Co-Occurring Survey (2008)
- f. Planning: Needs Assessment and Utilization
  - i. Planning – requires the completion of a needs assessment data forms, utilization information and description of the State’s priorities.
  - ii. Needs Assessment Summary
    - 1. Form 4 – Treatment Needs Assessment Summary Matrix
    - 2. Form 5 – Treatment Needs by Age, Sex and Race/Ethnicity
- g. Goal 8 SYNAR reporting:
  - i. Draws the samples for the Federal survey and Coverage Study from the Treasury list of retailers
  - ii. Utilizes GIS to produce street level maps for the surveyors
  - iii. Analyzes the data collected
- h. Goal 13: Assessment of the need for both treatment and prevention in the State:
  - i. Data-based planning
  - ii. Statewide surveys
  - iii. Youth surveys
  - iv. Archival/social indicator data
  - v. Data work groups
  - vi. Risk and protective factors
  - vii. Household surveys
  - viii. Provider surveys
  - ix. Web-based reporting systems.
- i. Treatment Utilization by Detoxification, Rehabilitation/Residential, Ambulatory Care
- j. Treatment Performance Measures
  - i. Number and percent of clients at admission and discharge
    - 1. Employed/In School
    - 2. In Stable Living Situation
    - 3. Without Arrests
    - 4. Abstinent from Alcohol and Drugs
    - 5. Participating in Self-Help Groups
  - ii. Percent change from discharge to admissions

- k. Prevention Performance Measures – For the prevention portion of the SAPTBG the State-level reporting requirement for the NOMs listed in Forms P1-P11 will be fulfilled through the use of extant data from various sources
- l. The new FFY 2012 SAPTBG data requirements submission remains the same with the exception of Treatment Needs Assessment Summary Matrix (Form 4) and Treatment Needs by Age, Sex, and Race/Ethnicity (Form 5) which are no longer needed.
- m. There are links on DAS' website for SAMHSA Performance Outcome Measures and Treatment Episode Data Set.
- n. Question: Regina Sessoms (RS): Does the Self Help numbers include the Self Help Centers? A: No, this information is self reported and may not capture the SHCs.
- o. Comment: Helen Williams (HW) There are Double Trouble meetings at the Self Help Centers.
- p. Q: Herbert Kaldany (HK) Do you include performance enhancing drugs? A: Yes, steroid and other performance enhancing drug use is captured in surveys and data collection.
- q. Q: Joseph Gutstein (JG) Can you determine who is maintaining cessation or reduction of use? A: This information is captured at admission and discharge through the Client Specific Database. The Supportive housing module checks at every 6 months. There is a unique client identifier for each consumer so it is easy to track an individual's use of services through the different levels of care.
- r. Q: Phil Lubitz (PL) How do you find the costs for services across the state, are they varied? A: Through the Fee for Service program initiatives there is a standards rate structure statewide.
- s. Q: Jacob Bucher (JB) Has substance abuse increased? A: There is an increase in the use of service. The number of people who need treatment in NJ is 86,000 but not all of them seek treatment. Those who want treatment are captured through the Household Survey. There is about a 30% gap.
- t. Q: Karen Vogel-Romance (KVR) How are you capturing prescription drug abuse? A: We are trying to address through the Prevention Program and it is addressed in the Prevention Plan. The problem is NJ is that we do not have a system in place for prescribed drug abuse. There is a prescription drug abuse monitoring system being planned.
- u. Q: HK How does one interpret the unmet need demand? Q: This is a coefficient applied to each county census count to determine the number of people who seek treatment to determine need. There is information on DAS' website regarding the need and demand.
- v. Q: RS How are not using IV drugs being helped? A: DAS is currently helping them now but the IVDU are a priority population identified by the SAPTBG funds. DAS treats everyone including the indigent.

## VII. Olmstead Activities Update by Marti Knisley

- a. The National perspective on Olmstead
  - i. There is lots of legal activity with respect to State's commitments to being compliance with the Olmstead Agreement.

- ii. The Department of Justice has increased the number of staff attorneys and civil rights investigations.
- iii. There have been two major settlements, one in Georgia and Illinois. In Georgia, there is a new numerical requirement for supportive housing and Assertive Community Treatment. In Illinois, the Olmstead suit focused on Board and Care facilities qualified as institutions and the number of people living in nursing homes who were able to live in the community.
- iv. There seems to be a broadening of the definition of what qualifies as an institution.
- v. In New York there was a Federal mandate regarding their Board and Care Homes that has been appealed due to the allegation that the judge over stepped his jurisdiction. The Federal mandate required that anyone in a large Board and Care home of over 100 people or more had a right to live in the community and the State had to pay for it.
- vi. There are ongoing investigations in other States presenting challenges to HHS and HUD to finance and comply with those agreements and anxiety about financing all of these agreements to supply with what legal advocates are asking for.
- vii. The Frank Millville Supportive Housing Investment Act has passed and as a reform of the 811 Program. It changes Federal support to provide housing for people with disabilities. States will be able to apply for Federal budget based subsidies in large or small Federally funded housing projects. No more than 25% of units in any project can be for people with disabilities and must assure that these units are available for anyone across disabilities. This is the only other Federal housing project for people with disabilities in the US. NAMI was a sponsor as well as Senator Menendez from NJ. The application will be competitive nationwide. The State must have an agreement between HFMA, DHS and Medicaid. Marti recommended the Planning Council have someone speak to them about this Act. CMS and HHS are excited about this Bill because this will assist people getting out of institutions and they will have technical assistant grants soon. This moves housing towards being individualized for people.
- b. In NJ, Olmstead work is proceedings. DMHS is able to get new contracts into the field and get the individualized services in the community. It will get tougher and tougher to get people into the community with the individuals who have greater needs and as there are capacity issues. Individuals who are more difficult to place are those with legal charges and complex medical problems and this will require a greater effort.
- c. People have been readmitted because their plans are not individualized enough and we need to be able assess whether or not we have in place what needs to be in place for the individuals' success.
- d. The Community Support Service (CSS) will hopefully be approved soon and there is a possibility that it will be approved next week. State regulations will need to be in place as well as provider readiness for CSS services to be delivered. Marti spoke to providers in the Southern region yesterday at Ancora and will be at

Trenton Psychiatric Hospital to speak to the Central and Northern Region Providers on Friday.

- i. CSS is a combination of case management and direct services.
  - ii. CSS Staff assist persons with their illness management, preventing and intervening in a crisis, and skill development on an individualized basis that has been historically provided in a day program.
  - iii. Staff need to have the skills and knowledge to do direct services and skills at the same time and will need to be retrained.
  - iv. CSS is similar to ACT but more rehab focused.
- e. Question: PL There was a recent court case in California to reduce prison population. Could Olmstead be applied to prisons? A: Yes it could but there is a focus on institutions now like psychiatric hospitals, nursing homes and boarding homes.
- f. Q: JB There is personal choice regarding living situations. Are we tracking in regards to where individuals want to go? A: There are preference surveys. If we can't honor the choice of the consumer, than we have missed an opportunity for individual success. Choosing where to live and with whom is an empowering opportunity. DMHS is working on a community portal that will record the Housing Preference Index (HPI) that captures consumer choice, the treatment team's recommendations and the actual discharge placement. A consumer is more likely to confide in a peer regarding their fears regarding placement.
- g. Q: RS The State will need local support to provide housing with the 811 program change. Towns are adamantly against group housing. A: To be clear, the 811 program change is that housing will no longer be for group housing. Through a tax credit program, developers must have no more than 25% of the units for people with disabilities rather than disability specific housing. The proposed rules will be out later this summer and the Planning Council should revisit this in the fall.
- h. Q: JG What is the criteria for a successful Olmstead Placement? A: Legally a person who is able to move to the most integrated community setting as possible. Each State's settlement agreement goes into more detail and NJ has more quantitative measures not necessarily qualitative. The Plaintiffs look at the information provided by the State to see if they are in compliance with the terms of the Settlement Agreement.

#### VIII. Review of Subcommittee information/Future Agenda

- a. Proposed agenda items for July and months to follow:
  - i. Lynn Kovitch to attend in July to introduce herself to the Planning Council.
  - ii. Information about the Comprehensive Medicaid Waiver
  - iii. Block Grant update
  - iv. In July we will have an adopted State budget so someone from DMHAS should speak to the Planning Council about the budget.
  - v. Information about Consumer Operated Services.
  - vi. Director Turbetti from DCBHS Office of Adolescents Services to talk about aging out services.

- vii. Speaker about veteran's services.
- viii. Summary of the responses to the IOC RFI
- ix. Health Information Exchange Information

**Next Meetings:**

MHPC General Meeting: 07/13/11, **10:00am-12:00** noon, Room 336

Community Mental Health Block Grant and Membership/Nomination Subcommittee:  
07/13/11, **9:00am**, Rm. 378

Olmstead Advisory Committee  
07/13/11, **12 Noon**, Rm. 378