

New Jersey Mental Health Planning Council (MHPC)
Meeting Minutes

May 11, 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	Winifred Chain	Lisa Negron
Karen Vogel-Romance	Karen Carroll	Marilyn Goldstein
Donna Best	Barbara Johnston	Phillip Lubitz
Patricia Matthews	Robin Nighland	Robin Weiss
Tom Leach	Marie Verna	Angel Gambone (Phone)
Jim Romer (Phone)	Regina Sessoms (Phone)	Joseph Gutstein (Phone)
Harry Coe (Phone)		

DHS, DAS, DCBHS & DDD Staff:

Roxanne Kennedy	Geri Dietrich	Paula Hayes
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Guests:

Louann Lukens	Michael Ippoliti	Donna Icovino
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- I. Administrative Issues/Correspondence/Review of Previous Minutes and Subcommittee Minutes
 - a. The Council reviewed and approved the Meeting Minutes from April 13, 2011 with the following corrections:
 - i. Joseph Gutstein made the following comment regarding Global Waiver and would like this information clarified on Page 3 of the April Minutes. “The information in Section V.(f)v. of the minutes regarding Global Options ("GO") may be only partially true. Individuals under 60 with a primary mental health diagnosis and a physical disability which requires a nursing home level of care are excluded from GO and can not remain in the community by using that Medicaid waiver program. They can go to a nursing home under Institutional Medicaid until they are 60 and then return to the community under GO. I've heard DHSS has denied applicants GO if their primary diagnosis is a mental illness. They say the program excludes them.”
 - ii. In Section III, e. under Announcements should read “NAMI Mercer website” and not “NAMI NJ website”.
 - b. The Council received the Wellness and Recovery Transformation Action Plan Review Subcommittee Minutes from April 13, 2011.
 - c. The Council received the Olmstead Advisory Committee Minutes from April 13, 2011.

- II. Update regarding the merger between DAS and DMHS - Marie Verna (MV) attended the DMHS and DAS Merger Forum Committee meeting. Helen and Marie attended the April meeting.
- a. Helen and Marie raised the question from the Planning Committee asking if the forum and survey process included adolescents. DMHAS reported that there was no forum or survey designed specifically for adolescents; however, the department is working on getting input from adolescents and people who are transitioning from the children's system to the adult system. Efforts include:
 - i. Provider Survey that brought to light concerns about licensing and workforce development.
 - ii. A consumer and family survey that is currently running and is available on NAMI's and DMHAS' website.
 - iii. County Level Forums
 - iv. Consumer/Family Forums
 - b. The Merger subcommittee received a presentation from the merged licensing units of each Division and received an organizational chart of the new Office of Licensing.
 - c. Merger of the Councils of both Divisions
 - i. DAS does not have a federal mandate of a Planning Council like Mental Health
 - ii. DAS has a Professional Advisory Committee (PAC)
 - iii. DAS just formed a Citizen's Advisory Committee (CAC) that is in its infancy.
 - iv. It was suggested that this Planning Council and the CAC have a joint meeting in the future.
 - d. Are there any plans to create a Wellness and Recovery Transformation Action Plan that merges the goals of the merged Divisions? The answer from DMHAS was yes but licensing and regulations are taking precedence
 - e. Have you presented information on how the Board and Planning Council have been formed over the years and is a Federal mandate? A: We have made them aware of the federal mandates and will eventually merge the CAC and Planning Council in the future.

III. Announcements

- a. Lisa Negron reported that at the Central Regional SCAC meeting there was clarification regarding the possibility that SHCS may not be a Medicaid billable service but would be excluded from the global Waiver.
- b. Cathy Boland is having a meeting with the Supportive Housing Association regarding Supportive Housing outcomes
- c. There have been Shelter Plus Care grants and vouchers obtained through Monarch Housing who received 10 Million in financing of Supportive Housing in 15 counties.
- d. The Quality Improvement Fair will be held on June 9 and people are free to register for this event.

- e. 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.
- f. 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.
- g. Harry Coe announced that the Consumer Provider Association annual meeting is on June 11 at the Cook Campus.
- h. There will be two open houses of the Self Help Centers at Greystone Park and Trenton Psychiatric Hospitals that will be held on 5/26 and 5/27 respectively.

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. The Governor has put 2 Million 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, family, members.
- f. Q: Who are the consumers on the IOC Committee? A: Wayne Vivian, Lori Bell, Robin Weiss.
- g. Marie Verna (MV) Q: Is the scope of the IOC Committee reviewing the RFI with the hope of developing an RFP? A: No. The IOC Committee is there to direct the IOC processes and bring back responses and input from their agencies and constituency.
- h. Michael Ippoliti (MI): Has the Committee looked at other States IOC programs? A: Starting to look at Wisconsin, Michigan, Virginia and New York. Wisconsin has the most similar system with a unitary screening law where criteria for both inpatient and outpatient commitment are the same.
- i. MV Q: Do the Committee members have a sense of what kind of information was submitted in the RFI? Could the Planning Council have some sort of synopsis of the RFI? A: The members of the IOC Committee are requesting some kind of synopsis of RFI be available to the IOC Committee. Will check to see if Planning Council could also have a copy of that.

- j. Jim Romer (JR) comment: The screening centers are at the center of responding to the RFP. And the feedback Jim is receiving is that many counties are not interested in responding to an RFP in the first round.
- V. Projects for Assistance in Transition from Homelessness (PATH) – Ilene Palena
- a. Ilene passed out a handout of a brief overview of the Federal PATH program Grant.
 - b. There are several parts of the Grant
 - i. Executive Summary describes how we are using the State Mental Health plan and PATH, addressing SAMHSA’s strategic initiatives and data. The two strategic initiatives are cities with a poverty rates greater than 50% of the state median of 8.7% and homeless services to veterans.
 - ii. The Grant is to be based on last year’s funding level.
 - iii. Funds are distributed based on State’s urban areas and based on the highest needs. DMHS is directing money to those counties
 - iv. There are 17 agencies receiving PATH funds.
 - c. The current focus of PATH is to street outreach and case management.
 - d. DMHS adopted the federal outcome measures to measure NJ PATH outcomes.
 - e. DMHS will be clustering PATH programs in FY 2012, beginning 7/1/2011
 - i. DMHS is requiring that 80% of their contacts are new enrollees.
 - ii. Money should be spent for meeting consumers basic needs
 - iii. PATH will be a time limited supportive services once people are housed.
 - iv. DMHS moved rental subsidies out of PATH and they are administered under other DMHS funded programs.
 - v. 50% of those enrolled will be linked with community mental health services
 - f. Working on Data Evaluation Council with SAMHSA who is redoing their annual report survey and working with Homeless Management Information System (HMIS) to improve data quality. Asking for a data quality procedure from SAMHSA.
 - g. Winifred Chain (WC) Q: How would someone not in the system apply for these funds? A: PATH does not provide funding for ongoing housing. Providers work within their continuum of care and to develop new housing opportunities. To be eligible for PATH, one needs to be homeless or about to be homeless. PATH is not income oriented. For example, the HUD Continuum of Care dollars on the Supportive Housing Association website provider information about what agencies received those vouchers.
 - h. Phillip Lubitz (PL) Q: Where did the rental subsidies go? A: They are held by an agencies supportive housing program. If an agency does not have a supportive housing program but has another agency within the county, the individual could be transitioned to that agency in the County.
 - i. MV Q: Peer specialists are good at engagement and outreach. Are there plans to include peer specialists in PATH? A: Yes in the intended use plans there is a reference to have consumer and family involvement in the development and organization of the PATH program. DMHS encourages the use of peer specialist. There is a consumer provider network involved with SAMHSA in the planning of

PATH. PL commented that when we make workforce development recommendations in the WRTAP review that we recommend peers be involved in PATH.

- j. The Planning Council will send a letter of support and to notify that the Planning Council has been informed and updated about the PATH grant.

VI. Update regarding the Development Disabled and Mentally Ill Task Force- Donna Icovino, Chair, and Paula Hayes, Co-Chair

- a. In January 2008 the Task Force convened for Developmental Disorders and Mental Health and Behavioral Disorders.
- b. There was a core task force of 25 individuals who were self advocates, family members, service provider representatives, state officials and educators. There were subcommittees made up of a similar profile.
- c. Within nine months, the subcommittees completed their work and the completed task force report was given to the Commissioner in October, 2008.
- d. This report was a blue print for developing a quality, person –centered, accessible, sustainable, cross agency care system for the dual diagnosed population.
- e. The task force asked that an Executive Oversight Board be implement the outcomes of this initiative. The Commissioner designated this Board but due to budget issues, it has been difficult to implement the recommendations.
- f. There were many recommendations but there were 4 priority areas identified:
 - i. Development of a continue of crisis response services through the Medicaid State Plan Amendment
 - ii. County based collaborative team response for services
 - iii. Create a workforce competency through training and technical assistant
 - iv. Case management – specialized team for the dually diagnosed population.
- g. Created an implementation plan through the clinical workgroup
 - i. Crisis response service system – target specific services already in existence through DCF and leverage Medicaid dollar. These targeted services are:
 - 1. Integrate MH and DD with mobile response and stabilization management services
 - 2. Crisis beds for adults and children
 - 3. Intensive in-community and in-home services for adult and children.
- h. The implementation plan was completed in 2010 and a Mercer Consultant was brought in to make sure the plan was doable and to provide rate setting.
- i. Achievements on what has been recommended:
 - i. Looking at money spent on crisis response service and trying to draw down federal match for these services
 - ii. Case management. DDD is trying to reduce the number of people on a case manager’s caseload. This is beginning to be accomplished by transferring cases to the Division of Disability Services
 - iii. Workforce competencies: The Bogg Center has had several sessions to create specialized training for people who work in the field with dual

diagnosis of MH and DD. DCBHS has had trainings in dual diagnosis services as well.

- j. Families look to out of state placements due to waiting lists. Six slots have opened at Linden for NJ dual diagnosis consumers.
 - k. There have been delays due to the economy and the change in Governor. The role of the government needs to be care for the most vulnerable.
 - l. Donna has been meeting with the Legislative offices to prioritize recommendations. It has been recommended that the priority is the incremental building of a comprehensive crisis response system to be put into the State Plan Amendment.
 - m. The DD/MI Task Force Report and Implementation Plan are on the DHS website. There is also a Family Crisis Handbook and Pamphlet on the DD website to inform families about the Crisis process for the dual diagnosis consumers.
 - n. PL Q: What could you recommend to do that would be most effective. A: Continued advocacy with the DHS Commissioner, DCF Commissioner, Governor and Legislature. We need to be able to operationalize services.
 - o. JG Q: What are you using to measure the goals that are achieved? A: There was a lack of data and that made it difficult to make decisions. Anything implemented requires data that will be included moving forward. Decision making on reliable data.
 - p. The Planning Council agreed to send a letter of support for funding and building on this system of care to DHS Commissioner Velez and DCF Commissioner Blake. This letter will be reviewed by the Planning Council before it is sent out.
- VII. Review of Subcommittee information/Future Agenda
- a. Olmstead Advisory Committee. The Division continues to discharge at a rate as established to settlement. However, there are two issues:
 - i. The tracking of readmissions does not include STCF or County hospital. It has been recommended that DMHS begin to track this as well.
 - ii. There are as many placement of individuals to boarding homes and RHCs as there are to supportive housing. However, personal choice may be a factor. The Housing Preference Index (HPI) may indicate consumer preference but it does not equate what someone may have wanted and what their actual discharge becomes.
 - iii. Lack of tracing of CEPP in the County Hospitals.
 - b. Membership Subcommittee:
 - i. In the Federal Block Grant Guidelines there is a call to change the role of the Planning Council to include reviewing the Substance Abuse and Prevention Block Grant.
 - ii. We are also encouraged to expand membership to include consumers and families of substance abuse services.
 - iii. The Membership Subcommittee has a few comments to submit regarding the changes to the Block Grant for the September 1 submission. These comments are due June 5, 2011.
 - c. Proposed agenda items for May and months to follow:
 - i. Information about Consumer Operated Services.

- ii. The Council should have updates regarding the various Task Forces as a standing agenda item.
- iii. Director Turbetti from DCBHS Office of Adolescents Services to talk about aging out services.
- iv. Susanne Borys and Molly Greene should present about the Federal data collection tools used for addiction services.
- v. Speaker about veteran's services.
- vi. The issue of the County hospitals not being included in the Olmstead Settlement
- vii. Dee Schlosser regarding Regulations
- viii. Summary of the responses to the RFI
- ix. Health Information Exchange Information

Next Meetings:

MHPC General Meeting: 06/08/11, **10:00am-12:00** noon, Room 336

Community Mental Health Block Grant and Membership/Nomination Subcommittee:
06/08/11, **9:00am**, Rm. 378