

# **New Jersey Mental Health Planning Council (MHPC)**

## **Meeting Minutes**

**January 11, 2012**

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	Lisa Negron	Karen Vogel-Romance
Annette Wright (phone)	Leah Barhash	Bruce Blumenthal (DOC) (phone)
Patricia Dana	Mary Ditri (phone)	Alice Garcia
Ana Guerra	Joseph Gutstein (phone)	Michael Ippoliti
Barbara Johnston (phone)	Phil Lubitz	Gail Levinson
Shauna Moses (phone)	Brenda Pateman (phone)	Hazeline Pilgrim (phone)
Jim Romer	Marie Verna	Robin Weiss (phone)

### **DMHAS, DCBHS, DCF-OAS, & DDD Staff:**

Patricia Bernabe	Suzanne Borys	Robert Culleton
Geri Dietrich	Jonathan Sabin	Robin Nighland
Dona Sinton	Jessica Trombetta	Ann Wanamaker

### **Guests:**

Peter Cooper	Harry Coe (phone)	Carolyn Davis
Gregory Karlin	Louann Lukens	Rachel Morgan (phone)

- I. Administrative Issues/Correspondence/Review of Previous Minutes
  - A. A letter to Commissioner Velez from the MHPC in support of the DD Task Force recommendations that were presented to the MHPC in late Spring 2011 was approved to be sent
  - B. The Council reviewed and approved the meeting minutes from the December 14, 2011 Planning Council meeting with minor corrections:
    1. change punctuation of bullets on page 3
- II. Announcements
  - A. Information on a webinar to be conducted by Fran Dreshe on January 26, 2012 was distributed; room 378 is reserved at this location if you want to participate here or you can participate at your own location
  - B. We plan to have a new member orientation in late winter or early spring
  - C. The MHPC website will be updated to include previous agendas and minutes, as well as the calendar of meetings for 2012 (see [http://www.state.nj.us/humanservices/dmhs/boards/planning\\_council.html](http://www.state.nj.us/humanservices/dmhs/boards/planning_council.html))

- D. COMCHO conference will be on April 28, 2012 – “Recovery is as easy as ABC”; cost is \$80 for consumers and \$100 for others
- E. DMHAS announced an Addictions Recovery Support Center RFP with a mandatory bidder’s conference to be held on January 25, 2012 at 10 am.
- F. UBHC has expanded its center; promising practice letters for quality improvement projects are due this month and your agency could win a quality improvement trophy; Marie Verna to send the announcement to Shauna Moses
- G. Gail Levinson announced that the Supportive Housing Associations is working with statewide organizations to get trust fund reinstated

### III. DCF- Office of Adolescent Services (OAS) – Jessica Trombetta

- A. Ms. Trombetta has a long history of working with adolescents
- B. OAS was formerly named the Office of Adolescent Practice and Permanency and located in the Division of Youth and Family Services (DYFS) 3 units within DCF but in 2010 became a stand alone department level office serving DYFS, DCBHS, and DPCP (Division of Prevention and Community Partnerships).
- C. She distributed 3 documents which included a list of OAS staff, the adolescent strategic plan and supplemental report.
- D. When asked she discussed how Rutgers University (through the School of Social Work) oversees the Transitions for Youth program which includes the Summer Housing Internship Program (SHIP), Project Myself (mentoring), and the Youth Advisory Boards (YABS). The SHIP programs services 40 college students who are homeless for the summer. The SHIP is located at 4 sites statewide and students received housing, an internship, life skills, college credits, and a stipend.
  - 1. Question: Robin Weiss – What’s available for a student in foster care? Answer- They can receive money for school, housing, and other case management and support services.
  - 2. Question: Joe Gutenstein – Any data on how youth are faring when transitioning out of DYFS? Answer – poor outcomes nationwide but I don’t have any data for NJ readily available
  - 3. Question: Is the same true for co-morbid issues? Answer – Probably not very different; data on youth in care for 37 or more months shows that these youth have touched the MH system at some time
- E. She discussed strategic planning sessions that included youth, parents, providers and state agencies, as well as informal site visits to get other feedback; they developed a new mission, purpose and principles this process; categories include housing, education/employment/physical/MH, criminal/legal services, cross systems, general transition support, youth engagement, and permanence and familial support; the plan is available online at <http://www.state.nj.us/dcf/OASStrategicPlan120611.pdf>
  - 1. Housing
    - a. Youth link is a bed tracking system for DCF so one call to PerformCare will have access to all beds; trying to leverage resources for youth
      - i. Comment: Lisa Negron – There should be a way to merge what you are doing with what we do for the adult system
      - ii. Question: Marie Verna – emerging adults in DCBHS system; who is the counterpart for these youth? Answer – It’s this office

2. Education/employment
  - a. Trying to build relationships with colleges; equal opportunity funding offices have reached out to DCF to work with them
    - i. Comment: Mike Ippolito – DCF came to our school and did a presentation
    - ii. Comment: Phil Lubitz- There's a natural interface between systems
    - iii. Comment: Robin Weiss- DCBHS would qualify for supported education
    - iv. Comment: Marie Verna – CMHS evidence based practice called supported education and its open to individuals in system; you should see Steve Fishbein
3. Physical/mental health
  - a. Understanding trauma is key
4. General transition support
  - a. Lifeskills programs in JJC facilities and financial assistance that is available; subpopulations of youth including those who are LGBTQI
    - i. Question: Jack Bucher - What's does LGBTQI mean? Answer - lesbian, gay, bisexual, transgendered, questioning, and intersex
5. Youth engagement
  - a. We call them the DCF youth advisory group
6. Permanence /familial support
  - a. Mentoring programs should include your supports; re-engaging with birth families in healthy ways since even though they shouldn't be going there they often do, help youth to identify people, places, and things that might be unhealthy if they return to their birth families after they transition out of the system
7. General cross systems
  - a. Looking at providers and purchasing of services, developing strategies that work for kids like YouTube, texting, etc.
8. Additional Questions and Answers/Comments
  - a. Bob Culleton – Where is this posted? Answer – Under hot topics on the DCF page
  - b. Jim Romer – The Memorandum of Understanding with the Department of Education needs to be moved through
  - c. Marie Verna- I heard about Peer Link in Florida that was founded by SAMHSA regarding the emerging adult population; its advocating on a national level. Answer – Florida has a great youth guide so they may be linked
  - d. Jack Bucher – funding mechanism for your ambitious plan? Answer – resources are out there that we're not aware of yet, so we're trying to understand what's out there before we duplicate
  - e. Jack Bucher- stakeholders met with Commissioner Blake and this was her project for aging out youth. Answer – It's ongoing
  - f. Comment – There is a strong partnership with DOE; kids get lost in the cracks without supported employment; strong partnership with those who are classified so when they are young we'll get their plans in place; the DCF education office hired from outside a person with college recruiter experience so that's beneficial

- g. Ann Guerra- Are you addressing gang violence? OTARY are 21 programs that are after school to prevent juvenile delinquency
- h. Marie Verna- Age difference is an issue between the departments
- i. What you can offer to someone currently in the system is different than those just presenting in the system
- j. Phil Lubitz – we could ask Ms. Trombetta to come back regarding particular transition specific questions we have for those youth with serious and persistent mental illness versus those just with emerging events
- k. Lisa Negron- the term should be mental health, not mental illness; we need to focus on the wellness and recovery concept

#### IV. Vivitrol Pilot Project - Suzanne Borys

##### A. A powerpoint presentation was given on the project

- 1. This project puts research into practice; reviewed literature surveys that led to the development of the pilot which is with individuals who are convicted of driving under the influence
- 2. It involves a sub-network of providers that was created that includes 11 agencies at 20 sites; it includes 100 voluntary participants age 21 and older who have an alcohol or opioid dependence diagnosis and those with Medicaid and private insurance are not eligible
- 3. Ann Wanamaker is present today too as she is the person on the ground running this project
- 4. The State gets a discount on the medication

##### B. Question and Answer/Comments

- 1. Question: Geri Dietrich – Who prescribes vivitrol? Answer – Any physician as it's not a controlled dangerous substance
- 2. Question: Marie Verna- Do psychiatrists prescribe this? Answer – yes but it could be any doctor
- 3. Question: Phil Lubitz – are poly-substance users eligible? Answer- yes, but they must be in the DUII program and have an alcohol or drug dependence diagnosis
- 4. Question: Marie Verna – To what degree has this been studied with national mental health centers? Has it been studied on the co-occurring disorder population? Answer – It's been studied more on the alcohol population and some universities have studied it as well as various pharmaceutical studies
- 5. Question: Jim Romer – As an example, there was a client who had a COD and multiple admissions and the State was able to get him on vivitrol and he's still alive. This medication made all the difference in his life. Longer outcome studies are needed and the system review meeting that got him on the medication did something substantial for his life.
- 6. Comment: Bruce Blumenthal – its difficult to rely on statistics sometimes and need to be more anecdotal

#### **Next Meeting**

MHPC General Meeting: 2-8-12, **10:00am-12:00** noon, Room 336