

**New Jersey Behavioral Health Planning Council**  
**Meeting Minutes,**  
**July 12, 2017 10:00 A.M.**

**Attendees:**

Christopher Lucca	Connie Greene	Ksenia Lebedeva	Tonia Ahern
Joseph Gutstein (P)	Michael Litterer (P)	Phil Lubitz	Rocky Schwartz (P)
Pamela Taylor	Winifred Chain	Harry Coe	Darlema Bey
S. Robin Weiss	Michael Ippoliti	Michele Madiou	Jim Romer

**DMHAS, CSOC & DDD Staff:**

Geri Dietrich	Mark Kruszczyński	Helen Staton	Donna Migliorino
Suzanne Borys	Sean Parnell	Yunqing Li	

**Guests:**

Alic Warren (P)	Julia Barugel	Roderick Bell (P)	Nick Liozzi
Louann Lukens	Eleanor Sottilaro	Rachel Morgan	

**I. Administrative**

- A. Introduction.
- B. Quorum reached.
- C. Minutes accepted from the June 14, 2017 meeting.

**II. Subcommittee Reports**

- A. Housing/Advocacy
  1. Subcommittee is working with Supportive Housing Association (SHA) on “housing road map” document.
    - a. Suggestion to use/obtain Housing and Urban Development’s (HUD) county-specific, Centralized Housing List (?).

**III. Movement of Division of Mental Health and Addiction Services (DMHAS) to Department of Health**

- A. Governor Christie has advanced a legislative resolution that would transfer DMHAS from the Department of Human Services to the Department of Health; this will go into effect in 60 days unless the state legislature puts forth a concurrent resolution to oppose this transition..
- B. Comments of Meeting Participants
  1. Monmouth County Children’s Interagency Coordinating Council (CIACC) voiced concern that as a provider they would now have to deal with 3 Departments (DHS, DCF and DOH) when providing services.
  2. South Jersey Provider Coalition raised the question as to why DMHAS moved from DOH previously.
  3. Burlington County indicated that they moved from the DOH.
  4. A provider member indicated that this was an impulsive decision by the Governor to help him on a national level.
  5. A member of the council asked if the council could do a petition
  6. Concerns were raised that after this, other services could move such as DDD, DCF and that this was not thought out well and may have a negative impact on the consumers served.
  7. A family member asked if they could reach out to legislators

8. A consumer member voiced concern that this was impulsive and the timing was poor.
9. Questions were raised as to why can't population health be addressed in the DHS? Is it the same in the criminal justice system, children's system, etc, that health issues can't be addressed unless they are in the DOH.
10. One of the members commented that this will be one of the biggest mistakes in separating from Medicaid.
11. "The move makes sense, but doesn't impact the Planning Council"
12. Concerns about the logistic realities of the move; concerns about poor-timing of the move (relative to Fee-for-Service transition, relative to gubernatorial elections; new commissioners (?))
13. "This is a move made by the Governor to acknowledge that substance abuse is a [primary] health issue".
14. "It's been about 14 years since substance abuse was moved from the Department of Health to Department of Human Service's Division of Mental Health and Addiction Services."
15. "How much will this [move] cost, , is there a budget?"
16. "The transition of children served by Div. of Developmental Disability (DDD) to the Department of Children and Families (DCF) was poorly executed; painful lessons were learned."
17. Burlington County Human Services talked about how difficult it is getting paid from two departments now, and to add a third would be very difficult.
18. A motion was approved for the Planning Council to have the Chair Phil Lubitz draft a letter of concern about this move. The letter is to be addressed to the Governor, the state legislature, the state senate, the relevant assistant commissioners and commissioners of both Department of Human Services and Department of Health.

#### **IV. Nominations & Election of Planning Council Chair and Vice-Chair**

##### **A. Nominations & Election for Chair of Planning Council**

1. Floor was opened up to accept any nominations from the Planning Council. There were no new nominations for Chair.
2. The Planning Council Nominations Subcommittee has nominated Jim Romer
  - a. Mr. Romer has over 40 years professional experience in mental health (particularly in the acute care system), and has lived family experience.
3. Mr. Romer was unanimously elected to be Chair of the Planning Council, in accordance with Article IV, Section 1 of the By-laws of the Behavioral Health Planning Council for a two-year term (July 2017 to July 2019.)

##### **B. Nominations & Election for Vice-Chair of Planning Council**

1. Floor was opened up to accept any nominations from the Planning Council. There were no new nominations for Vice-Chair.
2. The Planning Council Nominations Subcommittee has nominated Ms. Rocky Schwartz for Vice-Chair.
  - a. Ms. Schwartz has been in recovery for 35 years, has children with SED, is a member of NAMI, and is a nationally-recognized behavioral health advocate.
3. Ms. Schwartz was unanimously elected to be Vice-Chair of the Planning Council, in accordance with Article IV, Section 1 of the By-laws of the Behavioral Health Planning Council for a two-year term (July 2017 to July 2019.)

#### **V. Community Mental Health Block Grant and Substance Abuse Treatment and Prevention Block Grant Application Updates (D. Migliorino, S. Borys, G. Dietrich)**

##### **A. Initial Comments**

1. A notice was received of a \$4M decrease in Block Grant funding for FFY2018.
    - a. Suggestion made to discuss at subsequent meeting the possible implications of these budget cuts
    - b. An upcoming conference call will be scheduled with SAMHSA to discuss these budget reductions and their implications for the First Episode Psychosis 10% set-aside
    - c. Chairman Romer suggested that the Planning Council voices its concerns about these reductions; to communicate that reductions will not result in reduced quality of care, but rather they will result in fewer consumers being served.
- B. Mental Health (D. Migliorino)
1. WebBGAS was opened to the states for the first time last week (<https://bgas.samhsa.gov/>) A SAMHSA webinar training on WebBGAS is scheduled at the same time as today's Planning Council meeting.
  2. DMHAS staff will be contacting SAMHSA to inquire about changes in the Block Grant application, and implications for reconciling several data reporting tables.
  3. 10% Set-aside for First Episode Psychosis (a.k.a. Coordinated Specialty Care (CSC)) (Dr. Y. Li & S. Parnell).
    - a. Environmental Section: there are a series of questions that must be answered.
    - b. DMHAS does not fund CSC through state dollars, it is federally-funded, however the plan for 2018-2019 is to continue to fund the three CSC programs.
    - c. DMHAS will be asking to continue participate in the Learning Collaborative with assistance from On Track NY.
    - d. FEP Data Reporting
      - i. Clinical Client Level Data Spreadsheet will be used.
      - ii. National Measures:
        - Positive/Negative Symptom Scale (PNSS)
        - Columbia Suicide Severity Index
        - GAF
        - Data is to be measured on a six-month basis.
        - Adherence to prescription medication (90-day basis).
      - iii. Questions
        - Q: Do we have similar reporting of other DMHAS programs?  
A: The new, upcoming DMHAS client level database (CLD) will improve reporting on all programs and include outcome measures.
        - Comment: This is an example of quality work (among a limited population) with limited resources.
- C. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): (S. Borys)
1. Increased funding.
  2. No reduction in funds, \$48M
  3. Needs assessment has been updated: 897k residents in need of Substance Abuse (SA) services,(91K tot. demand=53k consumers with needs +37k consumers w/unmet needs).
  4. STORI: increased consumers served.
  5. New Updates (e.g., Mid-State Prison, 6 new grants, 3 new programs).
  6. Special Needs section on treatment gaps will be included in application.
  7. Substance Abuse Navigation Positions (DCF) for 15 state vicinages; there was a bidder's conference in June 2017.
- D. Children's System of Care (G. Dietrich)
1. There will be a section on the Block Grant Application for "Strengths".

- 2. The 2016 Inventory Assessment document is available online
- E. Q&A
  - 1. Q: In the Block Grant Application are there any sections regarding caregivers?  
A: Yes, sections of Family Support Organizations (FSO's) in the Children's section and Intensive Family Support Services (IFSS) in the adult mental health section).

**VI. Announcements/Closing Comments**

- A. The BHPC Housing/Advocacy workgroup is meeting immediately after today's meeting.
- B. The Mental Health Association of New Jersey will be hosting Parent Education classes.
- C. The BHPC would like to recognize the enduring contributions of Phil Lubitz as the former chair of the Planning Council. The Planning Council expresses its sincere hope that it can rely on his wisdom and expertise in the days ahead.

**VII. Meeting Adjourned.**

Next Meeting of the Planning Council,  
Wednesday, August 9, 2017, 10:00 am  
222 South Warren Street, Trenton NJ 08625, Room CR-1000

**Planned Subcommittee Meetings (8/9/17):**

9:00: Block Grant

12:00: Housing/Advocacy and Data