

**New Jersey Mental Health Planning Council (MHPC)**  
**Meeting Minutes**

**February 12, 2014 10:00 A.M.**

**Attendees:**

Winfred Chain	Lisa Negron (p)	Karen Vogel Romance
Helen Williams	Damyanti Aurora	John Calabria
Karen Carroll	Irina Stuchinsky	Maryanne Evanko
Marilyn Goldstein	Connie Greene	Joe Gutstein (p)
Donna Hallworth	Ashley Marchowsky (p)	Barbara Johnston
Phil Lubitz	Chris Lucca	Gail Mesavitz
Joanne Oppelt	Ann Dorocki (p)	Tom Pyle (p)
Ellen Taner	Robin Weiss (p)	Mary Abrams
Marie Verna		

**DMHAS, CSOC & DDD Staff:**

Suzanne Borys	Ruby Goyal-Carkeek	Geri Dietrich
Mark Kruszczyński	Elizabeth Manley	Donna Migliorino
Dona Sinton		

**Guests**

Lori Abrams	Jason Berenberg	Rodney Belle
Harry Coe	Kathy Enerlich	Jane Lee
Louann Lukens	Tiffany Malloy (p)	Louis Martinez
Michael Petnsor	Greg Valent	Alric Warren
Jill Williams		

- I. Administrative Issues
  - A. We've received a Technical Assistance Award from the Substance Abuse and Mental Health Services Administration (SAMHSA), with Advocates for Human Potential (AHP) as the contractor and Fred Sandoval as our consultant. Your packet has the lists of the other states involved in this cohort. We're just starting to meet with him to discuss the movement of our planning council to a behavioral health planning council, which will include discussion of membership and bylaws. We now can meet monthly with our consultant via phone and he may be able to join us in the summer for a planning council meeting. Our first assignment is to complete the BHIQ document for him.
  - B. Your packet also contains a recovery and rebuilding update handout. The NJ Hope and Healing Project is ending this week but SSBG funds for clinical services will continue. Connie Greene gave an update on the close out meeting with FEMA that took place today for Hope and Healing.
  - C. Minutes – The November and December minutes were approved as written

- II. Advocacy Subcommittee - Louann Lukens
  - A. We did an informal survey on the Boarding Homes issue.
  - B. Next meeting is March 12, 2014 at noon and all are welcome.
  
- III. Tobacco Services Overview – Jill Williams
  - A. She handed out her presentation (which was also emailed to members).
    - 1. Smoking is so prevalent with our population and it's not decreasing.
    - 2. We don't have a lot of detail for Mental Health population but NJSAMS collects it for addictions population
    - 3. Not paying for tobacco services increases Medicaid costs
    - 4. 50% of deaths in consumers with schizophrenia, depression and bipolar disorders are attributed tobacco
    - 5. Patients die from heart disease which is caused by tobacco
    - 6. Tobacco use interferes with some of the mental illness medications
    - 7. We do have smoke free workplaces/indoor areas
    - 8. We work with community environment and clinical treatment for Mental Health tobacco recovery in New Jersey
    - 9. going smoke free doesn't affect admissions per New York tracking
    - 10. Nicotine patches on folks in crisis helps with their agitation
    - 11. We spend no state dollars on tobacco control
    - 12. Mental illness and substance use disorders are not considered a disparity group, which is unfortunate because we would be eligible for more federal funding
  
  - B. Comments/Questions/Answers
    - 1. Q - Joanne Oppelt – Are you connected with GCADA at all? A. To an extent when they address tobacco and need assistance
    - 2. Q – Chris Lucca - What do you want from Council? A. I need a Strategic Plan. We need to look at the big picture. Medicaid coverage would help. Get behind the tobacco control program for pennies for health. Connie Greene also spoke passionately about the need for DMHAS to focus on tobacco.
    - 3. C - Tom Pyle – It would be helpful to hear more about how smoking and schizophrenia are connected. A – I can send the references.
    - 4. Q - Barbara Johnston – The settlement money is gone? A. Yes it's gone.
    - 5. C - Maryanne Evanko –Getting to young people is extremely important which can the council do to be of assistance? A. – I'd be happy to sit down and discuss ideas. Suzanne suggested connecting with the 17 prevention coalitions to help coordinate activities.
    - 6. Q - Joe Gutstein – I learned how smoke in the Mental Health System. What long term benefit comes from cessation when you're in crisis? It needs to be carried on in the community.
    - 7. Dona can give you Jill's email address if you want it
    - 8. Q - Phil -Can Advocacy Subcommittee look at this issue too? Louann said yes.
  
- IV. PerformCare – Kathy Enerlich
  - A. She did a PowerPoint which was distributed to attendees and later emailed to members

1. Formed in 1994. It's an MBHO and a NCQA accredited.
2. It's the contracted systems administrator for the Children's System of Care and its registers, authorizes and coordinates services for children, youth and young adults since 2009.
3. Child centered and family driven, community based and culturally competent
4. Available 24/7/365
5. Includes member services and care coordination
6. Performs telephone clinical triage and can authorize a crisis worker to be in the family's home within one hour of the call to PerformCare.
7. Services available for kids are broad
8. Strengths and needs tool by John Lyons is used to determine course of treatment for child
9. PerformCare doesn't do policies or provider management. That is for CSOC to do
10. Stakeholder engagement strategies include family leaders, provider utilization groups tailored reports, meetings and trainings, and targeted community outreach at events geared for families
11. Real time data is available to providers in CYBER
  - a. Also produce static reports for community planning groups
12. State maximizes federal revenue to support system growth
13. 2014 – Medicaid Wavier pilots/programs include
  - a. SED waiver
  - b. DD/MI waiver
  - c. PDD/ASD waiver for ages 3-5 Medicaid eligible
14. Other 2014 Initiatives
  - d. DD eligibility
  - e. SJI
  - f. Sandy long term recovery

#### B. Question/Answers

1. Q - Maryanne Evanko – How do parents learn of you? A-Through the schools, through word of mouth
2. Liz Manley from CSOC spoke on the outreach as well. We have CIACC's on the ground to tell folks in every county as well as ongoing presentations
3. Q - Barbara Johnson – Can we get electronic copies of this presentation? A. Liz said yes and will get to Dona
4. Q - Marie Verna – Do you track how many times you send a treatment plan back before they are eligible? A. Kathy said we track that. There's also no interruption in service when a treatment plan is returned, so it doesn't impact care. No disruption of services because of any back and forth.
5. Q – Winfred Chain – What's your phone number and I want to hand out brochures. A - (877) 652-7624 and we brought some with us today.
6. Q - Mark Kruszczyński – What lessons have you learned since the contract started? A. We've gotten better at working with the State on defining business rules. We're doing the steps before hand to make the application simple and user friendly for providers. We're also better at testing the product before it goes live. This includes providers who test the product ahead of time.

7. Q - Robin Weiss – If a parent has no insurance or private insurance and calls you, what happens? A. It doesn't impact child getting connected to care right away. . . If a youth is authorized for care, and has not applied for Medicaid, they will have to complete a Family Care Application.
8. Q - Phil – A family over the eligibility limit for Family Care is still able to get services? A- Yes
9. Q - Marie – What information is collected from family? A. Registration process includes a clinically structured triage interview, including reason for call and demographic information is collected. Liz Manley also commented that the Family Support Organizations have done some advocacy as well.
10. Q - Maryanne Evanko – Outpatient services are not being authorized at this time? What do you do? A. – We give parents contact information for three outpatient programs at time of call and send a follow up letter that includes up to 12 programs in their area.

**General Membership Meeting on 3/12/2014, - 10:00-12:00, Room 3000**

The Bylaws Subcommittee will meet at 9:00 am on 3/12/14 in room 3097

The Advocacy Subcommittee will meet at noon on 3/12/14 in room 3097

The Olmstead Advisory Committee will meet at noon on 4/9/14 in room 3097