

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

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

**Attendees:**

Lisa Negron (p)	Helen Williams	Annette Wright (p)
John Calabria	Karen Carroll	Pat Dana
Maryanne Evanko	Marilyn Goldstein	Connie Greene
Donna Hallworth	Mike Ippoliti (p)	Phil Lubitz
Chris Lucca	Gail Mesavitz	John Pellicane
Ellen Taner	Robin Weiss	Rande Thompson
Marie Verna		

**DMHAS, CSOC & DDD Staff:**

Geri Dietrich	Mark Kruszczyński	Jeff Martin
Donna Migliorino	Domenica Nicosia	Matt Shaw
Dona Sinton		

**Guests**

Jason Berenberg	Harry Coe	Greg Karlin
Debra Logan	Louann Lukens	Jody Silver
Brittany Smith	Greg Valent	Alric Warren

- I. Administrative Issues/Correspondence
  - A. Notes from last meeting
    - a. The notes from the February meeting were approved with an edit on page 1 that the award for Technical Assistance is coming from SAMHSA, and AHP is the contractor (Section 1.A)
  - B. Roberts Rules of Order allow for the election of a vice chair “pro tem”. The Nominating Committee has nominated John Pellicane for the vice chair role “pro tem”. The floor was open for other nominations, but no one self-nominated. John was approved to be the vice chair “pro tem”.
- II. Subcommittee Reports
  - A. Bylaws
    - a. Have been working reviewing the rules/regulations to allow us to move to a Behavioral Health Planning Council. In the interim we’ve been speaking with other states about their criteria for their merged councils.
    - b. We are looking at doing a job description for membership, updating the orientation guide and are recommending changing the name as a start
    - c. Other states have renamed as Behavioral Health Planning Council
    - d. Need to make motion today to change our name and then would vote on it at the next meeting.
    - e. Motion to rename it to “New Jersey Behavioral Health Planning Council” was approved
    - f. Q- Chris Lucca – Is this the direction other states are going? A- Yes

SAMHSA is recommending this.

B. Olmstead Advisory Subcommittee – Domenica Nicosia

- a. This deals with the settlement agreement with Disability Rights NJ and individuals on CEPP
- b. Individuals need to be discharged either four or six months post status of CEPP depending if they are legal or non-legal status
- c. Targets for 2013 – 85% of individuals designated CEPP
  - 6 months for legally involved
  - 4 months for non-legal
- d. As of last ¼ at 64.89% for non-legal, 58.7% for legal
- e. As of 9/30/13 only 9 left designated from pre 2009
- f. Questions/Comments/Answers
  - i. Q. - Chris – Are you worried about any of these numbers ? A. It's too soon to tell at this point. We're keeping an eye on it. We also have created numerous placements throughout the settlement.
  - ii. Q. - Pat – Have any been readmitted? A. We don't run the data that way.
  - iii. Q. – Marie – Settlement is over in June. Is there an oversight committee that will continue? A. – I don't have any information on that.

III. Budget Update – Matt Shaw

- A. He started with Medicaid as an analyst before becoming Budget Director. Following his role as Budget Director, he worked on Medicaid reform issues including maximizing funds, the Medicaid Comprehensive Waiver and Health Care Reform.
- B. For the most part it's an uneventful budget for DMHAS.
  - a. Received 7.2 million for Olmstead placements
    - 5.3 million is annualization of placements
    - 1.9 million is new placements in 2015
  - b. 1.3 million for IOC funds plus 2.4 million carry forward will be used to expand the program statewide
  - c. The decrease you see is actually a funding shift because of the increase in Medicaid Expansion. No change in services - just a shift to federal funding sources.
  - d. Funding shift for MATI because those individuals are now eligible for federal match through a Medicaid claim. Again, there is no decrease in service.
  - e. Questions/Comments/Answers
    - i. Q. Marie - Can you explain the Medicaid match? A - those who were already Medicaid eligible for it are at 50%, whereas those who are newly Medicaid eligible because of expansion are at a 100% match.
    - ii. Q. –Ellen – Are any Medicaid dollars allocated for prevention? A. – I don't know but I can look into it.
    - iii. C. – Marie – We'd like more funding for tobacco services for our consumers. Medicaid doesn't reimburse enough and Department of Health tobacco budget is flat.

- iv. Q. – Pat – The rehabilitation services are eligible January 1 but we're told providers can't do it yet. A. – It's still going through the approval process so they should be able to bill soon. It will be retroactive to January.
- v. C.-Marie – Seton Hall wants to know who is being denied for the essential health benefits (alternative benefits package).

IX. Block Grant Application due 4/1/14 - Donna Migliorino

- A. Several fiscal tables, certifications/assurances, and Planning Council documents and tables are due. There are some changes though. SAMHSA had a 3% and a 5% set aside requirement for the application. However, they were repealed. There is a new 5% set aside for Mental Health for early onset psychosis. We don't have guidance on this set-aside yet and BGAS still reflects the previous version.
- B. Dona Sinton distributed the Planning Council narrative and table documents for the Block Grant application. One portion of the membership composition table allows us to write a number for how many providers and individuals represent a diverse racial, ethnic, or lesbian, gay, bisexual, transgendered or transsexual population. If you can, please just mark an X on the column in the sign in sheet or email Dona if this is applicable to you.
  - a. Categories for diverse race or ethnicity could include Hawaiian Alaskan, African American, Asian, Hispanic, etc.

V. Mental Health Income Eligibility Survey – Mark Kruszczynski

- A. Surveys were sent to all contracted providers except acute care, legal PATH, IFSS and self-help centers
  - a. surveys were for data on consumers and completed by the providers
  - b. 50% random sample
  - c. 6443 responses (5,883 valid responses)
  - d. around 50 questions
  - e. close to 86% of consumers were at or below Federal Poverty level (0 – 133%)
  - f. about 46% not enrolled in Medicaid
  - g. This survey is for internal purposes to assist in our internal draft definition of SMI
- B. Questions/Comments/Answers
  - a. Q. Chris – Was letting the agency decide who to sample affecting the data? A. – It may bias a little but the large number of agencies and responses equaled out/balanced out whatever may have been skewed.
  - b. C. Marie – often consumers don't know if they have Medicaid. A. Yes but the agency that administers it would be able to help identify.
  - c. C - Gerri - Maybe some of them were really not eligible because they aren't here legally
  - d. Q. Marie and Chris – Should note that it's the agency reporting on behalf of the consumer
  - e. Q. Robin – Where are the anxiety disorders? A. We did also look at it that way. The other diagnosis occurred in frequencies of less than 10% for thirty

- some other diagnoses.
- f. Q. John – Co-occurring disorders number – these are just Mental Health agencies right? A. – Yes.
- g. C.- Phil – Purpose of the survey was to see who is going to be served by State funded dollars and to check out the SMI definition
- h. C – Marie – Report/presentation from Vicki on the status of defining SMI
- i. C.- Donna – Addictions has the DASIE, and this survey is a step to get Mental Health income eligibility

#### VI - BHIQ Document – Phil Lubitz

- A. This is a self-assessment tool our Technical Assistance provider has asked us to complete. The group discussed answers to the various sections of the document. Dona will use the discussion to draft the answers for the document.
  - a. Council Name - Behavioral Health Planning Council will be new name after the vote next month
  - b. Council charge- As a result of federal guidance we've begun to review Behavioral Health issues
  - c. Mission statement - Just mental health until we change our bylaws
  - d. Bylaws- addresses just mental health right now but we're in the process of changing
  - e. Membership – working on increasing substance abuse membership and will include prevention too
  - f. Staffing – multiple staff persons assigned who are subject matter experts
  - g. Agenda – covers multiple issues from both mental health and substance abuse
  - h. Workgroups – Block Grant, membership, bylaws, nominating, advocacy and Olmstead Advisory – Some are only mental health focused but can be expanded to address both substance abuse and mental health issues
  - i. Block Grant Application - we submit a joint plan
  - j. Fiscal information - yes we review both mental health and substance abuse fiscal information – improvements could be made to include children's fiscal person too, perhaps rotating between Mental Health and CSOC fiscal person every quarter
  - k. Needs assessment – yes we review both mental health and substance abuse information
  - l. Block Grant content knowledge – 4 on Mental Health knowledge, 2 to 3 for Substance Abuse knowledge
  - m. Special Projects – historically submits letters to agencies supporting or proposing changes to various projects
  - n. Block Grant review process- subcommittee meets and informs the general membership
  - o. Substance Abuse Counsel - There is the Professional Advisory Committee and the Citizens Advisory Council, both of which are not federally or state mandated
  - p. Strategic Planning - members to email Dona their answers to this section
  - q. Questions/Comment/Answers
    - i. Q. Chris Lucca – could data we saw today be a special project? A. No

- ii. Q. –Connie – Could a decision be made to recommend funding for something not funded now? A. Yes
- iii. C. – Mike - We could use a care group to advise us what we should be reviewing

**General Membership Meeting on 4/9/2014 - 10:00-12:00, Room 3000**

The Bylaws Subcommittee will meet at 9:00 am on 4/9 in room 3097  
The Olmstead Advisory Committee will meet at noon on 4/9/2014 in room 3097

The Advocacy Subcommittee will meet at noon on 5/14 in room 3097