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

# December 11, 2013 10:00 A.M.

#### **Attendees:**

Winfred Chain	Lisa Negron (p)	Karen Vogel Romance
John Calabria	Irina Stuchinsky	Marilyn Goldstein(p)
Connie Greene	Joe Gutstein (p)	Renee Ingram (p)
Phil Lubitz	Chris Lucca	John Pellicane
Tom Pyle (p)	Ellen Taner (p)	Robin Weiss (p)

Shauna Moses (p)

# **DMHAS, CSOC & DDD Staff:**

Suzanne Borys	Bob Culleton	Geri Dietrich
Mark Kruszczynski	Suzanne Mills	Domenica Nicosia

Dona Sinton

#### **Guests:**

Harry Coe (p)	Louan Lukens	Jody Silver (p)
Jason Berenberg	Brittany Smith	Debra Logan
Alejandro Ramos	Alric Warren	Rae Spence

#### I. Announcements

- 1. Consumer Provider Association Annual Meeting is January 25, 2014 at Cook Campus starting at 9:30 a.m.
- 2. NJPRA Annual Meeting was last month, with Robin Weiss receiving an award on Consumer Advocacy
- 3. The MHPC resubmitted its application to AHP for technical assistance (TA) on the bylaws and move to a Behavioral Health Planning Council
- 4. No meeting in January
- 5. We will vote on November Minutes at February meeting
- 6. Camden County Health Services Center has changed hands proposed new owner also owns in Burlington (Elmwood with Ocean Health Care)
  - a. John Calabria explained a bit of the Certificate of Need (CN) process
  - b. Beds will be voluntary or involuntary adult psychiatric beds
- 7. Two grants from DCF went out for evidence based programs to schools and Institute for Prevention and TLC won them for North and South
  - a. It's for follow up to Superstorm Sandy
- 8. Respite services RFP for DCF also closed yesterday.

## II. Olmstead Advisory Subcommittee Report – Domenica Nicosia

- 1. In 2013 target was 85% within 4 months of CEPP designation for non legal; legal CEPP is 6 months after discharge designation
- 2. Data not final until December 31, 2013
- 3. CEPP (conditional extension pending placement) these are consumers who don't have a place to go stay in hospital until they have a placement
- 4. Olmstead Settlement covers 2010 2014
- 5. Only 13 pre-2009 designees are still awaiting discharge
- 6. 48.5% of legal CEPP's were discharged within 6 months of designation
- 7. 60.1% of non-legal CEPP's were discharged within 4 months of designation
- 8. We've created a lot of Supportive Housing for those being discharged; it's number 2 in where people are discharged to, with RHCF's coming in as number 5
- 9. Questions/Answers
  - a. Q Joe Gutstein What are ramifications of not meeting placements in agreement? A. Phil Gives the right to return to court and reopen the discussion
  - b. Q John Pellicane Does this affect short term care facilities also? A. The push is community integration, so it affects them as less people going in the beginning
  - c. Q- Chris Lucca Would it be possible to see the 4 categories in a trend for 2009/2010/2011/2012 as it would be helpful to see it? A I can do that.

# **III.** Synar Report – Suzanne Borys

- 1. We are required to do a Synar Report annually due by December 31
- 2. We work with the Department of Health for this as they do the inspections and we do the analytical component
- 3. We get the license list from the Department of Treasury to develop the random list of retailers to be inspected
- 4. Youth inspectors conduct inspections to try to buy tobacco products
- 5. We had 311 outlets and 276 visits were completed. Only 32 purchases were made
- 6. Our retailer violation rate is 11.6%, well below the 20% requirement
- 7. This is a good rate because if we have higher than 20% we could potentially lose up to 40% of our Substance Abuse Block Grant.

# IV. Coverage Study – Suzanne Borys

- 1. Do this every 3 years
- 2. Randomly sampled 23 census tracts
- 3. Department of Health canvasses the areas
- 4. Coverage rate this year was 91%, exceeding the minimum of 80%.
- 5. Questions and Answers
  - a. Q- Connie Greene So is Health only doing the minimum? A- Yes, but they're meeting it and that's all that's required. With the loss of funding it's what can be done now
  - b. C-Connie Greene 17 regional Prevention Coalitions are meeting on Friday to discuss adding tobacco as an additional strategy, so that could help maintain a lower rate too.

## V. Strategic Plan Overview- Susanne Mills

1. Four Strategic Planning sessions were held in Spring 2013

- 2. Feedback from these meetings are being used to generate a multi phased 3 year plan
- 3. Not every DMHAS project will be on plan, as those that are independent will stay that way (such as SBIRT, Suicide Prevention, etc.)
- 4. Reviewed the 10 priorities that will be the focus throughout the plan
- 5. We will meet and communicate/include Stakeholders throughout the plan
- A. Can communicate at meetings, via email, website, etc.
- 6. Utilize communication email address: <u>dmhasworkplan@dhs.state.nj.us</u> to communicate about this Plan with State
- 7. Questions/Answers
  - a. Q- Phil Lubitz So consumers are only involved in communication workgroup?
     A. No, but this group will be the hub for the other groups to get stakeholders to be involved in the other group tasks
  - b. C- Ellen Taner The Advocacy Subcommittee will be interested in this and previous information should be shared with the workgroups
  - c. Q.-Joe Gutstein –Will this be different than the information from 2005 through the transformation? We were supposed to get information back then but didn't get more than one newsletter after that. A. We will be attending meetings and updating stakeholders regularly.
  - d. Q.-Chris Lucca Are the priorities rank ordered as listed? A Not at all
  - e. Q-Tom Pyle Who is in charge of running this whole process? A.- The Assistant Commissioner
  - b. C.- Tom Pyle This process needs to be trim and tight and needs more accountability. A.- Once the committee is formed and stakeholders included we'll have more information to share. It's an evolving document and work in process.

## VI. CMHBG monitoring site visit report – Mark Kruszczynski

- 1. Distributed handout on final report of visit from July 10-12, 2012 we just received
- 2. They reviewed multiple areas including integration of mental health and substance abuse, Olmstead Compliance, ASO/MBHO, Stakeholder Steering Committee, and waiver application.
- 3. Areas for technical assistance identified included: Planning Council to move to Behavioral Health, clarification with URS Tables, definition of SMI, and prevention initiatives such as Suicide Prevention.
- 4. Questions/Answers
  - a. Q Chris Lucca Is it normal to take so long to get a report? A. Unfortunately ves
  - b. Q Chris Lucca Does it impact the State to receive it so late? A- Phil no because it was a good report; it might impact a state that didn't get good results
  - c. C Connie Greene The state has been working on these areas for the past years so it's not bad it was received a year later.
  - d. Q Ellen Taner What family strategies have been applied? I'm happy to assist on evidence base family integration

#### VII. Open Discussion

1. Why is it so hard for people with mental illness to find work? A.- There is some networking with DVR that works, especially in the north. Per Winfred, It's difficult and it can be frustrating. Interviews happen but not hiring sometimes.

Per Phil, there has been a reduction in supported employment in past years.

Per Mark, There's no way to address all issues you mentioned.

C.- Lisa – There are businesses out there that hire. Some of them get tax breaks for doing so. It's hard to account for the missing time on your resume too which is difficult. Per Phil we should look at having employment initiatives speak at a future meeting

## VIII. Consumer Perception of Care Survey – Mark Kruszczynski

- 1. Sent to 566 sites, did receive 20% response rate (1,088 responses)
- 2. Mark provided overview of results, which were all in the 90<sup>th</sup> percentiles
- 3. Q. Harry Coe Do you have breakdown of spread of responses? A.- We can track that, and outpatient consumers submitted it the most. Phil would like Mark to review it by program element for next meeting.

General Membership Meeting on 2/12/14 - 10:00-12:00, Room 3000 The Olmstead Advisory Committee will meet at noon on 2/12/14 in room 3052

The Advocacy Subcommittee will meet at noon on 3/12/14 in room 3052