

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

November 13, 2013  
10:00 A.M.

**Attendees:**

Winfred Chain	Lisa Negron (P)	Helen Williams
Karen Carroll	Irina Stuchinsky	Angel Gambone
Alice Garcia	Connie Greene	Donna Hallworth
Barbara Johnston	Phil Lubitz	Chris Lucca
Gail Mesavitz	Joanne Oppelt	John Pellicane
Tom Pyle	Robin Weiss	Mary Abrams

**DMHAS, CSOC & DDD Staff:**

Suzanne Borys	Gerri Dietrich	Lynn Kovich
Donna Migliorino	Mark Kruszczyński	Brian Moss

**Guests:**

Greg Karlin	Bianca Ramos	Harry Coe
Peggy Reiff	Jody Silver	Mary Lynn Reynolds
Louan Lukens	Carol Katz	Jane Lee
Rachel Morgan (P)		

- I. Administrative Issues/Correspondence
  - A. Minutes from 10/9/13 were approved with the correction of the name Jody Silver
  
- II. Community Mental Health (CMH)/Substance Abuse Prevention & Treatment (SAPT) Block Grant
  - A. See <https://bgas.samhsa.gov/> for New Jersey's 2014 MHBG and SAPT Behavioral Health Reports (User name: citizennj, Password: citizen)
  - B. Review of MHBG Performance Indicators
    1. See *Table 2 - Priority Area by Goal, Strategy, and Performance Indicator* for full detail.
    2. State Indicator Summary
      - a. Supportive Housing: Performance: The number of consumers served by Supportive Housing will increase by 7% in SFY 2012 (relative to the projected 2011 estimate) and will increase by 5% in SFY 2013 (relative to the projected 2012 estimate). Indicator achieved.
      - b. Access to Mental Health Services in the Community for Adults: Indicator #1: In SFY 2012, an additional 2% consumers with SMI will be served, and an additional 3% in SFY 2013. Indicator #2: In SFY 2012 an additional 2% consumers with and without SMI, will be served and will be increased to 3% in SFY 2013. Indicator not fully achieved.
      - c. Supported Employment (SE): Indicator 1: SE contract performance: first-time placement or reentry of SE consumers into job placements. Indicator 2:

Number of consumers served by SE in SFY2012 and SFY2013 will be maintained at SFY2011 baseline. Indicators not fully achieved.

- i. Historically, not enough attention has been focused on SE.
  - d. Older Adults: 1) 20% increase in staff knowledge of behavioral crisis management in older adults with SMI- measured in pre & post training tests. 2) 7% admissions decrease to state non-forensic psychiatric hospitals of people aged >55. SFY2013 goal is 15% decrease. Indicator not fully achieved.
  - e. Intensive Family Support Services: Baseline data will be aggregated on the current proportion of minority families enrolled in IFSS, forming the basis of the 2013 performance indicator target. Relevant data on demographic/racial composition of its member families will be assessed annually. Indicator not fully achieved.
  - f. Children's Access to Services: In SFY 2012 DCBHS will serve an additional 2% of children, youth and young adults with and without SED, relative to the number served in SFY 2011 (27,550). In SFY 2013 this value will be an additional 3% of the SFY 2011 number. Indicator achieved.
  - g. In-State, Community-based Specialty Services to Children, Youth and Young Adults: At the close of SFY 2011, nine youth continued to receive services in an out of state treatment setting. Four youth require treatment services for deaf/hard of hearing; two youth require MI/DD services; and two youth await child welfare permanency plans. Indicator not achieved.
  - h. Youth Suicide (reduction): The number of school personnel trained during SFY 2012 will serve as baseline. SFY 2013 will use the same database to measure a specified percentage of change. Indicator achieved.
  - i. Mental Health Outpatient Services for Youth: The number of Outpatient services slots available statewide and the number of children, youth and young adults receiving Outpatient services at close of SFY 2012 will serve as baseline. SFY 2013 will use the same database to measure a specified % change. Indicator achieved.
  - j. Justice Involved Services (JIS): In SFY 2012 there will be 250 consumers successfully diverted, with reduced days in jail. In SFY 2013 this number will be increased to 275. Indicator Achieved.
- C. Fiscal Overview – Brian Moss, DMHAS
- 1. \$12.1 M not impacted by Federal sequestration.
  - 2. Tables 3 and 4 still in progress
  - 3. Block grant award was \$11.5M (the reduction from previous years was due to federal sequester)
  - 4. Federal Sequester had no impact to *providers or consumers*.
  - 5. SFY 2013 Medicaid offset Medicaid Claims
    - a. No services will be cut due to the presence of small state fiscal surplus that resulted from vacant beds.
- D. Substance Abuse Prevention & Treatment (SAPT) Block Grant – Suzanne Borys
- 1. Pregnant Women: Increase number of pregnant women or women with children receiving substance abuse treatment in 2013 by 5%. Target not achieved.

2. Intravenous Drug Users: Increase the number of opiate dependent individuals including, IVDUs, who obtain MAT in combination with other treatment modalities by 5%. Target achieved.
  3. Tuberculosis (TB): Increase the percent of clients being tested for TB to 95% by 2013. Target not achieved.
    - a. Going forward this indicator should be changed to “enhance enforcement of provider compliance with TB testing.”
    - b. In NJ SAMS the TB data field is not uniformly/consistently filled-out by agencies.
  4. HIV: Increase the number of agencies engaged in the Rapid HIV Testing Initiative in 2013 by 30%. Target not achieved.
    - a. Going forward, 30+ sites will offer rapid HIV testing.
  5. Adolescents with Substance Use Disorders: Increase the number of adolescents receiving substance abuse treatment in 2013 by 5%. Target not achieved.
    - a. Juvenile Justice Commission (JJC) beds not filled.
    - b. Child welfare may be referring clients to other (non-SSA) service providers.
    - c. A 40-bed location couldn't renew its lease, so target may have been impacted by that change.
  6. Intoxicated Drivers: A 5% increase in DUII clients receiving ambulatory substance abuse treatment in FY 2013.
- E. Comments/Questions
1. C – Tom Pyle - This is the most important report of the year and could be a recommendation for Outcome Subcommittee
  2. Q: What are the consequences of not achieving goals? A: There are none, provided that DMHAS can show causes and efforts.

### III. Planning Council National Learning Community: Intensive Technical Assistance (TA) Application

- A. Phil Lubitz recused himself from discussion due to his professional relationship with an interested party, Advocates for Human Potential (AHP)
- B. Deadline is this week (11/15/13)
- C. MHPC took vote in response to the motion to apply/resubmit their February 2013 application for Technical Assistance for creating a Behavioral Health Planning Council.
  1. Results: 1 nay, 1 abstention, the majority were in favor. The motion passed.

### IV. Advocacy Subcommittee Report - Luann Lukens

- A. Boarding Home (BHs)/Residential Health Care Facilities (RHCFs) have been the focus of the Advocacy Subcommittee.
- B. The advocacy subcommittee had DCA (Jay Raywood) speak to the subcommittee in March 2013 as a primer on BH/RHCF.
  1. DCA reports that there are five investigators for the entire state who cover both physical plant and ‘social’ regulation compliance. DCA admits that it needs more inspectors.
- C. Mary Lynn Reynolds is advocating on this issue mainly in the southern part of NJ.

V. Boarding Home Issue Discussion

A. Remarks by Assistant Commissioner Lynn Kovich

1. Previously (prior to Hurricane Sandy), Assistant Commissioner Kovich spoke with DHS Commissioner Jen Velez & the Division of Family Development (DFD) about this issue.
2. Previously (prior to Hurricane Sandy), Harry Reyes (DMHAS) approached DCA staff members regarding this issue, but DCA was not receptive.
3. DMHAS worked with state hospitals on the BH/RHCF issue, specifically DMHAS worked on enhance Supportive Housing (to reduce the need for Boarding Home placement).
4. The decision was made by DMHAS to handle this issue on a local level. (DMHAS staff assigned to look into the issue included Al Glebocki, Vivian Schwartz, & Roger Borichewski).
5. DMHAS hosted regional Boarding Home/RHCF training/meetings. There were over 77 participants.
6. Overview of Regional Boarding Home/RHCF training/meeting (Lenore Velez-Rigney).
  - a. Southern region All Day Training (Morning)
    - i. Attendees included Jay Raywood and Rick Morales from DCA and County MH Administrators.
    - ii. Focus was on the expectations/responsibilities of BHs/RHCFs.
    - iii. Discussion of who one reaches out to in order to report a violation.
  - b. Southern Region All Day Training (Afternoon)
    - i. Attendees included: County Boarding Home Inspectors, County DFD staff.
    - ii. When a violation occurs, DCA inspectors investigate. They primarily have to 'triage' complaints in order to focus limited resources on the most egregious violations.
    - iii. County staff/participants were able to talk about local issues and network with one another.
    - iv. Some counties are further along in this discussion than others.
  - c. Similar trainings occurred in the Northern and Central Regions.
  - d. In the Northern Region, meetings were expanded to include: County Hospital Staff, Partial Care (PC) administrators, DMHAS UIRMS staff, and NJ state psychiatric hospital social workers.
  - e. The regional offices will notify county providers and state hospital staff if a BH/RHCF is sanctioned (has referrals/admissions temporarily curtailed).

B. Sanctions

1. If DCA finds abuse/neglect then a facility will be sanctioned and have admissions temporarily halted.
2. Due to only 5 DCA inspectors across the state, the ability to investigate all complaints is compromised.

C. Mary Lynn Reynolds would like the following changes to occur:

1. DCA should notify DMHAS about sanctioned facilities where admissions are halted. DMHAS would then notify all state and county psychiatric hospitals of the offending facilities so that referrals would be curtailed.
  2. Increase support to BH Operators to help with physical plant and environmental improvements (e.g., bedbug treatment).
  3. A member suggested increasing the reimbursement rates for BH/RHCF facilities, but Roger Borichewski informed them that these rates are set federally by SSI.
- D. Next Steps
1. Increase participation from Self Help Center populations and staff.
  2. Conduct Boarding Home Outreach.
  3. Formulate legal piece to work in tandem with advocacy.
  4. DMHAS is in a touch bureaucratic position due to the primary role of DCA and DMHAS's prior interaction with them.
  5. Assistant Commissioner Kovich asked (suggested?) that the Advocacy Subcommittee raise these issues with the NJ state legislature.
  6. Should DCA have more regulations?
  7. Boarding Homes providers may believe that other Mental Health Providers (SH) 'cherry pick' consumers, so that BH operators have to serve the highest need populations.
  8. Improve the relationships built among:
    - a. County Board of Social Services
    - b. Boarding Home Operators
    - c. County/State Psychiatric Hospital Social workers.
    - d. DMHAS
    - e. DCA
    - f. Mental Health Providers (Partial Care providers, in particular).
- E. Comments:
1. Phil Lubitz - Does the Advocacy Subcommittee have the resources it needs to make the recommendations to the Assistant Commissioner Kovich?
    - a. The MHPC Advocacy Subcommittee intends to provide Assistant Commissioner Kovich with its recommendations by the December meeting of the Mental Health Planning Council.
  2. Assistant Commissioner Kovich wants John Verney brought into this issue.
  3. Upcoming Meeting of Mental Health Administrators should raise the issues of BHs/RHCFs in its next agenda.
  4. Barb Johnston: A lack of accountability remains across the state.
  5. Issue of residential services/supportive housing providers terminating/evicting 'difficult' consumers, so they have no options beside BHs/RHCFs.
    - a. Roger Borichewski - This should not be happening. If it does, DMHAS program analysts must be notified so they can investigate.
- VI. Recovery and Rebuilding/Hurricane Sandy - Adrienne Fessler-Belli, DMHAS
- A. Collaborating entities: Saint Barnabas Institute for Prevention, FSB Newark, FSB Atlantic
  - B. Program is successful and will end February 2014
  - D. Over 2,000 Referrals were made, with 1,700 Referrals to mental health services

- E. Large Support Group
- F. Feds (DHS/SAMHSA) look to NJ's program as a Best Practice

VII. 2013 Consumer Survey Update (Mark Kruszczyński, DMHAS)

- A. In late September 2013 DMHAS mailed out 6,047 questionnaires for the 2013 Consumer Perception of Mental Health Care Survey.
- B. The number of survey questionnaires sent out was designed to represent a 5.14% sample of the 117,646 unduplicated consumers estimated (through then-available QCMR data) to have been served by DMHAS funded, non-acute care, community based services.
- C. The survey was stratified by agency programs. For example, if an agency had a program element that served 100 consumers in SFY 2013, then 5 survey questionnaires was sent to the program coordinator, through a package addressed to the CEO of the parent agency. By stratifying the sample in this fashion, we increased the likelihood, that all program elements and all parts of the state would be equally represented in the survey.
- D. As of 11/12/13, DMHAS has received 851 completed survey questionnaires. The current sampling ratio (expressed as a proportion of the (estimated target population of 117,646) is currently 0.72%. The response rate is currently 14%.
- E. So far DMHAS has received completed survey questionnaires from 255 of the agency programs. Surveys were sent to 556 sites. As such we have received at least one completed questionnaire from 45.8% of the 556 sites to which questionnaires were addressed.
- F. Completed surveys are still arriving at DMHAS. Providers have been advised to encourage selected respondents to continue to submit their surveys in the self-addressed, stamped envelopes even beyond the original "deadline" set for 10/31/13.
- G. Currently 676 surveys have been scanned; scanning will continue up until the point in time when the data must be scrubbed, queried and analyzed to that the information can be input into the URS data tables in time for the Implementation Report submission.
- H. The data from this survey will be used to populate URS Tables 9 (Social Connectedness), 11 (Client Evaluation of Care), 11a (Consumer Evaluation of Care by Consumer Characteristics) 19 (Criminal Justice).
- I. DCF CSOC will be sending us data to populate a portion of Tables 9, 11, 19a, and to populate all of Table 19b (School Attendance).
- J. These updated tables will be reported at the December 2013 meeting of the MHPC.

VIII. Announcements

- A. Detox and Short Term Residential Services to be offered in ten counties affected by Hurricane Sandy
- B. NJSAMS has been updated and re-released
- C. A.C.A registration help can be found at [www.njfamilycare.org](http://www.njfamilycare.org)
- D. CPA Annual Meeting

**Next General Membership Meeting on February 12, 2014- 10:00-12:00, Room 3000**

The By-Laws Subcommittee will meet 9:00 am and Block Grant Subcommittee will meet at the same time on 12/11/13 in room 3052

The Advocacy Subcommittee will meet at noon on 12/11/13 in room 3052

The Olmstead Advisory Committee will meet at noon on 2/12/14 in room 3052