

General Meeting of the New Jersey Mental Health Planning Council

April 10, 2013

Participants:

Phillip Lubitz (Chair)	Patricia Matthews	Ellen Tanner
Jacob Bucher (Co-Chair)	Gail Mesavitch	Irina Stuchinsky
Winifred Chain	Joanne Oppelt	Karen Vogel-Romance
Harry Coe (Phone)	Ann Dorocki	Rachel Morgan (Phone)
Patricia Dana	Angel Gambone (Phone)	
Maryann Evanko	Joe Gutstein (Phone)	
Christopher Lucca	Thomas Pyle	

DMHAS and DCSOC Staff:

Donna Migliorino	Suzanne Borys	Geri Dietrich
Mark Kruszczyński		

Guests:

Melissa Keehn	Louan Lukens	Sally Williams
William Cole	Joe Nadean	Virginia Erizo
Rodney Belle	Frank Picaro	Alric Warren

**I. Administrative Issues/Correspondence/Review of Previous Meetings'
Minutes/Announcements**

- A. Announcement of temporary absence of Dona Sinton for approximately two months.
 - 1. Dona Sinton's former duties to the MHPC will be carried out temporarily by Donna Migliorino. We wish Dona well.
- B. Review and approval of minutes of March 2013 Planning Council meeting.
 - 1. Irina Stuchinsky requested the following additions to the minutes:
 - a. Add the word "contact" to I. A #3 and add the word "for" to I. B #1.
 - 2. The minutes were approved with the additions that were requested.
- C. Phil Lubitz discussed the invitation to the Governor's Council on Mental Health Stigma to the Ambassador Awards, to be held May 16th 2013, 11:00 – 3:00 at the Crown Plaza Hotel in Monroe, NJ.
 - 1. DM will receive the information from PL and subsequently distribute Awards event information to Planning Council members.

- D. (JB) NJ Psychiatric Rehabilitation Association (NJPRA) will hold its annual breakfast on April 12, 2013.
 - E. (LL) DRNJ is hosting two lectures at the Hyatt Regency in New Brunswick on April 12, 2012, 8:30 am – 4:00:
 - 1. Dr. Fernandez, Pediatric Dentist
 - 2. Standards for Linguistic and Cultural Competence
 - 3. A few openings are available, registration is necessary
 - F. NAMI-NJ Virtual Walk/Rally on 5/11/13 in Seaside Park.
 - G. NAMI-Mercer County is hosting its annual Walk-a-thon on May 18, 2013 (Tom Pyle)
- II. **Hagedorn Closure Report** Powerpoint presentation titled “*Hagedorn Project*” was made by Lucille Esralew, Ph.D.lesralew@trinitas.org, and Roni Zarbiv, L.C.S.W. – Program Director, rzarbiv@trinitas.org
- A. Purpose of study
 - 1. Provide a clinical status update on the behavioral, mental, cognitive, medical and functional status of 30 former Hagedorn patients /Older Seriously Mentally Ill (OSMI) and to identify useful pre-discharge and post-discharge predictors of short term outcomes
 - B. Procedure
 - 1. Study was a stratified random sample of 54 individuals discharged from Hagedorn to community nursing facilities. The data was collected between September 2012 and February 2013.
 - a. Sampling stratum were: Geographic (north and south), and consumers with DSM-IV diagnoses and those with dementia.
 - 2. Confirm that selected individuals were in facilities listed as discharge sites and obtain consents to include residents in clinical review and surveys.
 - 3. Conduct chart reviews, assessments and surveys of resident, guardian/family and staff
 - C. Summary Conclusions of Findings
 - 1. Previously-institutionalized older adults can adjust to a less restrictive level of care without experiencing adverse effects. It was found that their relocation to community nursing home placement was accompanied by a modest gain by some in medical health, improvement in functioning and increased social activity.
 - 2. Both families and residents endorsed that they were “as satisfied”, if not “more satisfied”, with community nursing home placement compared with the stay at Hagedorn.

- D. To improve outcomes for older adult consumers being discharges from inpatient psychiatric facilities to nursing homes:
 - 1. Improve pre-discharge planning, and mitigate ‘therapeutic erosion’ by fostering greater information sharing among HPH staff and nursing home staff at new placement facilities;
 - 3. Increase training on Serious and Persistent Mental Illness (SPMI) among nursing home staff at all levels; and
 - 4. Be aware that the current culture of nursing facilities is not oriented along wellness and recovery principles established in the mental health community.

- E. Statewide Clinical Outreach Program for the Elderly (S-COPE) Overview
 - 1. S-COPE is a DMHAS-funded project that provides crisis response and clinical follow-up to older adults (55+) who reside in LTC and may be at risk for loss of placement or crisis presentation to the ER
 - 2. Provides assessment, brief intervention, education, coaching to promote LTC resident’s stabilization
 - 3. Increases competency of workforce in supporting aging in place or in the least restrictive level of care.
 - 4. S-COPE (Trinitas Hospital) offices exist in Morris, Union, Camden and Monmouth Counties, although the need for more is great.
 - 5. S-COPE at Trinitas Hospital has a budget of \$1.2M from DMHAS.
 - 6. S-COPE at Trinitas Hospital has staffing equivalent of 7 FTEs
 - 7. Typical involvement of 6 – 8 weeks.
 - 8. Approximately 700 individuals served by S-COPE in 2012.
 - 9. Goals of S-COPE
 - a. Appropriate use of existing mental health and behavioral health services for 55+ who reside in nursing facilities and DMHAS residences.
 - b. Help Nursing Facility staff manage in-place older adults’ challenging behaviors which are not dangerous and do not meet criteria for hospitalization.
 - c. Avert unnecessary hospitalization.
 - d. Advocate for hospitalization when necessary.
 - e. Provide on-site assessment, clinical follow-up consultation and staff training.
 - 10. Core Competencies of S-COPE (Trinitas) are: Assessment, dementia practice, and psychogeriatric practice

III. Subcommittee Reports

- A. **Advocacy Subcommittee** (Luann Lukans, DRNJ).
 - 1. Review of Previous Advocacy Subcommittee Meeting on 3/10/13 with Jay Raywood, Compliance Officer, NJ Department of Community Affairs (DCA).

- a. DCA's unit to inspect boarding homes and Regional Health Care Facilities (RHCs) contains 6 physical plant inspectors and 5 social inspectors.
- b. There are over 1000 boarding home/rooming house sites in NJ.
- c. The regulations of DCA Boarding Home Inspections were reviewed by Mr. Raywood (DCA).
- d. Violation/Complaint Process
 - i. Complaints should first go to the county's own Board of Social Services, Boarding Home Unit.
 - ii. When DCA cites a boarding home for a violation, the County Board of Social Services is given that information.
 - ii. Complaints that originate in the community may later be kicked up to DCA.
 - iii. DM suggested that when DCA sends a notification to a County Board of Social Services citing boarding homes for violations, that DCA should also inform DMHAS so that we are aware of the type of violation and when it has been rectified. (Mr. Raywood indicated that he would take the suggestion under advisement.)
- e. The membership discussed boarding home residents being able to evacuate their boarding home within 13 minutes, and challenges posed by locking doors.
- f. The DCA Commissioner Richard Constable may be having face-to-face meetings with DHS Commissioner Velez.

IV. **Community Mental Health Block Grant Application 2014 – 2015** (Donna Migliorino & Geri Dietrich)

- A. Overview/Review of WebBGAS
 - 1. Website address: <https://bgas.samhsa.gov/>
 - 2. Username: citizennj
 - 3. Password: citizen
 - 4. Shows what has been completed and what is in progress.
 - 5. WebBGAS can be a little difficult to navigate when first using it. .
 - 6. Once you log in, you can view and print all sections that have been completed.

- B. Sections C through W are not required, but requested
1. Section F – Use of Evidence in Purchasing Decisions.
 - a. Tied to sections that talk about Health Exchanges, how we make decisions with regard to where we put money into services and EBPs.
 - b. DCSOC, MH and SA have added their pieces to this section.
 2. Section J – Parity- How we educate consumers with regard to the MH Parity and Addictions Parity Act.
 - a. What processes do we have in place for outreach.
 - b. Phil L will be adding text to this section.
 3. Section K – Primary and Behavioral Health Care Integration Activities
 4. Section L -Health Disparities
 5. Section N – Prevention
 6. Section P – Tribes. NJ has no federally recognized tribes.
 7. Section O – Children & Adolescents Behavioral Health Services
 8. Section T – Use of Technology.
 - a. Completed, written in a global manner.
 9. Section W – State Behavioral Health Advisory Council
 - a. This is pretty important, and sums up what the Planning Council has been working on in the past year (recommendations, membership, subcommittees).
 - b. This is a great place to start.
 10. Strengths and Weaknesses Section - This input comes from the MHPC CMHBG Subcommittee.
 11. Planning Step 1 – Strengths and Needs - 65 pages, almost complete.
 12. Planning Step 2 – Unmet Needs and Gaps - Should be done soon.
 13. Planning Step 3 (and 4) – Priority Areas for Annual Performance Indicators
 - a. SAMHSA requested that we reduce the number of priorities for the state from 16 that we had in the last plan to about 6-9. We opted for 3 priorities for each area.
 - b. Priorities were reduced from 16 to 9.
 - i. MH Priority Area 1: Supportive Housing
 - ii. MH Priority Area 2: Suicide Prevention
 - Previously wasn't funded independently by MH.
 - Suicide Prevention Hotline recently funded.
 - Benchmark includes increased availability
 - iii. MH Priority Area 3: Consumer Operated Services
 - Greater use of Peer operated services
 - Participation in community engagement.
 - iv. SA Priority Area 1: Care of Pregnant Woman
 - v. SA Priority Area 2: Care for Intravenous Drug Users/HIV populations.
 - SA Priority Area 3: Provision of HIV Early Intervention Services

- vi. DCSOC Priority Area 1: Access to Community Based Services with Dual Diagnosis
 - vii. DCSOC Priority Area 2: Provision of In-state housing for children in out of home settings. All kids formerly out of state will now be brought back IN-state.
 - viii. DCSOC Priority Area 3: Decreased Suicidality
14. Section R – Quality Improvement - A big section that hasn't been uploaded yet. We will also be including a QI plan and a Suicide Prevention Plan.
 15. At next MHPC meeting we will cover everything else not covered today.
 16. If anyone has troubles logging in/navigating WebBGAS, let us know.

C. Comments

1. How were priorities for children determined?
 - a. DCSOC Director Manley and her staff made those determinations.
2. Priorities/Quarterly Reporting/Dashboard
 - a. (DM)The 5 Criteria as we knew it have been removed from the 2014-2015 Application Guidance.
 - b. (TP) Request that priorities have measureable performance indicators.
 - b.. (SB) Per CMHBG Guidelines, they should be measurable.
 - c.. (TP) Suggestion for Metrics Subcommittee of MHPC.
 - d.. (PL) Recommended that the Planning Council go to WebBGAS to look at the CMHBG and to make recommendations on the content of the Block Grant
 - e. (PL) Request for chart showing 9 'priority areas' specified in the CMHBG Application.
 - f. (DM) Donna indicated that she would have a template of that dashboard for the next meeting.
3. Question about Consumers Served by Ethnic Group.
 - a. Formerly a CMHBG Criterion.
 - b. There is a URS table that looks at consumer survey results by ethnicity. We submit this data every December with the Implementation Report.
4. Question about "Prevention": Is there a link between what Substance Abuse prevention and mental health/illness prevention are trying to do?

- a. (DM) Mental Health is following the lead of substance abuse in this. We have added prevention dollars to the block grant this year for Suicide Prevention.
 - b. (SB)DMHAS will be starting its NJ Household Survey on Substance Abuse. Household data will be aggregated on a county level. A mental health component will be added to that survey.
 - c. Survey on Substance Abuse among Elderly (currently in draft form). Contains some questions on mental health.
- 5. The CMHBG is expanding to acknowledge that there are more areas in the life of a mental health consumer than simply “mental health issues”.
 - a. Suggestion made to give the families of adult children with Substance Abuse issues an organization for advocacy and education.

V. Planning Activities, Grants, Issues & Recommendations

- A. Question regarding non-award of SAMHSA Technical Assistance Grant for Behavioral Health Planning Council
 - 1. DMHAS does not know why we weren’t awarded TA Grant.
 - 2. The goals in the TA Grant Application were consonant with the goals given by other states who did win the grant award.
 - 3. We are pushing ahead with an integrated Planning Council (in terms of SA and MH services, and prevention).
 - 4. Discussion of US Micronesia getting ‘honorable mention’ in the grant awarding process.

VI. Adjournment

- A. Next meeting of MHPC will be on May 8, 2012, 10:00 am.
 - 1. CMHBG Subcommittee Meeting will be on May 8, 2012, 9:00 am
- B. Upcoming speakers may include members of the NJ Traumatic Loss Coalition.
 - 1. Trauma-based care.
 - 2. Types of traumatic loss.
- C. Advocacy Subcommittee meeting is today, immediately following the MHPC Meeting (4/10/13).
- C. Motion to adjourn the meeting accepted.