

New Jersey Behavioral Health Planning Council (BHPC) Meeting Minutes, May 13, 2015 10:00 A.M.

Attendees:

Winifred Chain	Harry Coe	Phil Lubitz
Ernst deHaas	Michael Ippoliti	Karen Kubert
Marie Verna	Susan Brocco	Bruce Blumenthal (P)
David Moore	Angel Gambone (P)	Connie Greene
Joseph Gutstein (P)	Donna Hallworth	Renee Ingram (P)
Barbara Johnston	Chris Lucca	Michelle Madiou
Joanne Oppelt (P)	Robert Paige	John Pellicane
Thomas Pyle (P)	Bianca Ramos	Regina Sessoms (P)
Irina Stuchinsky	Ellen Taner	Robin Weiss
Mary Abrams		

DMHAS, CSOC & DDD Staff:

Geri Dietrich	Helen Staton	Yunqing Lee
Ilene Palena	Dona Sinton	

Guests:

Rachel Morgan	Ann Dorocki	Ruth Lowenkron
Christina Mobarek		

- I. Administrative Issues/Correspondence
 - A. Minutes approved as written from last meeting
 - B. Ellen Tanner handed out a flyer about a webinar on 6/16 from 1pm-4:15
 - C. Ethics materials were distributed as a follow up to last meeting and members to complete the receipts and return to Dona

- II. PATH Overview – Ilene Palena
 - A. Gave a powerpoint overview of the program and federal grant submission
 1. Outreached 5950 homeless persons
 2. Served (enrolled) 2474 unduplicated people
 3. 1091 linked to community mental health services (44%)
 4. 512 linked to temporary housing (21%)
 5. 550 linked to permanent housing (22%)
 6. 251 linked to drug/alcohol treatment programs (10%)
 7. 758 linked to financial services (31%)
 8. 426 linked to primary care/dental services (17%)
 9. 248 linked to habilitation/rehabilitation (10%)
 - B. In 2016 projecting to outreach 4829 and enroll 2451
 - C. Created a health disparity statement
 - D. Intended use plans- includes number to be served, outreached, trained in SOAR, strategies in making housing available, gaps in current system
 - E. Gaps in Services identified by PATH providers in the Intended Use Plans for the PATH grant application
 1. Affordable and safe housing

2. Limited Supportive Housing resources and group homes options for consumers from the community
3. Rooming and boarding homes
4. Housing subsidies and housing programs, especially for persons who are not Chronically Homeless, or who have criminal backgrounds for distribution or Meghan's Law
5. Subsidies don't cover utilities
6. Safe transitional/emergency housing, i.e. hotels
7. Lack of shelters and shelter beds, payment for shelter beds, if not eligible for GA, Shelters having rules that limit persons with mental illness
8. Financial assistance for persons who are sanctioned by the state of NJ for drug distribution charges and-for people who have reached their maximum allowable time on General Assistance or who do not otherwise meet the criteria for General Assistance, such as those with SSI/SSDI benefits
9. Delays in approval for benefits from the Board of Social Services and reduced SSA office hours
10. Physicians hesitant to cooperate with social security applications and with disability (med 1 form) required by the BOSS.
11. Long wait time to see a psychiatrist and lack of available psychiatrists and other medical professionals accepting Medicaid.
12. Medications for those persons without health insurance. Lack of address is a barrier to get medications directly from pharmaceutical companies
13. Public transportation
14. Availability of inpatient integrated treatment for persons with co-occurring mental illness and substance use disorder.
15. Time and resources to get IDs, birth certificates, etc. for consumers
16. Limited Spanish Speaking services (Cumberland Co)

F. Questions, Comments and Answers

1. Q. Phil Lubitz – how does the new supportive housing connection affect PATH? A – Bruce Blumenthal – HMFA is handling the subsidies only. Referrals come from the DHS.
2. Q. Regina Sessoms – What is criteria for chronically homeless? A. – Housing programs define chronically homeless differently. People may qualify for different programs. We use DMHAS vouchers without restraints for those who don't fit squarely into different provider's funding streams. We use recycled vouchers too.
3. Q. Phil Lubitz - Does PATH gets referrals from short term care facilities? A. – Yes, they'll even meet the person when still in the hospital.
4. Q. – Phil Lubitz – do some refer more than others? A. – I don't know offhand but can find out.
5. Q. Karen Kubert- If in IOP can they get PATH too? A. Yes, they should be able to.
6. C. Barbara Johnston – SHA and MHA NJ are advocating to increase the number of vouchers in New Jersey. Dona will send out the email link again.
7. C. Bruce Blumenthal – there are 1,339 people/vouchers being processed in the Supportive Housing Connection as of today.

8. Q. Regina Sessoms – Are you requiring people to have services if they're in PATH? A. Everyone in PATH agrees to accept a service with at least one goal that is client driven and reviewed with the individuals every 90 days.

III. Adult Suicide Prevention – Maria Kirchner and Al Glebocki

- A. Provided a PowerPoint and suicide prevention NJ Hopeline brochure
- B. NJ is actually the state with the lowest rate of deaths by suicide per population in America
- C. Greece has the lowest rate in the world
- D. On average every 13 minutes there is a suicide in the US
- E. We think NJ has a lower rate than the rest of the USA because we are a dense state with treatment readily available, have strict gun and commitment laws
- F. Males have higher suicide rates but lower suicide attempts (by far)
- G. Federal government identifies youth as up to age 24
- H. April Scott from DCF would like to speak to the BHPC on the youth suicide prevention plan
- I. Three types of prevention strategies (universal, selected and indicated)
- J. Discussed the risk factors including static and dynamic and the protective factors
- K. First government organized effort to prevent suicide in the USA started in 2001
- L. The DMHAS started a suicide prevention committee in 2012 and the plan was introduced in 2014. Final recommendations on action steps of four prioritized goals are due June 2015
- M. Discussed the goals for the NJ Adult Suicide Prevention Plan with goals 5, 7, 8 & 9 being prioritized.
- N. Dona will send out the PowerPoint
- O. Questions, Comments and Answers
 1. Q. Marie Verna – Was first episode psychosis incorporated into the suicide prevention plan? A. Good point, the plan is a living document and we'll look at that

IV. Membership Committee - Chris Lucca

- A. The group met again this morning and will meet after this meeting as well.
- B. Received 30 applications for membership and is reviewing each one
- C. We are planning on approving 15 members
- D. We will also refer individuals to the citizen's advisory council.

V. Announcements

- A. Geri to coordinate with Dona for youth suicide prevention presentation
- B. Mary Abrams announced the Attitudes In Reverse walk this Saturday
- C. Phil reminded members of the NAMI walk this Saturday as well at Seaside Park
- D. The group would like an update on the State's efforts on CIT
- E. The county drug and alcohol association is supporting the Monmouth University conference on May 29th on addiction

Next General Meeting June 10, 2015 at 10:00 AM
Block Grant Committee Meeting 9:00 am and Advocacy Committee at noon in 3-097