

New Jersey Behavioral Health Planning Council (BHPC) Meeting Minutes, October 14, 2015 10:00 A.M.

Attendees:

Barbara Johnston	John Calabria (P)	Pamela Taylor
Brenda Sorrentino	John D. Pellicane	Phillip Lubitz
Bruce Blumenthal (P)	Joseph Gutstein (P)	Robert Paige
Christina Fagan (P)	Karen Vogel-Romance	Robin Weiss (P)
Christopher Lucca	Lisa Negron	Sharon Harrigan
Damion Petino	Mary Abrams	Susan Brocco (P)
Dan Meara	Michael Ippoliti (P)	Suzanne Borys
David Moore	Michael Litterer (P)	Thomas Pyle
Ellen Taner	Michele Madiou	Tonia Ahern
Joanne Oppelt (P)	Pam Nickisher	Winifred Chain

DMHAS, CSOC & DDD Staff:

Donna Migliorino	Suzanne Borys	Geri Dietrich
Yunqing Li	Margaret Molnar	Helen Staton
Mark Kruszczyński	.	

Guests:

Kim Mulford (P)	Louann Lukens
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Note: (P) indicates that an individual participated via telephone.

I. Welcome/Administrative Issues/Correspondence

- A. Introductions
- B. Minutes from last meeting (9/9/15) approved through motion made by C. Lucca and seconded by T. Pyle.

II. Community Mental Health Services (CMHSBG) and Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Subcommittee Update

- A. On 9/28/15, DMHAS was asked by SAMHSA to do some revisions on its 2016-2016 CMHSB Application.
- B. The due date was 10/13/15, and DMHAS submitted its revisions to SAMHSA on-time.
- C. The Changes involved minor elaborations on:
 - 1. Efforts to provide services for SMI populations in rural areas.
 - 2. Efforts to better define priority areas.
 - 3. Gaps in Children's System of Care.
 - 4. Modify a couple of tables.
- D. Planning Council Members will be given an electronic copy of 2015 URS Data Tables for review.
- E. Request by Phil L. to do a 20 minute overview of the CMHSBG & SAPTBG for new Council Members at the next meeting.

- F. Review of Children’s System of Care by Geri D.
 - 1. CSOC no longer places child consumers in out-of-state residential treatment facilities.

- G. Review of SAPTBG by Suzanne B.
 - 1. Four Indicators
 - a. Pregnant Women/Women with Children -- Increase number of pregnant women or women with children receiving substance abuse treatment.
 - b. Intravenous Drug Users – (a) Increase the number of IVDU who obtain MAT in combination with other treatment modalities; (b) Increase the number of opiate dependent individuals who obtain MAT in combination with other treatment modalities.
 - c. Individuals with or at risk of HIV/AIDS who are in treatment for substance abuse -- Increase the number of agencies engaged in the Rapid HIV Testing Initiative in 2015.
 - d. Underage Drinking -- Past month use of alcohol among persons aged 12 to 20.
 - 2. SYNAR, requires the state not to sell tobacco products to underage persons. Or, the state Block Grant funding will be cut 40%. This requirement is enforced by Department of Health. report due 12/31/15

III. Consumer Operated Services (COS) – presentation by M. Molnar, DMHAS

- A. New Jersey is a progressive state with regards to COS.
 - 1. Consumer input is of paramount importance.
 - 2. Thirty Community Wellness Centers (CWCs, formerly known as Self-Help Centers (SHCs)) are found across the state; in every county in NJ.
 - a. There are two COS sites for consumers of substance abuse, these are known as Recovery Centers
 - b. There are also three Self Help Centers on the grounds of all NJ state non-forensic inpatient psychiatric hospitals.
 - 3. The name change from Self Help Centers to Community Wellness Centers was made due to the wish of consumers to better show the community the services they offer.
 - 4. In NJ, CWCs operate along the Eight Dimensions of Wellness: Physical, Emotional, Intellectual, Environmental, Social, Financial, Occupational, and Spiritual.
 - 5. Approximately ten years ago SHCs/CWCs received an increase in funding. Since then, there have been no significant increases in funding despite increases in the number of consumers served.
 - a. The increased populations at SHCs/CWCs include more complex groups including those with medical /mental health co-morbidities, dually-

diagnosed substance abuse/mental health issues, criminal justice issues, DD/MI, etc.

- B. The CWCs and Recovery Centers will be using a new data system. The SHOUT system (by CPC) is currently used to track utilization management indicators and other variables. This will be replaced by DMHAS's upcoming SHARP system, which will continue to track utilization management indicators as well as aggregate indicators of consumers' progress along the eight dimensions of wellness.
- C. Statewide Consumer Advisory Committee (SCAC)
 - 1. Purpose of SCAC is to give consumers the opportunity to get updates on what is happening with COS at DMHAS, and to learn ongoing activities in the community.
 - a. With regards to Statewide Peer Recovery Warmline, and
 - b. On-grounds Self Help Centers at DMHAS's three, non-forensic state inpatient psychiatric hospitals: TPH, GPPH, and APH, and
 - c. Three peer-crisis respite programs, and
 - d. The development of Peer Wellness Coaching.
- D. The Hearing Voices Network is for consumers experiencing auditory hallucinations. Traditionally medications are of limited efficacy.
- E. *Words of Wellness Newsletter* – by Dr. Peggy Swarbrick (See http://www.state.nj.us/humanservices/dmhas/resources/mental/Words_of_Wellness_June2015.pdf). The institute also sponsors an annual wellness conference.
- F. CHOICES – Peer-run tobacco cessation program. These peers are mental health consumers who were former smokers. They were trained and help others quit smoking.
- G. Community Support Services (CSS)
 - 1. Medicaid-reimbursable, for three different credential types:
 - a. Peer Wellness Coach (PWC).
 - b. Certified Recovery Support Practitioners (CRSP).
 - c. Certified Psychiatric Rehabilitation Practitioner (CPRP).
- H. Co-Occurring Collaborative should work with Wellness Recovery Centers – D. Moore.
- I. Inquiry about availability of WRC data – J. Gutstein
 - 1. Development of SHARP (with sustained input from WRC/CWC consumers) was described.
 - 2. Request was made for blank SHOUT data collection sheet, and for current data field list for the SHARP system (to be provided by S. Borys and M. Molnar).
 - 3. How many peer providers do we have in NJ? We serve approximately 3,000 consumers in COS.
 - 4. Per S.B. we are currently completing a needs assessment.
- J. General inquiry about Wellness Coaches – T. Pyle.

IV. 2015 Consumer Perception of Mental Health Care Survey Overview – M.

Kruszczynski

- A. Discussion of how survey data populates URS Data Tables 9, 11, 11a & 19a.
- B. Scale of Survey (5% sampling ratio of non-acute community MH services, stratified by agency/program element/site).
- C. Hard copies of survey instrument (and Spanish translation) were distributed.
 - 1. Questions 1 – 48 mandated by SAMHSA/MHSIP
 - 2. Questions 49-57 & 59-62 mandated by BRFSS.
 - 3. Questions 58, 63-66 created by DMHAS.
- D. Preliminary Results will be discussed on 11/4/15.

V. Comments

- A. IDD population is remaining on community hospital medical units too long – D. Moore, (NJHA)
 - 1. Transition to fee-for-service model may pose treatment and fiscal complications for DD and Autistic populations seeking medical services in community-based-hospitals. A comment was made stating that the hospitals allegedly are seeing an increase in DD consumers with legal issues abandoned by their guardians, contributing to excessive hospital lengths of stay.
 - 2. Related issue of links to services for adults with IDD when they turn 18 since they need to be re-qualified for services.
- B. A comment was made suggesting the need for a representative from the NJ Division of Developmental Disabilities rejoin the Planning Council.

VI. Announcements

- A. CCBHC Grant Awarded to DAS. DAS had requested \$2M, and was awarded \$982k). It is a one year planning grant.
- B. Parenting Wisely Seminar, 11/4/15. Go to www.familyworksinc.com to register.
- C. In August 2015 the NJ BHPC Nominating Subcommittee met and recommended the following candidates for upcoming Planning Council Elections:
 - o Phil Lubitz, Chair
 - o John Pellicane, Vice-Chair

Next General Meeting November 4, 2015 at 10:00 AM