

**NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
AGENDA
November 10, 2021, 10:00 am**

This meeting was conducted exclusively through MS Teams video teleconference & conference call

Notices of the meeting were sent to the Asbury Park Press, The Times (Trenton), Bergen Record, The Press (Pleasantville), and the Courier-Post (Cherry Hill).

Participants:

Phil Lubitz (Chair)	Darlema Bey (Vice Chair)	Julia Barugel	Winifred Chain
Connie Greene	Shauna Moses	Robin Weiss	John Tkacz
Rachel Morgan (alt.)	Michael Ippoliti	Tracy Maksel	Suzanne Borys
Damian Petino	Joseph Gutstein	Barbara Johnston	
Tammie Smith	Patricia Matthews		

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Jonathan Sabin	Donna Migliorino	Mark Kruszczynski	Yunqing Li
Nicholas Pecht	Helen Staton	Harry Reyes	

Guests:

Nina Smukuluvasky	Kurt Baker	Shawn Buskirk
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Planned Agenda

I. Administrative Issues/Correspondence

- A. Attendance: 17/39 = 44% attendance, quorum exceeded.
- B. News
 1. Morris County to quickly identify individuals who get brought to a local or county jail, and prior to being released under bail reform (24/48 hours), people with mental illness will be identified and given the opportunity to connect with behavioral health services while they are waiting release.
 2. Gov. Murphy signed law requiring certain state student ID cards to have information for Suicide Prevention Hotline information.
 3. C19 Supplemental funds for SUD provider agencies.
 - a. Additional RFPs will be released.
 - b. SAMHSA will share information for behavioral health apps to be used by contracted agencies.
 - c. Development of a crisis diversion program, under direction of Dr. Robert Eilers. A similar program exists in Baltimore, MD. The RFP is ready to go, but licensing will require more planning.
 4. C19 Supplemental Funds for Mental Health: Once RFPs are formally announced, DMHAS will send out guidance soon.
- C. Review of Previous Meeting Minutes from October 13, 2021 have been approved.

II. SFY 21 Block Grant Implementation Report Updates:

A. Community Mental Health Services Block Grant (Donna Migliorino & Yunqing Li, DMHAS)

1. In Sept 1, we submit joint plan. Dec 1, 2021 we are required to submit two BG Implementation Reports
2. WebBGas information was provided via email in meeting announcements.
3. Implementation Report for Mental Health does not have much content in WebBGas.
4. Adult Mental Health Performance Indicators
 - a. CSS tenure must check data again.
 - b. CSS occupancy, target is 95%, we achieved 94%, based on PWR data from the end of SFY21
 - c. First Episode Psychosis (FEP) / Coordinated Specialty Care (CSC)
 - i. Indicator is medication adherence. Target is 88% medication adherence rate. Our accomplishment is 85.9% Possible reasons for not making target.
 - Staffing changes/staff turnover among clinicians & prescribers
 - Stress associated with C19 pandemic adversely impacting consumers' adherence to their medication regime
 - Medication management conducted via telephone/video conference, not as effective as face to face.
 - d. Cultural Competency (First Year Target is 30% of agencies will have a cultural competency plan). Part of the process, is the numbers are increasing slightly, there is a gap due to lack of consultants to agencies to work on Cultural Competency Plans. Once consultant begins work with providers will begin. The Assistant Commissioner will reinforce with all DMHAS contracted providers that Cultural Competence is mandatory. Current number is around 40%
 - i. Phil requests monthly updates until the target of 50% is accomplished.
 - ii. Chairman of the Council will like additional input on making a more meaningful indicator.
5. Planning Council membership still exceeds requirement that at least 50% of members are consumers/families, etc.

B. SAPT Performance Indicators (Suzanne Borys and Helen Staton, DMHAS)

1. Target for pregnant and expecting women receiving treatment was not met, likely to due Covid-19 pandemic concerns among consumers. Office Based Addition Treatment (OBAT), are being replaced by remote methods of getting medication management treatment. 15.5% decrease in admissions of pregnant women.
2. Intravenous Drug Users. Second target not achieved due to Covid-19 pandemic and consumers not physically coming to treatment agencies. 24.4% decrease in admissions relative to baseline year.
3. Persons who use heroin and opiates. Target not met. Admissions are down 1.9% due to Covid-19 concerns. Indicator was supported to be "perceptions of great risk from trying heroin once or twice ages 12-17".
4. Admissions for Medication Assisted Treatment (MAT), target not achieved due to C19 concerns among consumers.
5. Tuberculosis target (85%) not achieved.

[Comment from Chairman: Not meeting targets is not always necessary bad, especially if/when targets are deliberately set high for purposes of improvement.]

6. Five prevention indicators

C. Children's Behavioral Health (Nick Pecht, DCF, CSOC)

1. Priority Area 10 states, "in coordination with New Jersey's Aligning Early Childhood with Medicaid (AECM) technical assistance project, the Children's System of Care (CSOC) will develop and implement screening, identification, and intervention among at risk children ages 0-3."
 - a. In 2020, CSOC collaborated on the development of a report (*Unlocking Potential: A Roadmap to Making New Jersey the Safest, Healthiest, and Most Supportive Place to Give Birth and Raise a Family*) which outlines steps to expand infant mental health services in New Jersey. One of the strategies noted is to increase the supply of well-trained infant mental health professionals.
 - b. In 2021, CSOC launched a new initiative to address this strategy - "Zero to Five: Helping Families Thrive," is providing staff development opportunities for Mobile Response and Stabilization Services (MRSS) and Intensive In-Community (IIC) providers. Specifically, CSOC is funding Montclair State University (MSU) to provide training for over 400 MRSS direct service providers and their supervisors. MSU will also train 72 IIC clinicians and their supervisors in an evidence-based model, Child and Parent Psychotherapy, over a 3-year period.
 - c. By increasing our system's capacity to serve infants and young children, families will get the support they need earlier than ever before, hopefully preventing the need for future, more extensive intervention, and paving the way to making New Jersey the best place to raise a family.
2. Priority Area 11 states that CSOC "will continue to increase the integration of community-based physical and behavioral health services for children, youth, and young adults with mental or behavioral health challenges and/or substance use challenges and chronic medical conditions." In New Jersey, one way in which this work is being done is by bringing the Behavioral Health Home model to four Care Management Organizations operating within the system of care. Behavioral Health Homes provide eligible youth with enhanced care management teams that include medical expertise and health and wellness education. Nurse Managers and Health and Wellness Coaches identify, screen, and coordinate both primary and specialty medical care, in collaboration with the Child Family Team tasked with planning for the holistic needs of the youth.

- a. The number of youth receiving this service has increased by 5% annually, but as expected, due to the public health emergency, a 5% increase for fiscal year 2021 did not occur (although there was an increase of about 1% and we exceeded the 5% increase in fiscal year 2020 by about 1%).
- b. CSOC will continue to strive to expand the reach of this service to additional youth by working closely with the programs to ensure they are able to take up a more assertive, standardized approach to identifying and engaging eligible youth. This quality improvement effort will include enhanced tracking of eligible youth, youth engaged in the screening process, and youth engaged in the program. By counting youth at different decision points within the process, we will be able to identify any procedural barriers to expansion. We will also adjust our method of determining progress, by utilizing future targets based on projected increases in the overall percentage of eligible youth who have engaged in the program.

3. Priority Area 12 states that the “Children’s System of Care will increase access to evidence-based services and supports across the service continuum” with the objective of planning, implementing, and evaluating at least one evidence-based program, the In-Home Recovery Program. This program supports families involved with the Department of Children and Families’ Division of Child Protection and Permanency, in which a parent with a substance use disorder is actively parenting a child under 36 months old. Our target was to serve at least 36 families within the 18-month implementation phase of the program and this target was not only achieved, but exceeded, with a total of 46 families receiving this service. The program is currently being evaluated and may be considered for expansion.

D. <https://bgas.samhsa.gov/Module/BGAS/Users>

Username: citizens
Passcode: citizen

E. Fiscal Tables: Will be presented at next meeting of BHPC on 12/8/21

F. Comments of Chair

- 1. Go to WebBGas to look at Implementation Reports
- 2. COVID-19 pandemic has changed the landscape of behavioral health

III. State Partners Involvement Phil Lubitz

A. Department of Education (D. Petino)

- 1. DoE working with stakeholders to determine funds necessary to conduct C19 testing/screening.
- 2. DoE Is at the Finish line for the Comprehensive Student Mental Health Resource Manual. A semi-finished copy will be available for review to DoE Executive Staff in a few weeks. (A presentation of this document to the Council will be presented).
- 3. Damian’s alternate will be Dr. Maurice Ingram, NJ DoE.

B. Division of Developmental Disabilities (J. Sabin)

1. On August 6, 2021, the Murphy Administration issued Executive Order 252.
 - a. This Order requires that staff working in targeted high-risk congregate settings be vaccinated or submit to COVID-19 testing once or twice weekly.
 - b. Division policy on Support Coordinator Field Visits projects that on January 1, 2022, Support Coordinators will be returning to face-to-face visits which will require them to complete work in covered settings as well as family homes.
 - c. Executive Order 252 - The Division will require Support Coordination Agencies to come into compliance with this Order by Thursday, November 18, 2021 (See covid19-support-coordination-agency-vaccination-compliance.pdf (nj.gov)).
 - d. Covered settings must:
 - i. Comport with all federal and state laws, including but not limited to the Americans with Disabilities Act, that regulate the collection and storage of vaccination information for covered workers.
 - ii. A covered setting has the ability to institute a vaccination or testing policy for staff that includes additional or stricter requirements, so long as such policy comports with the minimum requirements of this Order. A covered setting may also maintain a policy that requires more frequent testing of covered workers.
 - e. Unvaccinated covered workers:
 - i. Must undergo testing at minimum one to two times each week.
 - ii. If testing is not provided by the covered setting, unvaccinated covered worker must submit proof of either an antigen or molecular test.
 - iii. If testing is provided by the covered setting (this is not required), the covered setting may similarly elect to administer or provide access to either an antigen or molecular test.
 - iv. If covered worker is not working during a week where testing would be required, testing is not required for that week.
2. On October 7, 2021, the New Jersey Department of Health released Executive Directive No. 21-011 – Protocols for COVID-19 Testing and Vaccination Reporting for Covered Settings Pursuant to Executive Order Nos. 252, 253, and 264. Please see PO 360, General Department (nj.gov) for details.
 - a. Each covered setting shall complete a COVID-19 Immunization Status Report weekly and submit it to the NJ DOH upon request.
 - b. Covered settings should base their testing frequency on the extent of the virus in the community, and should, therefore, use the regional positivity rate reported in the COVID-19 Activity Level Index (CALI) Weekly Report: <https://www.nj.gov/health/cd/statistics/covid/>, in the prior week
3. The Division is pleased to confirm that on October 1, 2021, day services rates were increased as a result of additional funding in the Division's FY22 budget. These increases apply to: Career Planning; Community Inclusion Services; Day

Habilitation; Pre-Vocational Training Individual and Group; and Supported Employment Individual and Group.

- C. Department of Corrections; Introduction of Tammie Smith to Planning Council
- D. Juvenile Justice Commission (Francis Walker)
 - 1. In October JJC had a second round of training of trauma informed approaches. All counselors and staff were involved.
 - 2. In October 2021 JJC allowed facilities to be opened where and when appropriate.
 - 3. JJC will return to office on 11/15/21.
- E. Department of Health / NJ State Psychiatric Hospitals – No representative present.
- F. Department of Labor.
 - 1. 10/28/21 Disability Awareness Day.
 - 2. Department of Labor Staff returned to office full time on 11/8/21
 - 3. https://www.nimh.nih.gov/news/science-news/2021/researchers-find-disparities-in-suicide-risk-among-lesbian-gay-and-bisexual-adults?utm_source=govd&utm_medium=email&utm_campaign=pressreleases2021

V. Open Public Comment and Announcements Phil Lubitz

- A. Division of Criminal Justice is expected to release new mental health training curriculum for law enforcement. Steve Crimando is leading the training.
- B. ICMS conference and training coming up.
- C. Concern about mental health resources from NJ colleges and universities.
DMM: Covid-19 grant funds have been deployed to UBHC to handle consumers with SMI, those with non-SMI, SUD concerns. This program is geared to brief treatment. Most of it is telehealth. With additional ESR funds additional connection to services will be provided.

VI. Adjournment Phil Lubitz

- A. Next meeting will be 12/8/21, 10:00 am.

Microsoft Teams meeting

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Subcommittee Meetings

9:00 None

12:00 None