New Jersey

UNIFORM APPLICATION
FY 2024/2025 Combined MHBGSUPTRS BG ApplicationBehavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT
and
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 09/03/2024 3.36.08 PM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year	2025
End Year	2026

State SUPTRS BG Unique Entity Identification

Unique Entity ID	MLGMLZ76EMC3

I. State Agency to be the SUPTRS BG Grantee for the Block Grant

Agency Name	Division of Mental Health and Addiction Services
Organizational Unit	Office of Planning, Research, Evaluation and Prevention
Mailing Address	PO Box 362
City	Trenton
Zip Code	08625-0362

II. Contact Person for the SUPTRS BG Grantee of the Block Grant

First Name	Valerie
Last Name	Mielke
Agency Name	Division of Mental Health and Addiction Services
Mailing Address	PO Box 362
City	Trenton
Zip Code	08625-0362
Telephone	(609) 438-4352
Fax	(609) 341-2302
Email Address	Valerie.Mielke@dhs.nj.gov

State CMHS Unique Entity Identification

Unique Entity ID	MLGMLZ76EMC3

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name	New Jersey Division of Mental Health and Addiction Services
Organizational Unit	Office of Planning, Research, Evaluation, Prevention and Olmstead
Mailing Address	5 Commerce Way PO Box 362
City	Hamilton Township
Zip Code	08691-0362

II. Contact Person for the CMHS Grantee of the Block Grant

First Name	Valerie
Last Name	Mielke
Agency Name	New Jersey Division of Mental Health and Addiction Services
Mailing Address	5 Commerce Way PO Box 362
City	Hamilton Township
Zip Code	08691-0362
Telephone	(609) 438-4352
Fax	609-341-2302
Email Address	Valerie.Mielke@dhs.nj.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ○ Yes ◉ No

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date	9/3/2024 3:34:59 PM
Revision Date	9/3/2024 3:35:17 PM

VI. Contact Person Responsible for Application Submission

First Name	Valerie
Last Name	Mielke
Telephone	(609) 438-4352
Fax	
Email Address	Valerie.Mielke@dhs.nj.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Substance Use Block Grant Planner: Suzanne Borys, Ed.D., Suzanne.Borys@dhs.nj.gov

National Prevention Network Representative: Donald Hallcom, Ph.D., Donald.Hallcom@dhs.nj.gov

Mental Health Planner: Donna Migliorino, Donna.Migliorino@dhs.nj.gov

Children's Mental Health Planner: Nicholas Pecht, Nicholas.Pecht@dcf.nj.gov

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SUPTRS]

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
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Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: Valerie L. Mielke, MSW

Signature of CEO or Designee[1]: _____

Title: Deputy Commissioner of Health Services Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
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11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
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17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: New Jersey

Name of Chief Executive Officer (CEO) or Designee: Valerie L. Mielke, MSW

Signature of CEO or Designee[1]: Valerie Mielke Digitally signed by Valerie Mielke Date: 2024.07.17 17:29:02 -04'00'

Title: Deputy Commissioner of Health Services

Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of New Jersey
OFFICE OF THE GOVERNOR
P.O. BOX 001
TRENTON, NJ 08625-0001

PHILIP D. MURPHY
Governor

August 23, 2024

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
Office of the Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Delphin-Rittmon:

As the Governor of the State of New Jersey, I delegate signatory authority to the Deputy Commissioner for Health Services overseeing the Division of Mental Health and Addiction Services (DMHAS) within the New Jersey Department of Human Services (DHS) for the duration of my tenure for all the transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG); the Community Mental Health Services Block Grant (MHBG); and the Projects for Assistance in Transition from Homelessness (PATH) grant.

Sincerely,

Philip D. Murphy
Governor

c: Sarah Adelman, Commissioner, DHS
Valerie L. Mielke, Deputy Commissioner of Health Services, DHS
Renee C. Burawski, Assistant Commissioner, DHS DMHAS

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1911	Formula Grants to States	**42 USC § 300x**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1941	Opportunity for Public Comment on State Plans	**42 USC § 300x-51**
Section 1942	Requirement of Reports and Audits by States	**42 USC § 300x-52**
Section 1943	Additional Requirements	**42 USC § 300x-53**
Section 1946	Prohibition Regarding Receipt of Funds	**42 USC § 300x-56**
Section 1947	Nondiscrimination	**42 USC § 300x-57**

Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
Section 1955	Services Provided by Nongovernmental Organizations	**42 USC § 300x-65**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
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b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
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   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
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The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Valerie L. Mielke, MSW

Signature of CEO or Designee[1]: _____

Title: Deputy Commissioner of Health Services

Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1911	Formula Grants to States	**42 USC § 300x**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1941	Opportunity for Public Comment on State Plans	**42 USC § 300x-51**
Section 1942	Requirement of Reports and Audits by States	**42 USC § 300x-52**
Section 1943	Additional Requirements	**42 USC § 300x-53**
Section 1946	Prohibition Regarding Receipt of Funds	**42 USC § 300x-56**
Section 1947	Nondiscrimination	**42 USC § 300x-57**

Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
Section 1955	Services Provided by Nongovernmental Organizations	**42 USC § 300x-65**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
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Name of Chief Executive Officer (CEO) or Designee: Valerie L. Mielke, MSW

Signature of CEO or Designee[1]: Valerie Mielke Digitally signed by Valerie Mielke Date: 2024.07.17 17:29:49 -04'00'

Title: Deputy Commissioner of Health Services

Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of New Jersey
OFFICE OF THE GOVERNOR
P.O. BOX 001
TRENTON, NJ 08625-0001

PHILIP D. MURPHY
Governor

August 23, 2024

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
Office of the Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Delphin-Rittmon:

As the Governor of the State of New Jersey, I delegate signatory authority to the Deputy Commissioner for Health Services overseeing the Division of Mental Health and Addiction Services (DMHAS) within the New Jersey Department of Human Services (DHS) for the duration of my tenure for all the transactions required to administer the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG); the Community Mental Health Services Block Grant (MHBG); and the Projects for Assistance in Transition from Homelessness (PATH) grant.

Sincerely,

Philip D. Murphy
Governor

c: Sarah Adelman, Commissioner, DHS
Valerie L. Mielke, Deputy Commissioner of Health Services, DHS
Renee C. Burawski, Assistant Commissioner, DHS DMHAS

New Jersey Division of Mental Health and Addiction Services
Mental Health Block Grant Supplemental Funding
Bipartisan Safer Communities Act (BSCA) Narrative and Budget
Allotment #3
Performance/Budget Period III: 9/30/2024 - 9/29/2026
Award #: 1B09SM089966-01

September 3, 2024

New Jersey's Department of Human Services (NJ DHS) houses the Division of Mental Health and Addiction Services (DMHAS). Located within DMHAS is a specialized behavioral health-focused unit referred to as the Disaster and Terrorism Branch (DTB), which is responsible for activating the State's behavioral health disaster response plan in coordination with the NJ Office of Emergency Management and the NJ Emergency Social Services Coordinators, during declared disasters. Each county (21 in total) in the State also maintains a county-specific all-hazards behavioral health disaster plan. During disasters, the county's plan may also be activated by the County Mental Health Administrator and County Alcoholism and Drug Abuse Directors in coordination with the County Office of Emergency Management and in collaboration with multiple State partners. The DMHAS partners with over 120 contracted community behavioral health provider agencies to provide services to New Jersey residents. Over the past several years and especially since September 11th, training for these behavioral health providers as well as private practitioners, has been consistently provided through federal grant programs. In the past year, more than 1,000 people received training through DMHAS-sponsored training programs. The DTB consists of a multi-disciplinary Training and Technical Assistance Group (TTAG), which can provide on-demand training for behavioral health professionals in the wake of disaster to further increase the State's capacity to address the psychosocial needs of the community. The services available through the Disaster and Terrorism Branch include but are not limited to:

› Individual crisis counseling
› Psychological First Aid
› Disaster-specific psycho-educational information
› Group crisis counseling
› Consultation and training
› Information and referral services
› Toll-free warm line services

The DTB will use the Bipartisan Safer Communities Act (BSCA) funding to expand its existing behavioral health services continuum in the aftermath of traumatic events that impact the psychological health of New Jersey residents, including those diagnosed with serious mental illness. Outlined below are multiple initiatives that help support this work.

Disaster Response Crisis Counselor

In 2007, DTB began the Disaster Response Crisis Counselor (DRCC) Certification Program. DRCCs are trained and background-checked volunteers who are deployed in a county or Statewide in the immediate aftermath of a community crisis. With the help of BSCA funding, DTB will increase the numbers and scope of the DRCC program to have a more specialized crisis task force for specific response types such as mass casualty events, impacting target populations such as rural communities, those with severe mental illness, and those who are deaf and hard of hearing, etc. The DTB would like to utilize funding to widen the scope of the DRCC program by focusing on outreach to those with serious mental illness (SMI) and serious emotional disturbances (SED). As preparedness for all hazard responses is vital, often vulnerable populations such as those diagnosed with SMI/SED do not receive the needed attention. We propose collaboration with psychiatric hospitals, community providers, boarding homes, and group homes that serve the SMI/SED. We plan to help them revise emergency all-hazard plans, utilize DRCCs for outreach, and provide emergency preparedness training and kits. Our Director of Training has long-standing experience with training boarding home operators; these relationships can be leveraged to assess needs and fill in preparedness gaps. As experienced with Hurricane Sandy (category 3) in the year 2012, those staff that support individuals diagnosed with SMI/SED were not adequately prepared for such an event, which included destructive flooding and power outages that forced many out of these settings into temporary shelters without the needed support. This initiative will allow volunteers not only to engage in deployment in the wake of crisis but also to build relationships and assist vulnerable populations through outreach. DTB plans to develop a training series for DRCCs to be successful in outreach to these populations by way of highlighting vulnerabilities and considerations that should be made.

Disaster response is always local and the DTB has cultivated successful working partnerships with the County Mental Health Administrators and the County Alcoholism and Drug Abuse Directors; they are responsible for planning behavioral health services in their counties. A stipend has been and continue to be given to each county to fund recruitment, completion of exercise drills, training activities as well as engagement efforts for Disaster Response Crisis Counselors. The DTB will promote the DRCC program throughout New Jersey through the dissemination of printed materials, electronic newsletters, podcasts, and or recorded informational pieces of current responses, lessons learned, and emerging trends in the field.

Learning Management System

With BSCA funds, DTB has secured a robust learning management system (LMS) to ensure consistency and quality of training and messaging. The learning management

system will consist of informative video clips, interactive quizzes, pre- and post-knowledge tests that engage and enhance the learning of participants. The target audiences for the LMS are Disaster Response Crisis Counselors, First Responders, behavioral health providers (including those that serve SMI/SED populations), county behavioral health coordinators, emergency managers, non-profit organizations, and the disability, access and functional needs community; trainings will be ADA (Americans with Disabilities Act) compliant. Specifically, monies for content creation and technical assistance will continue to be funded.

Critical Incident Stress Management

Critical Incident Stress Management (CISM) is a comprehensive, integrative, multicomponent crisis intervention system. CISM is considered comprehensive because it consists of multiple crisis intervention components, which functionally span the entire spectrum of a crisis. CISM interventions range from the pre-crisis phase through the acute crisis phase to the post-crisis phase. CISM is also considered comprehensive in that it consists of interventions that may be applied to individuals, small functional groups, large groups, families, organizations, and even communities. CISM teams have been an important part of the behavioral response for First Responders in New Jersey for the past two decades, but attrition has led the teams to fold or be chronically understaffed. DTB proposes coordinating with the remaining CISM teams in New Jersey to increase training for law enforcement, fire, dispatchers, and EMS to rebuild the CISM Infrastructure. A training area in which First Responders could benefit is how to best interact with those experiencing serious mental illness. In our current behavioral health continuum, First Responders are often the group that initially engages with individuals diagnosed with serious mental illness, usually at a time in which they are not in treatment. This can be a stressful situation for the consumer and staff involved.

Traumatic Loss Coalition

When there is an incident primarily impacting youth and young adults, DTB works closely with New Jersey's Traumatic Loss Coalition (TLC). DTB proposes strengthening this partnership through cross-training. For this effort, the plan is to train 250 lead responders in the "Managing Sudden Traumatic Loss" (MSTL) response model per year of funding. The TLC will offer this training to community providers and group homes that house children managing SED diagnoses' thereby mitigating the risk and assisting with recovery from the mental health impacts of traumatic events.

Specifically, the goal is to:

- Build Statewide capacity to respond to youth and young adult-related incidents such as significant incidents of school violence, with 10-15 responders per county
- Offer 5-6 training with an audience of 40-50 people
- Conduct staff training with two co-facilitators/trainers for each offering
- Provide in person or virtual or hybrid training
- Provide manuals to participants
- Build relationships with community providers for children diagnosed with SED

Sustainability would be possible as teams will be located in each county; and can cross-train as DRCCs also work with children in the aftermath of crisis. Volunteers have no ongoing costs for deployment.

BTAM Team Initiative

The NJ BTAM (Behavioral Threat Assessment and Management) Team is a centralized resource focused on the sharing of information and knowledge, and leveraging support of law enforcement and behavioral health professionals for the purpose of threat management. When law enforcement identifies a community threat, the team convenes to provide consultation in reviewing individuals at risk for engaging in violence or other harmful activities and recommend intervention strategies to manage the risk of harm for individuals who pose a potential safety risk. Unfortunately, adults with SMI and children with SED can pose a serious threat to communities and schools; as they are more at risk for engaging in acts that cause threat or harm to self and others.

The team includes representatives from several agencies and organizations including law enforcement, intelligence, education, and behavioral health sectors. Each member of the team has advanced training in behavioral threat assessment and works collaboratively to prevent targeted acts of violence through early identification, consultation, and management of individuals displaying concerning or threatening behavioral indicators. The team's goal is to reduce the number of incidents that occur by creating diversion pathways for at-risk individuals (particularly those with SMI) into programs for behavioral health or other appropriate services. The DTB trainers will engage with the New Jersey Behavioral Health Provider network for a series of training to recognize the signs of radicalization, pathways to violence, and how to engage with law enforcement to prevent future episodes of mass violence. Additionally, DTB will continue to act as a subject matter expert and consultant to law enforcement regarding considerations for managing those adults with SMI, children with SED, and the behavioral health services continuum.

Vulnerable Populations

As discussed in the DRCC section, DTB wants to engage specifically with adults diagnosed with serious mental illness and children diagnosed with serious emotional

disturbance. This initiative will include DRCCs, DTB staff, and collaboration with congregate living settings (psychiatric hospitals, group homes, boarding homes, etc.) that serve these populations. The Department of Children and Family Services (NJ DCF) operates group homes for children with SED, forging collaborative relationships would be beneficial. Disaster and mass casualty events have an extensive impact on these populations exacerbating their mental health and increasing the risk for poor outcomes.

The DTB would like to create an all-hazards preparedness flipbook for these populations to include pages to allow personalization of one's name, psychotropic medication information, and points of contact. A kit will include but will not be limited to useful items such as the flipbook, whistle, flashlight, and checklist for preparedness. DTB will partner with these organizations to prepare for incidents of mass violence and all hazard responses. DTB wants to designate funding for SMI/SED community provider engagement and training; hosting specialized training to prepare providers with tools to address the needs of the vulnerable populations they serve.

Family Assistance Centers and Reunification Preparedness

The DTB works in coordination with the NJ Department of Human Services' Office of Emergency Management (OEM) in planning for the aftermath of a mass casualty event and disasters. The increase in mass fatality incidents in the past decade – natural, man-made, and intentional – underscores the need for communities to be able to provide specialized behavioral health support to the families directly affected by these tragic incidents. In the aftermath of a mass casualty event or disaster, a Family Reunification Center (FRC) will be operational to facilitate the reunification of those affected by the event with their family members.

The FRC may run in concert with Family Assistance Centers (FAC). The FAC is established to provide an array of support services to those impacted by an event. There are many services provided at a FAC. Some require or benefit from behavioral health support. Here is a list of some services provided at a FAC:

- Informational Briefings
- Antemortem Data Collection (to assist in identifying victims)
- Death Notifications
- Call Center/Hotline
- Reception and Information Desk
- Spiritual Care Services
- Behavioral Health Services
- Medical/First Aid Services
- Translation/Interpreter Services
- Child Care

We propose utilizing BSCA funding to purchase a trailer that will house the equipment required in the operation of an FAC or FRC. This equipment will be utilized in time-real as well during exercises that assess preparedness. Items will include but are not limited to: variable message boards (digital signage that can provide direction and other important information), retractable belt stanchions (for orderly line management), banners, safety vests for staff, and the like. As mentioned above, DTB's collaboration with providers that serve SMI/SED populations, will offer staff and consumers increased knowledge of how to navigate FAC/FRC settings, and increase preparedness for all hazard responses. To add, by conducting disaster behavioral health exercises, DTB will prepare members of the DRCC and other specialized crisis teams for their role in Reunification and Family Assistance Center operations.

County and State Emergency Partner Collaborations

The facilitation of local, county, and State collaborations with emergency management partners will ensure coordination and collaboration ahead of a community crisis or mass causality incident. The goal is to break down existing silos to prevent duplication of services and to educate partners about the importance of improved behavioral health outcomes in the immediate aftermath of a community crisis. Partnerships and workshops will educate and prepare emergency providers to serve vulnerable populations specifically those individuals diagnosed with serious mental illness. The Office of Emergency Management, Medical Examiners Offices, Volunteers Active in Disaster (VOAD), Community Organizations Active in Disaster (COAD), and the EMS Taskforce are just some of the providers we hope to reach. Organizations such as VOAD/COAD respond to crises and help prepare our communities after a disaster or mass causality event. They seek to improve preparedness and support mental health resilience and recovery after traumatic events for the general population as well as those experiencing serious mental illness. Building the collaborations outlined above amongst others, gives us a chance to extend our reach to impact varying vulnerable population types and improve preparedness and response in New Jersey.

Set Aside Funds

The 10% ESMI/FEP set aside funds will be leveraged with the COVID Supplemental, ARPA, and MHBG 10% set aside to fund Coordinated Specialty Care (CSC) services, an evidence-based practices for serving the ESMI population. DMHAS will be funding up to six CSC and CSC CI programs to increase access to services. Currently, the programs serve individuals with first-episode psychosis. The expansion will include individuals with affective psychosis. Additionally, the expansion will include CSC step-

down programs called CSC community integration programs or CSC CI programs. Each of the six CSC programs will have a CSC CI program which will allow for individuals to be able to step down to CSC CI or go back up to CSC if more intensive services are needed. The transition between levels of care will be virtually seamless for the individual as the treatment team will remain the same for the continuity of services.

The 5% Crisis Services set aside funds will be leveraged with the COVID Supplemental, ARPA, and MHBG 5% set aside to fund the implementation of Crisis Receiving Stabilization Centers (CRSCs). DMHAS will be funding up to five new CRSCs throughout the state as part of the crisis continuum in NJ. The individuals served by the centers will receive community-based treatment and supportive services 24 hours per day, 7 days per week, 365 days per year. CRSCs will offer a no-wrong-door access to services, accepting all walk-ins and drop-offs.

BSCA Allotment III Budget

Set Aside Funds	Cost
ESMI/FEP 10%	$185,433
Crisis Services 5%	$92,716
Subtotal	**$278,149**
Programmatic Initiatives & Contracts	**Cost**
Multiple Sub-Awardees/Contracts/Programmatic Initiatives	$1,175,000
Subtotal	**$1,175,000**
Supplies and Materials	**Cost**
Exercise/Deployment Supplies and Materials	$100,000
Subtotal	**$100,000**
Personnel	**Cost**
Part-time CISM Coordinator	$51,181
Behavioral Threat Assessment & Management Staff Time	$100,000
DTB Unit Staff Time	$100,000
Subtotal	**$251,181**
Training, Conferences & Travel	**Cost**
Mass Casualty/Behavioral Threat/Disaster Related	$50,000
Subtotal	**$50,000**
GRAND TOTAL	**$1,854,330**

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

Standard Form LLL (click here)

Name

Title

Organization

Signature: Date:

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Footnotes:

This form is not applicable to the NJ Division of Mental Health and Addiction Services.

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SUPTRS)[a]	J. ARP Funds (MHBG)[b]	K. BSCA Funds (MHBG)[c]
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention[dd]		$0.00	$0.00								
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[ee]		$2,818,682.00	$1,637,164.00					$2,670,000.00		$3,129,709.00	$321,279.00
4. Other Psychiatric Inpatient Care			$0.00								
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital											
8. Other 24-Hour Care		$7,420,369.00	$408,087,764.00	$3,850,221.00	$54,438,731.00			$6,658,275.00		$14,291,751.00	
9. Ambulatory/Community Non-24 Hour Care		$15,129,085.00	$748,274,435.00	$4,392,000.00	$364,826,312.00		$400,000.00	$2,228,827.00		$8,541,716.00	$1,741,989.00
10. Crisis Services (5 percent set-aside)[fg]		$1,409,341.00	$18,152,056.00	$202,643.00	$77,316,492.00			$1,132,461.00		$1,564,855.00	$93,761.00
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately[gf]		$1,409,341.00	$1,382,000.00	$107,000.00	$19,393,381.00			$282,201.00		$1,564,855.00	$160,640.00
12. Total	**$0.00**	**$28,186,818.00**	**$1,177,533,419.00**	**$8,551,864.00**	**$515,974,916.00**	**$0.00**	**$400,000.00**	**$12,971,764.00**	**$0.00**	**$29,092,886.00**	**$2,317,669.00**

[a]The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[b]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[c]The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[d]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[e]Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

[f]Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

[g]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President's Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024			FFY 2025		
Expenditure Category	**FFY 2024 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**	**FFY 2025 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**
1 . Substance Use Disorder Prevention and Treatment[5]	$28,983,267.00	$31,852,980.00	$8,560,259.00	$26,290,031.00	$23,776,998.00	$20,741,762.00
2 . Substance Use Primary Prevention	$11,408,423.00	$8,646,986.00	$3,019,782.00	$12,062,084.00	$15,422,968.00	$4,993,462.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV[6]						
5 . Recovery Support Services[7]	$10,025,443.00	$1,550,000.00	$1,077,163.00	$12,477,377.00	$3,600,000.00	$2,580,349.00
6 . Administration (SSA Level Only)	$1,605,502.00	$1,239,977.00	$794,129.00	$1,193,143.00	$2,250,992.00	$1,905,675.00
7. Total	**$52,022,635.00**	**$43,289,943.00**	**$13,451,333.00**	**$52,022,635.00**	**$45,050,958.00**	**$30,221,248.00**

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the

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expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Prevention other than Primary Prevention

[6]For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SUPTRS BG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

[7]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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Footnotes:

The $12,062,085 listed in Primary Prevention of the SUPTRS Block Grant Award is the sum of Table 5b SAPT BG ($10,775,576) and Table 6 Prevention SA ($1,286,508). Please refer to those table to see a further breakdown of Primary Prevention expenditures by Resource Development and the Institute of Medicine (ICM) sub-categories.

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

A		B			B		
Strategy	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]	SUPTRS BG Award	COVID-19 Award[4]	ARP Award[5]
1. Information Dissemination	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
2. Education	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
3. Alternatives	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
4. Problem Identification and Referral	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
	Universal						

5. Community-Based Processes	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6. Environmental	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
7. Section 1926 (Synar)-Tobacco	Universal	$0	$0	$0			
	Selected	$0	$0	$0			
	Indicated	$0	$0	$0			
	Unspecified	$0	$0	$0			
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Prevention Expenditures					**$0**	**$0**	**$0**
Total SUPTRS BG Award[3]		**$52,022,635**	**$43,289,943**	**$13,451,333**	**$52,022,635**	**$45,050,958**	**$30,221,248**
Planned Primary Prevention Percentage		**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

[3]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

DMHAS has selected the option to complete Table 5b, rather than Table 5a; however, as required, we are reporting the amount spent on Section 1926 Tobacco, herein, on Table 5a, which as indicated above is $0 for each column.

Planning Tables

Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award[1]	FFY 2024 ARP Award[2]	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award[3]	FFY 2025 ARP Award[4]
Universal Direct	$2,611,584			$2,823,547		
Universal Indirect	$3,810,780			$4,120,073		
Selected	$0			$0		
Indicated	$3,544,292			$3,831,956		
Column Total	**$9,966,656**			**$10,775,576**	**$0**	**$0**
Total SUPTRS BG Award[5]	**$52,022,635**	**$43,289,943**	**$13,451,333**	**$52,022,635**	**$45,050,958**	**$30,221,248**
Planned Primary Prevention Percentage	**19.16%**	**0.00%**	**0.00%**	**20.71%**	**0.00%**	**0.00%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Footnotes:

New Jersey chooses to use a portion, $1,286,508 of the primary prevention SUPTRS BG award set-aside to fund Non-Direct Services/System Development activities.

Planning Tables

Table 5c SUPTRS BG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]
Prioritized Substances			
Alcohol	☑	☑	☑
Tobacco	☑	☑	☑
Marijuana	☑	☑	☑
Prescription Drugs	☑	☑	☑
Cocaine	☑	☐	☐
Heroin	☑	☑	☑
Inhalants	☑	☐	☐
Methamphetamine	☑	☐	☐
Fentanyl	☑	☑	☑
Prioritized Populations			
Students in College	☑	☑	☑
Military Families	☑	☑	☑
LGBTQI+	☑	☑	☑
American Indians/Alaska Natives	☐	☑	☑
African American	☑	☑	☑
Hispanic	☑	☑	☑
Persons Experiencing Homelessness	☑	☑	☑
Native Hawaiian/Other Pacific Islanders	☑	☑	☑
Asian	☑	☑	☑
Rural	☑	☑	☑

Underserved Racial and Ethnic Minorities	☑	☑	☑

[1]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [SUPTRS]

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024					FFY 2025				
Expenditure Category	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [2]**	**E. ARP [3]**	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [4]**	**E. ARP [5]**
1. Information Systems	$1,721,299.00	$11,284.00		$2,000,000.00	$570,000.00	$1,952,374.00	$8,332.00		$2,000,000.00	$643,610.00
2. Infrastructure Support	$226,200.00			$1,800,000.00	$933,333.00				$1,800,000.00	$1,500,000.00
3. Partnerships, community outreach, and needs assessment	$215,849.00					$215,849.00				
4. Planning Council Activities (MHBG required, SUPTRS BG optional)										
5. Quality Assurance and Improvement										
6. Research and Evaluation	$2,950,372.00	$1,430,483.00				$2,576,683.00	$1,278,176.00			
7. Training and Education	$408,004.00			$1,550,000.00	$333,333.00	$350,000.00			$1,550,000.00	$1,000,000.00
8. Total	**$5,521,724.00**	**$1,441,767.00**	**$0.00**	**$5,350,000.00**	**$1,836,666.00**	**$5,094,906.00**	**$1,286,508.00**	**$0.00**	**$5,350,000.00**	**$3,143,610.00**

[1]Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

[2]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[3]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2024 MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024[1] COVID Funds	FY 2024[2] ARP Funds	FY 2024[3] BSCA Funds	FY 2025 Block Grant	FY 2025[1] COVID Funds	FY 2025[2] ARP Funds	FY 2025[3] BSCA Funds
1. Information Systems	$600,000.00				$600,000.00			
2. Infrastructure Support		$2,000,000.00	$1,782,500.00	$129,000.00		$1,437,802.00	$5,087,093.00	$205,816.00
3. Partnerships, community outreach, and needs assessment								
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$23,740.00				$23,740.00			
5. Quality Assurance and Improvement								
6. Research and Evaluation			$700,000.00				$500,000.00	
7. Training and Education				$12,000.00				$21,000.00
8. Total	$623,740.00	$2,000,000.00	$2,482,500.00	$141,000.00	$623,740.00	$1,437,802.00	$5,587,093.00	$226,816.00

[1] The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[3] The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 – September 29, 2026** (3rd increment).For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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Footnotes:

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

> *....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*
>
> *CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*
>
> - *Crisis call centers*
> - *24/7 mobile crisis services*
> - *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*
>
> *STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an **Advisory: Peer Support Services in Crisis Care** and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "**National Guidelines for Child and Youth Behavioral Health Crisis Care**" which offers best practicies, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crsis receiving and stabilization centers.

NJ's 3 Core Elements:

New Jersey is in the process of expanding its continuum of crisis services. The 988 Lifeline Crisis Centers are currently operational and there are plans to implement Mobile Crisis Outreach Response Teams (MCORTs) and Crisis Receiving Stabilization Centers (CRSCs).

Crisis Call Centers:

New Jersey's 9-1-1 network, administrated by New Jersey's Office of Emergency Telecommunication Services since 1972, is comprised of over two hundred (200) Public Service Answering Points (PSAPs) statewide. 911 PSAPs are staffed by trained dispatchers 24/7/365. 911 call takers are trained to respond to a wide array of emergencies, including behavioral health emergencies.

New Jersey has five (5) 988 Lifeline crisis centers - CONTACT of Burlington County, Caring Contact, CONTACT of Mercer County (COMC), Mental

Health Association in New Jersey (MHANJ), and Rutgers University Behavioral Health Care (R-UBHC). Collectively, these centers offer 24/7 primary and secondary coverage statewide. The centers offer access to trained crisis counselors via call, chat and text. Crisis counselors are trained to assess individuals contacting 988 for risk of suicide, coordinate connection to current mobile response services, and ultimately connect individuals to appropriate care. Crisis counselors are trained to practice active engagement, use the least invasive interventions available, and initiate life-saving services to secure the safety of individuals who are at risk.

Mobile Crisis Response Teams

MCORTs will be comprised of a two-person unit in the field under remote supervision by a third professional from a centralized location. The professionals include trained peer support specialists, bachelor's level professionals with related educational and professional experience (in the field), and master's level supervisors providing backup when needed. MCORTs will operate statewide, with multiple teams in designated regions of NJ. Posting of the MCORT funding opportunity is expected this summer and awards will be announced later this year.

Crisis Receiving Stabilization Centers

The DMHAS awarded five (5) crisis receiving stabilization centers (CRSCs) which will advance the development of the crisis continuum in NJ based on the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. The objective is to develop an appropriate alternative to the use of local hospital emergency services and in-patient psychiatric hospitalization, by providing crisis services and placement support for those in need of permanent housing. The goal of this program is to decrease the utilization of local hospital emergency services, designated screening centers, and in-patient psychiatric hospitalization while maintaining crisis stabilization treatment. The Crisis Receiving Stabilization Centers (CRSCs) will serve individuals 18 years of age and older with a primary SMI and/or SUD experiencing a mental health or substance use crisis. DMHAS will be using the "no wrong door" concept and partnering with community crisis responders. Services will be available 24 hours per day, 7 days per week, every day of the year and include access to trained staff who can provide assessment, crisis stabilization, intensive supports, engagement, psycho-education, identification of strengths, collaborative problem solving, and individualized crisis planning. Services will be offered in a safe, clean, home-like environment conducive to the recovery process. Medication management, administration, and education will also be offered. Medication-Assisted Treatment will also be available at the CRSCs. Clinical staff in the program will strive to stabilize individuals and address their needs for further treatment or linkage. The program will offer continuity of care promoting continued stability and ensuring linkages are arranged that meet the needs of the individual.

Other Crisis Services in NJ Outside the Core Elements

Beyond the core elements of NJ's Crisis Continuum, the SMHA has implemented a comprehensive crisis system including peer-run warmlines, crisis diversion homes, inpatient diversion, peer support diversion, and collaboration with law enforcement. The SMHA also provides technical assistance to improve the efficiency and effectiveness of crisis care services.

Crisis Diversion Homes

Crisis Diversion Homes are being developed in NJ to bridge the gap between homelessness and permanent housing. DMHAS has awarded three crisis diversion homes with 5 beds each. The homes will be staffed and operational 24/7. This program will provide community-based crisis stabilization in a home-like setting and are not long term or permanent housing, The length of stay for this program is dependent upon an individual's need and is anticipated to be up to 30 days. At a minimum, staffing will include licensed clinical social work staff, nursing coverage, behavioral health technician, and a prescriber. Although crisis diversion housing is not permanent, individuals experiencing a recent psychiatric hospitalization or relapse will receive the support they need from professionally trained and dedicated staff to continue their recovery in the community in a home-like environment. The services and supports will be prioritized for individuals who are referred from Crisis Receiving Stabilization Centers (CRSCs) and from Mobile Crisis Outreach Response Teams (MCORTs). By providing this additional level of care to the crisis continuum, the goal is to decrease the number of individuals in local emergency departments and emergency screening, including individuals longer than 23 hours while providing a mechanism for referral for crisis receiving and stabilization facilities for individuals with complex behavioral health needs that require significant services and supports to return to the community. Additional referrals may come from community inpatient programs as a step-down from short-term acute inpatient services providing the opportunity to further stabilize the client and connect the client with services and supports depending upon availability. The Crisis Diversion Homes programs will include linkages to clinical services, peer supports, and housing with a goal of community re-integration to permanent or long-term housing and supports for the person receiving services.

Crisis Homes

The DMHAS contracts with mental health providers to provide 14 crisis beds in three different homes. These are residential settings that are staffed 24 hours a day 7 days a week. The homes focus on providing a recovery oriented residential setting for individuals to help avoid a mental health crisis. The length of stay in these homes is designed to be short term, and typically less than 30 days. The homes focus on rehabilitative skills, crisis planning, and individual recovery goals.

Peer Respite Beds

The DMHAS contracts with mental health providers to provide 20 peer respite beds across the state (4 homes with 5 beds each). These are residential settings that are staffed 24 hours a day 7 days a week. The majority of staff that work in these homes are peers. The homes focus on providing a recovery oriented residential setting for individuals that may need a respite from their current setting and/or may need this setting to help avoid a mental health crisis. The length of stay in these homes is designed to be short term, and typically less than 30 days. The homes focus on rehabilitative skills, crisis planning, and individual recovery goals. These homes will either provide direct prescriber services as needed or work to link individuals to services as needed. The staff will assist the individual with locating long term housing as well as other services where needed.

Diversionary Beds

The DMHAS contracts with inpatient providers to purchase bed-days in inpatient facilities, known as "Diversion" contracts. The purpose of the

Diversion contracts is to afford individuals age 18 and older who would otherwise be admitted to a state or county psychiatric hospital the opportunity to receive treatment in an inpatient setting, which may enable the individual to stabilize and be discharged to the community. The primary goal of the purchase of bed-days is to reduce admissions to state hospitals. Individuals who do not stabilize and require continued inpatient treatment may be transferred to a state or county hospital at the conclusion of their approved length of stay in the contracted Diversion bed. The hospitals that contract for Diversion beds maintain additional bed capacity that is not governed by their DMHAS Diversion contract and serve a similar population in this additional capacity.

Additional Suicide Prevention/Crisis Resources
New Jersey offers a service called ReachNJ which is a 24/7 addiction helpline for New Jersey residents who are seeking treatment for a substance use disorder. ReachNJ calls are answered by specialists who are trained to provide a caller with referrals to local treatment providers and/or other support services. ReachNJ is also available to people who are seeking support for a loved one with substance use disorder.

Staffed by mental health professionals and peer support specialists 24 hours a day, seven days a week, the New Jersey Suicide Prevention Hopeline is available to all ages for confidential telephone support (except when a suicide attempt is in progress), assessment, and referral. The NJ Hopeline offers call, text, chat, and email options. General information is available at: www.njhopeline.com

NJ 211 is a subsidiary of the United Ways of New Jersey. NJ 211 offers free, confidential 24/7 public information for individuals who require health and social service resources. NJ 211 provides referrals for housing, food, utility assistance, family services, behavioral health needs, and disaster support.

Finally, two (2) other call lines support the New Jersey crisis system. NJ Mental Health Cares is NJ's mental health information and referral service staffed by mental health professionals. The Peer Recovery Warmline is a peer-run service providing telephonic support to people in recovery from mental illness.

Designated Screening Centers (Psychiatric Emergency Screening Services)
To ensure access to psychiatric emergency services statewide, there are 23 Designated Screening Centers (Screening and Screening Outreach) operating 24/7 in 21 Counties. These centers offer screening, assessment, crisis intervention, mobile screening, referral, linkage, and crisis stabilization services in all areas of the state.

Affiliated Emergency Services
Twelve (12) Affiliated Emergency Service (AES) programs are present in high-volume emergency departments. These programs provide immediate crisis intervention and support to individuals in distress, focusing on stabilizing their condition and facilitating their active involvement in service planning. The AES programs work in partnership with the Designated Screening Centers through formal agreements.

Early Intervention Support Services (EISS)
EISS programs are community-based mental health clinics that are open 6-7 days per week to deliver rapid access to short-term crisis intervention and stabilization services. They provide a comprehensive range of services, including medication, therapy, recovery support, and other supportive interventions, aiming to serve as a diversion to emergency room use and the need for inpatient treatment.

Arrive Together

The ARRIVE Together Initiative is out of the New Jersey Attorney General's Office that pairs Law Enforcement Officers with Mental Health specialists, Certified Screeners and or Crisis Specialists, to respond to calls in the communities that are received by 911. These calls are responded to and determined to be crisis need calls or calls that can be referred to EISS or routine outpatient appoints to address areas of life stressors.

ARRIVE Together is partnered with DHS because of the need for Mental Health connection. DHS makes quarterly payments to the MH providers and LPS reimburses DHS every 6 months for the payments DHS makes to the providers.

Crisis Services Provided by the Children's System of Care

Mobile Response and Stabilization Services (MRSS)
MRSS is the CSOC's urgent response service designed to help families stabilize youth in home and community settings. MRSS are available 24 hours per day, 7 days a week, year-round. MRSS provides immediate (within one hour) intervention designed to minimize risk, maintain the youth in his/her current living arrangement, prevent repeated hospitalizations, stabilize behavioral health needs, and improve functioning in life domains such as school and home routines. Mobile Response and Stabilization Services (MRSS) deliver services to youth vulnerable to or experiencing stressors, coping challenges, emotional or behavioral symptoms, difficulties with substance use as a coping strategy, or traumatic circumstances that may compromise the youth's ability to function optimally and thrive within their family/living situation, school, and/or community environments. MRSS is designed as an upstream intervention available to support families and youth when they first identify they need assistance based on their definition of need. Care is individualized, strengths-based, youth-centered, family-driven, community-based, trauma-informed, and culturally and linguistically mindful. MRSS provides engagement, crisis intervention, assessment, and planning designed to stabilize presenting stressors, behaviors and/or emotional challenges, maintain youth in their home environment and community, build formal and informal supports, and prevent unnecessary psychiatric hospitalization, out of home care, and legal involvement. CSOC has collaborated with DHS to ensure access to CSOC services, inclusive of crisis intervention services delivered by system partners, i.e. Mobile Response Stabilization Services, in the event that a youth or their family member contacts 988.

Youth Suicide Prevention Resources
Every life lost to suicide is a tragedy and the New Jersey Department of Children and Families is committed to decreasing youth suicide and supporting youth who have attempted suicide. Suicide is the third leading cause of death for New Jersey youth between 10 and 24 years of age.

Traumatic Loss Coalitions for Youth (TLC) – UBHC Suicide Prevention
The TLC at Rutgers-University Behavioral HealthCare is an interactive, statewide network that seeks to reduce suicide attempts, deaths by suicide, and to promote recovery of persons affected by suicide by offering collaboration and support to professionals working with school-age youth and direct crisis response services to staff and youth at youth-serving organizations following a traumatic event. The TLC offers county, regional, and statewide conferences, training, consultation, on-site traumatic loss response, and technical assistance. Since its inception, the TLC has trained thousands of individuals throughout the state with the purpose of saving lives and promoting post trauma healing and resiliency for the youth of New Jersey. The TLC website can be accessed at http://ubhc.rutgers.edu/tlc/

Project Connect
In November 2020, the Garrett Lee Smith Youth Suicide Prevention Grant was awarded to the New Jersey Department of Health (NJDOH) from the Substance Abuse and Mental Health Services Administration (SAMHSA). This federal grant was awarded to implement NJDOH's Readiness to Stand United Against Youth Suicide (R2S Challenge). The Department of Children and Families (DCF) is collaborating with the DOH on a portion of the grant. This collaboration is to assist New Jersey hospitals to effectively connect youth to services following suicide attempts. DCF is developing Project Connect to increase engagement in community mental health services after hospital discharge, reduce unnecessary Emergency Department utilization through connection to appropriate community services, and improve safety and well-being for youth and families. Through the innovative role of the Regional Care Coordinator (RCC), Project Connect works in partnership with identified hospitals to enhance discharge planning for youth with suicide ideation and/or attempts. After youth are medically stabilized, screened, and determined to be safe for discharge, hospital staff will engage in a warm transfer process to connect families to PerformCare and community resources. Hospital staff will also be coached on how to obtain consent to connect the family to the RCC who will make contact with the caregiver post-discharge to provide the youth and family with follow up support and ensure linkage and engagement with community behavioral health services.

2NDFLOOR Youth Helpline
Accredited by the American Association of Suicidology, 2NDFLOOR is a confidential call/text helpline and message board platform serving youth and young adults. Youth who contact the 2NDFLOOR are assisted with their daily life challenges by professional staff and trained volunteers. The 2nd Floor website can be accessed at http://www.2ndfloor.org/

Crisis Text Line
The Children's System of Care has partnered with Crisis Text Line in New Jersey to provide another tool for constituents. Crisis Text Line is a free 24/7 support that connects anyone experiencing a self-defined crisis with a trained counselor. It can be accessed from anywhere in the United States. When texts are received, they are screened by an algorithm for severity, and texts that indicate imminent risk are placed at the top of the queue for faster response. Crisis counselors are trained to bring texters from "a hot moment to a cool calm," using empathic listening techniques. They collaboratively problem-solve to help the texter come up with a plan to stay safe. Calls are anonymous and confidential, unless referral to emergency services is necessary. For cell phone plans with AT&T, T-Mobile, Sprint, or Verizon, texts are completely free and will not show up on the phone bill. For plans with another carrier, normal text rates will apply and will appear on the phone bill as 741741. Additional information about Crisis Text Line can be found at http://www.crisistextline.org

New Jersey Youth Suicide Prevention Advisory Council
Established in, but not of, the Department of Children and Families, the New Jersey Youth Suicide Prevention Advisory Council is comprised of appointed New Jersey citizens and state government representatives. The New Jersey Youth Suicide Prevention Advisory Council examines existing needs and services and makes recommendations for youth suicide reporting, prevention, and intervention. It advises the development of regulations pursuant to N.J.S.A. § 30:9A-25 et seq.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

*a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
*b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.*
*c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the SAMHSA guidelines.*
*d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
*e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

Other program implementation data that characterizes crisis services system development.
1. Someone to talk to: Crisis Call Capacity
a. Number of locally based crisis call Centers in state
i. In the 988 Suicide and Crisis lifeline network
ii. Not in the suicide lifeline network

b. Number of Crisis Call Centers with follow up protocols in place

c. Percent of 911 calls that are coded as BH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the toal number of communities)

a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)

c. Number that employs peers

3. Safe place to go or to be:

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavioral health component

c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	☐	☐	☐	☐	☐	☑
Someone to respond	☐	☑	☐	☐	☐	☐
Safe place to go or to be	☐	☑	☐	☐	☐	☐

b. Briefly explain your stages of implementation selections here.

Someone to call - In New Jersey (NJ), five (5) centers have been providing services for the National Suicide Prevention Lifeline for many years (starting dates noted below). They were certified by Vibrant for meeting the minimum clinical, operational and performance standards. Those centers are: CONTACT of Burlington County (2009), Caring Contact (2005), CONTACT of Mercer County (COMC) (2005), Mental Health Association in New Jersey (MHANJ) (2013), and Rutgers University Behavioral Health Care (R-UBHC) (2013). As a result of work done during the Vibrant 988 Planning Grant, each of the five (5) NJ centers transitioned to the 988 Suicide and Crisis Lifeline system.

The five centers provide primary and secondary call coverage for all 21 counties in New Jersey. One center, COMC, offers 988 chat and text services, in addition to calls. COMC has been providing crisis chat services on the national level since 2014.

For May 2023, New Jersey's in-state answer rate for calls was 85% with 4.3% of calls flowing to back up centers. New Jersey's goal is to reach and maintain an in-state answer rate of at least 90% by June 30, 2024. Through a combination of State and federal funding, New Jersey has received approximately $17 million for 988 Lifeline operations. NJ DMHAS recently applied for an additional SAMHSA grant, which will total nearly $12 million over a 3-year period.
NJ DMHAS recently contracted with Carelon Behavioral Health, formerly known as Beacon Health Options, to be NJ's 988 Managing Entity. Carelon will be responsible for overseeing the operations of 988 Lifeline centers in NJ and dispatching Mobile Crisis Outreach Response Teams (MCORTs), when they are available.
Someone to respond – Mobile Crisis Outreach Response Teams (MCORTs) will be established as the "Someone to Come/Respond" for the NJ 988 system. The SFY23 budget includes $16 million for the establishment of statewide MCORTs. MCORTs are designed to respond in person, 24 hours a day, every day of the year to non-life-threatening mental health, substance use or suicidal crises in the community. Discussions have occurred among DMHAS and other state agencies including Medicaid (for funding) and the Office of Emergency Telecommunications Services (for interfacing with 911/PSAPs). Carelon, the 988 Managing Entity has been hired to handle dispatching of MCORTS once they are operational.

Safe place to go - DMHAS recently awarded contracts to provider agencies to develop 5 Crisis Receiving Stabilization Centers (CRSCs) throughout the state, each with 22 recliners, with both state and federal funding being allocated for the development of the centers. The federal funding being used is from the Mental Health Block Grant 5% crisis set-aside, MHBG and SUPTRS Covid Supplemental Funding, funding from the MHBG and SUPTRS ARPA Plan, and funding from the Bipartisan Safer Communities Act. CRSCs will offer statewide service 24 hours a day, every day of the year. CRSCs will provide short-term (less than 24 hour) community-based services to individuals experiencing a suicidal, mental health or substance use crisis. The CRSCs will be staffed by professionals, including professionals with prescription authority (Psychiatric Mental Health Nurse Practitioners and/or Psychiatrists), mental health and substance use clinicians, registered nurses, behavioral health technicians, and trained peer counselors. Licensed clinicians will screen for suicide risk and conduct more comprehensive violence risk assessments when clinically indicated. Individuals will be linked to aftercare services and offered follow-up support.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

DMHAS has contracted with provider agencies to implement 5 Crisis Receiving Stabilization Centers (CRSCs) statewide to serve individuals with a serious mental illness (SMI) diagnosis experiencing acute psychiatric symptoms and individuals with a substance use disorder (SUD) related crisis aged 18 and over. CRSC offers a no-wrong-door access to crisis stabilization, operating much like a hospital emergency department that accepts all walk-ins, law enforcement and fire drop offs, fire, police drop-offs. The individuals served in the CRSCs will receive community-based treatment and supportive services in an effective and timely manner 24 hours a day, 7 days a week, with the goal of mitigating the need to use the

emergency room to access community-based services and preventing unnecessary or inappropriate hospitalization. The initiative will result in better care, better consumer outcomes and an improved consumer experience while accessing services. The program will also result in cost savings through the reduction in avoidable emergency department visits, psychiatric inpatient admissions, police engagement, arrests, incarcerations and 911 calls.

DMHAS has recently made awards for provider agencies to implement up to 3 Crisis Diversion Homes that will serve individuals who have recently experienced a crisis and will prioritize referrals from Crisis Receiving Stabilization Centers (CRSC)s or Mobile Crisis Outreach Response Teams (MCORTs). The goal is to provide further stabilization, to divert hospital admissions and reduce emergency department (ED) visits. Crisis diversion can "promote access to less restrictive settings for residential crisis intervention and more effective utilization of scarce resources and expensive psychiatric beds . CDHs offer recovery oriented temporary transitional housing for up to 30 days, within a 24-hour supervised setting that includes therapeutic and social supports in a warm and safe environment to individuals who do not need further hospitalization. DMHAS seeks proposals to develop residential capacity in an A+ service level structure which will provide 24/7 onsite staffing in the home for eligible individuals (in accordance with N.J.A.C. 10:37A).

New Jersey (NJ) has $10 million available in its budget for additional 988 Lifeline operations. NJ DMHAS plans to announce a funding opportunity soon for Lifeline centers to increase workforce capacity. NJ's goal is to expand the number of crisis counselors as well as the hours of current Lifeline centers to ensure full coverage 24/7, every day of the year. NJ DMHAS recently applied for an additional SAMHSA grant that will improve the NJ Lifeline centers' ability to respond to 988 contacts. NJ's allocation is expected to be $3.9 million per year for three years totaling $11.7 million. In addition to expanding the response capacity for calls, chats and texts, this funding would allow NJ DMHAS to improve public communication about 988 services, expand post-contact follow-up, and support the needs of high risk populations.

NJ is planning a 988 public awareness campaign to be launched this fall. Plans for the campaign include billboards, streaming ads, social media content, public transit ads, posters, etc. NJ's goal is to promote 988 to ensure all New Jersey residents are aware of this new service and have immediate access to crisis care.

Additionally, NJ plans to post the Mobile Crisis Outreach Response Teams (MCORTs) funding opportunity this summer. MCORTs will build upon NJ's current mobile crisis services with the goal of diversion from emergency departments and the justice system diversion whenever possible. MCORTs will meet individuals in an environment where they are comfortable with a focus on crisis resolution. MCORTs will incorporate peer professionals within the mobile teams, respond without law enforcement when it is deemed safe to do so, and schedule follow-up care with the individuals they serve. MCORTs will be dispatched by Carelon from a call center hub and will operate within a real-time GPS technology to track engagement.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

With the mental health block grant 5% crisis set-aside and other funding sources, the DMHAS is implementing 5 crisis receiving stabilization centers (CRSCs) with the five awards that were recently issued on June 5, 2024. The objective is to develop an appropriate alternative to the use of local hospital emergency services and in-patient psychiatric hospitalization, by providing crisis services and placement support for those in need of permanent housing.

Please indicate areas of technical assistance needed related to this section.

1) New Jersey is requesting technical assistance in order to develop a learning collaborative for the Crisis Receiving and Stabilization Centers. The learning collaborative model is an effective way for providers to receive training and ongoing support for the new programs, to disseminate and implement innovative treatments, improve quality of care and to promote implementation of evidence-based practices (EBPs). Providers would benefit from training and support in the following areas to enhance the smooth rollout and implementation of CRSCs:

o Developing a therapeutic facility design
o Development of culturally competent effective service models
o Adding to providers' therapeutic toolkit with treatment methods such as CBT and DBT for crisis intervention, suicide prevention, trauma informed care, and psychosis.
o Methods for collaboration with law enforcement, emergency services and 988;
o Addressing financial aspects of the program such as billing, calculating cost per chair, and moving towards future sustainability and expansion including the development of a State Plan Amendment (SPA) to utilize the established billing code for a CRSC.
o Developing skills to promote accurate assessment of individuals and how to efficiently triage, treat, stabilize, and then discharge from the CRSC to an appropriate level of care.
o Program evaluation and development of outcome measures for national benchmarking with similar programs across the country.
o Use of Medicaid data and analyzing data from the Medicaid warehouse.
o Compliance with federal regulations
o Rate and policy development
o Development of a fidelity scale to ensure adherence to the best practices in crisis stabilization and receiving center programs.
o Workforce development and strategies for retention.

2) Training will be needed for Mobile Crisis Outreach Response Teams (MCORTs) once this program is operational. Carelon, NJ's 988 Managing Entity, has expertise in this area and would be available to provide training with additional funds from this grant.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**[1]

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

[1] **https://www.samhsa.gov/grants/block-grants/resources [samhsa.gov]**

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The New Jersey Behavioral Health Planning Council (BHPC) / NJ Mental Health Citizens Advisory Board (CAB) is a full partner in the development and review of the MHBG and SABG. The SMHA is very proactive in involving the community in the state planning process. In SFY 2024 , the NJ Division of Mental Health and Addiction Services (DMHAS), which is both the State Mental Health Authority (SMHA) and the Single State Authority (SSA) for substance abuse treatment presented over nine times on issues and updates related to the Block Grants.

As a part of the mandate and programming of content, the Planning Council receives and provides input on a wide range of matters related to the State Plan.

In July and August 2023: overviews of the Block Grant Application, Priority Indicators, the Children's system of Care and the SUPTRs were given to the Council.

In September 2023 an overview of the Block Grant Fiscal tables of the URS, presented by the CFO of the SMHA.

In November 2023 an update was given to the Council on the Block Grant Implementation Report.

In December 2023 the Planning Council was briefed on the then forthcoming SMHA site visit from SAMHSA in the summer of 2024. Also in that December 2023 meeting the Council was briefed on CMHSBG, SUPTRS and SYNAR Implementation Report Updates. The CFO of the SMHA presented to the Council an overview of the Fiscal Tables of the 2024-2025 Community Mental Health and Substance Use Prevention and Treatment Block Grants.

In January 2024 the Planning Council was briefed on the then, forthcoming technical assistance (TA) they received from SAMHSA/Advocates for Human Potential (AHP) on the Block Grant. In February 2024 that TA was received, and was of great interest and benefit to the entire council.

In May 2024 the Planning Council was briefed by SMHA staff on the then upcoming SAMHA Site visit.

On June 12, 2024, the Planning Council representatives met with the SAMHSA site visit officers at DMHAS Central Office in Hamilton, NJ

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

Substance use disorder services are planned based on a needs assessment process completed by the State. State funding is allocated to counties based on a funding formula. Substance Use Prevention and Treatment Block Grant funding is allocated to third party contracts and fee-for-service contracts for prevention, early intervention, treatment and recovery services based on the needs assessment. As needs emerge, new Requests Proposals are drafted for contracts, which may be renewed annually, as needed.

As a matter of process, the NJ Behavioral Health Planning Council is kept up-to-date and provides feedback on a range of SUD issues, including the following.

In July 2023 the Council was briefed on the SUPTRs Application.

In our December 2023 meeting the Council was briefed on CMHSBG, SUPTRS and SYNAR Implementation Report Updates.
In our November 2023 meeting the Council received an overview of Prevention Hub Programs (SUD prevention programming for children and adolescents, see: https://www.njpreventionhub.org/).
During the December 2023 meeting the Council participated in a discussion on the SUPTRS and SYNAR Implementation Report Updates.
In April 2024 the Council was given a presentation on "Using New Advances in Genetics to Prevent and Treat Substance Use Disorders (presented by Danielle M. Dick, Ph.D., Rutgers University, Department of Psychiatry).

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? (●) Yes ( ) No

4. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? (●) Yes ( ) No

5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The NJ Behavioral Health Planning Council strives to be a forum where people in recovery, and their families/other stakeholders can advocate for people with SMI and/or SED. The issue of "Advocacy" is so deeply embedded in the Council, that since 2012 the Council has had a long-standing "Advocacy Committee", specifically designed to be a dedicated mechanism where the Council can identify, advocate for, and correct issues and gaps in the system of care that are most profoundly experienced by individuals (and families) facing SMI/SED. Some of the issues tackled by the Advocacy Committee have included: Medicaid funding for tobacco cessation efforts, smoother transitions of care (e.g.., from youth to adult services & from acute care to community settings), improved training for front line provider staff, and decreasing wait times for youth seeking emergency psychiatric services. Since receiving TA from SAMHSA/Advocates for Human Potential in early CY 2024 the Council has learned that essentially all of its activities should focus on advocacy.

Please indicate areas of technical assistance needed related to this section.

The Planning Council would like to receive additional technical assistance including TA on effective recruitment of a more diverse membership.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
July 14, 10:00 am

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

Microsoft Teams meeting
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+1 609-300-7196, PIN: 306216820#

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:

Darlema Bey (Chair)	Michael Ippoliti	Winifred Chain	Shenal Pugh
Suzanne Smith	Jennifer Rutberg	Harry Coe	Francis Walker
Amanda Kolacy	Heather Simms	Joe Gutstein	
Connie Greene (vice chair)	Donna Migliorino	Shelley Weiss	David Moore
Rachel Morgan	Nick Loizzi		

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Nicholas Pecht	Brittany Thorne	Helen Staton	Suzanne Borys
Yunqing Li	Mark Kruszczynski		

Guests:

Kurt Baker	Nancy Edouard	Nina Smuklasky	Joe Cuffari
Bernadette Moore	Filomena DiNuzzo		

I. Administrative Issues/Correspondence (Darlema Bey)
- A. Attendance, 17/35, 48.5% attendance, quorum exceeded.
- B. Minutes of June 2023 General Meeting Approved

II. Community Mental Health Block Grant Overview, Priority Indicators Substance Use Block Grant, and Children's System of Care
- A. Performance Indicators: Ideally there should be about 3 for each domain (Adult, SUD, Children's)
  1. We are trying to align our indicators with priority populations
  2. We are looking to eliminate one of the CSS indicators as it is duplicative. The current block grant has the following CSS indicators:
     a. Number served in CSS and
     b. Stability in Housing
  3. We are looking to just have one performance indicator for CSS. Stability in housing (consumers who remain in CSS in a SFY). The narrative also includes

the number served in CSS which is needed to determine the number of consumers who remain in CSS.

4. Medication adherence among consumers who need psychotropic medication for Coordinated Specialty Care.
    a. Comments:
        i. Tracking medication compliance is not a person-driven performance indicator.
        ii. Medication is one of many strategies utilized by a CSC team. This performance indicator is a continuation of an indicator from the previous plan. Early Psychosis is a priority population and we can continue to look at other indicators going forward for this program as we go live with the USTF+

5. Behavioral Health Crisis Services: One of the three areas championed by SAMHSA: call centers, mobile crisis outreach and crisis receiving stabilization centers.
    1. Indicator for call centers: Goal is 85% answer rate for 2024 and 90% answer rate for SFY2025. We were are at 77% in SFY22 and saw an increase to 79% in SFY 23 = 79%.

6. We are discussing the possibility of removing the cultural competency Indicator which has been in the MHBG for many years since we are adding an indicator for the behavioral health crisis population.

7. Information requested where the SAMHSA evidence-based practice be found: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

B. Substance Abuse Prevention Block Grant/ Substance Use Prevention Treatment & Recovery Supports (SUPTRS)
    1. All same indicators from last year.
    2. Five prevention indicators
        a. Tobacco use, 12-17
        b. Bing drinking among youth
        c. Marijuana use
        d. Decrease in percent of prescription opioid use.
        e. Heroin use
    3. Priority Population Indicators
        a. Pregnant women
        b. Intravenous drug users
        c. Opioid users
        c. Increase in MAT use
        e/ Tuberculosis populations

C. Children's System of Care (N. Pecht)
    1. Integration of physical and mental health of kids, by increasing Pediatric Psychiatric Collaborative (PCC). Pediatricians enroll in this. Increase # of pediatricians who make referrals to the system of care

2. Increase access to evidence based services and supports. To provide Attachment Regulation and Competency (ARC) model, and EBP, CSOC is looking to train 40 clinicians in year 1, then in year 2, ten of those clinicians will be trained to be able to train other clinicians (train the trainer model)
3. Expanding system capacity to better serve young youth (age 0 – 5). "Clinical practice Series in Early Childhood Mental Health". Part of "Zero to Five: Helping Families to Thrive). The indicator is 40 clinicians and supervisors in both year 1 and year two.

III. CCIS Building Capacity Initiative Diana.Salvador@dcf.nj.gov, CSOC Clinical Director., Dr. Mary Beinre, & Cynthia.Kaserkie@dcf.nj.gov , CCIS Clinical Capacity Improvement Project Program Lead:

A. Complex youth issues. Formal and informal consultation process (500 clinical consultations in 2022).
B. Goal is to do system overhaul.
C. Trends found:
   1. Acute care system is really struggling to meet the demands across NJ. Youth languishing in Emergency Rooms. Issue of kids hospitalized with intense needs who are discharge ready but have nowhere to do.

2. Issue is the CSOC does not contract with acute facilities (hospitals, screening centers).

D. CCIS
   1. Funding for screening centers, medical centers
   2. Goals
      a. Communication improvements: Medical Directors.
      b. Ensure that inpatient capacity (for youth and adolescents) can be created, to work with nine units to conduct needs assessment in the children's inpatient system. Funding made for local, state, and national experts to bring training resources to bear for 24/7 settings. Program begin at end of 2022 and should end in 2025. Several needs assessments will be conducted. Beginning, midway and end of project cycle.

IV. System Partner Updates Chairs of https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdfees

A. Dept of Education (M. Ingram):

B. Children's System of Care (Nick Pecht)

C. DDD (Jonathan Sabin):

D. Division of Aging (Jennifer Rutberg)
   1. Legislation was passed to start an Alzheimer's Long Term Commission.

E. Division of Juvenile Justice Commission (Francis Walker, Philomena DiNuzzo)
   1. JJC is having its Recovery Walk in September 2023. Dates to be announced.

F. Division of Vocational Rehabilitation Services (DVRS). No presentation

G. Department of Corrections (K. Connelly)

V. Open Public Comment and Announcements Darlema Bey

A. Comments:

1. Comment of concern of "social isolation" of people who work at home. Is anyone looking into this?

2. Online articles and resources
https://thelivproject.org/ .

https://thesunpapers.com/2023/07/02/letting-teens-known-theyre-not-a-burden/?amp&fbclid=IwAR2G8O0qkge9sZqp0gyH-UMakG3p0AGLAlW8AT3uZIrHE9m7wIpL3-Djg2U

3. Disaster and Terrorism MH training.

4. Housing. Discussion of "balanced billing". Concerns that landlords became aware of the State voucher programs, so they raised their rents. This puts increased housing stress on consumers.

B. Announcements

1. The Juvenile Justice Commission's "Recovery Walk" is October4, 2023. Save the date, more information will be available soon.

VI. Adjournment Darlema Bey

A. Next meeting: 8/9/23

B. Future Agenda Items

1. NJ ABLE Presentation 8/9/23.
1. Needs and Gaps: SUD, Connie Greene
2. Quality Improvement Plan (QIP): Connie Greene
3. Steve Crimando (Disaster & Terrorism)

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C. Future Agenda Items

1. Housing
2. 988 Update
3. Covid Supplemental Grant Initiatives Update

August 2023 Subcommittee Meetings

9:00 None
9:30 Block Grant
12:00 Advocacy

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
August 14, 2023 10:00 am

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

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Ann Marie Flory	Jennifer Rutberg	Francis Walker	Julia Barugel
Amanda Kolacy	Heather Simms	Donna Migliorino	Jonathan Sabin
Julia Barugel	David Moore	Krista Connelly	

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Nicholas Pecht	Brittany Thorne	Helen Staton
Mark Kruszczynski	Mike Colston	Suzanne Borys

Guests:

Kurt Baker	Nancy Edouard	Nina Smuklasky	Joe Cuffari
Eric McIntyre	Mike Marmota	Elena Kravitz	Cristine Chickadel

I. Administrative Issues/Correspondence (Darlema Bey)
- A. Attendance, 15/35, 42.8% attendance, quorum exceeded.
- B. Minutes of July 2023 General Meeting Approved

II. Community Mental Health Block Grant Overview, Priority Indicators Substance Use Block Grant, and Children's System of Care
- A. Adult Mental Health
  1. Review of WebBGAS login. https://bgas.samhsa.gov/ Username: citizennj, Password: citizen
  2. Review of Sections
  3. Review of Step 2: Additional Unmet Service Needs and Gaps FY24-25.
     - a. Possible respite wraparound services (H. Simms)
     - b. Outpatient restoration program for incarcerated populations (Ann Marie Flory, NJ DoH). DMM: Discussed possible technical assistance opportunity for this that her and Chris Morrison discussed this last week.

B. Substance Abuse Prevention Block Grant/ Substance Use Prevention Treatment & Recovery Supports (SUPTRS). Suzanne Borys
   1. Indicators: All Step 2 Sections are in review with DMHAS Executive Management.
   2. Environmental Factors, 11 Criteria
   3. Treatment needs for alcoholism exceeded needs for heroin abuse.
   4. Extensive gaps and needs sections (individuals with SUD).
   5. Use of data

C. Children's System of Care (N. Pecht)
   1.
   2. Planning Step 2: Unmet Needs
      a. Integration of primary & mental health care
      b. Workforce challenges
      c. Need to expands service array to include youth under age of 5
   3. Planning Step 3 Priority areas
      a. Primary & MH Integration
      b. ARC model
      c. 0-5 Helping Infants to Thrive program.

III. NJ ABLE Accounts (Achieving a Better Life Experience) Cristine Chickadel, NJ DVRS (Presentation shared with Planning Council prior to meeting in in PowerPoint During meeting)

A. Law passed in NJ 2016
B. NJ Part of NJ ABLE Alliance
C. NJ DVRS is to be a one location for consumers to get resources they need.
D. NJ ABLE Accounts do not get factored into Medicaid Means Testing
E. Eligibility
   1. Disability present before age 26 (but in 2026 that onset age will be raised to 46)
   2. Must be eligible for SSI, or blind, or have a similarly severe disability with written diagnosis from licensed physician.
F. Use of Funds: Qualified disability expenses, incurred a result of living with a disability and is intended to improve the quality of life.
   1. Education, health and wellness, housing, transportation, legal fees, financial management, employment training and technology, personal support devices oversight and monitoring, funeral and burial expenses.
G. Special Tax Advantages
   1. Earnings may compound federally, tax deferred
H. ABLE Accounts have no impact on consumers current benefits.
   1. SSI: balances of $100k or less are excluded from SSI resource limit
   2. Medicaid: ABLE resource are disregarded. NJ ABLE is subject to "Medicaid Payback" provision.
I. ABLE Facts
   1. Beneficiary is account owner/the person with the disability
   2. Can open an account in any states that allows outside residents (49, including Washington DC)
J. User Friendly!
K. Additional Contributions Above $17k "ABLE to work act".
L. How to enroll?
   1. 1.888.609.8869
   2. SavewithABLE.com

M. FAQs
   1. Who can open? Individuals with disabilities and caregivers
   2. ABLE savings do not affect HUD subsidies
   3. Advantages of NJ ABLE Account, verses Special Needs Trust/Pooled Income Trust fund/

N. Statements from ABLE Account Holder

O. Able Resources
   1. WWW.Ablenrc.org
   2. www.abletoday.org

P. Q&A
   1. Q: When will age limit increase from 26 to 46? A: in 2026.

IV. System Partner Updates Dept of Education (M. Ingram):

A. Children's System of Care (Nick Pecht)
   1. Zero to Five: Helping Children Thrive initiative
      a. DCF has goal for NJ residents be safe, healthy, and connected, CSOC has engaged in the, which has three major objectives:
         i. staff development among our MRSS and IIC partners to ensure we have a high-quality and competent workforce able to deliver developmentally appropriate interventions;
         ii. enhancing our integrated system of care for families of infants and young children, through collaboration with our partners; and
         iii. increasing our support for families by introducing them to parent-child interventions that promote the understanding of child development and well-being, as well as caregiver capacity.

      b. Staff development is ongoing: we have been focusing on workforce development before we roll out anything specific to serving youth ages 0-5 to ensure our partners are prepared and have the capacity to work with this population. Our partners at Montclair State University are continuing their efforts by launching the next round of trainings, including "Reflective Supervision/Consultation," and the "Clinical Practice Series in IECHM," this September.
      c. At the system level, a Mobile Practice Workgroup was convened and identified functions that may need to be adjusted or adapted to better support the 0-5 population; the Birth to Five Steering Committee will use these recommendations to inform next steps and to develop specific strategies or efforts to enhance cross-system collaboration in the field of infant mental health.

      d. This exciting initiative, though still in the learning phase and not yet implemented for service delivery, will enhance our system of care by providing families not only with the tools they need thrive, but also to hopefully avoid more costly downstream interventions.

B. Inspira (David Moore)
   1. Police Mental Health initiative to start in the fall of 2023.
   2. Hospital based violence intervention program to be starting.
   3. Diagnostic center in Woodbury, NJ to be opening up soon to support families in south Jersey dealing with autism.

C. DDD (Jonathan Sabin):

1. As part of the FY24 Budget, certain Fee-For-Service rates are increasing. The required Public Notice and impacted Rates were published on June 30, 2023. The new rates were implemented on July 8, 2023 via iRecord. For more information (including information on claiming and new Up-To Budget amounts) please review the following:
https://www.state.nj.us/humanservices/ddd/documents/FY24_Rate_Increase.pdf

2. The Division of Developmental Disabilities has updated the policy and procedure manuals for our Home and Community Based Services (HCBS) waiver programs, the Community Care Program and Supports Program. You will find a summary of changes on page two of each manual (Community Care Program Policy Manual - https://www.state.nj.us/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf) (Supports Program Policy Manual - https://www.state.nj.us/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf), and a detailed overview will be provided at the next DDD Update Webinar on August 24 (Register Now).

D. Division of Aging (Jennifer Rutberg)
   1. Not presentation available

E. Division of Juvenile Justice Commission (Francis Walker, Philomena DiNuzzo)
   1. Not available

F. Division of Vocational Rehabilitation Services (DVRS). No presentation

G. Department of Corrections (K. Connelly)
   1. Request for suggestions for locations for incarcerated populations to display their art.
   2. Solicitation of interest on presentation of the criminal justice system
   3. Link to Edna Mahan Correctional Facility Federal Monitor Reports: https://www.state.nj.us/corrections/FederalMonitorReports/index.shtml

V. Open Public Comment and Announcements Darlema Bey

A. Comments:
   1. NJ DoE Schools Threat Assessment Protocols.

Announcements
   1. RWJ/Barnabas: Recovery Month, August 31, 2023. Wear Purple in September.
   2. DMHAS Suicide Prevention Conference in October 19, 2023.
   3. NAMI Walk, Middlesex Community College

VI. Adjournment Darlema Bey

A. Next meeting: 9/9/23
B. Future Agenda Items
   1. Fiscal Tables for Block Grant: September 2023, (Morris Friedman)
   2. Quality Improvement Plan (QIP): (Connie Greene)
   3. Steve Crimando (Disaster & Terrorism)
   5. NJ Dept of Corrections: Criminal Justice System Overview, October 2023 (Krista Connelly)
   6. NJ DoE Threat Assessment Protocols

C. September 2023 Subcommittee Meetings
9:30 Membership
12:00 Advocacy

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
September 13, 2023 10:00 am

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

Microsoft Teams meeting
Click here to join the meeting
Or Call in
+1 609-300-7196, PIN: 306216820#

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:

Darlema Bey (Chair)	Connie.Greene (Vice Chair)	Michael Ippoliti	Harry Coe
Ann Marie Flory	Jennifer Rutberg	Francis Walker	Julia Barugel
Tracy Maksel	Heather Simms	Donna Migliorino	Jonathan Sabin
John Tkacz	Suzanne Smith	Krista Connelly	Winifred Chain
Joseph Gutstein	Maurice Ingram	Robin Weiss	Robert DePlatt

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Wyndee Davis	Brittany Thorne	Helen Staton	Yunqing Li
Mark Kruszczynski	Suzanne Borys	Barbara Ferrick	Nancy Edouard

Guests:

Nancy Edouard	Nina Smuklasky	Mark Williams	Joe Cuffari
Michael Litterer	Eric McIntyre	Elena Kravitz	

I. Administrative Issues/Correspondence (Darlema Bey)
- A. Attendance, 20/35, 57.1% attendance, quorum exceeded.
- B. Minutes of September 2023 General Meeting Approved
- C. Upcoming Technical Assistance (TA) from SAMHA/Advocates for Human Potential
  1. Review of issues including: Roles and Responsibilities, Creating a diverse membership, Meeting protocols, etc.

II. Quality Improvement Plan: RWJ/Barnabas Health Institute For Prevention and Recovery (Michael Litterer, RWJ/Barnabas Institute for Recovery)
- A. Presentation shared via PowerPoint and previously sent to BHPC ListSERV

III. Community Mental Health Block Grant Fiscal Overview (Morris Friedman)
- A. Not presented due to unexpected scheduling conflicts with the DMHAS Fiscal Office
- B. Review of WebBGAS login. https://bgas.samhsa.gov/ Username: citizennj, Password: citizen

IV. System Partner Updates

A. Children's System of Care (Wyndee Davis)

1. The DREAMS initiative that occurred during the 2021-2022 school year will return for the 2023-2024 school year.
2. This is a collaboration between DOE & DCF to bring "Nurtured Heart"/ trauma informed care approach in schools through training and mentoring by local partners.
3. School staff champions will be trained as trainers to provide for sustainability of the initiative.
4. This is funded with ARP funds and will operate for three years.
5. 48 School districts will be participating this year.
6. For more information : SafeSupportiveSchools@doe.nj.gov

B. DDD (Jonathan Sabin):

1. On August 8, 2023, the Division released updated policy manuals for its Community Care Program and Supports Program.
   i. Changes can be found here – https://nj.gov/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf & https://nj.gov/humanservices/ddd/assets/documents/supports-program-policy-manual.pdf
   ii. Page two of each manual contains a summary of changes.

2. As you may be aware, the Division of Developmental Disabilities (DDD) offers individuals the option to self-direct some or all their services through one of two self-directed service models: Vendor Fiscal/Employer Agent (VF/EA) or Agency with Choice (ACW). The state contracts with a financial management service provider/fiscal intermediary to administer each of these models, and the contract with the fiscal intermediary for the VF/EA model (Public Partnerships LLC) is ending. This requires the state to begin the process of re-procuring financial management services for the VF/EA model. To meet this requirement, DDD, within the NJ Department of Human Services, issued the following on August 14, 2023:
   i. NOFA - https://www.state.nj.us/humanservices/providers/grants/nofa/NOFAfiles/NOFA_FINAL.pdf
   ii. RFP - https://www.state.nj.us/humanservices/providers/grants/rfprfi/RFPfiles/DDD%20FI-VFEA%20RFP_FINAL.pdf

3. The primary purpose of the Emergency Capacity Services Programs (ECS) Programs is to provide community residential/day supports for individuals with intellectual and/or developmental disabilities who are in need of immediate services due to homelessness or other emergent circumstances.
   i. On August 30, 2023, the Division of Developmental Disabilities (DDD) issued an RFP (Found here https://www.nj.gov/humanservices/providers/grants/rfprfi/RFPfiles/ECS%20RFP.pdf

ii. Through this RFP, two or more providers (which may include the currently-contracted providers who apply) will be awarded funding to operate eight existing Emergency Capacity Services (ECS) Programs.

C. Division of Aging (Jennifer Rutberg)
   1. New funding for counties to increase number of participants and increase funding to county offices. JACK – Need nursing home level of care, not on Medicaid, to access see county office on aging.
   2. For further questions contact Jennifer.Rutberg@dhs.nj.gov
   3. Ocean county Caregiver Coalition: www.OceanCareGivers.com
   4. Copies of PowerPoint materials previously shared by Division of Aging are available on request

D. Division of Juvenile Justice Commission (Francis Walker, Philomena DiNuzzo)
   1. New staffing/leadership at JJC, information forthcoming

E. Department of education
   1. Mental Health program, comprehensive Mental Health Resource guide. Free statewide training will be provided. https://ccsmh.rutgers.edu/njdoe/

F. Division of Vocational Rehabilitation Services (DVRS). No presentation

G. Department of Corrections (K. Connelly)
   1. The next Edna Mahan Correctional Facility Public Meeting is September 22 at 10:30am. The meeting can be accessed on the NJDOC homepage (state.nj.us/corrections) by clicking the banner link or using the following link: https://tinyurl.com/EMCFmeeting. Questions can be submitted ahead of time at https://bit.ly/EMCFsubmit.
   2. Link to Edna Mahan Correctional Facility Federal Monitor Reports: https://www.state.nj.us/corrections/FederalMonitorReports/index.shtml

V. Open Public Comment and Announcements Darlema Bey

A. Announcements
   1. NAMI NJ Walk, Middlesex Community College, 10/14/23
   2. DRNJ Conference Center of Mercer www.at4.nj.org

VI. Adjournment (11:44 am) Darlema Bey

A. Next meeting: 10/11/23

B. Future Agenda Items
   1. 2024-2025 Community Mental Health and Substance Use Prevention and Treatment Block Grants, Fiscal Tables, (Morris F)
   2. Quality Improvement Plan (QIP): (Connie Greene)
   3. Steve Crimando (Disaster & Terrorism)
   4. NJ Dept of Corrections: Criminal Justice System Overview, October 2023 (Krista Connelly)
   5. NJ DoE Threat Assessment Protocols

C. October 2023 Subcommittee Meetings
9:30 Membership
12:00 Advocacy

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
November 8, 2023, 10:00 am

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

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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:

Darlema Bey (Chair)

Donna Migliorino	Jennifer Rutberg	Filomena DiNuzzio
Heather Simms	Tonia Ahern	Julia Barugel
John Tkacz	Krista Connelly	Winifred Chain
Joseph Gutstein	Robin Weiss	Rachel Morgan
Suzanne Smith	Michael Ippoliti	Mary Abrams

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Nick Pecht	Brittany Thorne	Helen Staton
Brielle Easton	Mark Kruszczynski	Suzanne Borys
Yunqing Li	Diviya	Amber Wu

Guests:

Nancy Edouard	Ellen Radis (AHP/SAMHSA)	Robert DePlatt
Nina Smuklawsky	Eric McIntyre	Diane Litterer
Nancy Edouard	Morgan Thompson	Kurt Baker
Leshema Edwards		

I. Administrative Issues/Correspondence (Darlema Bey)
- A. Attendance, 16/35, 45.7% attendance, quorum exceeded.
- B. Minutes of October 2023 General Meeting Approved
- C. Introduction of Ann Denton and Ellen Radis (AHD/SAMHSA) Upcoming Technical Assistance (TA) from SAMHA/Advocates for Human Potential
  1. Review of issues including: Roles and Responsibilities, Creating a diverse membership, Meeting protocols, etc.

II. Prevention Hub Programs (SUD), Phillip Berlier, **(**DMHAS)
- A. See PowerPoint presentation presented to the Council
- B. See: https://www.njpreventionhub.org/
- C. Q&A
  1. Q: Question about resources for children and adolescents.

2. Q: Question about policies for kids.
3. Comment: Suggestion for connection with Children's Inter-agency Coordinating Council (CIACC)
4. Q: Programs to reduce Isolation and Loneliness. A: Depends on each county. Transportation is something that is being worked on. American Rescue Plan Act (ARPA) funds are able to be used.
5. Q: How do I find out efforts in my county? A: Go to https://www.njpreventionhub.org/ for more information.
6. Q: Concern of kids intersecting with law enforcement (LE), harm reduction strategies? A: Yes, coordination and public education is vital.

III. ARRIVE Together program (Rachel Morgan)

A. Alternative Responses to Reduce Instances of Violence and Escalation (ARRIVE) – Attorney General initiative through the Prosecutor's Office. Mental Health and Law Enforcement response team.

B. Started in 2021 with Cumberland, Union, Hudson, Middlesex, and Essex as pilot counties

C. In 2023, Ocean, Mercer, and Cape May counties. Other counties will follow. Burlington County is gearing up to roll it out with Maple Shade PD and Burlington City PD with Crisis Intervention Team (CIT) Officers.

D. Also coming is 988 Mobile Crisis Outreach Response Teams (MCORT) funded through DMHAS. This will be a response team for non-life-threatening mental health, substance use or suicidal crises in the community. No law enforcement.

E. Q&A& Comments
1. Possible confusion as to what number, what service families/individuals can call when in crisis.
2. Comment: See: https://www.brookings.edu/articles/new-jersey-arrive-together-program-could-reform-policing-as-we-know-it

IV. CMHSBG Implementation Report: **Update** (Donna Migliorino, Suzanne Borys, Yunqing Li, Neha Chopra, Nick Pecht)

A. Adult Mental Health
1. Information to be posted on SAMHSA's vendor, Hemdall
2. WebbGas
   a. https://bgas.samhsa.gov/ApplicationIntroduction.aspx , User name: citizennj, Password: citizen
   b. Performance Indicators
      + 10. Stability in Housing
      + 11. Olmstead Occupancy Rate
      + 14. System wide assessments
   c. URS Data Tables (Neha Chopra), Tables to be presented to SAMSHA 12/1/23, URS Tables 2a & 2b, 4, 4a & 4b
      i. Tables to be submitted to SAMSHA by December 1, 2023: 2a, 2b, 4, 4a, and 15.
      ii. The total number of clients served in 2023 was 341,799, compared to 343,369 in 2022.
      iii. Demographic comparisons between 2023 and 2022, including age, gender, race and ethnicity.

iv. Employment status of adults (aged 18 and older) by primary diagnosis shows consistency between SFY 2023 and 2022.
v. Comparison of Clients' living situations reveals a consistent distribution pattern between SFY 2022 and 2023.

B. Adult Substance Use Disorders (Suzanne Borys) \
1. Services for Pregnant women and their children. 1st nor 2nd targets not achieved.
2 Intravenous Injections. Goals not achieved.
3. Marijuana use
4. Heroin Use

C. Children's System of Care (Nick Pecht): Due to limitations of time this will be tabled until next month.

III. System Partner Updates

A. Children's System of Care (Nicholas Pect): No presentation given. Presentation on CMHSBG to be given at December meeting.

B. DDD (Jonathan Sabin)

1. At the beginning of the COVID-19 pandemic, the Division of Developmental Disabilities (DDD) made allowances for Temporary Service Modifications. Federal rules allowed these modifications to remain in place for six months after the end of the federal PHE. The federal PHE ended on May 11, 2023, resulting in the Temporary Service Modifications ending on November 7, 2023. A number of exceptions to DDD's rescinding of Temporary Service Modifications have been made. Information regarding these exceptions can be found here: https://www.state.nj.us/humanservices/ddd/assets/documents/Temp-Service-Mod.pdf

2. Additionally, the use of virtual interaction to satisfy the Support Coordination requirement for quarterly and annual in person contact also ends on November 7, 2023. If virtual interaction is still being used for this purpose, please make sure it is discontinued by or before November 7, 2023.

3. The Human Services Office of Program Integrity and Accountability (OPIA) is hosting a series of virtual focus groups in November to obtain feedback from families, to help guide efforts related to quality improvement and health outcomes of people served in DHS licensed residences and/or served by DDD provider organizations. Register here - https://forms.office.com/pages/responsepage.aspx?id=j-4RV4NeRUG-A8VRE09BYD4ajd5ZrRJIgexBbhfrwqpUOVZLMUUyNzFTU0JPUEpYUEU3N1dRNDAzMS4u&origin=lprLink

C. Division of Aging (Jennifer Rutberg): No presentation given.

D. Division of Juvenile Justice Commission: No presentation given

E. Department of Education (Damian Petino). No presentation given.

F. Division of Vocational Rehabilitation Services (DVRS). John Tkacz
   1. Updated Fee Schedule. DVRS has a need for vendors to complete Psychological Evaluations, Learning Evaluations, Substance Use and Mental Health Counselors. Please share this need and have eligible clinicians reach out to John Tkacz john.tkacz@dol.nj.gov

G. Department of Corrections (K. Connelly). No presentation given.

V. Open Public Comment and Announcements Darlema Bey

A. Announcements
   1. NCAR (Tonia Ahern), 11/16/23: https://zoom.us/webinar/register/WN_6QnZJeFJT8mAP2hcmCS6jw#/registration
   2. NJPRA (Robin Weiss), 11/17/23 at Rutgers, Busch Students Center.
   3. Stress Care of NJ is seeking a clinical supervisor for HLOC Somerset site. To apply, please go to our website www.stresscareclinic.com or reach out to Nina.Smuklavskaya@stresscareclinic.com
   4. SAMHSA Planning Council Manual. See https://www.samhsa.gov/sites/default/files/planning-council-introductory-manual.pdf

VI. Adjournment (11:44 am) Darlema Bey

A. Next meeting: 12/13/23

B. Future Agenda Items
   1. Block Grant Implementation Report: Children System of Care: Priority Indicators and URS data tables (Nick Pecht)
   2. 2024-2025 Community Mental Health and Substance Use Prevention and Treatment Block Grants, Fiscal Tables, (Morris F)
   2. Quality Improvement Plan (QIP): (Connie Greene)
   3. NJ Dept of Corrections: Criminal Justice System Overview, October 2023 (Krista Connelly)
   4. NJ DoE Threat Assessment Protocols
   5. Overview of CSS (Harry)

C. December 2023 Subcommittee Meetings
   9:30 TBA
   12:00 TBA

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
December 13, 2023, 10:00 am
This meeting was conducted exclusively through MS Teams video teleconference & conference call

Microsoft Teams meeting
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Participants:

Donna Migliorino	Harry Coe	Filomena DiNuzzio
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John Tkacz	Krista Connelly	Maurice Ingram
Joseph Gutstein	Suzanne Smith	Michael Ippoloti
Michele Madiou		
Connie Greene (Acting Chair)		

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Nick Pecht	Brittany Thorne	Jonathan Sabin
Brielle Easton	Mark Kruszczynski	Suzanne Borys
Limei Zhu		

Guests:

Rachel Morgan	Eric McIntyre	Diane Litterer
Kurt Baker	Leshema Edwards	

I. Administrative Issues/Correspondence (Connie Greene)
- A. Attendance, 14/35, 40% attendance, quorum exceeded.
- B. Minutes of November 2023 General Meeting Approved
- C. Thank you to Diane Litterer (NJPN) and Eric McIntyre for representing SUD at the Council.

II. Community Mental Health Bloc Grant, Donna Migliorino, **(**State Planner, DMHAS)
- A. DMHAS has been notified by SAMSHA of their upcoming monitoring site visit, 6/11/23 – 6/13/23.
  1. Once every 5-7 years
  2. We send them documentation regarding block grant, and policies, procedures, statutes, data collection systems, discharge policies, funding, coordination of care
  3. SAMHSA sent us draft two/three-day agenda.
  4. DMHAS will be learning what additional information SAMHSA needs.
  5. SAMHSA staff will be meeting separately with Planning Council Members

C. https://bgas.samhsa.gov/ApplicationIntroduction.aspx , User name: citizennj, Password: citizen

III. CMHSBG, SUPTRS and SYNAR Implementation Report Updates (Nicholas Pecht, Brittany Thorne, Limei Zhu)

A. CSOC URS Data Tables and Implementation Report (Nick Pecht, CSOC)

1. CSOC is responsible for 6 data tables. Data comes from our Youth and Family Satisfaction Survey, which has a 5% response rate. CSOC engaged with our system partners and convened a work group to analyze our practices around survey design and delivery, with one goal being to increase our response rate. We anticipate making changes to our survey design and delivery by Fiscal Year 2025.

2. Table 9 – social connectedness and functioning –74% of respondents reported a positive response to questions about social connectedness, including caregivers' access to formal and informal supports. 51% of respondents reported a positive response to questions about the youth's functioning, including how the youth is handling daily life, and their relationships with family and peers.

3. Table 11 – youth/family evaluation of care – 66% or more respondents reported positive responses in the following areas: access, general satisfaction, participation in treatment planning, and cultural sensitivity of staff. 50% reported positive responses regarding outcomes.

4. Table 11a – youth/family evaluation of care by youth characteristics – This table looks at the responses from the previous table, broken down by race/ethnicity. There was little variation in positive response rates between families of different races/ethnicities.

5. Table 16 – Utilization of specific services / Evidence-Based practices – A total of 48 youth, ages 0 to 17 participated in Multi-Systemic Therapy and a total of 168 youth, ages 0 to 20, participated in Family Functional Therapy.

6. It should be noted that this year, the gender categories have expanded to include Transgender Male, Transgender Female, Gender Non-Conforming and Other Gender. At the Children's System of Care we are engaged in work to enhance our demographic data collection processes to be able to better report on these genders in the future.

7. Table 19a – Criminal Justice Involvement – this table reports data about both youth receiving services for at least 12 months, and youth who began services within the past 12 months. Combined, this only applied to 63 youth.

8. When the non-applicable youth are removed from the total, we see that 33% of youth receiving services for at least 12 months experienced fewer encounters with the justice system, while 20% experienced more encounters. For youth who began receiving services within the past 12 months, 48% experienced fewer encounters, while 13% experienced more encounters.

9. Table 19b – School Attendance – like the previous table, it is broken down into youth who received services for at least 12 months and youth who began services within the past 12 months. Combined, this only applied to 435 youth. When the non-applicable youth are removed from the total, we see that 36% of youth receiving services for at least 12 months had improved school attendance, while for 16%, school attendance worsened. For youth who began receiving services within the past 12 months, 32% had improved school attendance, while 9% got worse.

B. CSOC Implementation Report – Priority Areas and Year Two Indicators (N. Pecht CSOC)

1. Priority Area: Expanding system capacity to serve youth aged 0 to 5.
   a. Indicator 1: Revised after year one, we had planned on training 25% of Mobile Response Stabilization Services direct and supervisory staff in Keeping Babies and Children in Mind, a training provided by our partners at Montclair State University. Unfortunately, continued workforce shortages and elevated utilization rates, prevented Mobile Response staff from being able to participate in this capacity building training. As a result, this target was not achieved.

   b. Indicator 2: We had targeted that 48 clinicians from our Intensive In Community or IIC provider network would be trained in the Clinical Practice Series in Infant / Early Childhood Mental Health. Ultimately, we were able to train 50 clinicians over the two-year period, so this target was achieved.

2. Priority Area: Integration of community-based physical and behavioral health services for children, youth, and young adults with chronic medical conditions and mental/behavioral health and/or substance use challenges.

   a. Indicator 1: We had set a year two target of 100% of CMO-involved youth being screened for Behavioral Health Home eligibility. Quality improvements of Behavioral Heath Home's processes around identifying eligible youth early in the grant cycle resulted in reaching this year two target in both year one and year two of the grant.

   b. Indicator 2: Revised after year one, we planned on at least 50% of BHH eligible youth to be enrolled in BHH services. For year two, 70% of eligible youth were enrolled. Given that the original year one target was 75% we are pleased with this enrollment rate, given the continued workforce challenges.

3. Priority Area: Increase access to evidence-based services and supports across the CSOC service continuum.

   a. Indicator 1: Our year two target was for 10 IIC clinicians to received training in Trauma-Focused Cognitive Behavioral Therapy. We exceeded this target as 13 clinicians were trained in TF-CBT during year two.

B. System Wide Assessment to Delivering Service to Diverse Populations (Brittany Thorne DMHAS)

1. Indicator: Proportion of agencies that have 3 areas identified from their self assessment included in their cultural competence plans
    a. Second year target in SFY2023, 90%of al providers will have written cultural competence plans.

C. Synar Annual Inspection Survey (Limei Zhi)
1. 1992 federal act included amendment to reduce youth purchase of tobabcco products.
2. 1996 Synar legislation put into place; unannounced inspection of stores to determine if store sells tobacco to underage persons.
3. Age raise from 18 to 21 year old's.
4. Current results, first year after pandemic.
    a. 23%
    b. Tobacco stores, 40% violation rate.
5. Types of tobacco products
    a. Standard products
    b. e-products, have higher rates in other states, but not apparent in NJ

6. Q&A:
    a. Q: Penalties? A: Violators get summons for each violation but range between $200 and $2,000

IV. 2024-2025 Community Mental Health and Substance Use Prevention and Treatment Block Grants, Fiscal Tables (Prerak Patel, John Fogliano, DMHAS)

A. Mental Health Block Grant Implementation Report
1. Table 6: Agency Expenditures Report: $504M
2. Table 7: Stage Agency Expenditure: $27.6M, 10% is FEP
3. Table 8: BHPC Expenditures, $23k
4. Table 10: Expenditures for Providers,

V. Department of Corrections 101:(Krista Connelly, NJ Dept of Corrections)
[See PowerPoint]
A. Background of Dr. Connelly
1. Biomedical sciences Ph.D.
2. Interest in MH and Addictions
3. Came into Corrections
    a. Significant learning curve
    b. Need for transparency at DoC

B. Complexity of System
C. Jail is not the same as a prison
1. Jail overseen by County Sheriff's office or County Corrections dept. Short sentences
2. Prison overseen by State Dept of Corrections, sentence of a year or linger

D. Bail Reform
E. Community Supervision
1. Probation. Before
2. Parole. After
F. Q&A

1. Q: MH Diversion
2. Q: When a consumer is arrested and waiting a court decision and go to the County jail, do they get Mental Health and SUD screening & treatment? A: Yes

III. System Partner Updates

A. Children's System of Care (Nicholas Pecht): See above

B. Division of Developmental Disabilities (Jonathan Sabin)

1. The Human Services Office of Program Integrity and Accountability (OPIA) is hosting a series of virtual focus groups in November to obtain feedback from families, to help guide efforts related to quality improvement and health outcomes of people served in DHS licensed residences and/or served by DDD provider organizations. For more information please visit https://forms.office.com/pages/responsepage.aspx?id=j-4RV4NeRUG-A8VRE09BYD4ajd5ZrRJIgexBbhfrwqpUOVZLMUUyNzFTU0JPUEpYUEU3N1dRNDAzMS4u&origin=lprLink.

2. We are pleased to share that in 2023/2024 DDD will again administer National Core Indicators (NCI) surveys for individuals and their families and guardians. Division staff will begin outreach to individuals and families to request voluntary participation. For more information please visit https://www.nj.gov/humanservices/ddd/assets/documents/news/nci-overview-2023-2024.pdf.

3. The New Jersey Department of Human Services and The Boggs Center on Developmental Disabilities announced the launch of the Jobs that Care New Jersey website highlighting the availability of jobs providing direct supports for individuals with disabilities and older adults. Please visit https://www.nj.gov/humanservices/jobsthatcare/index.shtml#Careers for more information.

C. Division of Aging (Jennifer Rutberg): Not present

D. Division of Juvenile Justice Commission: Filomena DiNuzzio

E. Department of Education (Maurice Ingram).
1. Winter Institute: In person and virtual
   a. https://www.nj.gov/education/broadcasts/2023/dec/6/DivisionofEducationalServicesWinterInstitute.pdf

F. Division of Vocational Rehabilitation Services (DVRS). John Tkacz
No updates at this time.

G. Department of Corrections (K. Connelly). See above

V. Open Public Comment and Announcements Connie Greene

A. Announcements
1. TRIPS Program: Transportation (Suzanne Borys, DMHAS). No limit per agency. Each trip must be documented. Program began 12/1/23. Invoices submitted by 15th of month.

VI. **Adjournment** (12:00 noon) Connie Greene

A. Next meeting: 1/10/23

Microsoft Teams meeting

Join on your computer or mobile app

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Or call in (audio only)

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B. Future Agenda Items

1. Planning Council / Block Grant Technical Assistance (AHP/SAMHSA)
2. Certified Community Behavioral Health Centers, (Charlotte Sadashige)
3. Quality Improvement Plan (QIP): (Connie Greene)
4. NJ DoE Threat Assessment Protocols
5. Overview of CSS (Harry)
6. Pretrial Services in Camden County (?) (Robin Weiss.)
7. JJV Discussion (Filomena DiNuzzio)

C. January 10, 2024 Subcommittee Meetings

9:30 TBA

12:00 TBA

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
January 10, 2023, 10:00 am

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

Microsoft Teams meeting
Click here to join the meeting
Dial-in Number: +1 609-300-7196, PIN: 306216820#

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:

Donna Migliorino	Harry Coe	Filomena DiNuzzio
Heather Simms	Barbara Ferrick	Julia Barugel
John Tkacz	Krista Connelly	Robert DePlatt
Joseph Gutstein	Rachel Morgan	Winifred Chain
Jennifer Rutberg	S. Robin Weiss	Regina Sessoms
Suzanne Smith	Connie Greene (Acting Chair)	

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Irena Stuchinsky	Brittany Thorne	Jonathan Sabin
Brielle Easton	Mark Kruszczynski	Suzanne Borys
Yunqing Li		

Guests:

Anne Smullen-Theiling	Nancy Edouard	Shenal Pugh
Diane Litterer	Elena Kravitz	Morgan Thompson
Joseph Cuffari	Ann Denton (AHP)	Ellen Radis (AHP)

I. Administrative Issues/Correspondence (Connie Greene)

A. Attendance, 17/35, 48% attendance, quorum exceeded.

B. Minutes of December 2023 General Meeting Approved

II. Planning Council Technical Assistance, Donna Migliorino, **(**State Planner, DMHAS)

A. Overview of intended agenda. However due to absence of key BHPC Members, the two presentations "Block Grant 101" and "BHPC Operations and Considerations" which were to have been presented today by Ann Denton & Ellen Radis (Advocates for Human Potential (AHP)) will be presented at our next public meeting on 2/14/24.

B. Introduction of Ann Denton and Ellen Radis

C. Overview of what comes Next (February 2024)

1. Rejuvenation of the Council
2. Ideas for Structures, Restructuring and Efficiency

3. Look at SAMSHAs requirements for the Council, how can the NJ BHPC meet/exceed those requirements
4. Looking at duties
   a. Reviewing BG
   b. System monitoring
   c. Systems advocacy
5. It will be a conversation, not a lecture.

III. System Partner Updates (Connie Greene)

A. Children's System of Care (Nicholas Pecht): Not present.

B. Division of Developmental Disabilities (Jonathan Sabin)

1. DDD offers an online Provider Search tool to assist individuals, families, and Support Coordinators in identifying DDD/Medicaid Approved service providers. Please visit the search tool at https://irecord.dhs.state.nj.us/providersearch.
   a. DDD service providers are reminded and encouraged to review their agency's information within Provider Search and update it as needed.

2. The Department of Human Services and The Boggs Center on Developmental Disabilities collaborated on and are pleased to announce the launch of Jobs that Care New Jersey (visit - Jobs that Care New Jersey | (nj.gov)). People can use this new website to find jobs as:
   a. Direct support professionals who support individuals with intellectual and developmental disabilities to participate in home and community life while promoting well-being; and
   b. Certified home health aides who assist adults age 60 and older, and children and adults with disabilities or chronic medical conditions, to live in their homes by supporting daily activities.

3. Reminder - Minimum wage in New Jersey increased to $15.13 per hour on January 1, 2024. Any employer of staff in the DDD system, including individuals/families who employ Self-Directed Employees, must ensure that employee hourly wages are at or above the $15.13 minimum.

4. DDD is pleased to report a wage increase for Direct Support Professionals (DSP) and DSP Supervisors. Due to the Fiscal Year 2024 (FY24) Appropriations Act, the January 1, 2024 wage increase will be about $0.50 higher (about $1.75 per hour as opposed to about $1.25 per hour).

C. Division of Aging (Jennifer Rutberg):
1. Pharmaceutical Assistance Programs (PAAD) income eligibility benefits have gone up $10k. Single $52,149, married $59, 202
   a. Covers MH and SUD prescriptions for individuals not on medicad
   b NJSAVE Application
2. Q&A: Q: Is there still a $5k deduction for people married, filing jointly? A: Jennifer will get back to you with a response.
3. https://nj.gov/humanservices/doas/services/l-p/paad/

D. Division of Juvenile (Justice Commission: Filomena DiNuzzio): Nothing to report.

E. Department of Education (Maurice Ingram). Not present

F. Division of Vocational Rehabilitation Services (DVRS). John Tkacz
1. Felicia Hopson has accepted the position of Assistant Director of Administrative Services
2. Dept. of Labor Deputy Commissioner Hugh Bailey passed away. Services are this weekend. Mr. Bailey was Assistant Commissioner when DVRS was under Workforce Development.

G. Department of Corrections (K. Connelly).
1. Edna Mahan Facility public meeting will be March 1, 2024.
2. MK will send out slides presented by Krista Connelly at the December 2023 meeting
3. Q&A: Q: "Rehabilitation vs. Retribution"? A: The DoC (Prison System, not county jails) is trying to transform the system

H. State Medicaid
1. State Medicaid started meeting with Stakeholders in October 2023 and had two Advisory Hub meetings with a larger group of stakeholders that included BH providers, members, MCOs, advocates. Anyone who is interested in joining the Stakeholder meetings, please send the request with your information to dmahs.behavioralhealth@dhs.nj.gov
3. Member focus groups will be meeting in the Spring (Advisory Hub).
4. The general mailbox for BH Integration related questions/concerns: dmahs.behavioralhealth@dhs.nj.gov

V. Open Public Comment and Announcements (Connie Greene)

A. Announcements
1. NJPN Annual Addiction Conference will be held on May 16 & 17, 2024 at the Atlantic City Convention Center. NJPN.0rg for more details and registration. This is the largest addiction conference in NJ with over 1,000 attendees. Hope you can come!

B. Questions/Comments
1. Request for Update for the Council on State 988 program.
2. Q: What is MCORT? A: Mobile Crisis Outreach Response Teams (MCORT)
3. S-42520
4. Ann Denton (AHP): "In general, system issues fall into two categories: Things that are being worked on by other advocacy groups and there may be new system changes or pending legislation. Then, Council can get report on the issue and perhaps weigh in. For EMERGING issues, when the Council reviews information about how the system is working (relevant and focused on BG), and questions emerge, then that issue might be referred to an ADVOCACY committee for further investigation or to a DATA/EVALUATION committee. It is rare that the investigation would occur for the full council - it is more of a committee role"
5. Concerns that BHPC represents populations being served. Concern that there are services/resources that have been successful (with education, career, housing, etc.).
6. Changing the "prophecies of doom", so that consumers receiving service for longer periods of time.

VI. Adjournment (11:04 am) Connie Greene

A. Next meeting: 2/14/24

Microsoft Teams meeting
Join on your computer or mobile app
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Or call in (audio only)
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B. Future Agenda Items

1. "Block Grant 101" and "BHPC Operations and Considerations" (Ann Denton & Ellen Radis (Advocates for Human Potential (AHP)), 2/14/24
2. Certified Community Behavioral Health Centers, (Charlotte Sadashige)
3. Quality Improvement Plan (QIP): (Connie Greene)
4. NJ DoE Threat Assessment Protocols
5. Overview of CSS (Harry Reyes, DMHAS)
6. Pretrial Services in Camden County (?) (Robin Weiss.)
7. JJV Discussion (Filomena DiNuzzio)
8. Overview/Update on 988 (DMM)
9. Psychiatric Advanced Directives (requested by H.Simms, 1/10/24)

C. February 14, 2024 Subcommittee Meetings

9:30 TBA
12:00 TBA

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
April 10, 2023, 10:00 am

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

Microsoft Teams meeting
Click here to join the meeting
Dial-in Number: +1 609-300-7196, PIN: 306216820#

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:

Donna Migliorino	Francis Walker	Shenal Pugh
Heather Simms	Julia Barugel	Bonnie Price
John Tkacz	Krista Connelly	Diane Riley
Joseph Gutstein	Suzanne Smith	Winifred Chain
Nancy Edouard	Barbara Johnston	Maurice Ingram
Nick Pecht	Robin Weiss	Michele Madiou
Kurt Baker	Harry Coe	Barbara Ferrick
Connie Greene (Vice Chair)	Darlema Bey(Chair)	

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Brittany Thorne	Brielle Easton	MaryJean Weston
Yunqing Li	Mark Kruszczynski	Irena Stuchinsky

Guests:

Danielle Dick	Rachel Morgan	Joseph Cuffari
Filomena DiNuzzio	Matt Camarada	Nina Smuklawsky
Jennifer Rutberg	Ash Harris	

I. Administrative Issues/Correspondence (Darlema Bey)
- A. Attendance, _23/36, 63.8% attendance, quorum exceeded.
- B. Minutes of March 2024 General Meeting Approved

II. 988 Update & MCORT Overview MaryJean Weston, DMHAS
- A. See PowerPoint displayed for the Council at the time of the presentation
- B. Someone to talk to, someone to respond and somewhere to go.
- C`. Someone to call
  1. Five contact centers
  2. Specialty lines and multilingual: Spanish, Veterans, Youth, LQBTQ, ASL
  3. Geo-Routing is planned.
  4. NJ posted $10M RFP for expansion of 988 lifeline center
- D. Someone to respond
  1. Mobile Screening

2. Mobile Crisis Outreach Response Teams (MCORTs)

E. Somewhere Safe to Go
   1. DSC
   2. EISS
   3. Crisis Residential Services
   4. Certified Community Behavioral Health Clinics
   5. Crisis Receiving Stabilization Centers (CRSCs): up and coming
      a. Five CRSCs will be located across the state: Morris, Bergen, Essex, either Middlesex or Monmouth, and Camden County. The RFPs have been submitted; once the awards are announced this summer then the specific locations will be announced.
      b. Should be in place by the end of CY 2024/Beginning of CY 2025.

F. Public Awareness Campaign

G. By the Numbers

H. The Road Ahead

I. In Closing: 988questins@dhs.nj.gov

J. Questions?
   1. Q: JB Monmouth County send letter for certification for peer support specialist; the certification process is different . [Context from MJW: MCORT system is designed to send team of two people into the community to meet someone in crisis A BA level and a certified peer counselor/peer professional with lived experience. The question is are there enough certified peers to staff the MCORTSs/

      A: Process for agencies to ask for a 12-month waiver so that the peer counselor can get their certification (without having to wait)

   2. Q: CRSCs: Transportation and walk-ins?
      A: (DMM): Walk-ins are available. No wrong door approach. Regarding transportation RFPs are being reviewed. Centers are open 24/7.

   3. Q: (Barb Johnston) Are they any materials, desktop publishing for brochures, hard copy materials, etc?
      A: See https://nj.gov/humanservices/dmhas/initiatives/988/

   4. Q: (Barb Johnston): When services are advertised there is an increase in service volume, but there is allegedy a $3M budget cut to advertising.
      A: The $3M was a one time kickoff, but the current budget is $1M

   5. Q: (R.Weiss) MCORT peers , acceptable certifications?
      A: There is a long list of accepted certification is posted in the RFPs

   6. Q: (J. Rutberg): Dementia Patients: Does the Mobile Staff, MCORT Staff, etc. will they have training in dementia patients and their family members?
      A: The centers staff are trained on a wide range of issues, but not currentlu Dementia. We will bring that suggestion back for potential inclusion.

   7. Q: (B.Moore): Peer Certification. Tri-annual certification fee. If a peer loses certification they must pay for the certification fees for the years their certifications lapsed. Can this be rethought?
      A; There are funds available for certification costs. We were not aware that there was a requirement for having to back-pay lapsed certification years. We look into

this to see if the available funds can be used for those lapsed certification. Contact Chrissy Schayer at MHANJ.

8. Q: (JG): How are people who are already in the system / what has changed for people with prolonged mental illness? Concern that people with existing needs, are allegedly simply told to keep going back to where they get services from.
A: This will be shared with leadership.

9. Q: (S.Smith): What are staff being trained on? Diabetes management?
A; Staff are being trained on a range of subjects, including primary health, but we should also make sure that staff are trained on diabetes management.

III. Using New Advances in Genetics to Prevent and Treat Substance Use Disorders (Danielle M. Dick, Ph.D., Rutgers University, Department of Psychiatry)

A. See PowerPoint presentation shared with the Council today and via email on 4/2/24.

B. Q&A

1. Q: Cost of genetic testing for families? A: Approximately $99 for an assay.
2. Q (JG): What is the impact on people who are told that they have a propensity for substance abuse? A: The genetics education that most of us have received in school is not the same as "gene outcomes". We have worked with genetic counsellors to best phrase the communication/how to present the results. What is means to carry the genetic predisposition for substance abuse (and what it doesn't mean). Accurate education can help prevent deterministic thinking.
3. Q: (KB): What age are you working with? A: Lots of conversations about when is it appropriate to give kids what information--- there lots of different opinions. An approach that gives adolescents general feedback seems positive.
Q: What are you doing to assist them? Working with *parents* to educate then on what works best for their children.
Q: Doing anything with identical twins:

III. System Partner Updates (Darlema Bey)

A. Children's System of Care (Nick Pecht):

1. Project Connect funding awarded to CSOC by way of DOH, from SAMHSA/Garret Lee Smith Youth Suicide Prevention Grant.

2. Goal is to assist New Jersey hospitals to effectively connect youth to community services following suicide attempts.

3. Regional Care Coordinator works in partnership with identified hospitals to enhance discharge planning for youth with suicide ideation and/or attempts.

4. After youth are medically stabilized, screened, and determined to be safe for discharge, hospital staff will engage in a warm transfer process to connect families to PerformCare and community resources.

5. Project Connect was implemented on March 11th, with two hospitals in the AtlantiCare System. We are actively working to bring on more hospital partners in New Jersey's central and northern regions. If you have a connection with a hospital or hospital system in those regions and think they would be interested in

partnering with us, please reach out to nicholas.pecht@dcf.nj.gov. https://www.nj.gov/dcf/project_connect.html.

B. Division of Developmental Disabilities (Jonathan Sabin)

1. With an increased availability of fingerprinting appointments, the Department of Human Services' (DHS) Office of Program Integrity and Accountability (OPIA) will be returning to normal onboarding requirements for direct support professionals and self-directed employees effective April 15, 2024. OPIA will continue the temporary clearance process until then.

2. On February 28, 2024 the Division released a Request for Proposal (RFP) to develop one START (Systemic, Therapeutic, Assessment, Respite and Treatment) Model program to serve the southern region of New Jersey. The program will provide community-based, mobile crisis prevention and intervention services for people with IDD and co-occurring mental health needs who live in covered counties, are enrolled with, and referred by DDD. The Notice of Funding Availability (NOFA) can be found here https://www.nj.gov/humanservices/providers/grants/nofa/NOFAfiles/START-South-NOFA.pdf.

C. Division of Aging (Nancy Eduoard)

1. 7th Annual Older Adult Mental Health Awareness Day Symposium
You are invited to attend the 7th Annual Older Adult Mental Health Awareness Day Symposium, a free, virtual event on May 2 from 10:00 to 5:00pm ET. This all-day symposium is sponsored by the National Council on Aging, the U.S. Administration for Community Living, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, and the E4 Center of Excellence for Behavioral Health Disparities in Aging.

2. The 7th annual symposium will feature leaders in the field who are successfully partnering across sectors to provide equity-focused solutions to improve older adult mental health. Free continuing education credit (5.5 hours) will be offered for dietitians, nurses, occupational and physical therapists, physicians, psychologists, and social workers. Register today! https://bit.ly/OAMHAD2024

D. Division of Juvenile (Justice Commission: Francis Walker & Filomena DiNuzzio):

1. The Family Engagement program designed to allow residents an opportunity to interact with their family members at JJC facilities has been successful and is planned to continue. Several Residential Community Programs have provided transportation for family members to attend for those that have difficulty due to lack of public transportation. Residents and families engaged in various activities including ping-pong, cards, and board games. Food, salads, beverages, and deserts were provided. There were many opportunities for family members to interact with staff/residents during these events.

E. Department of Education (Maurice Ingram): No update this month.

F. Division of Vocational Rehabilitation Services (DVRS). John Tkacz

1. An in person six-hour training (4/12/24- 6 CRC credits) will provide participants an opportunity to examine the ethical principles of autonomy, beneficence, nonmaleficence, justice, fidelity, and veracity, while engaging in interactive

discussions using real-life case examples to deepen their understanding of the ethical principles. The link for registration is in the attached flyer

a. From navigating ethical dilemmas to maintaining professional boundaries in the digital age and embracing cultural humility, the program equips participants with practical tools and strategies to integrate ethical principles into their daily practice. Through reflective exercises and a commitment to professional integrity, participants emerge empowered to navigate the complexities of their rehabilitation counseling practice with compassion and ethical awareness.

b. Space is limited for the in-person training on 4/12/24 and will be held at the Sayreville Fire Academy from 9A-4P. Priority will be given to CRCs but we encourage anyone interested in learning more about ethics to join. If you have any questions, please email John Tkacz at john.tkacz@dol.nj.gov. Thank you and we look forward to seeing you there!

G. Department of Corrections (K. Connelly): No update this month.

H. State Medicaid: (Irena Stuchinsky)

1. We will be having a virtual community meeting to provide updates about our Behavioral Health Integration work at the end of this month. It's open to everyone and invitations will be sent soon. If you would like to be added to the email list send an email to our dedicated BH email address at DMAHS.behavioralhealth@dh

2. DMAHS/Medicaid update above, for BH Integration Stakeholder resources, please visit https://www.nj.gov/humanservices/dmhas/information/stakeholder/

I. Department of Health: Barbara Ferrick. No report this month.

J. Division of Family Development: No representative present.

K. Supported Housing Association:

L. DMHAS (D. Migliorino): See email from Donna for full details

1. Crisis Diversion Homes
   a. Goal is to provide stabilization and reduce ER/psych hospital visits
   b. Awarded to:
      Warren County: Center for Family Services
      Mercer County: Legacy Treatment Services
      Gloucester County: Legacy Treatment Services

2. Coordinated Specialty Care
   a. Goal is to implement Coordinated Specialty Care (CSC) programs for the population with Early Serious Mental Illness (ESMI) in New Jersey. In addition, the DMHAS will implement a Community Integration Program designed to address the need for the ESMI population along the continuum of care.
   b. Awarded to:
      - Northern Sub Region 1. Bergen Passaic, Hudson, Essex & Hudson: CarePlus NJ.

- Northern Sub Region 2: Morris, Sussex, Hunterdon, & Warren: CarePlus NJ
- Southern Sub Region 2: Atlantic, Cape May & Cumberland: Legacy Treatment Services
- Central Sub Region 2: Middlesex, Somerset & Union: Rutgers
- Southern Sub Region 1L Burlington, Gloucester, Camden: Rutgers

3. Block Grant Monitoring visit, 6/11/24 6/13/24.
   a. SAMSHA will meet with some funded programs
   b. SAMHSA will meet with Planning Council
   c. Visit agenda will be provided to BHPC at our May meeting.

V. Open Public Comment and Announcements:

A. Announcements:

1. Collaborative Support Programs Inc. Heather Simms - Tomorrow April 11th COMHCO Conference "Empowering Tomorrow: Fostering Excellence through Peer Services: Inclusive, Diverse, and Equitable Collaboration" at the Ocean Place Spa and Resort in Long Branch. We still have some peer scholarships available. If you have not yet registered and are interested or know someone interested please feel free to email me at hsimms@cspnj.org with any questions.

2. (RM): Recent Crisis Intervention Training (CIT), Veterans Response Training

B. Comments:

1. Suggestion (JG) for a "clipping service" for BH.

VI. Adjournment (12:05) Darlema Bey

A. Next meeting: 5/8/24

Microsoft Teams meeting
Join on your computer or mobile app
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Or call in (audio only)
+1 609-300-7196, PIN: 306216820#

B. Future Agenda Items

1. NJ State Budget (DMHAS Fiscal Office)
2. Quality Improvement Plan (QIP): (Connie Greene)
3. NJ DoE Threat Assessment Protocols
4. Overview of CSS (Harry Reyes, DMHAS)
5. Pretrial Services in Camden County (?) (Robin Weiss.)
6. JJV Discussion (Filomena DiNuzzio)
8. Psychiatric Advanced Directives (requested by H.Simms, 1/10/24)

C. May 8, 2024 Subcommittee Meetings

9:30 None
12:00 None

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
May 8 2023, 10:00 am

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

Microsoft Teams meeting
Click here to join the meeting
Dial-in Number: +1 609-300-7196, PIN: 306216820#

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).

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Stacey Reh	Connie Greene (Vice Chair)	
Darlema Bey (Chair)		

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Suzanne Borys	Brittany Thorne	Andrea Connor
Yunqing Li	Mark Kruszczynski	Irina Stuchinsky
Helen Staton	Jonathan Sabin	Robert Eilers

Guests:

Anne Smullen-Thiling	Joseph Cuffari	Krista Klee
Filomena DiNuzzio	Morgan Thompson	Andrea Bakun
Bhoomika Vachhani	Elena Kravits	Margaret Lumia
Leshema Edwards	Bernadette Moore	Noemi Serrano
Serena Zuppardo		

I. Administrative Issues/Correspondence (Darlema Bey)
- A. Attendance, 18/36, 50% attendance, quorum exceeded.
- B. Minutes of April 2024 General Meeting Approved, with minor edits

II. DMHAS Update (Donna Migliorino DMHAS)
- A. COVID Supplemental Initiatives
- B. MHBG Site Visit (6/11/24 - 6/13/24)
  1. 6/11-6/12 SAMHSA review team will be on site at DMHAS at 5 Commerce Way in Hamilton.
  2. 6/13/24 SAMHSA will be visiting a 988 call center as well as a

Coordinated Specialty Care – Community Integration program.

3. Last visit was 2016.

4. Live-in person Day One 6/11/24
   a. They will meet with DMHAS leadership to discuss any major changes. Priorities, Workforce development, State Financing of the MHS System, Medicaid Waivers and Grant.
   b Decision supports, data systems; USTF+, URS reporting, SRC, etc.
   c. QI Plan.
   d Adult Services including EBPs
5. Day Two: 6/12/24
   a. Children's System of Care and best practices
   b. Consumer and family meeting
   c. Meeting with BHPC (1 – 2 pm).
      i. Meeting with five representatives from BHPC
         Darlema Bey (Chair/Family Member),
         Connie Greene, (Vice Chair, SUD Provider),
         Heather Simms (CMHBG Committee, Consumer),
         Robin Weiss (BHPC Member, Consumer)
         Julia Barugel (BHPC Member, Family Member)

      ii. YL will send CMHBG
   d. Crisis Services, Coordinated Specialty Care
   e. Projects funded by Supplemental Funding

C. Program Updates:
1. Coordinated Specialty Care-Community Integration
2. Crisis Receiving Stabilization Centers ("A Place to Go")
   a. The RFP is for five programs across the state.
   b. CRSCs will be open for referrals, walk-ins, and drop-offs by first responders 24 hours per day, 7 days per week, every day of the year.
   c. Crisis Receiving Stabilization Centers CRSCs are a key component of the NJ crisis continuum based on the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
   d. The target population to be served is individuals 18 years of age and older with a primary SMI who are experiencing acute psychiatric symptoms that could interfere with community tenure.
   e. DMHAS will be using the "no wrong door" concept and partnering with community crisis responders.
   f. The goal is to develop an appropriate alternative to the use of local hospital emergency services and in-patient psychiatric hospitalization by providing crisis services and placement support for those in need of permanent housing.
   g. At a minimum, services will include access to trained staff who can provide intensive supports, including assessment, crisis stabilization, engagement, psycho-education, identification of strengths, collaborative problem solving, and individualized crisis planning.
   h. Services will be offered in a safe, clean, home-like environment conducive to the recovery process. Medication management, administration, and education will also be offered.
   i. The program will offer continuity of care promoting continued stability and ensuring linkages are arranged that meet the needs of the individual.

3. Community MH Law Project (funded by ARPA)
4. Crisis Diversion Home
    a. Crisis Diversion Homes (CDH) prioritize referrals from Crisis Receiving Stabilization Centers (CRSC) and Mobile Crisis Outreach Response Teams (MCORT), serving individuals who have recently experienced a crisis and are in need of further crisis stabilization.
    b. The goal is to provide stabilization, to divert hospital admissions and reduce emergency department (ED) visits.
    c. Crisis diversion can "promote access to less restrictive settings for residential crisis intervention and more effective utilization of scarce resources and expensive psychiatric beds.
    d. CDHs offer recovery-oriented temporary transitional housing for up to 30 days, within a 24-hour supervised setting that includes therapeutic and social supports in a warm and safe environment to individuals who do not need further hospitalization.
    e. The CDHs serve individuals 18 years of age or older; adults with SMI and who are voluntary and can live in a transitional residential setting with therapeutic support; as well as adults with a history of co-occurring disorders including substance use disorders, intensive behavioral challenges, legal involvement, co-occurring developmental disability, and co-occurring medical needs.
    f. Three awards have been made for Crisis Diversion Homes.
5. Wrap funding for CRSCs and Crisis Diversion Homes
6. Older Adult Outpatient initiative: North, Central and South (ARPA funding)
7. Law Enforcement Crisis Diversion Initiative: Warren County and DMHAS collaboration.

D. Q&A
    1. Q: Is MCORT for 18 and Older? A: Yes.

III. **Psychiatric Advance Directives (**Presented by Dr. Robert Eilers. Medical Director, DMHAS, Prepared by Dr. Eilers and Lisa Ciaston, Legal Counsel, DMHAS).

A. See PowerPoint distributed to Council via email 050724
B. Last six months DMHAS promoting Psychiatric Advance Directives (PADs)
C. DMHAS wants to advocate for consumers to create their own PADs
D. Powerful, as they help consumers provide for their own crisis management with their own interests and values.
E. Presentation (See PowerPoint)
    1. New Jersey Law: P.L. 2005, c 233, became effective on March 21, 2006
    2. See http://www.nrc-pad.org/ for nationwide information.
    3. What are Psychiatric Advance Directives (PADs)?
    4. Uptake and Implementation of Psychiatric Advance Directives.
    5. The Benefits of PADs
    6. Practioners' Concerns and Legal Formalities/Proper Witnesses
    7. Decision-Making Capacity
    8. Modifications, Clinical Overrides, and Dispute Resolutions
    9. Civil and Criminal Penalties for Not Following a PAD.
    10. Summary

a. While PADs can promote patient autonomy and shared decision making, and assist in crisis planning, these are underutilized.
b. Many practitioners do not have adequate knowledge of PADs and are not aware of their purpose and use, or how to assist clients with developing a PAD. DMHAS will be conducting trainings in the near future to increase awareness and access to the internet registry for clinical staff.
c. Greater understanding of the legal and clinical requirements for PADs in N.J. will enhance practitioners' capabilities in serving individuals with serious mental illness

F. Q&A:

1. Comment of support from CSP NJ on PADs. (H. Simms)
2. Q: Is every form of crisis response required to check if a PAD is on file? (JB)
   A; Currently law applies to state hospital and traditional crisis response (DSC), but new community response services are not yet covered in the law.
3. Q: Is there expectation for agencies to have PADs for their consumers?
   A: No. Agencies are not obligated to do so. The role of providers is to educate and support the development of PADs by the people they are serving.
4. Q: Getting people competent to stand trial, how would attorneys know if someone has a PAD?
   A: Technical a prison setting does not activate a PAD.
5. Q: CSP NJ, DRNJ and other entities have been working with/supporting PADs. Areas needing tweaking, (Elena Kravits, DRNJ).
6. Comment: feel free to reach and contact ekravitz2disabilityrightsnj.org with any questions about PADs and training or legal actions

IV. System Partner Updates (Darlema Bey)

A. Division of Mental Health and Addiction Services (DMHAS) DMHAS (D. Migliorino): See above (II. DMHAS Update)

B. Childrens's Systems of Care(Stacy Reh): No update provided

C. Division of Developmental Disabilities (Jonathan Sabin)

1. DDD would like families and state partners to be aware that updates have been made to the Community Care Program and Supports Program Manual. A listing of changes can be found on page two of the respective manual.

2. On Friday, May 10, 2024, the DDD Office of Education on Self-Directed Services is collaborating with the New Jersey Department of Human Services' Division of Family Development (DFD) to host a webinar about programs available through DFD, including NJ SNAP and WorkFirst NJ. While the information is geared toward individuals with intellectual and/or developmental disabilities and their families, all are welcome to attend. Register at https://register.gotowebinar.com/register/7994971696801538135

3. The National Core Indicators State of the Workforce Survey is open through June 30, 2024 and participation by as many eligible providers as possible is critical to ensure valid results. The data collected through this annual survey helps us examine and respond to challenges in New Jersey's Direct Support Professional

workforce serving adults with intellectual and/or developmental disabilities. To learn more, visit https://www.nj.gov/humanservices/ddd/assets/documents/news/nci-workforce-survey-overview.pdf.

C. Division of Aging (Jennifer Rutberg)

1. May is Older Americans Act Month. This year's theme is "Powered by Connection", which brings attention to how interpersonal connections make the lives of every person rich and vital. Every county is holding special events to foster connectivity. For information on events in your area, call the county office on aging (AAA/ADRC) at 877-222-3737.

D. Division of Juvenile (Justice Commission: Francis Walker & Filomena DiNuzzio):

1. Several JJC Residential Community Housing programs are preparing for their bi-annual audit of the Prison Rape Elimination Act (PREA). This audit is to rate compliance with the requirements of the Act. The audit is scheduled to occur in June.

E. Department of Education (Maurice Ingram): No update this month.

F. Division of Vocational Rehabilitation Services (DVRS). John Tkacz

1. Personnel Updates
   a. The Director of Division of Vocational Rehabilitation Services, Karen Carroll, has retired. They are pursuing a nationwide search for a new Director.
   b. For DVRS Field office related matters please contact Asst. Director Helen Liu at: Hairong.Liu@dol.nj.gov
   c. For Program/contract/vendor matters contact Asst. Director Felicia Hopson at: Felicia.Hopson@dol.nj.gov
   d. The Interim DVRS Director is Assistant Commissioner Cheryl Yarbrough who can be reached at: Charyl.Yarbrough@dol.nj.gov

2. The Statewide Ethics Training facilitated in conjunction with NJ DOL Div. Vocational Rehab Services, the Mental Health Association Career Connection Employment Resource Institute and Rutgers Integrated Employment Institute was well attended and tremendous success. The partnership was most beneficial in imparting the most current resources and information to the service field.

G. Department of Corrections (K. Connelly):

1. "Legislation went into effect May 1st to institute a mandatory 10-minute overlap between custody shifts. This overlap is intended for a debriefing between officers during shift change. NJDOC is looking forward to the benefits of increased communication within the facilities.

2. NJDOC produced a documentary titled "Be Not Afraid" about an immersive music theory educational program at Garden State Correctional Facility. It premiered at the Annual Garden State Film Festival, and received the Broader Vision Award. The documentary can be viewed at this link: https://www.youtube.com/watch?v=WN6b8OF59Uk. You can also google NJDOC Be Not Afraid and it'll pop up."

H. NJ Div. of Medical Assistance and Health Services (NJ Family Care/State Medicaid) (Irina Stuchinsky): No update provided.

I. Department of Health: Barbara Ferrick: No update provided.

J. Division of Family Development (Marie Snyder)

K. Supported Housing Association (Diane Riley, not present/excused): No report this month.

IV. Open Public Comment and Announcements:

A. Announcements:

1. Oaks Integrated Care has announced that in June 2024 they will be recognizing, Attitudes in Reverse (AIR) (https://air.ngo/ the youth mental health organization founded by Kurt and Tricia Baker) their "Rooted in Community Award". Congratulations Kurt!

B. Comments: None.

V. Adjournment (12:05) Darlema Bey

A. Next meeting: 6/12/24

Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)
+1 609-300-7196, PIN: 306216820#

B. Future Agenda Items

1. SAMHSA Monitoring Visit 6/12/24
2. NJ State Budget (DMHAS Fiscal Office)
3. Quality Improvement Plan (QIP): (Connie Greene)
4. NJ DoE Threat Assessment Protocols
5. Overview of CSS (Harry Reyes, DMHAS)
6. Pretrial Services in Camden County
7. JJV Discussion (Filomena DiNuzzio)

C. June 12, 2024 Subcommittee Meetings

9:30 Block Grant
12:00 TBD

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
State Vocational Rehabilitation Agency
State Criminal Justice Agency
State Housing Agency
State Social Services Agency
State Health (MH) Agency.
State Medicaid Agency

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Tonia Ahern	Family Members of Individuals in Recovery (to include family members of adults with SMI)		230 Route 50 Petersburg NJ, 08270	tahern1128@aol.com
Kurt Baker	Family Members of Individuals in Recovery (to include family members of adults with SMI)		PO Box 3127 Princeton NJ, 08543-3127	kurt@air.ngo
Julia Barugel	Family Members of Individuals in Recovery (to include family members of adults with SMI)		9 Bromley Court Morganville NJ, 07751	barugel@optonline.net
Darlema Bey	Family Members of Individuals in Recovery (to include family members of adults with SMI)		507 Arch St. Glassboro NJ, 08020	darlemabey@gmail.com
Winifred Chain	Family Members of Individuals in Recovery (to include family members of adults with SMI)		21 Gateshead Drive Lumberton NJ, 08048-5025	winifredchain@gmail.com
Harry Coe	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		152 Sunnymede St Englishtown NJ, 07726	harrybcoe@gmail.com
Krista Connelly	State Employees	NJ Department of Corrections		
Maryanne Evanko	Family Members of Individuals in Recovery (to include family members of adults with SMI)		NJ, PH: 609-218-0820	Maryanneevanko2@gmail.com
Barbara Ferrick	State Employees	NJ Department of Health	NJ,	Barbara.Ferrick@doh.nj.gov
Julian Fowler	State Employees	NJ Housing Mortgage and Finance Agency		
Connie Greene	Providers		442 Rt 35 Eatontown NJ, 08754	cgreene@barnabashealth.org
Joseph Gutstein	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		770 Anderson Avenue Cliffside Park NJ, 07010	
			P. O. Box 500	

Maurice Ingram	State Employees	NJ Dept of Education	Trenton NJ, 08625 PH: 973-766-9331	
Michael Ippoliti	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		307 Wilson Avenue Edgewater Park NJ, 08010	Michael.ippoliti@gmail.com
Barbara Johnston	Providers	Mental Health Association in New Jersey		bjohnston@mhanj.org
Nick Liozzi	Others (Advocates who are not State employees or providers)	NJ County Drug and Alcohol Directors Association	Sussex Co Administrative Center, One Spring Street, 2nd Floor, Newton NJ 07860 NJ, 07860	nloizzi@sussex.nj.us
Michele Madiou	Others (Advocates who are not State employees or providers)	NJ Association of County Mental Health Admin.	640 South Broad Street, Trenton NJ NJ,	mmadiou@mercercounty.org
Tracy Maksel	Others (Advocates who are not State employees or providers)	Board of Freeholders OceanCounty Dept.Hum Srvcs	NJ, 08754	Tmaksel@co.ocean.nj.us
Donna Migliorino	State Employees	NJ Div. of Mental Health & Addiction Srvcs	5 Commerce Way Hamilton , 08625 PH: 732-547-1400	
Lisa Negron	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			rayandlucy1952@gmail.com
Joanne Oppelt	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		NJ, PH: 908-301-1899	joanne.oppelt@contactwecare.org
Nicholas Pecht	State Employees	NJ Department of Children and Families	50 East State Street Trenton NJ,	Nicholas.Pecht@dcf.nj.gov
Thomas Pyle	Family Members of Individuals in Recovery (to include family members of adults with SMI)		50 Balsam Lane Princeton NJ, 08540	thpyle@gmail.com
Diane Riley	Others (Advocates who are not State employees or providers)	Supportive Housing Association of NJ	185 Valley Street NJ, 07029	Diane.riley@shanj.org
Jennifer Rutberg	State Employees	NJ Div. of Aging	NJ Division of Aging Trenton NJ, 08625-0807	Jennifer.Rutberg@dhs.nj.gov
Jonathan Sabin	State Employees	NJ Division of Developmental Disabilities	NJ, 08691	Jonathan.Sabin@dhs.state.nj.us
Regina Sessoms	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		NJ,	rsessoms59@aol.com
Heather Simms	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Collaborative Support Programs of NJ, Inc.	11 Spring St, Freehold Township NJ,	hsimms@cspnj.org
Suzanne Smith	Family Members of Individuals in Recovery (to include family members of adults with SMI)		NJ, PH: 856-241-2166	STSSHS@aol.com
Marie Snyder	State Employees	NJ Division of Family Development	Quakerbridge Plaza P. O. Box 716 Trenton , 08625	Marie.Snyder@dhs.state.nj.us
Irina Stuchinsky	State Employees	NJ Div of Medical Asst & Health Srvcs		

Denna Tampi	Providers	NJ Hospital Association	760 Alexander Road Princeton NJ, 08543	TampiD@IHN.ORG
Pamela Taylor	Family Members of Individuals in Recovery (to include family members of adults with SMI)		NJ, PH: 973-943-5751	ptaylor@mhanj.org
John Tkacz	State Employees	NJ Division of Vocational Rehabilitation	DVRS - 1 John Fitch Plaza Trenton NJ, 08625	John.Tkacz@dol.nj.us
Robin Weiss	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		NJ, PH: 856-956-6380	s.robin.weiss@me.com
Debra Wentz	Providers	NJ Assoc. of Mental Health Agencies		dwentz@njamhaa.org

*Council members should be listed only once by type of membership and Agency/organization represented.
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Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	8	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	9	
Parents of children with SED	0	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	4	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	**21**	**58.33%**
State Employees	11	
Providers	4	
Vacancies	0	
Total State Employees & Providers	**15**	**41.67%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	4	
Individuals/Family Members from LGBTQI+ Populations	1	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
Total Membership (Should count all members of the council)	**41**	

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Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings? (●) Yes ( ) No

b) Posting of the plan on the web for public comment? (●) Yes ( ) No

If yes, provide URL:

Public Access to Block Grant Applications (WebBGas): https://bgas.samhsa.gov/Module/BGAS/Users
User name: citizennj
Password: citizen

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

Public Access to Block Grant Applications (WebBGas): https://bgas.samhsa.gov/Module/BGAS/Users
User name: citizennj
Password: citizen

c) Other (e.g. public service announcements, print media) (●) Yes ( ) No

Please indicate areas of technical assistance needed related to this section.

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Footnotes:
The attached Notice of Solicitation Comment was posted on the Division Mental Health and Addiction Services' website at https://www.nj.gov/humanservices/dmhas/provider/notices/.

NOTICE OF SOLICITATION OF COMMENT

The Division of Mental Health and Addiction Services (DMHAS), within the New Jersey Department of Human Services, is soliciting comment on the Community Mental Health Services Block Grant and Substance Use Prevention, Treatment, and Recovery Services Block Grant FY 2025 draft Application from any interested person, including any Federal or other public agency, during the development and after submission of the application to the Federal Substance Abuse and Mental Health Services Administration.

Please email dmhas@dhs.nj.gov to receive login credentials to view the report as it is drafted and posted online.

Written comments concerning the State Application can be sent to DMHAS at the email or postal address indicated below.

New Jersey Department of Human Services
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625-0362

Electronic Mail: dmhas@dhs.nj.gov

Environmental Factors and Plan

23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) restriction[1,2] on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[3].

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SUPTRS BG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SUPTRS BG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SUPTRS BG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers[4]. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs[5]: These documents can be found on the Hiv.gov website: **https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs**,

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy **https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf ,**

2. **Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention **http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf,**

3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf ,**

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

End Notes

[1] Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SUPTRS BG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SUPTRS BG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SUPTRS BG funds ***only*** and is consistent with guidance issued by SAMHSA.

[2] Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.§ 300x-31(a)(1)(F)) and 45 CFR § 96.135(a)(6) explicitly prohibits the use of SUPTRS BG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

[3] Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

[4] Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SUPTRS BG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SUPTRS BG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

[5]***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a **description of the elements of an SSP** that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV

and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

New Jersey does not use SUBG funds to support Syringe Services Programs (SSPs).

Environmental Factors and Plan

Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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Footnotes:

New Jersey does not use SUBG funds to support Syringe Services Programs (SSPs).