

**New Jersey Behavioral Health Planning Council**  
**Meeting Minutes,**  
**October 10, 2018 10:00 A.M.**

**Attendees:**

Winifred Chain	Michael Ippoliti (p)	Phil Lubitz	Marie Verna
Darlema Bey	John Calabria	Connie Greene	Scott Kelsey
Chris Lucca	Patricia Matthews	Cheri Thompson	Alice Garcia
Vanessa Tortoreto	Jim Romer (Chair)	Ellen Tanner	Pam Taylor
Ksenia Lebedeva	Joe Gutstein (p)	Suzanne Smith (p)	Nick Loizzi (p)

**DMHAS, CSOC & DDD Staff:**

Valerie Mielke	Suzanne Borys	Donna Migliorino	Yunqing Li
Geri Dietrich	Stuart Waldorf	Mark Kruszczyński	Jonathan Sabin

**Guests:**

Deb Hartel	Louann Lukens	Heather Reid	Shanique McGowan
Alex Smuklavskiy	Rachel Morgan	Julia Barugel	

(P) Indicates participation via conference call.

- I. Welcome / Administrative Issues / Correspondence / Announcements**
- A. Quorum Reached: 20 out of 43 members (46% attendance)
- II. Suicide Prevention Conference, 9/13/18, Trenton War Memorial: A Summary**
- A. Eight departments/divisions pledged their commitment to suicide prevention and we had all together 11 co-sponsors.
- B. We had 11co- sponsors, among them Department of Health, Dept. of Corrections, . Dept. of Children and Families; Juvenile Justice Commission; Governor’s Council on Alcoholism and Drug Abuse; American Foundation for Suicide Prevention, etc.
- C. Over 500 attendees
- D. Eight presenters, many panelists with lived experience and several moderators.
- E. Commissioners of Departments of Human Services, Health, Corrections and Children & Families kicked off the event with an overview of their departments’ past, current and future commitments to Suicide Prevention
- F. Guest Speakers included:
1. Dr. Michael Hogan, who addressed the critical role of health care in suicide prevention
  2. Dr. Richard McKeon, who spoke on the critical role of communities in suicide prevention
- G. Bretta Jaquemin (NJ Dept of Health) providing statistics on suicide in NJ, including the possible overlap to deaths by overdose.
- H. This event was free to the public, and Continuing Education Units (CEUs) were available without cost.
- I. A hashtag #NJPreventsSuicide was created
- J. The NJ Mental Health Players (acting troupe) did three poignant performances all dealing with suicidality in different settings and under different circumstances.
- K. Questions/Comments
1. Administrative Bulletin 3:41 is to ensure that suicide risk is properly assessed during hospitalization in state psychiatric hospitals and in prior discharge.
  2. NJ Hopeline, the local helpline for people struggling with suicidality is becoming more

- widely utilized as well as advertised (on average they receive over 130 calls per day)
3. Challenge of suicide prevention in acute care settings. In Monmouth County, the strategy is to focus on high-risk consumers, who will be called by Peer Specialists 1x/month. So far 18 consumers will be followed-up on in this way for one year.
  4. Q: In Union County suicide prevention screening training isn't given to those without a BA/MA.  
A: The Team Approach is advocated; a clinician partners up with peer specialist.
  5. Q: Is there EISS in Gloucester County? A: No. A: There is pending legislation to mandate EISS in every county.
  6. In Great Britain there is a cabinet-level "Minister of Suicide Prevention".
  7. The challenge of relying on other parts of the suicide prevention system doing their respective parts instead of adopting the attitude that it is everybody's responsibility; it is better to improve existing systems rather than attempting to make new ones.

### III. Hospital & Integrated Health Update (Valerie Mielke, Assistant Commissioner, NJ Div. of Mental Health & Addiction Services, and Deborah Hartel, Deputy Commissioner, NJ Dept. of Health)

- A. NJ Department of Health (NJ DoH) and the NJ Department of Human Services (NJ DHS) are committed to integrated health.
- B. The DHS/DMHAS Olmstead Unit will remain with NJ DHS, to serve as a bridge between the community (DHS/DMHAS) and the state hospitals (DOH).
- C. The previous move of DMHAS to DOH, there wasn't any disruption of services. Similarly, the move of DMHAS back to DHS will not result in any disruption of services.
- D. There are some staff formerly in DMHAS Central Office with will remain with DOH.
- E. DoH has developed an 18-month action plan in response to the "New Solutions" report.
- F. The DHS vision is to have all four state psychiatric hospitals function as a single health system.
- G. Lots of improvements afoot at DMHAS
  1. Expansion of Behavioral Health Homes
  2. Program for post-partum maternal populations with addictions services
  3. Office-based opioid treatment (OBOT).
  4. Education will be provided to primary health clinicians for Medicaid assisted treatment interventions (MATI).
- H. Comments
  1. Integrated health is important.
  2. Intensive Technical Assistance is to be given by SAMHSA to DMHAS to bolster its efforts in treating maternal-depression.
  3. Dr. Petro Levonos (ASAM Psychiatrist) is to give a presentation for RWJ/Barnabas for over 150 physicians on MATI.
  4. Question: Are there specific metrics available for state hospitals to gauge success?  
Answer: A scorecard is under development.
- I. DOH/State Hospitals are asking for additional capital management funds; they will ask for \$8.6M in capital improvements for the SFY2010 budget.
- J. DoH is working on staffing plans: Physicians are essential at hospitals; Advance Practice Nurses may be used more frequently.
- K. Comments/Questions:
  1. Importance of integrated health: Underscored by a family's story of a loved one who was temporarily discharged from Carrier Clinic in order to seek care for primary health issues, but the consumer received no behavioral health services while they were in the primary health care setting.
  2. Dr. Feibusch was named Medical Director of DoH State Psychiatric Hospitals
  3. Cannabis [Oil] Based Distribution (COD) to be expanded soon (the medicinal effects of

cannabis without “lighting up”). Susan Carson is the DoH Assistant Commissioner overseeing the state’s medical marijuana. Medicaid does not cover CBD.

**IV. 2016 SAMHSA CMHSBG/SAPTBG Site Visit**

A. In Spring 2016 representatives from SAMHSA, led by William Baldoc (US Public Health Service) visited DMHAS, which serves as New Jersey’s State Mental Health Authority (SMHA), Single State Agency (SSA) for Substance Abuse Services.

1. DMHAS received SAMHSA’s report of that site visit in August 2018.
2. SAMHSA met privately with the Planning Council, Family Members and block-grant funded providers.

B. Comments of DMHAS Chief Financial Officer (CFO), Morris Friedman

1. One of SAMHSA’s main findings was that there were no comprehensive ‘Policies and Procedures’ with respect to fiscal compliance of federal grants.
  - a. DMHAS Fiscal Office is creating a binder that will clearly document how the Division complies with SAMHSA’s 17 dimensions of fiscal compliance / operations guidelines.
2. Another finding related to inadequate supporting documentation of MHBG expenditures reported to SAMHSA
  - a. DMHAS Fiscal Office noted that with the transition to Fee for Service, there will be much clearer documentation of specific services delivered to specific clients on specific days. DMHAS maintains all of this information in its New Jersey Mental Health Application for Payment Processing (NJMHAPP) and will be able to provide documentation as to which services were charged to the Mental Health Block Grant for SMI clients. And as mentioned, the new consolidated Policies and Procedures document will include a section that formalizes the above process for gathering and reporting data to SAMHSA.
3. Mr. Friedman also commented that fiscal monitoring of provider services will increase and will be clearly documented in the Policies and Procedures binder noted above. This will address another finding indicated in the SAMHSA reports.
4. Mr. Friedman stated that another concern raised by SAMHSA in the report was that the Administrative expenditures exceeded the 5% limit. However, he noted that the DMHAS response refuted that finding and argued that a misinterpretation of costs related to the MH Planning Council resulted in this finding, which is believed to be erroneous.
5. Overall, Mr. Friedman stressed that his goal is for continuous improvement in grant management such that there will be no findings reported in the next SAMHSA site visit.

C. Overview of Audit (D. Migliorino)

1. Assessment of community mental health system
2. Assessed substance abuse treatment and prevention efforts
3. Assessed Strengths and Opportunities
  - a. Data-driven decision making
  - b. The NJ Behavioral Health Planning Council is well-engaged in the operations of the SMHA/SSA (i.e., DMHAS).

- c. Impressive efforts in Olmstead initiatives
  - d. Telehealth
  - e. Commitment to person-centered recovery approach.
  - 4. Recommendations
    - a. A better integrated data system
    - b. DMHAS must communicate more on the transition to FFS and the Medicaid waiver
    - c. Reconstitute BHPC so it has more diversity.
  - 5. First Episode Psychosis (FEP) / Coordinated Specialty Care (CSC) wasn't yet awarded at the time of the site visit, so the FEP agencies were not visited.
- D. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) (S. Borys)
- 1. SAMHSA's monitoring report for SAPTBG was much larger and in a different format than the CMHSBG monitoring report.
  - 2. Many of the monitoring reports recommendations have already been implemented by the SSA; other recommendations of the monitors are not currently feasible.
  - 3. Better use of Prescription Monitoring Program (PMP) data.
  - 4. Needs for Technical Assistance (TA)
    - a. Site monitoring visits.
    - b. Outreach for Medication Assisted Treatment Interventions (MATI) providers.
  - 5. Issues
    - a. Shortage of trained substance use disorder (SUD) treatment staff across the state.
    - b. Need to develop vocational pipeline of getting/developing SUD professionals.
    - c. Need to better fund SUD treatment providers.
    - d. Need for increased training to providers on SAPTBG.
    - e. Make MATI medications available through pharmacies.
- E. Centers for Substance Abuse Prevention (CSAP)
- 1. Supports environmental strategies.
  - 2. Synar Report (Tobacco Sales to Youth monitoring). Underage tobacco sales violations have decreased, largely ascribed to an increase in vaping. Sales of vaping products is not yet covered in the Synar protocols.
  - 3. Prevention Monitoring Efforts; complications in establishing meaningful benchmarks.
  - 4. Prevention workforce must be increased.
- F. Children's System of Care (CSOC): 2016 SAMHSA Site Visit did *not* include a review of the children's behavioral health system.

**V. 2017 Adult Consumer Perception of Mental Health Care Survey review**, tabled for discussion at either the October 10<sup>th</sup>, or a subsequent meeting of the Planning Council

**VI. Subcommittee Reports**

- A. Membership subcommittee will meet at 9:00 am 11/14/18.
- B. Housing/Advocacy subcommittee will meet at 12:00 noon on 11/14/18

**VII. Announcements**

A. Ellen Taner will be resigning from the NJ BHPC effective immediately on account of her retirement/relocation out-of-state. The BHPC and DMHAS thank Ellen for her participation in the Council and numerous contributions to its success.

B. Mercer County Community College holds its mental health resource conference at its West Windsor Campus on 10/11/18.

C. NJAMHAA announces its Fall Behavioral Healthcare Conference in Edison NJ on 10/23/18.

**VIII. Meeting Adjourned**

A. Next meeting of the NJ BHPC will be held on Wednesday, November 14, 2018 at 10:00 am at DMHAS Headquarters, 5 Commerce Way, Suite 100, room 199.

1. Subcommittee Meetings on 11/14/18:

a. 9:00 AM, Membership

b. 9:30 CMHSBG / SAPTBG

c. 12:00 PM, Housing & Advocacy