New Jersey Behavioral Health Planning Council
Meeting Minutes,
November 14, 2018 10:00 A.M.

Attendees:

Susan Brocco (p)	**Michael Ippolliti** (p)	**Phil Lubitz**	**Darlema Bey**
Robin Weiss	**Damian Petino**	**Tom Pyle** (p)	**Cheri Thompson**
Marie Snyder (p)	**Barbara Johnston**	**Tracy Maksel**	**Ksenia Lebedeva**
Joe Gutstein (p)	**Suzanne Smith**	**Nick Loizzi** (p)	**Marie Verna** (p)

DMHAS, CSOC & DDD Staff:

Sue Ricigliano	**Yunqing Li**	**Anupa Vargese**	**Geri Dietrich**
Stuart Waldorf	**Mark Kruszczynski**	**Jonathan Sabin**	**Helen Staton**
Hetal Bhatt	**Monica Paylor**	**Laura Pierce-Foglia**	**Donald Hallcom**

Guests:

Wendy Rogers	**Shanique McGowan**	**Rachel Morgan**	**Julia Barugel**

(p) Indicates participation via conference call.

I. **Welcome / Administrative Issues / Correspondence / Announcements**
   A. Darlema Bey selected as Chair Pro-Temp due to the absence of the Chairman.
   B. Quorum Reached: 15 out of 43 members (34.8% attendance).
   C. Minutes from October 10, 2018 approved.

II. **Review of Community Mental Health Services Block Grant: Children's System of Care** (G. Dietrich)
   A. **During SFY 2018 CSOC served 59,193 children, youth and young adults. This represents a 6**% increase in total served. Of the total number served, 5.5% (47,315) meet the criteria for SED.

   B. CSOC Goals and Outcomes

   1. CSOC will continue to increase the number of provider agency staff trained with a trauma-informed approach.

   2. In total, 8,132 provider agency staff received training in trauma focused care. This represents an increase of 95% over SFY 2017. Trainings included: Adverse Childhood Experiences (ACE) & the Neurobiology of Trauma, Connection is Protection, Crisis Intervention for Traumatized Youth, Child Traumatic Stress, Complex Trauma in Children and Adolescents, Complex Trauma, Developmental Attachment & Trauma Informed Care, Evidence-based Practice, Human Trafficking, Nurtured Heart, Intellectual and Developmental Disabilities and Trauma, Risk Assessment and Mental Health, Self-Care Strategies for Providers, Taming Trauma, Understanding Child Abuse and Mandatory Reporting Laws, Understanding Self-Injury, Working with Traumatized and Aggressive Youth, Six Core Stratifies for Reducing Restraint and Seclusion, Evidence Based Practices, Domestic Violence, DV - Assessment and Safety Planning, Risk Assessment and Mental Health, Working with LGBT Youth, Working with Trans Youth, Transforming Challenging & Aggressive Behavior in Residential Environments Through Implementation of the Nurtured Heart Approach.

3. CSOC will increase the number of children, youth and young adults receiving Behavioral Health Home services.

    a. During SFY 2018, 503 unique, unduplicated youth provided integrated services through Behavioral Health Homes located within five counties in New Jersey. This represents an increase of 13%% over SFY 2017.

.

4. Identify gaps in SU supports and services within the Children's System of Care; increase SU services and supports to address identified needs and gaps in service.

    a. CSOC fully launched the Substance Use Navigator program in July 2018. The Navigators have been tasked with assisting CSOC to identify gaps in the service continuum and to assist in identifying barriers to treatment. The first Navigators were hired in October of 2017 however most vacancies were not filled until February 2018. A period of orientation and adjustment occurred as this was a new role, but not a direct service, and was a new experience to many. CSOC found that the existing provider network was much more robust than initially anticipated. CSOC has now developed a tool to survey and identify the full provider network. It has been transferred to a user-friendly survey model which will be distributed, and the responses will be compiled.

B. Question: Who administered the family survey? A: PerformCareNJ, the CSOC Administrative Services Organization (ASO)

C. SPF-PFS NJ Soar Grant (Sue Ricigliano) – Substance Use Prevention in collaboration with DMHAS

E. NJ Promise: $400M for four years to address the prodromal phase of First Episode Psychosis. in collaboration with DMHAS.

F. Motion made and carried: To have representatives from the Children's System of Care present to the Planning Council vetted substance abuse information regarding the inventory of SU services that will be provided to the Children's Interagency Coordinating Councils (CIACCS)

III. **Review of Community Mental Health Services Block Grant Implementation Report: Priority Indicators** (Dr. Yunqing Li)
Yunqing reviewed the priority indicators associated with mental health services for adults.
Information is found in https://bgas.samhsa.gov   User name: citizennj, Password: citizen

A. The first priority area is Community Support Services (CSS)

1. Indicator #1 "completing of the Comprehensive Needs Assessment (CRNA). The target is 90% completion rate in FY 2018. The target was achieved. 93% of the consumers in the CSS programs have participated in the CRNA.
2. Indicator #2: Completion of Individualized Rehabilitation Plan (IRP). The target is 90% completion rate in FY 2018. The target was achieved. 93% of the consumers in the CSS programs have participated in the CRNA. All the consumers who completed the CRNA also participated in the IRP.

B. The second priority area is Housing Services in Consumer Support Services
1. Indicator #1: Consumers who remain in CSS during the fiscal year as a proportion of total

consumers served in CSS. The target (85%) was achieved. 94% of CSS consumers in SFY18 remained in CSS.

2. Indicator #2: Improved Utilization of Housing Service Slots measured by occupancy rates. The rate is being calculated and will be available before the submission deadline of December 1, 2018.

C. The third priority area is First Episode Psychosis (FEP)
1. Indicator #1: The percentage of clients who adhere to prescribed medication for FEP treatment. The baseline data of FY 2017 showed 74.5% of clients adhered to medication plans. In FY 2018, the adherence rate was 78.4%, which is higher than the baseline rate. Therefore, the target was achieved.

2. Indicator #2. The percentage of clients showing symptom improvements as measured by Mental Illness Research Education and Clinical Centers (MIRECC) Global Assessment of Functioning (GAF) Tool. The results were still being analyzed and would become available soon. Two questions and comments:

      a.   FEP consumers had greater improvements than the reported data show.
      b.   Q: Who does the assessment? A: The provider does the assessment.

D. The fourth priority area is System-wide Assessment for Delivering Services to Diverse Populations
1. The indicator is the proportion of agencies that have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment. The target is 50% of all providers have the written Cultural Competence Plans in FY 2018. The evaluation data are being collected and will not be available before this report is due. Therefore, the target was not achieved.

IV. **Review of Community Mental Health Services Block Grant: Fiscal** (Hetal Bhatt)
A. Fiscal reports still being finalized.

B. Q: How does public get involved with funding decisions? A: BHPC Advocacy Subcommittee
C. Substance Abuse Block Grant (SABG)
1. $48.1M, SFY16 is fully expended.
2.   Prevention: 20% set-aside.
3.   Woman's [SUD Prevention] set-aside" $6.5M
4.   HIV set-aside: 5% = $2.4M
5.   Administrative costs: <5%
6.   SFY18, $112M, this was higher than SFY17.

V. **Review of Substance Abuse Block Grant** (Helen Staton & Dr. Donald Hallcom)
A. Priority Indicators
1.   Pregnant Women and Women with Dependent Children
     a. Increase number of pregnant women or women with children entering substance abuse treatment by 1%. Baseline measurement SFY 2017: 29,064 admissions count for 21,772 unique clients. First year outcome measurement SFY 2018: 31,113 admissions count for

22,371 unique clients. First year target was achieved with an increase of 7.05% for admission count and increase of 2.75% for unique clients.

2.   Intravenous Drug Users

a.   Increase number of intravenous drug users who receive treatment by 1%. Baseline measurement SFY 2017: 28,014 admissions count for 16,753 unique clients. First year outcome measurement SFY 2018: 29,058 admission count for 16,396 unique clients. First year target was achieved with an increase of 3.73% admissions count. Though access was increased, there was a 2.13% decrease in unique clients. This is due primarily to the opioid maintenance intensive outpatient and decreased referrals from Syringe Access Programs (SAPs). DMHAS will provide technical assistance to aid better outreach from medication assisted treatment (MAT) programs and facilitate an increase of referral from SAPs. The NJ Department of Health is looking to increasing the number of SAPs and DMHAS is implementing a low threshold buprenorphine program at pilot SAPs.

b.   Increase the number of heroin and other opiate dependent individuals who enter treatment by 1%. Baseline measurement SFY 2017: 39,923 admissions count for 24,767 unique clients. First year outcome measurement SFY 2018: 43,577 admissions count for 25,650 unique clients. First year target was achieved with an increase of 9.15% for admission count and increase of 3.57% for unique clients.

3.   Individuals with or at risk for HIV/AIDS who are in treatment for substance abuse

a.   Increase number of agencies engaged in Rapid HIV Testing Initiative. Baseline measurement: 28 testing sites. First Year target of 34 sites was not met. Due to changes in DMHAS Department, execution of a new MOA with partner agency was late and contracted agency was unable to add new site locations during timeframe.   Block Grant Set-aside for HIV Early Intervention Services is set to expire 9/30/19 so it is uncertain if new site locations will be implemented due to funding termination unless funding is located in budget to continue this initiative.

4.   Substance Abuse Prevention Indicators (Tobacco), a re-focus on tobacco cessation (NHSDUH data used).

a.   Reduction of .50% below baseline measurement of persons aged 12 to 17 reporting any tobacco product use during the month prior to participating in the survey. Baseline measurement (NSDUH, 2014-2015): 5.33% of target population reported any tobacco product use during the month prior to participating in the survey. First year outcome measurement (NSDUH, 2015-2016): 4.64% of target population reported any tobacco product use during the month prior to participant in the survey. First year target was achieved with a reduction of .69% below baseline measurement.

B. Substance Abuse Prevention Tables 5c, 9, and 31-35 in WebBGas / Datasets: New Jersey's web-based Prevention Outcomes Management System (POMS), Manual Process, Middle School Survey, High School Survey, Household Survey
   1.   Table 5c: SABG Primary Prevention Priorities and Special Population Categories
   2.   Table 9: Prevention Strategy Report outlines risks, strategies and number of providers
   3.   Table 31: Individual-Based Programs and Strategies – a total of 115,606 people served during Calendar Year (CY) 2016

4.   Table 32: Population-Based Programs and Strategies – a total of 276,000 people served during CY 2016
5.   Table 33: Persons Served by Type of Intervention
   a.   Universal Direct intervention are strategies that target focused populations.
   b.   Universal Indirect intervention support population-based programs and environmental strategies
   c.   Selective activities are targeted to individuals whose risk of developing a disorder is significantly higher than average
   d.   Indicated activities are targeted to individuals having minimal but detectable signs of developing a disorder
6.   Table 34: Number of Evidence-Based Programs by Types of Intervention – DMHAS funded 12 universal direct, 6 universal indirect, 13 Selective and 6 Indicated Programs during CY 2016. All are evidence-based programs.

VI.   Children's System of Care Family Satisfaction Survey (Anupa Vargese & Stuart Waldorf)
A. Response rate was 5%, (199 responses out of 4,164 prospective respondents) the survey was administered via website only, SFY18.
B. Response rate was 4%, (357 responses out of 3,360 prospective respondents) the survey was administered via website only, SFY17.
C. Response rate was 2%, (459 responses out of 18,243 prospective respondents) the survey was administered via website only, SFY16.
D. The NJ Department of Children and Family's Children's System of Care (CSOC) gives its contracted systems administrator (PerformCare) the responsibility to conduct its family satisfaction survey.

VII.   Subcommittee Reports
A. Housing/Advocacy subcommittee (Michael Ippolliti)
1.   Subcommittee is working on final validations of websites for inclusion in the SHA's directory of housing resources.
2.   Subcommittee is looking to see what other states are doing to increase housing resources but "it's complicated".

VIII.   Announcements: None.

IX.   Meeting Adjourned
A. Next meeting of the NJ BHPC will be held on Wednesday, December 12, 2018 at 10:00 am at DMHAS Headquarters, 5 Commerce Way, Suite 100, room 199.
1.   Subcommittee Meetings on 12/12/18:
   a. 9:00 AM, Membership
   b. 12:00 PM, Housing & Advocacy