

New Jersey Behavioral Health Planning Council
Meeting Minutes,
November 13, 2019 10:00 A.M.

Attendees:

Phil Lubitz (Chair)	Darlema Bey (Vice Chair)	Winifred Chain	Lisa Negrón
Cheri Thompson	Tonia Ahern	Connie Greene	Damian Petino
Maryanne Evanko	Suzanne Borys	Patricia Matthews	Heather Reid
Heather Simms	Suzanne Smith	Barbara Johnston (p)	Julia Barugel
Nick Loizzi (p)	Pamela Taylor	Robin Weiss(p)	
Francis Walker			

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Mark Kruszczyński	Donna Migliorino	Yunqing Li	Stuart Waldorf
Geri Dietrich	Jonathan Sabin	Lily Veksler	Natalia Mamontova
John White			

Guests:

Kurt Baker	Wendy Rodgers	Rachel Morgan
Danielle Cromartie-Williams		Anne Smullen-Thieling

(p) Indicates participation via conference call.

- I. Welcome / Administrative Issues / Correspondence / Announcements**
- A. Roll call. Quorum Reached: 20 of 39 member-participants (51% attendance, 33% needed).
 - B. Minutes from October 9, 2019 meeting approved.
- II. Review of 2019 Community Mental Health Services and Substance Abuse Prevention & Treatment Block Grants Implementation Reports**
- A. See <https://bgas.samhsa.gov/Module/BGAS/Users> Username: citizennj, password: citizen. Once you login, select “2020 Mental Health Block Grant Report” and also “2020 Substance Abuse Block Grant Report” to see currently submitted information.
 - B. Fiscal Overview (Morris Friedman).
 - 1. Approximately \$19M block grant funding for mental health.
 - 2. DMHAS Fiscal Office will distribute fiscal overview of Block Grant funding in the near future.
 - C. Mental Health Block Grant (Yunqing Li and Donna Migliorino),
 - 1. All priority indicators achieved with the exception of #11 “System wide assessment for delivering services to diverse populations”, Performance Indicator #1 “Seventy five percent (75%) of all providers will have written Cultural Competence Plans”
 - a. Q&A
 - i. Impact of Fee for Service on agencies ability to do additional cultural competence training for staff members.

ii. Template for cultural competency.

D. Children's System of Care (Geri Dietrich)

1. Priority Area #5 "New Jersey Children's System of Care (CSOC) will become a trauma informed system of care", Indicator #1 "CSOC will continue to increase the number of provider agency staff trained with a trauma-informed approach.". Achieved. 8,193 individuals were trained during SFY 2019. This represents a 242% increase over SFY 2017.
2. Priority Area #6 "Integration of community-based physical and behavioral health services to children, youth and young adults with SED and/or substance use disorders chronic medical conditions.", Performance Indicator #1 "CSOC will increase the number of children, youth and young adults receiving Behavioral Health Home services."
 - a. Achieved. During SFY 2019 CSOC served 526 youth with Behavior Health Home services. This represents a 5% increase over SFY 2018.
3. Priority Area #7 "CSOC will increase the availability of community-based treatment options, services and supports for youth with co-occurring behavioral health and SU challenges", Performance Indicator #1 "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." Achieved. Statewide inventory conducted.
4. Additional Information
 - a. 61k< served by CSOC in SFY2019 (i.e., intakes recorded by PerformCare)
 - b. 48k< served by CSOC in SFY2019 had serious emotional disturbance.
 - c. 10% decrease in youth served by CSOC receiving out-of-home treatment.

E. Substance Abuse & Treatment Block Grant (Suzanne Borys)

1. Priority Area #1 "Pregnant Women/Women with Dependent Children, Performance Indicator #1 "Increase number of pregnant women or women with children entering substance abuse treatment."
2. Priority Area #2 "Intravenous Drug Users"
 - a. Performance Indicator #1: "Increase the number of IVDUs who enter treatment".
 - b. Performance Indicator #2: "Increase the number of heroin and other opiate dependent individuals who enter treatment"
3. Priority Area #3 "Individuals with or at risk of HIV/AIDS who are in treatment for substance abuse", Performance Indicator #1 "Increase the number of agencies engaged in the Rapid HIV Testing Initiative in SFY 2018 and SFY 2019", target not achieved due to New Jersey's loss of federal status as an "HIV Priority State" due to New Jersey's falling prevalence of HIV rates. As a result, NJ did not get the federal funds typically used for achieving this performance indicator.
4. Priority Area #4 "Tobacco", Performance Indicator #1 "Past month tobacco product use (any) among persons aged 12 to 17."
 - a. Data from National Survey of Drug Use and Health (NSDUH) is used.
 - b. In subsequent years vaping will be included as a performance indicator
5. New Priorities for beyond 2020
 - a. New prevention target groups will be identified.
 - b. Vaping and non-traditional tobacco products will be included in priority area and performance indicators.

III. DMHAS “Secret Shopper” Program (John White, DMHAS)

- A. See the PowerPoint document emailed to members and associates of the BHPC on 11/19/19.
- B. “Undercover Boss” approach was used.
- C. Goal of program was to investigate the extent that DMHAS-contracted providers treated all current and prospective consumers and families with dignity and respect.
- D. Project Plan
- E. Why it matters
- F. Review of Caller Grid
- G. Virtue of the internal use of SharePoint for storing and sharing project information.
- H. Baseline data: 44 separate calls went out to 39 different agencies between July 2018 and March 2019.
- I. Changes to be made/done.
- J. Impacts (see fishbone diagram on slide 7).
- K. Impacts and Lessons Learned (see slide 8).
- L. Next steps (see slide 9).

IV. DMHAS Interim Services Overview (Lily Veksler, DMHAS)

- A. See Power Point, emailed to Council on 11/8/19.
- B. Eligibility Criteria
 - 1. $18 \leq$ years of age, NJ resident
 - 2. $350\% \geq$ of federal poverty level (FPL)
 - 3. Consumer has no 3rd party commercial insurance
 - 4. Not appearing before NJ Drug Court nor State Parole Board.
- C. Interim Services include
 - 1. Education about Substance Use Disorder (SUD) treatment and recovery;
 - 2. Education on all forms of Medication Assisted Treatment
 - 3. Education about HIV, Tuberculosis and Hepatitis B and C;
 - 4. Risks of needle sharing;
 - 5. Risks of HIV and Hepatitis B and C transmission to sexual partners and infants;
 - 6. Referral/testing for HIV, Tuberculosis and Hepatitis treatment services;
 - 7. Linkage to recovery centers and/or other recovery support services within the community;
 - 8. Referral and/or linkage to community Naloxone education programs; and
 - 9. For pregnant women, interim services should also include
 - a. education on the effects of alcohol and drug use on the fetus;
 - b. referral for prenatal care
- D. What is the service (what’s billable):
 - 1. Psychoeducational group (core service)
 - 2. Enhancement package
 - a. Urinalysis
 - b. Oral Swab
 - c. Brief physician visit (10 min)
 - d. Level of Care Index (LOCI)
 - e. Crisis Intervention
 - f. Case management
- E. Assessing Interim Services
- F. IME / REACH NJ: Includes Access Center, Care Coordination, & Utilization Management.
- G. Access Center
- H. Referrals from IME/REACH NJ

- I. Priority Populations: Pregnant Women, Intravenous drug users (IVDUs)
- J. Care Coordination
- L. Medication Assisted Treatment & Interim Services
- M. Q&A
 - 1. Confidentiality
 - 2. IME does facilitate warm transfer of consumer to service,

V. State Partners Involvement

- A. NJ Department of Education (DoE), (Damian Petino)
 - 1. School-based mental health is currently a popular issue at DoE.
 - 2. Possible presentation by DoE Office of Student Support Services (Kim. Buxbenaum and/or Kelly Williams) for the BHPC.
 - 3. Curriculum of mental health is under review in the Office of Standards.
 - 4. Recent Governor’s Roundtable (11/12/19), more information to be shared at subsequent BHPC meeting.
 - 5. DoE is working with Children’s Interagency Coordinating Councils (CIACCs).
 - 6. NJ Tiered System of Support (NJ TSS): New Jersey’s model for a Multi-Tiered System of Support incorporates elements of Response to Intervention and Positive Behavior Supports in Schools into a 3-tiered framework for academic and behavioral prevention and intervention.
 - 7. Q&A & Comment
 - a. Why isn’t knowledge of Intervention, [N...?], & Referrals Services (INRS) more widespread among school guidance counselors, even though legislation is over ten years old?
 - b. Adverse Childhood Experiences (ACE): A ten question checklist for assessing youth trauma.
- B. NJ Division of Developmental Disabilities (Jonathan Sabin)
 - 1. Out of Home Services Survey to obtain feedback from state and community partners regarding the expansion of community-based services for individuals with intellectual and developmental disabilities (IDD).
- C. NJ Division of Vocational Rehabilitation Services (DVRS) (Cheri Thompson)
 - 1. New Division Director, Karen Carroll
 - 2. New paid summer internship program for DVRS-eligible populations (\$11/hour)
 - 3. DVRS is looking for Notice of Grant Opportunities (NGOs) to serve youth aged 14-24 among the following subpopulations: those with disabilities, pregnant women, youth in foster care, and youth involved with the criminal justice system.

VI. Announcements, Next Meeting & Adjournment

- A. Announcements
 - 1. Gloucester County Road to Recovery program will help law enforcement provide behavioral health [resource] information to those in need of services.
 - 2. Burlington County Resource Fair recent occurred and was successful
- B. Next meeting of the NJ BHPC will be held on Wednesday, December 11, at 10:00 am at

DMHAS Headquarters, 5 Commerce Way, Suite 100, room 199a.

1. Anticipated Subcommittee Meetings on 11/13/19:

a. 9:00 AM, TBD

b. 12:00 PM, Advocacy

C. Suggestions for upcoming presentations to the Planning Council

1. Presentation of NJ DoE Office of Student Support Services (K. Buxenbaum)

D. Meeting Adjourned.