

# NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL

## Minutes

June 9, 2021, 10:00 am

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

### Participants:

Phil Lubitz (Chair)	Darlema Bey (Vice Chair)	Winifred Chain	John Tkacz
Michael Ippoliti	Julia Barugel	Pat Matthews	Lisa Negron
Joe Gutstein	Barb Johnston	Connie Greene	Tonia Ahern
Suzanne Smith	Donna Migliorino	Diane Riley	Ann Dorocki
Damian Petino	Heather Simms	Chris Morrison	Deb Wentz
Francis Walker	Connie Greene		

### DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Yunqing Li	Jonathan Sabin	Nicholas Pecht	Mark Kruszczyński
Irena Stuchinsky	Scott Sarno		

### Guests:

Nina Smukuluvaskey	Kurt Baker	Wendy Rodgers	Kate Brace
Kurt Baker	Laura Richter	Gov. James McGreevey	

### Minutes

- I. Administrative Issues/Correspondence Review of Previous Meeting Minutes (Phil Lubitz)
  - A. Attendance taken: Quorum reached, 22 of 39 members, 56% attendance
  - B. Review and approval of meeting minutes of May 12, 2021.
  
- II. The Challenge of Addiction and Mental Health: Incarceration, Reentry, and Trauma. (Gov. James McGreevey)
  - A. Five Facts
    1. Experiences replicates that of CASA- population is between 73 – 78% addicted (based on DSM Categories)
    2. 42% are suffering from opioid use disorder
      - SideBar:** NJ Reentry Website “The Plague” report
        - a. Within 2 weeks of release from prison, elevated risk of fentanyl overdose 130 times greater than in the general population.
        - b. Most People released from prison do not have access to Medicaid., Do not have MVC id or license. Without a Medicaid card, people do not have a funding stream to get their MATI medication, and have nowhere to go.
        - c. Neurology of SUD, clinical status is jeopardized by lack of MATI. Effects of addiction (cravings are high; assistance is low)
    3. Reality of Mental Health / Mental Illness. Recognition of Dr. Petros Sevonus (RUBHC). 42% [of prison population] deal with SMI. The challenge for the system of care is that the residual impacts of trauma, imprisonment cause cycle of addition.
    4. The bad condition of health care in state prisons. No sufficient linkage to primary health. Once innate is airlifted to acute care facility for primary health,

the prisoner loses their privileges when they return to prison. Treatment is soloed, either mental health or primary health. There is no integrated

5. Importance of Health Information Exchanges particularly for prisoner population (state prisons, county jails).

B. Additional

1. Recommendation of a best practice—educational partnerships to share best practices, to office NJ DoC technical assistance and work with health care providers and the NJ Parole Board and ISP.
2. We must provider ongoing system of care.
3. Recommendations
  - a. Universal screening
  - b. Rapid access to substance use disorder treatment
  - c. Treatment planning
  - d. Long term patient care
  - e. Coordinated care
  - f. Access to behavioral health professionals
  - g. Access to FDA approved medications
  - h. Access to other approaches/evidence-based practices.
4. Two simple points:
  - a. Health care in state prisons is inadequate and not integrated.
  - b. Poor transition between correctional settings and the general community.
5. Q&A:
  - a. Q: Will there be any action on recommendations? A: Not able to secure progress with DOC. There is a Senate and Assembly Bill to provide a Medicaid care for released prisoners. The keys are, access to Clinical Diagnosis, Script and Reimbursement stream.
  - b. Q: “Addiction as a mental health issue? “A:The reality is “trauma, trauma, trauma”. Addiction becomes a way to survive [the traumas of the prison experience].
6. America is 5% of the world’s population, and holds 20% of the world’s incarcerated population.
7. I want to give the Murphy administration all due credit for all they have done.

III. American Rescue Plan (ARP) (Donna Migliorino)

A. See presentation (PowerPoint) shared with the Planning Council via email on 6/4/21

B. Q&A:

1. Q: Acute Care Response: School clearance, the practice of many schools is for the child to be cleared by an Emergency Room/DSC before they

can return to school. In Monmouth Co, the PESS, there is a two team group of child/family clinicians that can be physically present at the schools to visit the schools that can provide clearance to the schools. 95% of the kids they can see are successfully diverted .

A; Damian Petino requests that JB send him an email with that request. Tier 1 and Tier 2 supports are embedded in some schools. Gloucester County has been doing some work in this. Two rounds of ESSR funding have been issued. The district could use ESSR funds for this type of service.

2. Q: Connection between families with challenges and schools, and behavioral support staff
  3. Q: Early Intervention Support Services Center, would it be able to be included for Gloucester County? Is it included in the 988 funding?  
A: Debra Wentz: Sen. Vitale indicates that all 21 counties will be funded for EISS Services.
  4. Q: Funding of the alliances is unknown? Would programs like Attitudes in Reverse (AIR) be eligible for ARP funding? A: Donna M. it is difficult to ascertain at this point. But organizations should put their ideas in writing. The CMHBG does not have funds for prevention, but the Substance Abuse Treatment and Prevention block grants DOES allow funding for prevention services.
  5. Discussion on additional, new, expanded programs (DMM)
- C. Deadline for submitting comments is 6/10/21.

#### IV. State Partners Involvement (Phil Lubitz)

- A. Department of Education (Damian Petino)
  1. See <https://www.nj.gov/education/esser/> and <https://www.nj.gov/education/roadforward/>
  2. On 6/3/21, DoE hosted a round table on getting students back into buildings, and school/community celebration.
- B. Department of Children and Families / Children's System of Care (N. Pecht)  
Nothing to report
- C. Division of Developmental Disabilities (Jonathan Sabin):
  1. COVID-19 policy has been updated to allow more flexibility for off-site visits for Developmental Centers (DC's) residents with family and friends. Isolation upon return only required if resident or person returning reports close contact with someone with COVID-19.
  2. The Twenty First Century Cures Act (Cures Act) and The Centers for Medicare & Medicaid Services (CMS) has mandated that Electronic Visit Verification (EVV) will be required for all Personal Care Services.
  3. When a care giver begins a service visit, a mobile application on a smartphone is used to enter required service details at the start and end of the visit. A caregiver can also use a tablet as long as GPS services are

available.

4. For information on EVV please contact DDD via the EVV Mailbox: DDDEVV@DHS.NJ.GOV Helpful Links regarding EVV can be found:
    - <https://hhaexchange.com/nj-dmahs/>
    - <https://www.nj.gov/humanservices/dmahs/info/evv.html>
    - <https://www.govinfo.gov/content/pkg/PLAW114publ255/pdf/PLAW-114publ255.pdf>
    - [https://www.state.nj.us/humanservices/dmahs/info/NewsletterEVV\\_Claims.pdf](https://www.state.nj.us/humanservices/dmahs/info/NewsletterEVV_Claims.pdf)
  5. NJ Department of Health (NJ DOH) has established a program to provide in-home COVID-19 vaccines to people in New Jersey who are homebound, including individuals with intellectual and developmental disabilities.
  6. If you are unable to leave home to receive a COVID-19 vaccine, or are the caregiver of someone who is homebound, you may request an in-home vaccination appointment by completing this Request for In-Home Vaccination.
  7. For assistance completing the request by phone, call the NJ COVID-19 Vaccine Call Center at 1-855-568-0545 or visit the NJ DOH web site <https://covid19.nj.gov/faqs/nj-information/testing-and-treatment/how-can-i-get-the-covid-19-vaccine-if-im-homebound>.
  8. NJ TRANSIT has established VAXRIDE NJ <https://www.njtransit.com/vaxride>, a program offering free rides to and from vaccine appointments.
  9. ModivCare (formerly LogistiCare) manages nonemergency transportation, including transportation to and from vaccine appointments, for Medicaid recipients. To schedule by phone, call 866-527-9933. (TTY for deaf or hearing impaired members: 866-288-3133) To schedule online, go to the Member Portal <https://member.logisticare.com/login>.
- D. Division of Aging (P. Matthews)
1. DoA has additional federal funding
  2. Additional funds for : caregiver support, and an adult protective services ombudsmen,
  3. 6/15/21 Elder Abuse Day
  4. Waiting for guidance to open DoA Nutrition Sites
  5. Q: Are services expanded to all counties of NJ? A: DoA is waiting for written guidance on in-home services. Adult Day Medical care has received its written guidance.
- E. Division of Vocational Rehabilitation (John Teaz)
1. DVRS continues to provide full services primarily remotely and virtually for the consumers.
  2. A six- week Summer Paid Internship Notice of Grant went out and 15 contracts were awarded covering all the counties. It includes Work

Readiness Training and Work Base Learning Experience.

3. DVRS will be vetting Fee-For-Service Vendors for Social Security Benefits Planning Specialists for benefit counseling. The goal is for new consumers to learn the advantage of working and earning income and not fear losing their insurance and check. Vendors can apply online through the DVRS website link or reach out to [cheryl.vail@dol.nj.gov](mailto:cheryl.vail@dol.nj.gov)
4. YES webinar “ Creating Opportunities for Youth with Mental Illness: A Focus on Transition and Employment” registration link:  
[https://us02web.zoom.us/join/wn\\_t4m5qHOFRGafs3AuwBO1g](https://us02web.zoom.us/join/wn_t4m5qHOFRGafs3AuwBO1g)

- F. Department of Health (State Psychiatric Hospitals) (Chris Morrison)
  1. State Hospitals are transitioning to “business as usual” at State Hospitals. High/increased vaccination rates among staff and patients.
  2. No Covid19 positive cases currently among patients.
- G. State Medicaid (Irena Stuchinsky)
  1. Public notice on waiver application

V. Open Public Comment and Announcements (Phil Lubitz)

VI. Adjournment (Phil Lubitz)

- A. Next meeting July 14, 2021

## Microsoft Teams meeting

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- B. No meeting currently scheduled for in August 2021.