

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes,
January 13, 2021, 10:00 am

Attendees*:

Phil Lubitz (Chair)	Suzanne Borys	Darlema Bey (Vice Chair)	
John Tkacz	Wnifred Chain	Julia Barugel	Pat Matthews
Connie Greene	Lisa Negron	Mary Abrhams	Harry Coe
Damian Petino	Tracy Maksel	Michele Madiou	Suzanne Smith
Heather Simms	Diane Riley		

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Mark Kruszczyński	Jonathan Sabin	Nicholas Pecht
Yunqing Li	Harry Reyes	John Verney
Deborah Gravely		

Guests:

Nina Smukuluvasky	Laura Richter	Rachel Morgan
Kurt Baker	Danielle Cromartie-Williams	Anne Smulling Thieling

* Due to the COVID19 pandemic this meeting was conducted entirely via MS Teams videoconference call.

I. Roll Call/Administrative Issues/Correspondence (Phil Lubitz)

- A. Attendance, Quorum reached, 16/39, 41% attendance
- B. Correspondence, None.
- C. Motion made by Suzanne and seconded by Julia B to approve the minutes of the December 2020 general meeting.

II. Overview of Involuntary Outpatient Commitment (IOC) Program (John Verney)

- A. See PowerPoint (sent to Planning Council)
- B. Selected Notes
 - 1. Amendment to NJ Screening law, over ten years ago.
 - 2. County based programs serving about 20 – 30 persons at a time, operating about at 85% capacity, most at pre state of emergency numbers, need 12-18 months of IOC assistance to be on own.
 - 3. Judicial oversight does not involve bench warrant process, judge has limited options, typically moves review hearing date up to next docket.
 - 4. IOC utilizes a recovery/treatment orientated engagement in community health care, including openness to adjusting consumers' level of care, provider, type of treatment, etc.
 - 5. \$6.5 million spent over the years on IOC across 21 counties, with approximately \$300,000/yr per program, which includes costs related to care management, case management, with psychiatrists' time of about 10-12 hours/week
- C. Q&A

1. Comment of JB and experience with her loved one's experience with IOC and RIST. Concern with care coordination, and concern that there should be other reasonable ways to implement an IOC.
2. Q: What is average Length of Stay? A: We do not have consumer nor program level data on Length of stay.
3. Q: Are consumers used in the staffing of IOC programs? A: Yes, absolutely. Hunterdon, Monmouth, Middlesex
4. Q: Is IOC eligible for Medicaid reimbursement? A: To a small degree, yes. For evaluations, a little bit of targeted case management, but IOC does not lead to large net amounts of IOC funding.
5. Q: Has there ever been a report to the legislature? A: Yes, R-UBHC was contracted by DMHAS to do a report but that report wasn't released. Harry R will check with DMHAS Executive Staff on if that can be released.

III. Overview of Residential Intensive Support Team (RIST) (Harry Reyes)

A. Overview of RIST

1. There was a team of professionals working with a professional, to provide six hours of service tied to each person on the RIST team (2003-2004). In around 2010 due to Olmstead RIST became more aligned with housing, but it was a separate service with a clearly identified group. RIST then morphed into Community Support Service (CSS).
 - a. Certified Peer and or Certified Psych Rehab professional must be part of RIST team.
 - b. CSS Service "tiers"
 - c. Overview of CSS, emphasis on goals and plan for consumer that is worked on over a set number of units (7 hours per day)
 - d. Service Plan gets reviewed every three months. After every six months a new plan is developed.
 - e. After six months if plan is not successful in achieving their own goals then plan must be reformulated.
 - f. RIST is no longer restricted to six hours of service.
 - g. RIST keeps a subsidy. If consumer chooses to leave RIST services, then the RIST provider will email DMHAS housing unit to ask if DMHAS can give consumer a recycled housing subsidy slot to replace the RIST subsidy.
 - h. Q&A On Residential Intensive Support Team (RIST)
 - i. Q: JB sharing experience with son in RIST program.
A: Harry R. shared his experiences of visiting IFSS providers and consumer families. Every person must have an Individual Rehabilitation Plan (IRP). HR offered JB opportunity to review and help resolve her loved one's case.
 - i. All CSS initiatives are *not* restricted to a set number of hours a day.

III. State Partners Involvement (Phil Lubitz)

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

1. At the December 2020 meeting of the Planning Council CSOC shared with you some data trends around service utilization during the pandemic. Identifying trends in service utilization is ongoing, as is our work around monitoring

pandemic-related matters. We look forward to being able to provide you with both qualitative and quantitative data at future meetings, with an emphasis on highlighting CSOC's core philosophy, which includes collaboration, cultural competency, and other principals of the Wraparound approach.

- B. NJ Department of Corrections; Not present
- C. NJ Department of Education (Damian Petino)
 - 1. Lots going on at DoE but nothing can yet be formally reported.
 - 2. Pilot programs will be going on.
 - a. 25 school pilot program with NJ Principals and Supervisors Association on Trauma Informed Practices and Models.
 - 3. Project AWARE Grant: Required collaboration with other state departments. Short turnaround time so we will not be able to apply to it, but DoE will be in talks with collaboration with other state departments for grant application in December 2021.
- D. NJ Supportive Housing Association: (Diane Riley)
 - 1. Housing Navigators to serve consumers, 35 hours of training on what it means to connect people with supportive housing, how affordable housing is built.
 - 2. New Grant from NJ Division of Disability Services, competitive process. 18 month capacity building grant to define what makes a community integrated (for people with disabilities). Three communities will be looked at across the state. Kickoff begins this week.
 - 3. Advocacy: Anecdotes of consumers not paying rent during moratorium.
 - 4. See website for housing resources and information.
<https://www.shanj.org/resource-bulletins/> and <https://www.shanj.org/other-resources/>
- E. NJ Division of Developmental Disabilities (Jonathan Sabin)
 - 1. Assistant Commissioner put out email on healthcare and mental health care workers getting Covid19
- F. NJ Division on Aging (Pat Matthews)
 - 1. Div of Aging is helping seniors at the local level. Issue with senior population getting Covid19 not getting vaccine is due to the current need to have an email. Many seniors don't have email addresses so Covid19 vaccination call centers will be created.

11:50

Open Public Comment & Adjournment (Phil Lubitz)

- A. Announcements
 - 1. NJAMHAA Assemblyman Johnson will have forum with NJAMHAA stakeholders 1/15/21, at 2:00 pm
- B. Suggestions for Upcoming Discussions
 - 1. February MLTSS (Irina S.)
 - 2. March PACE (Pat M. and Colleague)
 - 3. Update on Block Grant Funds (DMHAS Executive Staff)
- C. Next Meeting 2/10/21, 10:00 am via MS Teams video conference.
- D. Meeting Adjourned. (12:00 noon Advocacy Committee meeting is next).