

**EW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL**  
**Minutes**  
**July 14, 2021, 10:00 am**

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

**Participants:**

Phil Lubitz (Chair)	Darlema Bey(ViceChair)	John Tkacz	Patricia Matthews
Lisa Negron	Joe Gutstein	Julia Barugel	
Barb Johnston	Connie Greene	Suzanne Smith	
Donna Migliorino	Damian Petino	Heather Simms	
Francis Walker	Connie Greene	Tracy Maksel	
Suzanne Borys	Michelle Madiou	Thomas Pyle	
Robin Weiss			

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

Yunqing Li	Jonathan Sabin	Nicholas Pecht	Mark Kruszczyński
Helen Staton	Morris Friedman		

**Guests:**

Nina Smukuluvasky	Kurt Baker	Wendy Rodgers
Anne Smullen-Thieling	Marta Hess	William Cole

**Minutes:**

**I. 10:00**      **Administrative Issues/Correspondence**      Phil Lubitz  
**Review of Previous Meeting Minutes**

- A. Roll call: 19 members attended, quorum reached (48% attendance)
- B. Minutes of June 2021 meeting will be voted on at August meeting

**II. 10:20**      **Certified Community Behavioral Health Centers**      Charlotte Sadashige  
**(CCBHCs)**

- A. See PowerPoint
- B. Q&A
  - Q1. How many Patient Experience of Care and Youth and Family Services Surveys questionnaires were distributed and how many were returned?
    - A1. Exact number of surveys distributed is not known. CCBHCs did not obtain the sufficient sample size of 300 completed adult or youth/family surveys per CCBHC in DY3.
  - Q2. What is the estimated size (number of consumers) of the potential NJ CCBHC service population? What is the enrollment target for FYE 6/30/22?

- A2. We do not have data on the number of potential CCBHC clients in New Jersey. NJ has seven CMS CCBHC Demonstration providers, and many NJ providers have received CCBHC grants awarded by SAMSHA. NJ DMHAS does not manage or receive data from the SAMHSA CCBHC grantees. In Year 3 the CMS Demonstration, CCBHCs served 20,396 clients and we anticipate that number will grow. We do not know the numbers of individuals anticipated or served in the SAMHSA CCBHC grantees. More information on SAMHSA CCBHC grants and grantees can be found at: <https://www.samhsa.gov/grants-awards-by-state/NJ/discretionary/2021/details>
- Q3. What is the target for "Depression Remission at 12 months"? When or at what CCBHC service population enrollment is it expected that this statistic will be reported?
- A3. New Jersey does not anticipate reporting the statistic for the Depression Remission at 12 month measure.
- Q4. How does DMHAS determine the impact of CCBHC services on Morbidity and mortality for the CCBHC service population?
- A4: The impact on morbidity and mortality are not reported outcomes for the CCBHC.
- Q5. What effect, if any, does a consumer's CCBHC enrollment have on the capitation paid to his/her MMCO?
- A5. CCBHCs services are not managed or paid by the NJ Medicaid MCOs.

**III. 10:45 DMHAS 2022 Budget**

Morris Friedman

- A. See PowerPoint Presentation:

[https://www.state.nj.us/humanservices/dmhas/information/provider/Provider\\_Meetings/2021/DMHAS%20FY22%20Approp%20Act%20Highlights.pdf](https://www.state.nj.us/humanservices/dmhas/information/provider/Provider_Meetings/2021/DMHAS%20FY22%20Approp%20Act%20Highlights.pdf)

- B. Q&A

1. Q: EISS Programs and funding increases. A: No changes in existing contracts.
2. Q: State Voucher increase; will Fair Market Rate (FMR) match small area FMRs? A: We are increasing them to more current FMRS, but whether they get to specific small areas FMRs we will have to confer with Housing staff before we answer. Morris will check and reply to be send.
3. Q: Is it possible to look at transportation in the State Budget? A: No change to any transportation rates paid by DMHAS.

#### IV. 11:00

#### **Community Mental Health Services Block Grant And Substance Abuse Prevention Treatment Block Grant.** Donna Migliorino, Suzanne Borys, Yunqing Li, Helen Staton, Nick Pecht and Mark Kruszczyński

- A. We are moving into a new two-year block grant application. It is the large application that is several hundred pages in length. This was started in January 2021. The cycle going forward will be to get an early start on the applications. However, the American Recovery Plan Act Supplemental Grant and the Covid Supplemental Grant had put early preparation for the two-year Block Grant plan on hold so the plans for the supplemental grants could be developed. (DM)
1. Overview of Federal Grants
    - a. Current Block Grant (2020 -2021), Implementation Report due 12/1/21
    - b. New Block Grant (2022 - 2023) due 9/1/2021
    - c. Covid-19 Supplemental Grant – funding expires 3/15/23
    - d. American Rescue Plan Act (9/1/21 - 9/30/25)
- B. Layout of MH Block Grant (YL)
1. Planning Step 1: Asks states to describe how they assess strengths and organization capacity of their service system
  2. Planning Step 2: Evaluate service needs and critical gaps. Describe facets of MH system, looking at needs and gaps
  3. Step 3: Priority Areas and Priority Indicators
    - a. Community Support Services
    - b. Supportive Housing
    - c. Services for First Episode Psychosis (FEP) or Coordinated Specialty Care (CSC)
    - d. Cultural Competency Plan. Previously the target was not met. Goal of this priority area is to do a system wide assessment of provider services to diverse population. All Division funded agencies are to have a cultural competency plan in place. DMHAS will assess how many agencies do cultural competency plan. They will do a self-assessment and identify three areas for cultural improvement. The target is that 75% of funded agencies should complete a cultural competence plan. In the final year it is hoped that 100% agencies will have a cultural competence plan in place.
  4. Fiscal Tables (to be completed in August 2021)
  5. Environmental Factors: Ranging from health care parity/integration, EBPs, person centered treatment, for a total of 21 sections.
- C. Service Needs & Gaps Identified by the Council (MK)
1. Concern about the time kids are waiting in emergency rooms for placement, concern that in September 2021 those numbers will increase significantly. What can the system do to mitigate wait time for kids? What can schools and CSOC do to divert kids from emergency rooms in the first place? (JB)
  2. Q: Is the prison system to be included in any statewide MH improvements? A: No, MHBG dollars can only be used for community

- based services for individuals with an SMI/SED diagnosis and not for non-community based programs (e.g., state hospitals, jails, etc.) (DM)
3. Concern about Behavioral Health workers' salaries. Clients lose due the turnover in providers who leave because it's the only way to increase income.
  4. Older and aging LGBTQIA+ mental health needs being met by sensitive and knowledgeable clinicians as well as for Trans youth/people of color who have high rate of suicide/depression due to violence and lack of support/services. Dealing with depression of aging LGBTQIA+ individuals. Subgroups: fluid populations, questioning, and the need to be sensitive to their needs.
- D. Substance Use Prevention and Treatment
1. Indicators, SFY21 data must be run as NJSAMS data has just been recently collected. There are many indicators: Drug injecting population, pregnant women
- E. SAPT Overview:(HS)
1. The layout of the SAPT Block Grant Plan Application is the same as the MH Block Grant except for three sections which are required for the SAPT Block Grant only: Quality and Data collection narrative, Persons in need/receipt of SUD treatment chart, and Planned Prevention Priorities chart
  2. There are 22 Environmental Factors, of which three are for the SAPT Block Grant only: Primary Prevention, SUD Treatment and MAT
- F. Children's System of Care Priority Areas (NP)
1. Integration of community-based physical and behavioral health services for youth with chronic medical conditions and mental or behavioral health and/or substance use challenges. The Behavioral Health Home model is currently available at four care management organizations in five counties. BHH services are a "bridge" that connects prevention, primary care, and specialty care.
  2. Expand system's capacity to serve youth age 0 to 5 by implementing a workforce development initiative, Zero to Five: Helping Families Thrive, which will increase community collaboration and support of families by providing 85% of Mobile Response Stabilization Services' direct service staff with 39 hours of training on early childhood social-emotional development and 24 clinicians in professional formation and reflective supervision methods and Child Parent Psychotherapy.
  3. Increase access to evidence-based services and supports across the CSOC service continuum by continuing to evaluate and plan to expand the In-Home Recovery Program (IHRP), which supports families with substance use disorders, child welfare involvement,

and children ages 0-3, and enhancing our Intensive In-Community services providers' ability to provide healing-centered, evidence-based interventions, by collaborating with the CARES Institute to train clinicians in Trauma Focused Cognitive Behavioral Therapy.

4. Q&A: Difficulty to find someone trained in Cognitive Behavioral Therapy (CBT)? What qualities are you looking for? Issue is that some therapists provide "eclectic therapy" A: Folks in IIC services who provide in-home services.

**V. 11:30**

**State Partners Involvement**

Donna Migliorino

- A. Department of Education (Damian Petino)
  1. State Board of Ed approved Assistant Commissioner Kathy Ailing, was in charge of office of Student Support Services, she has been with DoE for a long time, she is very well experienced.
  2. Dr. Kim Buxenbaum accepted a position as an assistant superintendent and is no longer at DoE, Kim Murray is acting director; a smooth transition if expected.
  3. MH WorkGroup (resource manual for comprehensive school based mental health resources), feedback is being collected and revisions are being made. This document is being internally reviewed at NJ DoE. Date for final stakeholder meeting will be at the end of summer, where a sneak preview of the resource manual will be shared.
  4. Identifying academic gap during pandemic period:  
<https://www.nj.gov/education/roadforward/reopening/acceleration/index.shtml>
  5. DREAMS program (DoE and DCF will partner with 50 School Districts for training in the "Nurtured Hearts" Approach)
- B. Div. of Developmental Disabilities (J. Sabin)
  1. In accordance with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Final Rule, all HCBS must be delivered in settings that are integrated in, and support full access to, their community. This includes opportunities to seek employment and work in competitive settings within the community, engage in a community life, control personal resources, and receive services in a similar way as individuals who do not receive HCBS.
  2. An updated site-specific HCBS Criteria Survey is required to be conducted for each existing residential and day setting to determine compliance with the HCBS Final Rule. To assist you with survey completion, the Division has developed HCBS Criteria Survey FAQs. <https://www.nj.gov/humanservices/ddd/assets/documents/news/hcbs-criteria-survey-overview-faq.pdf>
- C. Juvenile Justice Commission (Francis Walker)
  1. Return to weekly family visits
  2. Returning to office schedule

**VI. 11:55**

**Open Public Comment and Announcements**

Donna Migliorino

- A. Heather Simms wants to share sad news about passing of Karen Burke, CSP, Coordinator of Hospital Services, was instrumental in keeping peer services alive.
- B. Tragic Passing of son of Tonia Ahern, funeral services will be held on 7/16/21
- C. NJ State County MH Administrators Association meeting announced meeting on 7/19/21

**12:00**

**Adjournment**

Donna Migliorino

- A. Next meeting will be on 8/11/21

Microsoft Teams meeting  
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**Or call in (audio only)**  
[+1 609-300-7196,,333756936#](#)

**Subcommittee Meetings for August 11, 2021 Meeting**

9:00 Block Grant

12:00 Membership