

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL

Minutes

August 14 2024, 10:00 am

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

Microsoft Teams meeting

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Dial-in Number: +1 609-300-7196, PIN: 306216820#

Notices of the meeting were sent to the Asbury Park Press, The Times (Trenton), Bergen Record, The Press (Pleasantville), and the Courier-Post (Cherry Hill).

Participants:

Donna Migliorino	Francis Walker	Heather Simms
Julia Barugel	Nancy Edouard	Jennifer Rutberg
John Tkacz	Krista Connelly	Robin Weiss
Joseph Gutstein	Suzanne Smith	Michael Ippoliti
Michele Madiou	Winifred Chain	Connie Greene
Kurtis Baker		
Darlema Bey (Chair)		

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Suzanne Borys	Clarence Pearson	Zui Han
Yunqing Li	Helen Staton	Nicholas Pecht
Jonathan Sabin	Shenal Pugh	Sucharitha Reddy

Guests:

Andrea Bakum	Regina Sessoms	Bernadette Moore
Filomena DiNuzzio	Morgan Thompson	Robert DePlautt
Nina Smuklawsky	Francis Sarno	Misty Dean
Shawn Buskirk		

I. Administrative Issues/Correspondence (Darlema Bey)

- A. Attendance, 17/47.2% attendance, quorum exceeded.
- B. Minutes of July 2024 General Meeting Approved, with minor edits.

II. Combined MHBG/SUPTRS Application

- A. CMHBG Adults (Donna Migliorino & Yunqing Li)
 - 1. The application can be viewed on WebBGAS, which includes state information, disclosure of lobbying activities, planning tables, Table 2, Table 3, and SUPTRS Tables.
<https://bgas.samhsa.gov/Module/BGAS/Users>

Username: citizennj, Password: citizen

3. Prerak Patel (DMHAS Fiscal) joined the meeting, fiscal tables not ready, will review the tables at the next meeting on September 11, 2024
4. The Council Composition by Member Type was reviewed.
 - a. The current composition is 58.33% individuals in recovery, family members, and others, and 41.67% state employees and providers.
 - b. It was noted that this should be brought to the attention of the project officers to consider changing the language regarding individuals in recovery.
 - c. There are currently 0 persons in recovery from or providing treatment for or advocating for SUD services, which may be an error that needs to be checked with Mark.
 - d. Questions were raised about the type of membership, and it was suggested that the list of categories be included in the survey.
 - e. Convening a membership committee to address Diversity. How to access the diversity in the planning Council? Joe G. raised the question. Connie G. invited Joe G. to join the committee. The committee is in the stage of formation.
 - f. Survey to kick off in September. Joe to be on the membership committee.
 - g. Suzanne Smith like to serve on the membership committee too
 - h. Membership type: "Person in recovery from or providing treatment for or advocating for SUD services" is one of the choices Substance Use Disorder (SUD).
 - i. The Planning Council representatives met with SAMHSA site visit officers to review the Planning Council Tables. There is a need for further discussion on Tables 3 and 4 to address diversity concerns.
 - j. Joe G - What is SAMHSA's criteria for "Individuals in Recovery" on the Membership table? There are individuals that are not in recovery with an SMI or SUD.
 - k. Persons in recovery from or providing treatment for or advocating for SUD services" on the membership table are not included in the count of consumers and family members. "Persons in recovery from or providing treatment for or advocating for SUD services" is

currently zero. Follow up is needed to see if there are consumer and family members representing SUD that were listed as SMI.

1. Donna and Yunqing will discuss the above two items with the SAMHSA project officer.
 6. Donna reviewed the Crisis Services document that will be added to WebBGAS. The three core components of the Crisis System and the stages of implementation were reviewed
 7. Council Member asked for the allocation by program.
A: (Donna) Table 10 provides the allocation of the agencies that have been provided.
 8. If there are any further questions on the Block grant application, please send your questions to Mark and Donna
- B. Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG), (Suzanne Borys, Helen Staton)
1. Displayed Table 5c SUSPTRS BG Planned Primary Prevention Targeted Priorities.
 2. Four fiscal tables will be discussed next month.
 3. Displayed of Prioritized substances and prioritized populations. We have programs for each prioritized population. Highlighted the new program works on tribes since we got new funding for American Indians/Alaska Natives.
- III. CMHSBG / SUPTRS BG Fiscal Tables (John Fogliano, Prerak Patel, Richard Campanelli)**
- A. Presentation postponed to the September 11, 2024 meeting of the Planning Council.
- IV. System Partner Updates (Darlema Bey)**
- A. Division of Mental Health and Addiction Services (DMHAS) DMHAS (D. Migliorino):
See above (II. DMHAS Update)
- B. Children's Systems of Care (Nick Pecht):
1. CSOC Acronyms here: Frequently Used Children's System of Care (CSOC) - PerformCare (performcarenj.org)
 2. CCIS Building Capacity Initiative
 - a. CSOC has no direct authority over the Children's Crisis Intervention Services
 - b. Initiative funded by Mental Health Block Grant and American Rescue Plan Act funds provided by DMHAS.

- c. Provides targeted training, consultation and coaching to each unit based on their expressed needs to increase their capacity to effectively serve a more diverse group of youth and their families.
 - d. CCIS Medical Director's Meeting was established and is facilitated by CSOC clinical leadership on a routine basis to promote collaboration and to provide unit physicians with direct communication to CSOC leadership.
 - e. Rutgers University Behavioral Health Care (UBHC) has been contracted to implement the project.
3. The initial training needs assessment was distilled into a local and statewide report and used to inform training offerings.
- a. UBHC has partnered with local, state, and national experts to deliver trainings and technical assistance to CCIS units.
 - b. Mid-way through the grant cycle a second needs assessment will be conducted to identify unmet needs.
 - c. Ultimately, the goal of this initiative is to ensure that youth are receiving services aligned with their needs and to reduce reentry into the acute care system.

C. Division of Developmental Disabilities: (Jonathan Sabin, DDD)

- 1. It is estimated that more than a million people in the US have a dual diagnosis of an intellectual and/or developmental disability (IDD) and mental health needs/mental illness (MI). Direct support professionals (DSPs), including Self-Directed Employees (SDEs), support individuals with IDD/MI at home, at school, at work, and in the community.
- 2. In general, DSPs and SDEs spend more time with service recipients than any other professional, and their level of competence directly affects the quality of life of those they serve. This work requires an advanced level of skill and knowledge to do well.
- 3. To address this need, the National Association for the Dually Diagnosed (NADD) developed the NADD Competency Based IDD/MI Dual Diagnosis DSP Certification Program to certify the competency of DSPs who support people with dual diagnosis. NADD-DSP Certification adds another level of professionalization to the DSP career path by entitling those who pass the certification exam to use "NADD-DSP" as a credential. This certification enhances the quality, efficacy, and consistency of service delivery for people with IDD/MI
- 4. DDD has issued a Request for Proposal (RFP) for provider agencies to support a minimum of 10%, up to a maximum of 100%, of their eligible

DSPs in obtaining the NADD Competency-Based IDD/MI Dual Diagnosis DSP Certification. Below please find links to the certification pilot as well as the NOFA:

- a. NADD Competency-Based IDD/MI Dual Diagnosis Direct Support Professional Certification Pilot
<https://www.nj.gov/humanservices/providers/grants/rfprfi/RFPfiles/NADD-RFP-FINAL.pdf>
- b. Notice of Funding Availability
<https://www.nj.gov/humanservices/providers/grants/nofa/NOFAfiles/NADD-NOFA-FINAL.pdf>

- C. Division of Aging (Nancy Edouard)
1. Partnered with SAMHSA to provide services to older adults and suicide prevention. White males over 75 was the. There could be an issue for older adults. State policy is going to be developed.
 2. Jennifer Rutberg talked about the Policy Academy. State policy/plan. She is happy to share the information, helpful to the council.
- D. Justice Commission, NJ Dept. of Law & Public Safety: (Francis Walker)
No presentation/no update.
- E. Department of Education (Maurice Ingram):
No presentation/no update.
- F. Division of Vocational Rehabilitation Services (DVRS). John Tkacz
No presentation/no update.
- G. Department of Corrections (K. Connelly):
No presentation/no update.
- H. NJ Div. of Medical Assistance and Health Services (NJ Family Care/State Medicaid) (Shenal Pugh)
1. Will be hosting a Behavioral Health Integration virtual information session in October. An invitation will be coming soon.
 2. New Jersey Family Care members who have accessed or tried to access BH services, to participate in a virtual focus group. Anyone interested can reach out to the resource account. dmahs.behavioralhealth@dhs.nj.gov
- I. Department of Health: (Barbara Ferrick):
No presentation/no update.
- J. Division of Family Development (Marie Snyder):
No presentation/no update.

- K. Supported Housing Association (Diane Riley, not present/excused):
No presentation/no update.
- L. NJ County Mental Health Administrators:
No presentation/no update.
- M. NJ Hospital Association.
No presentation/no update.

IV. Open Public Comment and Announcements:

- A. Comments/questions
 - 1. Q: (Regina S.): Do we need to have a protocol to established awareness on centers are closing. A: (Heather S): Transitions of care are not being lost.
 - 2. Q (Regina S.): Suggest to ask people who are from recovery to share their experience. People who have supported worker, not offered time off. The fidelity of reported housing is not being delivered. Goal is the same and is not being updated, there are no outcome driven services.
A: (Heather S) There has been a change since the move from Supportive Housing to CSS
 - 3. Comment (Misty Dean) – work with children who need special needs have budget decrease. Might be an issue going forward for children with special needs. Moving professionals to part time positions instead of full time. Raise attention for the issue and budget funding. Need Department of Education to address this concern.
- B. Announcements:
 - 1. Winifred Chain: NAMI session: mental health for all, October 5?, in Edison NJ
 - 2. Regina Sessoms: center closing? Donna will look into that and get back to Regina.
 - 3. Heather Simms: Disability Voters Right in October, CSP NJ doing this in all wellness centers in NJ
 - 4. Disability voter rights is on November for Voter education and Voter registration, “Move on” Program – 300 postcard sending out to encourage vote.

V. Adjournment Darlema Bey

- A. Next meeting: 9/11/24

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- B. Future Agenda Items
 - 1. Quality Improvement Plan (QIP): (Connie Greene)
 - 2. NJ DoE Threat Assessment Protocols
 - 3. Overview of CSS (Harry Reyes, DMHAS)
 - 4. Pretrial Services in Camden County
 - 5. JJC Discussion (Filomena DiNuzzo)

- C. September 11, 2024 Subcommittee Meetings
 - 9:30 TBD
 - 12:00 TBD