NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
November 13 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
Jennifer Rutberg	John Tkacz	Krista.Connelly	Elisabeth Marchese
Maurice Ingram	Winifred Chain	Tonia Ahern	Harry Coe
Darlema Bey (Chair)	Connie Greene	Deena Tampi	Robin Weiss
Suzanne Smith			

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Shanique McGowan	Clarence Pearson	Yunqing Li	Jonathan Sabin
Yunqing Li	Nicholas Pecht	Jessica Han	Brittany Thorne
Sucharitihia Reddy	Mark Kruszczynski		

Guests:

Nina Smuklawsky	Nancy Edouard	Diane Litterer	Joe Cuffari
Filomena DiNuzzo	Rachel Morgan	Morgan Thompson	Bernadette Moore
Anne Smullen-Theiling			

I. Administrative Issues/Correspondence (Darlema Bey)

A. Attendance, 17/33, 51.5% attendance, quorum exceeded.

B. Minutes of October 9, 2024 General Meeting Approved.

C. State Ethics Forms: Reminder to submit your completed forms.

II. Mental Health & SUPTRS Block Grant Implementation Report: **MH & SUBG Priority Areas, Indicators, URS Data Tables**

A. Community Mental Health Block Grant: Plan submitted in September every year, and then an annual implementation report (Priority Indicators, URS) is submitted in December. Extension request will be submitted prior to 11/15/24 as we will not be able to complete a couple of tables by 12/1/24.

1. Block Grant Accessed via: https://bgas.samhsa.gov , Username: citizennj and Password: citizen

2. Smaller number of consumers reported via the URS tables this year.
    a. Old USTF (Legacy data system) had inconsistencies in the data as some of the clients were not entered in USTF as admissions nor where they terminated upon discharge.
    b. The implementation of new USTF+ client level data system will hopefully improve the data reporting. However, currently providers are in the process of being trained and onboarded onto the USTF+ platform.
    c. (SAMHSA is aware) of the development of the new data system and our expectation that during the development and transition to the new data system, the numbers reported may go down significantly from the previous year.

3. Priority Indicators
    a. Housing: The indicator was "Consumers who remain in Community Support Services (CSS) during the fiscal year as a proportion of total consumers served in Community Support Services". This indicator was based on SFY 2024 data in which 5575 consumers were served by CSS, and of those, 405 consumers were terminated from the CSS program for one of the following reasons: "lost to contact", "admitted to supervised housing", "hospitalized more than six months", "jailed/incarcerated for three months or more", "client refusal" and/or "other". The remaining 5,372 consumers in CSS either remained in the program, or left the CSS program for the following reasons: "deceased", "no longer requires CSS", or "moved out of catchment area" This calculates to a 92% stability In housing. The target was 88%.

    b. 988 Hotline, calls answered, target was 88% answered by *in-state* responders. We achieved 77%. Target not achieved because the SHA is working with a new provider. This was due to increased call volume. Increased funding has been planned to increase capacity to respond to calls.

    c. Coordinated Specialty Care
        i. Adherence to psychotropic medication: 917 consumers, 803 adhered to the psychotropic medication, 88%.
        ii. Going forward we are looking at hospital admissions, T1/T2, employment indicators, MIRECC/GAF domains, etc. It was also mentioned that it would be good to look at referrals to Hearing Voices

4. URS Data Tables (Donna Migliorino): About 30+ data tables that are reported to SAMHSA in the Implementation Report

a. Tables are same as last year. DMHAS is using the data from the USTF+ system to populate the FY 2024 URS tables. The categories in the USTF+ data system make it possible to report data by demographic. For example, DMHAS has added the category of "pregnant women" in the new USTF+ data system. New Tables. DMHAS is able to report data that could not report in the previous year New reporting (i.e., transgender and gender non-confirming categories).

B. Children's System of Care

1. URS Data Tables. CSOC is responsible for 6 data tables.

a. Table 9 – social connectedness and functioning – per our Youth and Family Satisfaction Survey data, 79% of respondents reported a positive response to questions relative to social connectedness. 58% of respondents reported a positive response to questions about the youth's functioning.

b. Table 11 – youth/family evaluation of care – 69% or more respondents reported positive responses in the following areas: access, general satisfaction, participation in treatment planning, and cultural sensitivity of staff. 59% reported positive responses regarding outcomes. This table, along with tables 19a and 19b, also note the number of surveys attempted and responded to, which gives our survey response rate of 4%. CSOC engaged with our system partners and convened a work group to analyze our practices around survey design and delivery, with one goal being to increase our response rate. We made changes to the e-mail that delivers our survey at the beginning of Fiscal Year 2025. These changes reflect best practices per the academic literature compiled by our partners at Rutgers University Behavioral Healthcare.

c. Table 11a – youth/family evaluation of care by youth characteristics – This table looks at the responses from the previous table, broken down by race/ethnicity. There was little variation in positive response rates between families of different races/ethnicities, with outliers reflected in race/ethnicity categories with the fewest responses. In other words, small volume race/ethnicities tended to report positive responses at a higher or lower rate than race/ethnicities with a volume of respondents over 50.

d. Table 16a – Utilization of specific services / Evidence-Based practices – On this table we report out on how many youth have utilized Multi-Systemic Therapy and Family Functional Therapy. This is broken down by age, gender, and race/ethnicity. A total of 59 youth, ages 0 to 17 participated in Multi-Systemic Therapy and a total of 161 youth, ages 0 to 20, participated in Family Functional Therapy. This table also identifies the number of total unduplicated youth, ages 0 to 20, with Serious Emotional Disturbance, as 56, 817.

e. Table 19a – Criminal Justice Involvement – this table looks at data captured by the Youth and Family Satisfaction Survey regarding youth involvement with the justice system. It looks at both youth receiving services for at least 12 months, and at youth who began services within the past 12 months. Combined, these questions were only applicable to 63 youth.

When the non-applicable youth are removed from the total, we see that 71% of youth receiving services for at least 12 months experienced fewer encounters with the justice system, while 14% experienced more encounters. For youth who began receiving services within the past 12 months, 42% experienced fewer encounters, while 5% experienced more encounters.

f. Table 19b – School Attendance – this table looks at youth attendance at school based on data from the Youth and Family Satisfaction Survey; like the previous table, it is broken down into youth who received services for at least 12 months and youth who began services within the past 12 months. Combined, these questions were only applicable to 350 youth. When the non-applicable youth are removed from the total, we see that 30% of youth receiving services for at least 12 months had improved school attendance, while for 18%, school attendance worsened. For youth who began receiving services within the past 12 months, 32% had improved school attendance, while 8% got worse.

2. Implementation Report – Priority Areas and Year Two Indicators

a. Priority Area: Increase access to evidence-based services and supports across the CSOC service continuum.
Indicator: A cohort of 40 clinicians will be trained in the Attachment, Regulation, and Competency (ARC) Model, a subset of whom will also be trained to provide ARC Model training to other clinicians.

Achieved: A cohort of 46 clinicians, members of our Intensive In-Community (IIC) network, were successfully recruited for and completed the ARC model training.

b. Priority Area: Support the integration of physical health and mental health/wellness for all New Jersey youth.
Indicator: The percentage of PPC-enrolled pediatricians who have made at least one referral for a youth to receive PPC services and/or supports will increase from 45 to 48%.

Achieved: In addition to increased recruitment efforts, additional training / reminders / opportunities for connection were provided to all member pediatricians. Of the 892 total pediatricians enrolled in the PPC during FY24, 437 made at least one referral, increasing the referral rate to 49%.

c. Priority Area: Expanding system capacity to serve youth aged 0 to five.

Indicator: A cohort of 40 clinicians and supervisors will engage in the Clinical Practice Series in Infant / Early Childhood Mental Health.

Not achieved: The time commitment required, coupled with the ongoing workforce challenges being experienced by all industries and jurisdictions, made this an opportunity that was not feasible for a significant portion of the Intensive In-Community (IIC) network of clinicians. Ultimately, 37 clinicians engaged in the Clinical Practice Series in Infant / Early Childhood Mental Health training. As a result, we will adjust our year two target to read: 35 clinicians and supervisors will complete the Clinical Practice Series in Infant / Early Childhood Mental Health training.

C. Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), (Clarence Pearson)

1. Pregnant Women/Dependent Children: Target was to increase SFY2023 381 persons served by 1% was achieved, SFY2024 384.
2. Intravenous Drug Users: Target was to maintain access to MAT services at 60%, achieved.
3. Heroin & Opioid users: Target was to increase admissions to MAT service by 1% (baseline 57%) was achieved, 58.8% in SFY24, 1.8% above baseline.
4. TB (w/SUD): Target was to increase 94% of contracted agencies offering TB evaluation by 3%. Not achieved, no change was tracked.
5. Tobacco users ages 12-17. Target was to reduce use by 10%. Not achieved, reduction was 0.5%.
6. Alcohol Use, ages 12-20: Target was to reduce binge drinking by 0.5%. Achieved, reduction by 3.5% below baseline.
7. Marijuana use aged 12-17: Target was to decrease use by 0.5%. Not achieved, increase by 3.04% above baseline.
8. Prescription Drug: Target was to decrease prescription of opioids by 0.75%. Achieved, reduction by 12%.

9. Heroin usage ages 12-17: Target was to increase perception of Great Risk from trying Heroin once or twice by 0.50%. Not achieved, reduction of 3.76%

III. **Update and Q+A on BH Integration** (Shanique McGowan)

A. See presentation emailed to the BHPC 11/8/24 for content of today's presentation.

1. 1/1/25: Changes will occur.
2. Managed care.
   a. MCOs are paid for volume of consumers per month.
   b. Fee for Service: State pays providers for consumers served.
3. Multi-phased approach
4. See links:
   a. https://www.nj.gov/humanservices/dmhas/information/stakeholder/index.html
   b. For BH Integration-related inquiries please email: dmahs.behavioralhealth@dhs.nj.gov
   c. Fidelis care: https://www.fideliscare.org/
   d. Aetna: https://www.aetnabetterhealth.com/newjersey/index.html
   e. Horizon: https://www.horizonnjhealth.com/findadoctor
   f. UHC: https://www.uhc.com/communityplan/new-jersey/plans/medicaid/familycare
   g. WellPoint. [Link in PowerPoint doesn't work]. Phone: 833-731-2147
   h. Registration for Prior Authorization Training: https://chcs.zoom.us/webinar/register/WN_6rxApZMASoeCUTz7cZZu7A#/registration
   i. Seeing shanique.mcgowan@dhs.nj.gov

B. Q&A

1. Q: Can presentations be made to other groups? A: Yes?
2. Q: Out of network providers that are not participating? A. Providers should have some agreement in place so they can bill the MCOs for services rendered. State Medicaid has attempted to work with providers to minimize roadblocks to getting reimbursed. Provider protections built in. Work on prior authorizations is ongoing to allieve providers of administrative burden.
3. Q:/Comment: Primary health providers not taking MCOs. Getting providers to communicate with one another.

III. System Partner Updates (Darlema Bey)

A. Division of Mental Health and Addiction Services (DMHAS) DMHAS (D. Migliorino): See above

B. Children's Systems of Care (Nick Pecht). See above

C. Division of Developmental Disabilities (Jonathan Sabin)

1. The Division of Developmental Disabilities has begun implementation of its updated training requirements for Direct Service Providers (DSP's) and Supervisors. For more details regarding the updated training requirements please visit https://www.nj.gov/humanservices/ddd/providers/providerinformation/

2. To help providers interested in developing non-traditional housing, DDD has published Innovation in Housing: Considerations and Requirements When Developing HCBS Compliant Settings. If interested please visit - https://www.nj.gov/humanservices/ddd/assets/documents/providers/innovation-in-housing-developing-hcbs-compliant-settings.pdf

3. The DDD Office of Transition to Adult Life & Employment is pleased to continue Transition Thursdays – a series of webinars offered throughout the year for students and their families to learn about the process of transitioning from school to the adult service system. For more information and to register, visit the Transition to Adult Life Webinars and Events web page https://www.nj.gov/humanservices/ddd/individuals/transition/transitionevents.shtml.

    a. Additionally, the DDD Office of Transition to Adult Life & Employment offers a variety of webinars throughout the year. The target audience is school personnel and middle/high school students and their families, but all are welcome to attend. Join the Transition Listserv to stay up-to-date on upcoming Office of Transition events and other transition resources. Go to - https://listserv.dhs.state.nj.us/scripts/wa.exe?SUBED1=DDD_TRANSITION_TO_ADULT_LIFE&A=1

D. Division of Vocational Rehabilitation Services (John Tkacz)

1. Consumers can obtain DVRS services by completing a Referral online or by contacting one of the County DVRS offices found on our website Career Services | Vocational Rehabilitation Services

2. DVRS has partnered with Rutgers IEI for providing trainings for Rehabilitation Professionals and providers with the opportunity to receive CRC CUE credits. Current IEI Trainings – Integrated Employment Institute are listed below: Use this link to register (https://iei.rutgers.edu/current-iei-trainings/)

- 10/30: Developing an Antiracist Practitioner Identity for Career Services Providers
- 11/7: Motivational Interviewing - Foundational Knowledge & Skills for Career Services
- 11/13: Direct Skills Teaching - Teaching Employment Related Skills
- 11/13 & 11/20: Growing from What Works (2 Parts) - Utilizing a Strengths-Based Focus to Promote Successful Career Services Outcomes

- 11/14: Motivational Interviewing - Advanced Skills for Career Services
- 12/4: Mindfulness Practices for Career services practitioners
- 12/5 & 12/12 Navigating disclosure of a MH condition in a higher education (2 Parts)
- 12/11 Addressing Mental Health Crisis in Career Services
- 12/17 Ethics in Career Development for Individuals with Invisible Disabilities

E. Division of Aging (Nancy Edouard)

F. Justice Commission, NJ Dept. of Law & Public Safety: (Francis Walker)

G. Department of Education (Maurice Ingram): No presentation given.

H. Department of Corrections (K. Connelly): No presentation given.

I. NJ Div. of Medical Assistance and Health Services (NJ Family Care/State Medicaid) (Shanique McGowan): See above

J. Department of Health: (Barbara Ferrick): Not present

K. Division of Family Development (Marie Snyder): Not present

L. Supported Housing Association (Diane Riley, resigned from BHPC 100824, no successor has been appointed.): Not present

M. NJ County Mental Health Administrators (Elisabeth Marchese), no presentation given

N. NJ Hospital Association (Deena Tampi), no presentation given.

IV. Open Public Comment and Announcements:

A. Comments/questions: None

B. Announcements:

1. DMHAS is looking for a family of a child with SED to join the Planning Council. Family recruitment flyer sent out to CSOC for comment, review, edits and dissemination.
2. Solicitation of for Technical Assistance to the BHPC.

V. Adjournment: Darlema Bey 10:14

A. Next meeting: 12/11/24 10:00 am –noon.

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

D. December 11, 2024 Subcommittee Meetings
9:00 Membership Committee: Robin Weiss, Krista Connelly, Connie Greene, Jennifer Rutberg, Barb Johnston, Maurice Ingram, Donna Migliorino, Mark Kruszczynski
12:00 TBD

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Block Grant Subcommittee Meeting Minutes
November 13 2024, 9:30 am

Attendees: Donna Migliorino Darlema Bey, Yunqing Li, Clarence Pearson, Heather Simms, Barbara Johnston, Mark Kruszczynski

SFY 2025 CMHSBG and SUPTRS BG Implementation Report

I. MH Key Performance Indicators
   A. Three Indicators
      1. Housing: The indicator was "Consumers who remain in Community Support Services (CSS) during the fiscal year as a proportion of total consumers served in Community Support Services". . Indicator based on SFY 2024 data in which 5575 consumers were served by CSS, and of those, 405 consumers were terminated from the CSS program for one of the following reasons: "lost to contact", "admitted to supervised housing", "hospitalized more than six months", "jailed/incarcerated for three months or more", "client refusal" and/or "other". The remaining 5,372 consumers in CSS either remained in the program or left the CSS program for the following reasons: "deceased", "no longer requires CSS", or "moved out of catchment area" This calculates to a 92% stability In housing. The target was 88%.

      2. 988 Hotline, calls answered, target was 88% answered by in-state responders. We achieved 77%. Target not achieved because the SHA is working with a new provider. (Note: Contact Karen Wapner on the 988)

      3. Coordinated Specialty Care
         a. Adherence to psychotropic medication: 917 consumers, 803 adhered to the psychotropic medication, 88%.
         b. Going forward we are looking at recidivism, T1/T2, employment indicators, MIRECC/GAF domains, Hearing Voices (MK to speak to JZ).

II. SUD Performance Indicators (Clarence Pearson)
   A. Nine Indicators
      1. Pregnant Women/Dependent Children. Achieved 1% increase (target 1%)
      2. Intravenous Drug Users. Achieved, 60% maintained (target maintain 60%)
      3. Heroin Users. Achieved, 1.8% increase (target 1% increase)
      4. Tuberculosis (w/SUD). Not achieved, no change noticed (target 3% increase)
      5. Tobacco use ages 12-13. Not achieved, 0.5% decrease (target 10% decrease)

6. Alcohol Use age 12 -20. Achieved, 3.5% decrease ((target 0.50% decrease)
7. Marijuana use ages 12-17. Not achieved, 3.04% increase (target 0.05 decrease)
8. Opioid Prescription Drugs. Achieved, 12% decrease (target 0.75% decrease)
9. Heroin usage age 12-17. Not achieved, 3.76% decrease (target 0.50% increase perception of Great Risk from trying Heroin)

III. Accessing the CMHBG

https://bgas.samhsa.gov, Username: citizennj, Password: citizen