

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
August 10, 2022, 10:00 am

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

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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:

Darlema Bey (Chair)	Harry Coe	Heather Simms	John Tkacz
Joseph Gutstein	Connie Greene	Julia Barugel	Thomas Pyle
Barbara Johnston	Suzanne Smith	Donna Migliorino	Rachel Morgan
Robert DePlatt	Winifred Chain	Irina Stuchinsky	

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Jonathan Sabin	Mark Kruszczyński	Suzanne Borys	Helen Staton
Rakisha Scott	Yunqing Li	Andrea Connor	Mary Jean Weston
Morris Friedman			

Guests:

Kurt Baker Bernadette Moore Nina Smuklavskiy

Minutes

- I. Administrative Issues/Correspondence (Darlema Bey)**
- A. Attendance, 15/34, 44% attendance, quorum reached
 - B. Minutes of July 2022 General Meeting Approved (with minor edits)
 - C. Correspondence
 - 1. The Planning Council’s letter regarding advocacy on the issue of reducing wait times for children in emergency department for acute mental health services was transmitted to Assistant Commissioners at DMHAS, DoH and DCF. A meeting with Chairwoman Bey, and relevant State Officials will be scheduled.
- II. 2023 Community Mental Health Block Grant Substance Abuse Prevention Block Grant Mini Application Review**
- A. Mental Health
 - 1. (Donna Migliorino)
The plan we are submitting is a Mini-Plan, which is an update to the comprehensive two year plan we submitted last year. Some fiscal tables will be updated, there are Planning Council tables to be updated, and a new Crisis Services table that we will discuss. The mini-plan is due 9/1/22. The mini-plan will be entered into WebBGas. The Username is citizennj and the password is citizen.

2. Fiscal (Morris Friedman)
 - a. See table 2 & 6.
 - b. Base projected budget \$22.56M, regular MH BG budgeted projection amount for SFY23
 - i. EBP for SMI, required to be 10% (\$2.3M), for contracts for providers and DMHAS staff oversight of those providers.
 - ii. \$18M community care from MHBG
 - iii. Other 24-hour Care (residential care in group home settings), \$6.6M and. all other community care: \$11.4M
 - c. Medicaid: \$936.9 million. The increase compared to last year is primarily due to higher volume driven by relaxation of COVID restrictions and rate increases for children’s services.
 - d. Other federal funds: Primarily includes PATH grant and Crisis Services under the 9-8-8 grant.
 - e. State Funds – Mostly reflect DMHAS Community Care appropriations. A smaller portion is attributed to DCF funding. The over increase from last year is due to (growth in the DMHAS Budget, stemming mostly from approved rates increases effective July 1, 2022.
 - f. Other: Dollars we provide to RUBHC (dedicated funds for Cop to Cop Helpline): \$400k
 - g. Covid-19 Relief funds: \$24M.
 - h. Table 6 was presented noting Resource/Development costs, primarily \$600K for IT staff working on the DMHAS Fee for Service claiming system (NJMHAPP)
 - i. Fiscal Tables 2 and 6 will be made available after. DMHAS Fiscal Staff makes several revisions, e.g., breaking out State-funded Crisis Services.

3. Crisis Services (Donna Migliorino)
 - a. Someone to call: 988 (statewide rollout: 7/16/22)
 - b. Someone to come: Mobile Response
 - c. Somewhere to go: Crisis Stabilization Services
 - d. 988/Crisis Response for Suicide, Substance Use and Mental Health Mary Jean Weston (DMHS Project Lead: 988)
 - i. NJ has/had a robust crisis response system prior to 988.
 - There are 35 psychiatric emergency screening services.
 - HopeLine, crisis lifeline centers (est. 2013), fields majority of calls for suicide prevention.
 - Hopeline facilities warm transfers to screening center
 - Early Intervention Support Services Psychiatric Urgent Care Centers where people can get crisis intervention services outside emergency room, in 11 counties. Contracts developed for EISS in all 21 counties.
 - Short Term Residential Care (34 beds in 7 locations), staffed by peers.

- 7 Certified Behavioral Health Clinics (CCBHCs): Comprehensive BHservice for people dealing with MH, SUD and Dual Diagnosed MH/SUD
- ii. With Rollout of 988 Crisis/Suicide Lifeline Network the existing, the existing crisis response system is still in place
- Chats and texts are facilitated via 988
 - Warm transfer policy between DMHAS and CSOC/PerformCare
 - Warm Transfer plan between DMHAS and Division of Developmental Disability
 - Working with 911/PSAPS to transfer appropriate calls to 988 for calls not requiring law enforcement.
 - \$9.8 M to provide backup coverage for 988 system statewide
 - Mobile crisis response, and crisis receiving and stabilization has been funded.
- e. Q&A
- i. Q: Will new funds be used to enhance and add additional crisis response workers? A: Although we cannot speak to future funding issues, but funds for SFY23 are for new/additive programming. Q: New programs can include programs developed by agencies whom are already contracted? A: If an existing provider wants to apply for funding for one of these new programs they can apply but these funds will for new/different mobile crisis response services. Q: Dates for mobile/crisis receiving? A: No information for mobile. We are working on both programs every day, we are working on this as fast as humanly possible.
- ii. Q: Will services for mobile crisis/receiving be RFPs that go through the county MH boards? A: Any funding procurement will be coming through DMHAS. We do not know if RFPs will go through county MH boards. It would be premature to give a definitive answer at this point.
- f. Where is DMHAS at with someone to call, someone to respond and somewhere to go?
- i. Someone to call: Approximately 75% are connected, there are small populations we need to make better connection with. We have five centers. \$12.8M can be used to find a home for incoming communications (chats, text).
- ii. Someone to respond? We are in exploration in planning stage. \$16M for mobile crisis response. Goal is 24/7 statewide coverage by 2 person teams that can be dispatched to where they are in the community, without

law enforcement (as long as it's safe). Each team should have a behavioral health professional with clinical background and a peer.

- iii. Somewhere go to: To serve people with SMI, SUD and dual diagnosed SMI/SUD. EISS is currently in 11 counties, serving as diversion from hospital treatment. (Will be expanded to all 21 counties). ER departments are facilities of last resort in MH emergencies but GOAL is to serve people in their community without law enforcement (as long as its safe to do so), and without going to ERs.

g. Q&A

- i. Q: Place to go? A: The respite homes are 7-10 days are a complement to our existing system. Crisis stabilization centers are for 24 hours <, and provide psychiatric stability and linkage to community based resources (ideally with next day appointments). Q: Access to psychiatrics? A: Consumers will have crisis stabilization services provided on entry, with linkages to services and supports in the community (e.g., EISS).

- ii. Q1: Impediments to people reaching out for services due to fear of boarding? A1: We are looking at # of individuals who come in via ERs with MH diagnoses. One of the major goals of mobile crisis system is to NOT transport individuals to the Emergency Room/ not have them boarded in emergency settings.

Q2: Is EISS available to everyone? (e.g. if you are in one program, are you ineligible for EISS?) A2: If you are in a mental health program and require urgent care services provided by EISS, you can be referred for EISS services.

- iii. Q: Duplication of hotlines? A: The Rutgers MH Cares Hopeline, still has a peer warm-line, in addition to 988. The Rutgers Hopeline system is working as a call center—taking all the calls they get; sort of like “parallel services”. A: Does it matter what number you call? A: It doesn't matter what number you call. 988 is a simple number that works in all states and territories. In NJ, it's the same staff, same number, two different lines.

- iv. Q: Comment: How can we ask about increasing capacity in IOTSS? A: There are two ways this committee can make a recommendation if the Council sees that this is a need. One way is to include this in the critical needs and gaps section of the Block Grant Application. DMHAS will begin writing its new two-year BG application in January of 2023. The Council could also choose to communicate this in writing to the

Assistant Commissioner after it has gone through a committee, such as the advocacy committee, and then voted on by the Council.

3. Planning Council (Mark Kruszczyński)
 - a. Review of “Environmental Factors and Plan”,
 - i. 21. State Planning/Advisory Council and Input on the Mental Health / Substance Abuse Block Grant Application – Required for MHBG
 - Advisory Council Members 2022
 - Advisory Council Composition by Member Type 2022
 - Public Comment on the State Plan – Required 2022
- B. Substance Abuse Prevention and Treatment (Suzanne Borys, Helen Staton) – State Fiscal Tables to be reviewed in a subsequent meeting.
- C. Motion made, seconded and approved to accept the Division’s current and subsequent completion of the NJ – FY 2022-2023 Combined MHBG/SABG Application/Behavioral Health Assessment and Plan (Mini-Grant).

III. Supportive Housing Association of NJ: Overview Of Current Initiatives (Diane Riley, Kate Leahy)

See PowerPoint Presentation Shared with the Council via email 8/10/22, 7:43 am.
Note: Presentation deferred to a subsequent meeting, due to lack of time.

IV. System Partner Updates Darlema Bey

Note: Presentation deferred to a subsequent meeting, due to lack of time.

V. Subcommittee Reports Darlema Bey

Note: Presentation deferred to a subsequent meeting, due to lack of time.

VI. Open Public Comment and Announcements Darlema Bey

Note: Presentation deferred to a subsequent meeting, due to lack of time.

VII. Adjournment D. Bey

- A. Meeting adjourned, 12:04 pm.
- B. Future Agenda Items
 1. 9/14/22:
 - a. 988 Overview from Asst. Commissioner Mielke
 - b. Tobacco Treatment program (Quit Center), Connie Greene RWJ/Barnabas Health
 - c. SAPTBG Mini-Application, Fiscal Tables, M. Friedman
 2. 10/12/22:
 - a. NJ Supportive Housing Association Overview (D.Riley)
- C. Next General Meeting September 14, 2022, 10:00 am
Microsoft Teams meeting
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