

New Jersey Behavioral Health Planning Council
Meeting Minutes,
October 11, 2017 10:00 A.M.

Attendees:

Connie Greene	Shana Moses	B. Blumenthal (DoC) [P]	Harry Coe (P)
Rocky Schwartz	Winifred Chain	Darlema Bey	Susan Brocco(P)
Joseph Gutstein (P)	Alice Garcia	Jim Romer	Ellen Tanner
Michael Ippoliti (P)	Phil Lubitz	Marie Verna (P)	Tonia Ahern
Lisa Negron (P)			

DMHAS, CSOC & DDD Staff:

Geri Dietrich	Mark Kruszczyński	Donna Migliorino	Jessica Trombetta (DCF)
Irina Stuchinsky	Kelly Pfeiffer (DCF)	Rulon Fedoro (sp.), (DCF)	Suzanne Borys

Guests:

Vanessa Tortote (sp.?) (JJC)	Alric Warren (P)	Roderick Bell (P)
Marie Snyder (P)		

- I. Welcome / Administrative Issues / Correspondence / Announcements**
- A. Quorum reached.
 - B. Minutes from September 13th meeting approved.
 - C. The November 8th meeting of the Planning Council will meet at DMHAS Office, 120 Stockton Street, 3rd floor, Room 51.
- II. Update on DMHAS Relocation to Department of Health [Roger Borichewski]**
- A. Late June 2017 Gov. Christie sought to move DMHAS to the NJ Department of Health (DoH).
 - B. As of 9/30/17 DMHAS is now a division of the NJ DoH.
 - C. Vision is to integrate mental health with primary (physical) health.
 - 1. Network of carefully planned collaborations.
 - 2. “It’s about integration.”
 - a. “No wrong door [to services]”
 - b. Similar in spirit to merge of previously-separate Divisions of Mental Health and Substance Abuse Services.
 - c. Behavioral Health Homes in 4 counties (Atlantic, Bergen, Mercer & Monmouth).
 - d. Certified Community Behavioral Health Centers (CCBHC)
 - i. Awarded Demonstration Grant
 - ii. Requirement for medication assisted treatment (MAT)
 - D. Town Hall Meetings in all 21 Counties; over 500 total participants, an FAQ is being created.
 - E. Stakeholders are at the center of planning efforts.
 - F. High priority area: integrated licensing.
 - G. Physical relocation of DMHAS operations.
 - 1. 50 -60 staff members will be at 120 Stockton Street: Licensing, Olmstead, Substance Abuse research.
 - F. Goal is to be done move by the end of October 2017.
 - G. Regional Offices at APH and Patterson remain unchanged.
 - H. Majority of DMHAS staff will be at 5 Commerce Way, Hamilton, NJ.
 - I. Seamless transition (from perspective of providers).
 - J. There will be new phone numbers for staff going to Hamilton.

K. New email addresses: FirstName.Lastname@doh.nj.gov

L. Contracting system of DoH (S.A.G.E.): DMHAS may possibly switch to SAGE.

M. Q & A.

1. Q: What's the difference between CCBHCs and agencies that provide Co-occurring Services?
A1: CCBHCs have an extensive array of services that must be offered, including primary health screenings (21 health indicators).
A2: CCBHCs must coordinate primary care.
A3: CCBHCs have 8-9 key services.
A4. Expanded availability of Services.
A5. Increased access to treatment.
A6. CCBHs must offer ambulatory withdrawal management (level 1).
A7. This initiative was started by DHS, not DoH.
2. Q: Concern that DoH requirements may restrict peer involvement
A1: Programs will continue; peers can be involved in OORP and CSS.
3. Q: Under DoH licensing, are there any requirements that peers will not be able to meet?
A: In planning for the new regulations, it is important that stakeholders [including peers] are vocal.
4. Q: Federally Qualified Health Centers (FQHCs), if they are not federally funded what will the state do?
A: We will look into this issue.
5. Q: How many consumers received integrated care?
A: We can find out.
6. Q: What changes will consumers actually see as a result of this move?
A: Consumers can expect to see better health outcomes, better health indicators.
7. Q: Comment: Peer Providers: [Peer] facilitators/mentors must now have a high school diploma/GED & CRISP training.
A. This is an agency policy, not a Division one.

III. Substance Abuse Prevention (SAP) [Don Hallcom, DMHAS]

A. Sophisticated SAP infrastructure focused on children and adolescent Substance Abuse (SA) prevention.

1. Six federally recognized approaches; NJ does all of these.
2. Municipal alliance programs (there are 400 in NJ).
3. 29 drug free community groups in NJ (Federally funded).
4. All focus on the same priorities:
 - a. Reduce underage substance abuse
 - b. New substance detection and awareness (e.g., "K2")
 - c. Opioid use reduction.

B. Individual and Family Programs (21 Counties in NJ): Must be Evidence Based Practice (EBP), the target population is determined by need assessment.

C. 17 regional coalitions (county based); using large scale environmental approaches, public outreach and municipal ordinances.

- D. Special populations
 - 1. LGBTQ Youth: NJ/Project WOW Services Network; EBP curriculum- planned youth retreats to deliver “Street Sense” curriculum; provides SA treatment, funded in 2014.
 - 2. Military Families: NJ Prevention Network has contract, developed two programs.
- E. Pass-through funding: Council on Compulsive Gambling provides education to schools and older adults.
- F. “Shout Down Drugs” (21 counties): Youth oriented SA prevention presented by other youth.
- G. Youth in Sports (opioid misuse): Request for Letter of Interest (RLI)
- H. Request for Proposal (RFP) to provide educational services for older adults using methods other than opioids and analgesics.
- I. NJ Prevention Network (NJPN) Wellness Initiative
- J. Outcomes
 - 1. 34,000 adolescents (ages 12-20) reached.
 - 2. 4.8% reduction in tobacco use from 2012/2013 to present.
 - 3. Decrease in the use of some substances.
- K. Philosophical considerations
 - 1. Increase in mortality among middle age Caucasians, potentially due to hopelessness and Despair. How would one create an Evidence Based Practice to address such matters?
- L. Q & A
 - 1. Q: \$200M for SA: Is any of it going for prevention?
A: Department of Education will get some additional funding.

IV. Overview of the NJ Department of Children and Families’ Office of Adolescent Services (OAS) [Jessica Trombetta, OAS, DCF]: See PowerPoint Presentation sent to Planning Council members on 10/10/17.

V. Announcements

- A. Mental Health Screening Rules and Regulations being renewed, the comment period ends 10/20/17; not a lot of changes are planned. There is a request for peer support staff at screening centers.
- B. Substance Abuse Prevention and Treatment Block Grant project office approves the NJ Block Grant Application.
- C. Next meeting of the NJ BHPC will be in room 51, 3rd floor, DMHAS Building, 120 Stockton Street, Trenton NJ on 11/8/17 at 10:00 am.

VI. Meeting Adjourned

- A. Next Meeting of the Planning Council: Wednesday, October 11, 2017, 10:00 am, 120 Stockton Street, Trenton NJ 08625, 3rd Floor Room 51
- B. Proposed agenda topics:
- C. Planned Subcommittee Meetings (11/8/17):
 - 9:00: Block Grant
 - 12:00: Data/Housing/Advocacy (TBD)