NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL Minutes

November 9, 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:

Harry Coe	John Tkacz	Winifred Chain
Julia Barugel	Krista Connelly	Michael Ippoliti
Donna Migliorino	Robin Weiss	Patricia Matthews
Tracy Maksel	David Moore	Robert DePlatt
	Julia Barugel Donna Migliorino	Julia Barugel Krista Connelly Donna Migliorino Robin Weiss

Suzanne Smith

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Mark Kruszczynski	Yunqing Li	Jonathan Sabin	Wyndee Davis
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Helen Staton Suzanne Borys Clarance Pearson

Guests:

Rachel Morgan Kurt Baker Matt Camarda

Minutes

- I. Administrative Issues/Correspondence (Darlema Bey)
 - A. Attendance, 17/35, 48.5% attendance, quorum reached
 - B. Minutes of September 2022 General Meeting Approved (with minor edits)
 - C. Correspondence
- II. Community Mental Health Services Block Grant (CMHSBG) and Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Implementation Report (Helen Staton)
 - A. SUD Prevention Performance Indicators four out of five were achieved.
 - 1. Priority Area: Tobacco
 - a. Goal of the priority area: Reduce the percentage of persons aged 12 17 who report using any type of tobacco product in the past month
 - b. Annual Performance Indicators to measure goal success:

Indicator 1: Past month tobacco product use (any) among persons aged 12 to 17.

c. Baseline measurement (initial data collected prior to and during SFY 2022):

According to 2018-2019 NSDUH data, 2.96 percent of the target population reported tobacco product use (any) during the month prior to participating in the survey.

- d. First-year target/outcome measurement (Progress to the end of SFY 2022): A reduction of .40% below the baseline measure.
- e. Report of Progress Toward Goal Attainment
- f. First Year Target:

 Achieved

 Not Achieved (if not achieved, explain why)

 According to 2019-2020 NSDUH data, 2.03 percent of the target population reporting using any tobacco product during the month prior to participating in the survey, a decrease of .93% below baseline measure.
- g. New Second-year target/outcome measurement (if needed):
- h. No increase beyond 2.03 percent of the population reporting past 30-day use.
- 2. Priority Area: Alcohol
- a. Population: Other (Persons aged 12-20)
- b. Goal of the priority area: Reduce the percentage of persons aged 12-20 who report binge drinking in the past month
- c. Annual Performance Indicators to measure goal success:

Indicator 1: Binge Alcohol Use in the Past Month by persons aged 12-20.

- d. Baseline measurement (initial data collected prior to and during SFY 2022): According to 2018-2019 NSDUH data, 12.63 percent of the target population reported binge drinking during the month prior to participating in the survey.
- e. First-year target/outcome measurement (Progress to the end of SFY 2022):

A reduction of .50% below the baseline measure.

- f. Report of Progress Toward Goal Attainment
- g. First Year Target:

 Achieved

 Not Achieved (if not achieved, explain why)

 According to 2019-2020 NSDUH data, 11.72 percent of the target population reporting binge drinking during the month prior to participating in the survey, a decrease of .91% below the baseline measure.
- h. New Second-year target/outcome measurement (if needed): An additional reduction of .05% below the baseline measure
- 3. Priority Area: Marijuana
- a. Population: Other (Persons aged 12-17)
- b. Goal of the priority area: Decrease the percentage of persons aged 12-17 who report Marijuana Use in the Past Year.
- c. Annual Performance Indicators to measure goal success:

Indicator 1: Marijuana Use in the Past Year by persons aged 12-17.

d. Baseline measurement (initial data collected prior to and during SFY 2022):

According to 2018-2019 NSDUH data, 11.48 percent of the target population reported marijuana use during the year prior to participating in the survey.

e. First-year target/outcome measurement (Progress to the end of SFY 2022):

A reduction of .05% below the baseline measure.

- f. Report of Progress Toward Goal Attainment
- g. First Year Target:

 Achieved

 Not Achieved (if not achieved, explain why)

 According to 2019-2020 NSDUH data, 11.10 percent of the target population reported marijuana use during the year prior to participating in the survey, a decrease of .38% below baseline measure.
- h. New Second-year target/outcome measurement (if needed): No increase beyond 11.10 percent of the target population reporting marijuana use during the year prior to participating in the survey.
- 4. Priority Area: Prescription Drugs
 - a. Population: PP (All residents in New Jersey)
 - b. Goal of the priority area: Decrease the percentage of persons who were prescribed opioids in the past year.
 - c. Annual Performance Indicators to measure goal success:

Indicator 1: Opioid Dispensations in New Jersey.

d. Baseline measurement (initial data collected prior to and during SFY 2022): According to data from NJ CARES – A Real-time Dashboard of Opioid-Related Data and Information (maintained by the Office of the New Jersey Attorney General), in 2020, 3,637,522 prescriptions for opioids were provided in New Jersey.

- e. First-year target/outcome measurement (Progress to the end of SFY 2022): A reduction of 1% below the baseline measure.
- f. Report of Progress Toward Goal Attainment
- g. First Year Target: ⊠Achieved □Not Achieved (if not achieved, explain why)

According to data from NJ CARES – A Real-time Dashboard of Opioid-Related Data and Information (maintained by the Office of the New Jersey Attorney General), in 2021, 3,537,890 prescriptions for opioids were provided in New Jersey.

There was a reduction of 99,632 prescriptions for opioids in NJ, a reduction of 2.74% below the baseline measure.

h. Second-year target/outcome measurement (Final to the end of SFY 2023): An additional reduction of .50% below the baseline measure.

- 5. Priority Area: Heroin
 - a. Population: Other (Persons aged 12-17)
 - b. Goal of the priority area: Increase the percentage of persons aged 12 17 who report perceptions o Great Risk from Trying Heroin Once or Twice
 - c. Annual Performance Indicators to measure goal success:
 - d. Indicator 1: Perceptions of Great Risk from Trying Heroin Once or Twice among persons aged 12

According to 2018-2019 NSDUH data, 66.82 percent of the target population reported Perceptions of

e. Baseline measurement (initial data collected prior to and during SFY 2022):

Great Risk from Trying Heroin Once or Twice.

f. First-year target/outcome measurement (Progress to the end of SFY 2022):

An increase of .25% above the baseline measure.

- g. Report of Progress Toward Goal Attainment
- h. First Year Target: □Achieved ⊠Not Achieved (if not achieved, explain why)
- i. Reason why target was not achieved, and changes proposed to meet target.

According to 2019-2020 NSDUH data, 64.20 percent of the target population reported Perceptions of Great Risk from Trying Heroin Once or Twice, a decrease of 2.62% below baseline measure.

- j. Increased education in schools and community-based organizations.
- k. New Second-year target/outcome measurement (if needed):

An increase of .02% above the first year measure

- B. CMHSBG (Donna Migliorino, Yunqing Li, Mark Kruszczynski)
 - Housing Stability, Occupancy Rate, Community Support Services (CSS)
 - 95% baseline set in 2019, pre-pandemic- we will be modifying this

indicator to 90%. The

- 2. Housing Services/Stability to increase opportunities for community living.
 - a. Consumers who remain in CSS in SFY 2022 was 83.1%. The goal is to increase community tenure. The target was 88%.
 The data is slightly less than SFY 2021 which was 83.9%. The target will be modified to 85%.
- 3. Early Serious Mental Illness (ESMI) is a broader diagnostic category that is used for the 10% set-aside in the Mental Health Block Grant. The funding is used to implement Coordinated Specialty Care for First Episode Psychosis (FEP). For SFY 2022, the target was that 88% of individuals who are taking or in need of psychotropic medications, adhere to the medication regime. NJ achieved its target as 91% of clients that were prescribed psychotropic medication, were compliant with their medication regime.
- 4. Cultural Competency Plans the target is that 75% of providers will have written cultural competence plans which include 3 areas identified in their self-assessment. This target will be modified to 90% for next year.
- 5. Review of Draft of 2022 Adult Consumer Perception of Care Survey

C. CSOC (Wyndee Davis)

- 1. First priority area expanding CSOC capacity to serve youth from birth to 5 years old.
 - a. Indicator One: provide training to 85% of our Mobile Response direct service staff statewide. Ultimately, due to the historic workforce shortages and unprecedented utilization rates, our Mobile Response providers were not able to fully engage in this initiative 28% have been training in Keeping Babies and Children in Mind, which is a 21-hour course offered through our partnership with Montclair University. This course was modified from the original 39-hour training noted in the grant application after the application was submitted. Additional training curriculum is in development as there was a decision to inform curriculum through a work group process with stakeholders. We will be identifying a new target for year two around KBCM training and will continue curriculum development tailored to workforce.
 - b. Indicator Two: Provide training to clinicians in serving youth birth-five and their families. Our aim was to provide 24 clinicians with a training in professional formation and reflective supervision methods, called the Clinical Practice Series in Infant Early Childhood Mental Health. We exceeded that goal, having trained 30 clinicians. We were also able to exceed our goal for Child-Parent Psychotherapy, with 27 clinicians receiving that training.
- 2. Second Priority Area Integration of community-based physical and behavioral health services. This area looked at the rates of screening and utilization for

CSOC's four Behavioral Health Home programs, housed within four of our Care Management Organizations.

- a. Indicator One: BHH programs will screen at least 75% of CMO-eligible youth to determine their eligibility to receive BHH services. All four programs have successfully screened 100% of CMO-eligible, CMO-enrolled youth.
- b. Indicator two: Goal for 75% of BHH-eligible youth to receive BHH services. Workforce shortages prevented the BHH programs from reaching this goal. We are working with the BHH to adjust our targets for year 2.
- 3. Priority Area 3: Third priority area: Increase access to evidence-based services and supports across the CSOC service continuum. This area was operationalized by providing training in Trauma-Informed Cognitive Behavioral Therapy to our Intensive In-Community or IIC providers. The goal was to train 10 IIC clinicians, and exceeded this by training 11 IIC providers.

II. EISS Discussion (Dave Helfand)

- A. First round of EISS programs, ten counties- all operational
- B. Second round of EISS, expanded to 11 counties
 - 1. Late May 2022- 2nd round awards made
 - 2. Hiring Issues
 - 3. 6-7 are up and running
 - 4. Other programs are about to run, or located in nearby county.
 - 5. With 2-3 months all counties should have a EISS IN each county
- C. Q&A:
 - 1. Cape May EISS is open for business however the living model proposed is being finalized and the program is still staffing up?
 - 2. Q: Where was this program located?
 - A: Cape May EISS is open at 128 Crest Haven, Cape May NJ- currently the hours of operation are Monday- Friday 9-5. We are still finalizing the living room itself, that will be specifically at the same address building E and F. I will let you know once that is completed
 - 3. Q: Gloucester EISS is open and has been seeing individuals? Any details on where this one is located and how it has been doing? I know there council has members from Gloucester who are specifically interested in this site so I want to be prepared.'
 - 4. O: Hours?

A: It is still Monday-Friday but are opening 7 days a week next week. We are having an open house November 14th from 12-2pm with light refreshments. That address is 200 Hollydell, Sewell NJ

IV. System Partner Updates Darlema Bey

- A. Children's System of Care (Wyndee Davis)
- B. Department of Education (Maurice Ingram)
 - 1. DOE Event registration page https://homeroom5.doe.state.nj.us/events/?p=a
- C. Juvenile Justice Commission (F. Walker)
 - 1. No news to report
- D. Dept of Corrections (K. Connelly)
 - 1. No news to report
- E. NJAMHAA (Mary Abrams)
 - 1. No news to report
- F. Division of Development Disability (J. Sabin, NJ DDD)
 - 1. No news to report.

V. Subcommittee Reports Darlema Bey

- A. Block Grant Meeting 11/9/22 9:00 am met.
- B. Advocacy (J. Barugel):
 - 1. No plan yet to address the emergency room situation.
 - 2. Thank you notes sent to Commissioners who participated in the recent discussion between the Committee, DoH, DHS and DCF
- C. Membership: XXXX

VI. Open Public Comment and Announcements Darlema Bey

A. NAMI-NJ, "Ending the Silence" Program for high school students https://us06web.zoom.us/webinar/register/WN_5jqT4JPyQXmYH_07KRZODQ The program is for youth participants.

B/NJ Psychiatric Rehabilitation Association

11/16 & 11/18

NJPRA 42nd Fall Conference: Empowerment & Advocacy for the Practitioner Tickets, Wed, Nov 16, 2022 at 9:00 AM | Eventbrite

- C. Commemoration and Recognition of US Veterans.
 - 1.Crisis Intervention Team in Burlington County will be looking to enhance services for veterans.
 - a. Veterans Administration/Governor's Challenge presentation to BHPC

VII. Adjournment D. Bey

- A. Meeting adjourned 11:50, pm.
- B. Next meeting: 12/14/22, 10:00 am
 - 1. Microsoft Teams meeting Join on your computer or mobile app

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- 2. Agenda Items
 - a. USTF+ presentation by Dr. Suzanne Borys
 - b. NJ Supportive Housing Association Overview (D.Riley)
- C. Next General Meeting December 14 2022, 10:00 am
 - 1. Subcommittee Meetings
 - a. Block Grant
 - b. Advocacy