

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
December 14, 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)	John Tkacz	Connie Greene	Rachel Morgan
Maurice Ingram	Julia Barugel	Krista Connelly	Suzanne Smith
Donna Migliorino	Francis Walker	Patricia Matthews	Amanda Kolacy
Heather Simms	Joe Gutstein	Diane Riley	Robert DePlatt

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Mark Kruszczyński	Yunqing Li	Nicholas Pecht	Mary Beirne
Helen Staton	Suzanne Borys	Clarence Pearson	Diana Salvador
Limei Zhu			

Guests:

Rachel Morgan	Kurt Baker	Matt Camarda	Filomena DiNuzzio (alt., JJC)
LeAnn DiBenedetto	Bernadette Moore		

Minutes

I. Administrative Issues/Correspondence (Darlema Bey)

- A. Attendance, 16/35, 45.7% attendance, quorum reached
- B. Minutes of November 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 (Helen Staton)

1. Priority Area: Pregnant Women/Women with Dependent Children

Goal of the priority area: To expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children

Objective: Increase number of pregnant women or women with children entering substance abuse treatment.

Indicator 1: Increase the number of pregnant women or women with children entering substance abuse treatment.

Baseline Measure: SFY 2021: 27,210 admissions

First-year target/outcome measurement (Progress to the end of SFY 2022): Increase number of pregnant women or women with children entering substance abuse treatment in SFY 2022 by 1%.

SFY 2022: 25,694 admissions

First Year Target: Not Achieved

Reason why target was not achieved, and changes proposed to meet target: There were 1,516 less admissions in SFY 2022 compared to SFY 2021, a decrease of 5.57%.

In 2019, New Jersey rolled out the Office Based Addictions Treatment (OBAT) Initiative. Hospital-based programs, medication assisted treatment (MAT)-waivered physicians, and other community office-based treatment providers provide services to pregnant women and are not required to enter this data into NJSAMS. Treatment data from OBAT Initiative providers is not captured in NJSAMS or shared with DMHAS. Thus, it is likely that OBAT Initiative providers provided treatment to pregnant and parenting women with opioid use disorder, more so during the COVID-19 pandemic. This population was reluctant to enter treatment during the pandemic. They may have had more anxiety due to fear of the virus, childcare issues, remote learning and public transportation restrictions. Also, our licensed treatment facilities had restrictions on number of individuals permitted into the facilities.

The Maternal Wraparound Program (MWRAP) and Integrated Opioid Treatment and Substance Exposed Infants (IOT-SEI) providers submit separate data to DMHAS and substance use disorder (SUD) treatment is reported. A total of 275 pregnant women were engaged in SUD treatment with the vast majority utilizing outpatient services; 392 utilized MAT at intake and 188 at the birth event. Methadone was the most commonly used at intake and at the birth event for MWRAP and buprenorphine for IOT-SEI. This includes data collected from program inception to date.

In an effort to increase the number of pregnant women or women with children entering SUD treatment, DMHAS has implemented strategies that include expanding existing programs such as MWRAP and advertising campaign.

New Second-year target/outcome measurement: Maintain the number of pregnant women or women with children who entered substance abuse treatment (25,694) in SFY 2022 by the end of SFY 2023.

2. Priority Area: Persons Who Inject Drugs (PWID)

Goal of the priority area: To expand access to comprehensive treatment, including Medication Assisted Treatment (MAT), in combination with other treatment modalities, for individuals with an opioid use disorder, including PWID, through mobile medication units and other innovative approaches.

Objective: Increase the number of PWID entering treatment and number of heroin and other opiate dependent individuals entering treatment.

Indicator 1: Increase the number of PWID entering treatment.

Baseline Measure: SFY 2021: 21,957 admissions

First-year target/outcome measurement (Progress to the end of SFY 2022): Increase the number of PWID entering treatment by 1%.

SFY 2022: 20,075 admissions

First Year Target: Not Achieved

Reason why target was not achieved, and changes proposed to meet target.

There were 1,882 less admissions in SFY 2022 compared to SFY 2021, a decrease of 8.57%.

Various options to receive medications for OUD now exist (i.e. Federally Qualified Healthcare Centers, Office Based Addiction Treatment programs, Low Threshold Programming) that are not licensed SUD treatment programs, and therefore, are not required to enter data into the NJSAMS reporting system.

DMHAS has implemented strategies that include expanding existing programs and advertising campaign in an effort to increase the number of PWID entering treatment.

New Second-year target/outcome measurement: Maintain the number of PWID who entered treatment in SFY 2022 (20,275) by the end of SFY 2023.

Indicator 2: Increase the number of heroin and other opiate dependent individuals entering treatment.

Baseline Measure: SFY 2021: 39, 839 admissions

First-year target/outcome measurement (Progress to the end of SFY 2022):
Increase the number of heroin and other opiate dependent individuals entering treatment by 1%.

SFY 2022: 39,523 admissions

First Year Target: Not Achieved

Reason why target was not achieved, and changes proposed to meet target.
There were 316 less admissions in SFY 2022 compared to SFY 2021, a slight decrease of .79%.

Various options to receive medications for OUD now exist (i.e. Federally Qualified Healthcare Centers, Office Based Addiction Treatment programs and new innovative low threshold buprenorphine programming) that are not licensed SUD treatment programs, and therefore, are not required to enter data into the NJSAMS reporting system.

DMHAS has implemented strategies that include expanding existing programs and advertising campaign in an effort to increase the number of heroin and other opiate dependent individuals entering SUD treatment.

New Second-year target/outcome measurement (if needed):

Maintain the number of opiate dependent individuals entering treatment (39,523) in SFY 2022 by the end of SFY 2023.

3. Priority Area: Heroin/Opioid Users

Goal of the priority area: To ensure medication assisted treatment (MAT) is provided as an option to individuals with an opioid use disorder (OUD) who are entering into substance use disorder (SUD) treatment.

Objective: Increase the number of heroin/other opiate admissions for whom MAT is planned.

Indicator 1: Increase the number of heroin/other opiate admissions for whom MAT was planned.

Baseline Measure: SFY 2021: 21,284 heroin/other opiate admissions for whom MAT was planned.

First-year target/outcome measurement (Progress to the end of SFY 2022):
Increase the number of heroin/other opiate admissions for whom MAT is planned by 1%

SFY 2022: 23,281 heroin/other opiate admissions for whom MAT was planned.

First Year Target: Achieved

How First Year Target was achieved: In SFY 2022, there were 1,997 more heroin/other opiate admissions for whom MAT was planned compared to SFY 2021, an increase of 9.38%.

The NJ Department of Health, Certificate of Need & Licensing (CN&L) continues to license new Opioid Treatment Programs (OTPs) throughout the State. In SFY 2021 (during the COVID-19 pandemic), CN&L licensed four (4) new ambulatory OTPs. Statewide licensed ambulatory OTPs now total 46, with a minimum of one in each of the State's 21 counties, ensuring better access of medications to be planned in an individual's treatment episode. DMHAS also continues to fund a public awareness campaign through State Opioid Response (SOR) grant funds, to focus on reducing stigma and discrimination for the use of medications in treatment of Opioid Use Disorder (OUD). This is a statewide campaign that utilizes television and radio advertisements, billboards and social media to promote the use of medication to support an individual's recovery. The target audience for the campaign are individuals with a substance use disorder, as well as their families and friends.

4. Priority Area: Tuberculosis (TB)

Goal of the priority area: Increase compliance rate of DMHAS' SAPT Block Grant contracted agencies offering every client a tuberculosis evaluation.

Objective: Increase the percentage of DMHAS' SAPT Block Grant contracted agencies offering every client a tuberculosis evaluation

Indicator 1: Annual Site Monitoring Report of DMHAS' SAPT Block Grant contracted agency indicating that client was offered a tuberculosis evaluation.

Baseline Measure: According to **SFY 2021** Annual Site Monitoring Reports of DMHAS' SAPT Block Grant contracted agencies, 83% of the agencies that were monitored (30 of 36 agencies) were in compliance with offering every client a tuberculosis evaluation.

First-year target/outcome measurement (Progress to the end of SFY 2022): An increase of 5% above the baseline measure.

According to **SFY 2022** Annual Site Monitoring Reports of DMHAS' SAPT Block Grant contracted agencies, 100% of the agencies that were monitored (36 of 36 agencies) were in compliance with offering every client a tuberculosis evaluation.

First Year Target: Achieved

New Second-year target/outcome measurement: For SFY 2023, 100% of monitored agencies will continue to be in compliance with offering every client a tuberculosis evaluation.

- B. Synar Overview (Limei Zhu)
 - 1. Introduced Synar amendment and its requirement.
 - 2. Presented this year's inspection result and historic RVR trend.
 - 3. Demonstrated this year's RVR rates by location, inspector's gender & age, retailer storetype, tobacco sold type, and whether clerk asked for ID.
 - 4. Discussed key factors impacted this year's rate.

- C. CSOC (Nick Pecht)
 - 1. As discussed at the November meeting, NJ DCF CSOC was were able to achieve three of the five indicators we set for ourselves.
 - a. The two indicators that were not achieved - Behavioral Health Home eligible youth receiving BHH services and Mobile Response staff receiving training to build their capacity to support youth aged 0 to 5 - were not achieved due to unprecedented workforce challenges occurring at the same time as historic increases in utilization rates across the system. We discussed how we would be changing our indicators for these priority areas.
 - i. For Behavioral Health Homes, we have changed the indicator to state: Of the BHH eligible youth newly identified within the fiscal year, 50% will be enrolled in BHH services.
 - ii. For Mobile Response, the indicator is now: 25% of direct service field and supervisory staff from across all 15 MRSS programs will received the 21-hour KBCM training. These new indicators were created based on the current and foreseeable capacity of Mobile Response and Behavioral Health Home providers.

- D. **CMHSBG** (Donna Migliorino, Yunqing Li, Mark Kruszczyński)

Four mental health priority areas/indicators were presented to the MHBG subcommittee.

 - a. Housing Services in Community Support Services. The target was not achieved. The total number of clients served in CSS in SFY 2022 was 5575. The total number of individuals terminated in SFY 2022 was 808. Therefore, the percentage of consumers who remain in Community Support Services is 85.5%, which is less than the target rate of "no less than 88%". A number of factors were identified. They include (1) a lack of available housing stock; (2) insufficient Fair Market Rate (FMR) to cover rents; and (3) COVID effected agency staff to assist with apartment searches.

 - b. Olmstead Access to Services/ Occupancy Rate. Our proposed SFY 2022 rate was 96%. The actual calculated rate for SFY 2022 using the PWR data was 90.8%. Factors affecting the occupancy rate for housing include pandemic related staffing shortages, inflated costs for apartment rentals, and low inventory of affordable housing units. For

SFY 2023, we have lower the target to 91% as many of the challenges in FY 2022 are still an issue, particularly the staffing.

- c. Early Serious Mental Illness (ESMI). In SFY 2022, it is anticipated that at least 88% of the client who are taking or in need of antipsychotic medication adhere to the medication regimen. This target was achieved. Of the 359 clients in program in SFY 2022, there were 317 (88%) prescribed psychotropic medicine. Of these 317, 289 (91%) were adherent to their medications.
- d. System wide assessment for delivering services to diverse populations. In SFY 2022, seventy-five percent (75%) percent of all providers will have written Cultural Competence Plans. This target was achieved. As a result of DMHAS commitment to Cultural Competency and the efforts of the Centers, the number of agencies that have submitted a Cultural Competency Plan has exceeded 50% of the total agencies by September 1, 2021. By the end of the SFY22, an additional 25% of the total agencies have submitted a Cultural Competency Plan.

III. Supportive Housing Association of NJ Overview

Diane Riley

[See PowerPoint Presentation presented to the Council]

<https://www.shanj.org>

- A. Supportive housing is a model of community housing plus support that helps individuals with disabilities live as independently as possible.
- B. Capital Financing, Operations (Housing Vouchers), & Support (Integrated Care)
- C. Affordable Housing Obligations
- D. Special Needs Housing (Rental) and Special need Housing Trust Fund Loan program (SNHTF)
- E. 2023 Budget: \$305M investment ARP funding, 3,300 affordable homes, municipal obligations.
- F. New NJ Medicaid Housing Initiatives (1115 Waiver and Healthy Homes Initiative)
- G. Medicaid and State Medicaid Agencies and Housing
- H. Health Homes Design Goals
- I. Repair and Replacement Fund Expenses
- J. Integrated Community Project, Kate.Kelly@SHANj.org
- K. NJ Housing Navigation project. Three phases. Kate.Leahy@SHANj.org
- L. Affordable Housing Data Project

IV. CCIS Initiative (NJ Children's System of Care) Diana Salvador

See <https://www.performcarenj.org/pdf/families/ccis-listing-2014.pdf>

- A. Although the Children's System of Care (CSOC) has a comprehensive, statewide service array, the current behavioral health crisis has taxed our inpatient providers, which are, for many youth in the system, a service of last resort. While CSOC has no direct authority

over the Children’s Crisis Intervention Services (CCIS) units, CSOC does re-designate the units annually, so we meet with CCIS medical directors regularly to troubleshoot youth-level issues on a day-to-day basis. CSOC has seen how youth with co-occurring mental health, substance use disorder, and/or intellectual/developmental disabilities cannot always be sufficiently served at CCIS units, which can lack the capacity to address or understand the issues that these youths and their families face.

- B. Thanks to Block Grant funds provided by DMHAS, a regular forum will be established to give each CCIS, and the state agencies involved with the maintenance of the CCIS network, a voice in the monitoring of the CCIS units. This three-year initiative will provide a structured forum, inclusive of CCIS medical directors, to promote collaboration and enhance the capacity of the CCIS units across the state to serve youth in need of inpatient services.
1. Rutgers University Behavioral Health Care (UBHC) has been contracted to run the project, by first conducting a needs assessment process that will include interviews of staff at each CCIS to identify their training and consultation needs, which will then be distilled into a statewide report on trends.
 2. Rutgers UBHC will then develop a training and technical assistance plan that will connect CCIS staff at all levels with national experts. An additional needs assessment will be conducted at the half-way point of the initiative. CSOC anticipates holding the first quarterly meeting in the first quarter of 2023.
 3. It is hoped that CCIS staff will share CSOC’s perception of the problem, but Training needs will be identified through the needs assessment process, so we will see if the issues around youth with co-occurring conditions rise to the top. Ultimately, the goal of this initiative is to enhance the flow of youth in and out of the CCIS units, limit the backlog, and make accessing CCIS units’ services a more graceful process.
- C. Comments/Q&A
1. JB: Request to have a system-wide, multi-departmental approach to deal with issues such as kids in screening centers having excessive waiting time.

V. Open Public Comment and Announcements

- A. NJPRA 42nd Fall Conference: Empowerment & Advocacy for the Practitioner Tickets, Wed, Nov 16, 2022 at 9:00 AM
<https://www.eventbrite.com/e/njpra-42nd-fall-conference-empowerment-advocacy-for-the-practitioner-tickets-457332964207?aff=erelexpmlt>
- B. NJ Juvenile Justice Commission has released its *Juvenile Detention Alternatives Initiative (JDAI) 2021 Annual Data Report*. The report is found at:
https://www.nj.gov/oag/jjc/pdf/2021_JDAI_Annual_Data_Report.pdf

VI.

Adjournment D. Bey

- A. Meeting adjourned 12:09, pm.
- B. Next meeting: 1/11/23, 10:00 am
 - 1. Microsoft Teams meeting
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[Click here to join the meeting](#)
Or call in (audio only)
+1 609-300-7196, PIN: 306216820#
 - 2. Agenda Items
 - a. State Opioid Response Grant (SOR), Carly.Davis@dhs.nj.gov
- C. Next General Meeting January 11 2022, 10:00 am
 - 1. Subcommittee Meetings
 - a. Advocacy: 12:00 noon