

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL

Minutes

December 13, 2023, 10:00 am

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

Microsoft Teams meeting

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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:

Donna Migliorino
Heather Simms
John Tkacz
Joseph Gutstein
Michele Madiou
Connie Greene (Acting Chair)

Harry Coe
Barbara Ferrick
Krista Connelly
Suzanne Smith

Filomena DiNuzzio
Julia Barugel
Maurice Ingram
Michael Ippoti

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Nick Pecht
Brielle Easton
Limei Zhu

Brittany Thorne
Mark Kruszcynski

Jonathan Sabin
Suzanne Borys

Guests:

Rachel Morgan
Kurt Baker

Eric McIntyre
Leshema Edwards

Diane Litterer

- I. Administrative Issues/Correspondence (Connie Greene)**
 - A. Attendance, 14/35, 40% attendance, quorum exceeded.
 - B. Minutes of November 2023 General Meeting Approved
 - C. Thank you to Diane Litterer (NJPN) and Eric McIntyre for representing SUD at the Council.

- II. Community Mental Health Bloc Grant, Donna Migliorino, (State Planner, DMHAS)**
 - A. DMHAS has been notified by SAMSHA of their upcoming monitoring site visit, 6/11/23 – 6/13/23.
 - 1. Once every 5-7 years
 - 2. We send them documentation regarding block grant, and policies, procedures, statutes, data collection systems, discharge policies, funding, coordination of care
 - 3. SAMHSA sent us draft two/three-day agenda.
 - 4. DMHAS will be learning what additional information SAMHSA needs.
 - 5. SAMHSA staff will be meeting separately with Planning Council Members

- C. <https://bgas.samhsa.gov/ApplicationIntroduction.aspx> , User name: citizennj, Password: citizen

III. CMHSBG, SUPTRS and SYNAR Implementation Report Updates (Nicholas Pecht, Brittany Thorne, Limei Zhu)

A. CSOC URS Data Tables and Implementation Report (Nick Pecht, CSOC)

1. CSOC is responsible for 6 data tables. Data comes from our Youth and Family Satisfaction Survey, which has a 5% response rate. 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 anticipate making changes to our survey design and delivery by Fiscal Year 2025.
2. Table 9 – social connectedness and functioning –74% of respondents reported a positive response to questions about social connectedness, including caregivers’ access to formal and informal supports. 51% of respondents reported a positive response to questions about the youth’s functioning, including how the youth is handling daily life, and their relationships with family and peers.
3. Table 11 – youth/family evaluation of care – 66% or more respondents reported positive responses in the following areas: access, general satisfaction, participation in treatment planning, and cultural sensitivity of staff. 50% reported positive responses regarding outcomes.
4. 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.
5. Table 16 – Utilization of specific services / Evidence-Based practices – A total of 48 youth, ages 0 to 17 participated in Multi-Systemic Therapy and a total of 168 youth, ages 0 to 20, participated in Family Functional Therapy.
6. It should be noted that this year, the gender categories have expanded to include Transgender Male, Transgender Female, Gender Non-Conforming and Other Gender. At the Children’s System of Care we are engaged in work to enhance our demographic data collection processes to be able to better report on these genders in the future.
7. Table 19a – Criminal Justice Involvement – this table reports data about both youth receiving services for at least 12 months, and youth who began services within the past 12 months. Combined, this only applied to 63 youth.
8. When the non-applicable youth are removed from the total, we see that 33% of youth receiving services for at least 12 months experienced fewer encounters with the justice system, while 20% experienced more encounters. For youth who began receiving services within the past 12 months, 48% experienced fewer encounters, while 13% experienced more encounters.

9. Table 19b – School Attendance – 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, this only applied to 435 youth. When the non-applicable youth are removed from the total, we see that 36% of youth receiving services for at least 12 months had improved school attendance, while for 16%, school attendance worsened. For youth who began receiving services within the past 12 months, 32% had improved school attendance, while 9% got worse.

B. CSOC Implementation Report – Priority Areas and Year Two Indicators (N. Pecht CSOC)

1. Priority Area: Expanding system capacity to serve youth aged 0 to 5.
 - a. Indicator 1: Revised after year one, we had planned on training 25% of Mobile Response Stabilization Services direct and supervisory staff in Keeping Babies and Children in Mind, a training provided by our partners at Montclair State University. Unfortunately, continued workforce shortages and elevated utilization rates, prevented Mobile Response staff from being able to participate in this capacity building training. As a result, this target was not achieved.
 - b. Indicator 2: We had targeted that 48 clinicians from our Intensive In Community or IIC provider network would be trained in the Clinical Practice Series in Infant / Early Childhood Mental Health. Ultimately, we were able to train 50 clinicians over the two-year period, so this target was achieved.
2. Priority Area: Integration of community-based physical and behavioral health services for children, youth, and young adults with chronic medical conditions and mental/behavioral health and/or substance use challenges.
 - a. Indicator 1: We had set a year two target of 100% of CMO-involved youth being screened for Behavioral Health Home eligibility. Quality improvements of Behavioral Health Home's processes around identifying eligible youth early in the grant cycle resulted in reaching this year two target in both year one and year two of the grant.
 - b. Indicator 2: Revised after year one, we planned on at least 50% of BHH eligible youth to be enrolled in BHH services. For year two, 70% of eligible youth were enrolled. Given that the original year one target was 75% we are pleased with this enrollment rate, given the continued workforce challenges.
3. Priority Area: Increase access to evidence-based services and supports across the CSOC service continuum.
 - a. Indicator 1: Our year two target was for 10 IIC clinicians to received training in Trauma-Focused Cognitive Behavioral Therapy. We exceeded this target as 13 clinicians were trained in TF-CBT during year two.

B. System Wide Assessment to Delivering Service to Diverse Populations (Brittany Thorne DMHAS)

1. Indicator: Proportion of agencies that have 3 areas identified from their self assessment included in their cultural competence plans
 - a. Second year target in SFY2023, 90% of all providers will have written cultural competence plans.
- C. Synar Annual Inspection Survey (Limei Zhi)
 1. 1992 federal act included amendment to reduce youth purchase of tobacco products.
 2. 1996 Synar legislation put into place; unannounced inspection of stores to determine if store sells tobacco to underage persons.
 3. Age raise from 18 to 21 year olds.
 4. Current results, first year after pandemic.
 - a. 23%
 - b. Tobacco stores, 40% violation rate.
 5. Types of tobacco products
 - a. Standard products
 - b. e-products, have higher rates in other states, but not apparent in NJ
 6. Q&A:
 - a. Q: Penalties? A: Violators get summons for each violation but range between \$200 and \$2,000

IV. 2024-2025 Community Mental Health and Substance Use Prevention and Treatment Block Grants, Fiscal Tables (Prerak Patel, John Fogliano, DMHAS)

- A. Mental Health Block Grant Implementation Report
 1. Table 6: Agency Expenditures Report: \$504M
 2. Table 7: State Agency Expenditure: \$27.6M, 10% is FEP
 3. Table 8: BHPC Expenditures, \$23k
 4. Table 10: Expenditures for Providers,

V. Department of Corrections 101:(Krista Connelly, NJ Dept of Corrections)
[See PowerPoint]

- A. Background of Dr. Connelly
 1. Biomedical sciences Ph.D.
 2. Interest in MH and Addictions
 3. Came into Corrections
 - a. Significant learning curve
 - b. Need for transparency at DoC
- B. Complexity of System
- C. Jail is not the same as a prison
 1. Jail overseen by County Sheriff's office or County Corrections dept. Short sentences
 2. Prison overseen by State Dept of Corrections, sentence of a year or longer
- D. Bail Reform
- E. Community Supervision
 1. Probation. Before
 2. Parole. After
- F. Q&A

1. Q: MH Diversion
2. Q: When a consumer is arrested and waiting a court decision and go to the County jail, do they get Mental Health and SUD screening & treatment? A: Yes

III. System Partner Updates

- A. Children's System of Care (Nicholas Pecht): See above
- B. Division of Developmental Disabilities (Jonathan Sabin)
 1. The Human Services Office of Program Integrity and Accountability (OPIA) is hosting a series of virtual focus groups in November to obtain feedback from families, to help guide efforts related to quality improvement and health outcomes of people served in DHS licensed residences and/or served by DDD provider organizations. For more information please visit <https://forms.office.com/pages/responsepage.aspx?id=j-4RV4NeRUG-A8VRE09BYD4ajd5ZrRJIgexBbhfrwqpUOVZLMUUyNzFTU0JPUEpYUEU3N1dRNDazMS4u&origin=lprLink>.
 2. We are pleased to share that in 2023/2024 DDD will again administer National Core Indicators (NCI) surveys for individuals and their families and guardians. Division staff will begin outreach to individuals and families to request voluntary participation. For more information please visit <https://www.nj.gov/humanservices/ddd/assets/documents/news/nci-overview-2023-2024.pdf>.
 3. The New Jersey Department of Human Services and The Boggs Center on Developmental Disabilities announced the launch of the Jobs that Care New Jersey website highlighting the availability of jobs providing direct supports for individuals with disabilities and older adults. Please visit <https://www.nj.gov/humanservices/jobsthatcare/index.shtml#Careers> for more information.
- C. Division of Aging (Jennifer Rutberg): Not present
- D. Division of Juvenile Justice Commission: Filomena DiNuzzio
- E. Department of Education (Maurice Ingram).
 1. Winter Institute: In person and virtual
 - a. <https://www.nj.gov/education/broadcasts/2023/dec/6/DivisionofEducationalServicesWinterInstitute.pdf>
- F. Division of Vocational Rehabilitation Services (DVRs). John Tkacz
No updates at this time.
- G. Department of Corrections (K. Connelly). See above

V. Open Public Comment and Announcements Connie Greene

- A. Announcements
 1. TRIPS Program: Transportation (Suzanne Borys, DMHAS). No limit per agency. Each trip must be documented. Program began 12/1/23. Invoices submitted by 15th of month.

VI. Adjournment (12:00 noon) Connie Greene

- A. Next meeting: 1/10/23
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B. Future Agenda Items

1. Planning Council / Block Grant Technical Assistance (AHP/SAMHSA)
2. Certified Community Behavioral Health Centers, (Charlotte Sadashige)
3. Quality Improvement Plan (QIP): (Connie Greene)
4. NJ DoE Threat Assessment Protocols
5. Overview of CSS (Harry)
6. Pretrial Services in Camden County (?) (Robin Weiss.)
7. JJV Discussion (Filomena DiNuzzio)

C. January 10, 2024 Subcommittee Meetings

- 9:30 TBA
12:00 TBA