

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL
Minutes
November 10, 2020

Attendees*:

Phil Lubitz (Chair)	Suzanne Borys	Regina Sessoms	John Tkacz
Winifred Chain	Barbara Johnston	Pam Taylor	Julia Barugel
Thomas Pyle	Lisa Negron	Kate Brace	Harry Coe
Damian Petino	Tracy Maksel	David Moore	Robin Weiss
Joe Guttstein	Alice Garcia	Nicl Loizzi	

DMHAS, CSOC, DDD, DMAHS & DoH Staff:

Mark Kruszczyński	Jonathan Sabin	Nicholas Pecht
Yunqing Li	Wyndee Davis	Helen Staton

Guests:

Nina Smukuluvasky	Laura Richter	Shawn Buskirk	Kurt Baker
-------------------	---------------	---------------	------------

* Due to the COVID19 pandemic this meeting was conducted entirely via conference call.

I. Roll Call/Administrative Issues/Correspondence (Phil Lubitz)

- A. Welcome
- B. Roll call & Attendance (48.7%). Quorum exceeded.
- C. Review of Minutes of October 14, 2020 meeting, approved.

II. SFY 2020 Block Grant Implementation Report

- A. Mental Health Priority Indicators (Dr. Yunqing Li)
 1. Housing Supports
 - a. CSS indicator for housing stability is consumer who remains in CSS during SFY as proportion of all consumers served by CSS in SFY20.
 - b. SFY19 = 5,992, 552 terminations, SFY stability = 90.8%.
 - c. First year target 85%
 - d. DMHAS QCMR data was used, 37 agencies provided data for CSS.
 2. Improved Utilization of Housing Service Slots measured by occupancy rates of Community Support Services (CSS) housing units
 - a. Based on end of year Provider Weekly Report Level of Care Data from the last week in SFY2020 our Community Support Services (CSS) capacity was 1,986, of that there were 117 assignments needed (i.e., vacant beds that did not have any pending assignments which yields a 5.8 vacancy rate, and conversely a 94.2 occupancy rate.
 3. First Episode Psychosis / Coordinated Specialty Care
 - a. 3rd year 3 providers.

- b. SFY2020 = 308 consumers served, SFY2020 target 88% of clients adhere to medication regimen. SFY2020 actual, not achieved. DMHAS is asking providers for feedback on why target was not achieved.
 - c. Possible explanation is
 - i. Change from face to face sessions to telehealth due to COVID19.
 - ii. Agencies having difficulty collecting complete data to DMHAS
4. Priority indicator: System Wide Assessment to delivering services to diverse populations.
- a. Frequent difficulty in making progress in this priority area.
 - b. Objective is that all agencies must have cultural competency plan in place.
 - c. DMHAS hired diversity consultant to help agencies. Still target cannot be achieved so target was lowered (2020 30% of all providers must have written cultural competency plan), actual 2020 less than 10%) Some agencies do not devote adequate resources.
 - d. DMHAS will put together agency workshop for agencies where diversity is planned for and desired, rather than dismissed.
 - e. Perhaps this indicator is not a sufficient indicator to measure the extent to contracted providers deliver services to diverse populations.
 - f. Discussion about what should this goal be, how it could be measured?
 - g. Item for future discussion

B. Substance Use Block Grant Priority Indicators (Suzanne Borys)

- 1. 35 tables go into Implementation report
 - a. Tables 14-20 (Treatment performance measures)
 - b. Tables 21-35 (prevention performance measures, discussed at previous meeting)
- 2. Table 1: Priority areas and indicators (Ten indicators):
 - a. Treatment Indicators
 - i. Pregnant/parenting women, SUD - not achieved.
 - ii. Intravenous drug users - not achieved.
 - iii. Use of Medication Assisted Treatment - not achieved.
- 3. Failure due to Covid19 and decrease in admissions, despite facilities being open. Future year targets must be changed.
 - a. Tobacco indicators- achieved.
 - b. Binge drinking indicator - target not met. Slight increase in binge drinking.
 - c. DMHAS is working with providers to intensify efforts to put in more EBPs to effect perceptions of binge drinking among 12-17 yr olds.
 - d. Marijuana use:
 - i. No reduction seen. Slight increase.

- ii. We are very concerned about this. Increase may be related to increased access to medical marijuana. This probably will get worse due to NJ State Voter referendum legalizing recreational marijuana. NSDUH is data source.
 - d. Prevention Indicator: Opioid dispensations, decreased, target met.
 - e. Perception of Risk of heroin use among youth -Target missed.
- C. Children’s System of Care (Nick Pecht, NJ CSOC)
 - 1. Priority Area 10: Infant Mental Health
 - a. Background: This Priority Area seeks to align early childhood systems with Medicaid, produce a plan for identification, screening, and intervention for at-risk children ages 0 – 3, and establish a baseline of youth served.
 - b. Update: In 2019, the Department of Children and Families (DCF) and the Department of Human Services / Medicaid, with support from the Center for Health Care Strategies / Aligning Early Childhood and Medicaid (AECM), collaborated to initiate planning to implement screening, assessment, and stratified case management in pediatric health care settings and to expand infant mental health (IMH) services in New Jersey for families of infants and young children. In 2019 and 2020, DCF also participated with a broad group of stakeholders to develop the report, “Unlocking Potential: A Roadmap to Making New Jersey the Safest, Healthiest, and Most Supportive Place to Give Birth and Raise a Family.” This initiative continues to be supported by the Pritzker Children’s Initiative, and a component of the plan establishes clear steps to expand infant mental health services to 7,247 more low-income infants and toddlers annually, beginning in 2023, in New Jersey.
 - c. CSOC is continuing to engage in the AECM and Pritzker initiatives and is exploring additional opportunities to build IMH capacity within CSOC. Efforts include the In-Home recovery Program discussed below in priority area 12.
 - d. Indicator: Completion of a plan for screening, care coordination, and development of infant mental health service capacity for at risk children age 0-3. The “Unlocking Potential” report outlines steps to expand infant mental health services in New Jersey. The Executive Summary of this report can be found online.
https://acnj.org/downloads/2020_06_24_Unlocking_Potential_Executive_Summary.pdf
 - 2. Priority Area 11: Integration of Community-based Physical and Behavioral Health

- a. Background: Behavioral Health Homes provide enhanced care management teams, including Nurse Managers and Health and Wellness Coaches, in order to provide fully integrated, holistic, and coordinated care to youth remaining in their home and who have both behavioral health and chronic medical needs (inclusive of substance use and developmental and intellectual challenges). Behavioral Health Homes operate out of participating counties' Care Management Organization (or CMOs).
 - b. Update: Behavioral Health Homes are currently operating out of four CMOs, covering five counties: Atlantic, Cape May, Bergen, Mercer, and Monmouth. Although we had some concerns that a decrease in CMO youth related to the Public Health Emergency (PHE) would prevent an increase in numbers of youth and families served, we are happy to report that we have achieved the desired progress per our indicator.
 - c. Indicator: Increased number of children, youth, or young adults provided with integrated physical and behavioral health services, as operationalized by youth participating in Behavioral Health Homes. In SFY 2019 CSOC provided Behavioral Health Home services to 503 youth; this is our Baseline Measurement. CSOC set a goal of increasing the number of youth served by Behavioral Health Homes by 5% (528 youth). In SFY 2020 Behavioral Health Homes served 531 youth.
3. Priority Area 12: Evidence-based practices, as exemplified by the In-Home Recovery Program
- a. Background: CSOC is committed to providing the best services to the youth and families of New Jersey, by ensuring that the efficacy of the interventions provided is based in empirical evidence. Multiple services were highlighted in this Priority Area as examples of evidence-based programs that were already operating in New Jersey. Also highlighted was a new evidence-based service, the In-Home Recovery Program.
 - b. Modeled after the Yale Child Study Center's Family Based Recovery Program in Connecticut, the In-Home Recovery program provides intensive in-home treatment for parents with substance use disorders, parenting support for children under the age of 36 months, and case management. The treatment model includes a reinforcement-based substance use treatment component and a dyadic parent-infant therapy component. The Nicholson Foundation provided funding for Preferred Behavioral Health to implement the first phase of the program and the Yale Child Study Center is providing training, consultation, and technical assistance. The Department of Children and Families is funding Rutgers University to evaluate the program.
 - c. Update: With the advent of the public health emergency, the In-Home Recovery Program (IHRP) shifted to virtual work quickly. They were able to continue to offer this program by providing virtual clinical and case management services as well as toxicology testing. In July of 2020, DCF returned to in-person work and so did the IHRP. Rutgers program

evaluators also commended the high level of effective collaboration among system partners.

- d. Indicator: The target measurement was for IHRP to serve 36 families within the 18-month grant period, September 1, 2019 to February 28, 2021.
- e. Currently, Preferred Behavioral Health has two teams serving families referred by the CP&P Local Offices in Ocean County. The program was implemented on January 1, 2020 and has served 28 families as of October 13, 2020, putting us on target to reach our goal of 36 families served within the first 18 months of the program.

III. Synar Youth Tobacco Sales Report (Suzanne Borys)

Report is due December 31, 2020. Surveys were completed but at a reduced level. Data will be analyzed once surveys are received from DOH.

IV. COVID19 State Prisoner Release Initiative (Suzanne Borys)

Governor Phil Murphy signed a first-in-the-nation bill to reduce sentences in NJ's prisons, that released about 2000 inmates on November 4. Lawmakers introduced legislation to take up to 8 months off sentences. DMHAS has been in close communication with UBHC, DOC, COEs and DFD to work out a plan for those released with a substance use disorder. DMHAS will be expanding its Prison Intensive Recovery and Treatment Supports (PIRTS) program. There will be an additional 2 teams each serving 200 clients. Program will follow the existing model with the exception there was no time to meet behind the walls and a housing specialist will be added to each team. PIRTS staff were stationed at the prisons and met with individuals, distributing release packets and providing phones.

V. State Partners Involvement

- A. NJ Department of Education (Damian Petino, NJ DoE)
 1. Dr. Angelica McMillen is new DoE Commissioner, formerly superintendent in Morris County
 2. Commissioner McMillen understands the importance of school based mental health.
 3. DoE Back to School Guide for MH:
<https://www.nj.gov/education/specialed/MHWG%20Return%20to%20School%20Mental%20Health%20Resources.pdf>
- B. NJ Division of Developmental Disability (Jonathan Sabin NJ DDD)
 1. "Fight the Flu" Initiative
 - a. This year, getting a flu vaccine is more important than ever. The flu shot is the best way to protect against the flu. It reduces the risk of serious flu-related illness requiring care in hospitals already strained by the COVID-19 pandemic. Getting the flu shot is particularly important to the disability community and you can find supportive materials including recommendations and resources from the Centers for Disease Control and Prevention (CDC) on the Boggs Center website.

2. \$25 Million in Support to Home and Community Based Services
 - a. The Department of Human Services (DHS) and Department of Children and Families (DCF) have launched an initiative to reimburse providers of community-based services for certain COVID-19-related expenses they have incurred since the onset of the current public health emergency. Eligible expenses can include costs for personal protective equipment, cleaning and infection control, and HIPAA-compliant technology to facilitate remote services.
 - b. Federal Coronavirus Relief Fund (CRF) resources will be used to provide up to \$25 million for the initiative, intended to assist home health, developmental disability, child welfare and homeless service providers remain open and accessible during the pandemic.
 - c. The deadline for providers to submit reimbursement requests is **November 13, 2020**. Please note that this funding opportunity is available to Division day services providers who submit their re-opening attestation on or before October 23, 2020.
3. DDD Bi-weekly COVID-19 Update November Schedule Modification
 - a. Due to holidays these update will not be held on their usual Thursday schedules.
 - b. Will occur on Friday, 11/13/20 & Wednesday, 11/25/20
- C. NJ Div. of Medical Assistance and Health Services (NJ FamilyCare) (Phil Lubitz)
 1. 3rd Renewal of Waiver (9th year), moving behavioral health to managed care. Listening session last week occurred to get input from community/stakeholders about inclusions/exclusions from 1115 waiver
- D. NJ Juvenile Justice Commission (Alice Garcia, NJ JJC)
 1. JJC just released 60 residences in early November. Only 170 kids in all statewide facilities (3), and 9 community programs.
 2. JJC worked with CSOC to release children. For every 4 months served they get one month off and had to be within 1 year of release.
 3. This bill continues until it gets signed off, until its signed as "no longer in effect". 8-9 releases each month.
 4. MS Teams being extensively used. Counsellors are back in office 2x/week.
 5. No JJC kids hospitalized due to C19.

VI. Final Comments & Adjournment

- A. December 9, 2020, 10:00 am is the next General Meeting of the NJ Behavioral Health Planning Council. This will be conducted via:

Microsoft Teams meeting

[Click here to join the meeting](#)

Or call in (audio only)

+1 609-300-7196,,734685373# United States, Atlantic City

Phone Conference ID: 734 685 373#

- B. Harry Coe announced NJ PRA's 40th Fall Conference "Resilience Through Reinvention" 11/12/20, 11/18/20, 11/19/20, 8:30 am to noon. registration fee is \$100<.
- C. Meeting adjourned.

DRAFT