

NEW JERSEY BEHAVIORAL HEALTH PLANNING COUNCIL

Minutes

July 9, 2025, 10:00 am

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

Microsoft Teams meeting

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Dial-in Number: +1 609-300-7196, PIN: 306216820#

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 (Chair)	Connie Greene (Vice-Chair)	
Julia Barugel	Jennifer Rutberg	Maurice Ingram	Debra Wentz
Elisabeth Marchese	Jennifer Gietka	Lisa Federico	Krista Connelly
Barbara Johnston	Michael Ippoliti	Regina Sessoms	Francis Walker
Donna Spencer	Ann Marie Flory	Joe Gutstein	Tonia Ahern
Darlema Bay	Donna Spencer	Suzanne Smith	Morgan Thompson

DMHAS, CSOC, DDD, DMAHS, DoAS & DoH Staff:

Brielle Easton	Brittany Thorne	Clarence Pearson
Suzanne Borys	Jessica Han	Jonathan Sabin(DDS)
Sucharitha Reddy (DMAHS)		Sophie Wilkinson (DDS)
Nancy Edouard (Division of Aging Services)		

Guests:

Abigail Lewis	Jesse DeHart (DRNJ)	Jill Hoegel (DRNJ)
John Tkacz	Elena Kravitz (DRNJ)	Melissa Williams
Nina Smuklavskaya (Program Director, Stress Care of NJ)		
Diane Litterer (New Jersey Prevention Network)		
Laura Richter (MH Admin, Warren County DHS)		
Linda Gallishaw (State MLK Commission)		
Alanna Andrews (Fresh Start/Karen Burke Wellness Center)		
Bernadette Moore (IFSS Acenda, Cape May County)		
Andrea Bakun, Adam Chrone, Mya Caba, Joseph Pfeifer, Serena Zuppardo Lasheema Sanders Edwards, Aubrey Powell (CSP NJ)		

I. Administrative Issues/Correspondence (Darlema Bey)

- A. Attendance, 23/35, 65.7% attendance, quorum *exceeded*.
- B. Council Reorganization
 - 1. In accordance with the by-laws of the BHPC, per the results of the recent election of the voting members of the Council, the new leadership of the BHPC now is: Heather Simms (Chair), and Connie Greene (Vice Chair), both for two-year terms (7/1/25 – 6/30/27)

2. The leadership and service of outgoing Chair, Darlema Bey is greatly appreciated.
 3. In the near future, the Committees of the Council are expected to be reviewed and reorganized
- C. BHPC Block Grant Committee Update (Barbara Johnston, chair of the Block Grant Subcommittee),
1. Sent out a survey to the 27 to the 34 voting members of the Planning Council. The purpose of the survey is getting members input on the gaps and services that exist in our behavioral health communities. Mark K. created a survey monkey which was distributed to members, and we received 15 responses, so that's almost 50%.
 2. The next step is that the Planning Council block grant committee will look at those responses, synthesize them, do an analysis, and then create a section for gaps and services within the block grant application, everyone will have a chance to review that prior to submission.
 3. Barbara Johnston made a motion that the block grant committee has the authority to do the analysis and draft of the submission of the section on gaps and services for the block grant application. Suzanne Smith seconding the motion.
- D. Minutes of June, 2025 General Meeting Approved by Regina first and Julia Barugel seconded. Johnathan Sabin abstained since he wasn't there. To correct the last name of the Rutberg, Jennifer.

II. **Block Grant Committee Presentation on Narrative**

- A. Adult Mental Health (Donna Migliorino, Yunqing Li, Brittany Thorne)
1. Donna provided an introduction to the FY2026-2027 Block Grant Application, steps 1, 2 and 3 and environmental factors.
 2. In the Final FY2026-27 Block Grant application/guidance, there have been changes (non-required sections removed, ARP column removed from the two MHBG fiscal tables, a new ESMI/FEP table added, and some of the sections have added text boxes in addition to accepting uploads of documents. Also, some of the questions have changed. The most changes occurred in the environmental factors section and the following are major changes:
 3. Environmental Factors:
 - 2. Health Disparities – Required for MHBG & SUPTRS BG
 - 3. Innovation in Purchasing Decisions – Requested for MHBG & SUPTRS BG
 - 7. Tribes – Requested for MHBG & SUPTRS BG
 - 12. Quality Improvement Plan – Requested for MHBG & SUPTRS BG
 - 13. Trauma – Requested for MHBG & SUPTRS BG

- 14. Criminal and Juvenile Justice – Requested for MHBG & SUPTRS BG
 - 15. Medications in the Treatment of Substance Use Disorders, Including Medication for Alcohol Use Disorder (MAUD) and Medications for Opioid Use Disorder (MOUD) – Requested for SUPTRS BG
 - 18. Community Living and the Implementation of Olmstead – Requested for MHBG & SUPTRS BG
4. A new factor added: Syringe Services Program (SSP) – Required for SUPTRS BG if Planning for Approval of SSP
 5. Yunqing showed the FY2026-2027 Block Grant Application in the BGAS to the Council members and provided public login for the members.
 - a. Access to WebBGas as a Citizen (view only),
<https://bgas.samhsa.gov> Username: **citizennj** Password: **citizen**
 6. Questions about environmental factors
 7. The reason for ARP funding sources removed from the fiscal tables is mainly due to ARP funding expiration on 9/30/25
 8. FEP reporting is separate from reporting on effective psychosis for coordinated specialty care for the ESMI 10% set-aside.
- B. Substance Use, Prevention & Treatment Services (Suzanne Borys, Helen Staton)
1. Clarence presented the priority areas for SUPTRS, a total of nine
 2. Suzanne, changed baseline measures for drug injection.
 3. Debra L. Wentz asked how to increase services with decrease of resources?
 4. Krista Connelly question: curious about the language change from MAT to MOUD. Was that simply a clarification of the specific medications included in the reporting? We also struggle with language to refer to opioid-specific medications vs all medications prescribed for other substance use disorders, as "MAT" seems to be falling out of favor.
 - a. Clarence provided some information on the MAT-MOUD language shift:
 - i. **Medications for opioid use disorder (MOUD)** is a more precise term that specifically refers to the use of FDA-approved medications to treat opioid addiction. Unlike MAT, which is a broader treatment framework, MOUD focuses solely on medication as a critical component of evidence-based care for OUD.
 - ii. Why the Shift from MAT to MOUD?
 Organizations like the **Substance Abuse and Mental Health Services Administration (SAMHSA)** and the

[National Institute on Drug Abuse \(NIDA\)](#) have increasingly adopted the term “MOUD” instead of “MAT.” This change is meant to address a common misconception - “medication-assisted treatment” can suggest that medication is merely a [supplement or temporary role](#) rather than a primary treatment method. It was also believed that medication-assisted treatment [substitutes one addiction for another](#).

In reality, MOUD is an essential, first-line treatment for OUD. By using MOUD, healthcare providers emphasize that medication is not just an “assistive” tool but a core component of effective opioid addiction. Click this link for full article: [MAT vs MOUD: What's the Difference?](#)

- b. [Treatment for Opioid Use Disorder: Population Estimates — United States, 2022 | MMWR Summary](#)
 - i. **What is already known about this topic?**

Although medications for opioid use disorder (OUD) substantially reduce mortality, they are underused.
 - ii. **What is added by this report?**

In 2022, among the 4% of U.S. adults who needed OUD treatment, only 25% received recommended medications. A larger percentage (30%) received treatment without medications. Higher percentages of White than Black or African American or Hispanic or Latino adults received any treatment. Higher percentages of men than women and of adults aged 35–49 years than other adults received medications.
 - iii. **What are the implications for public health practice?**

Expanded communication about the effectiveness of medications for OUD is needed. Clinicians and other treatment providers should offer or arrange evidence-based treatment, including medications for OUD. Pharmacists and payors can support making these medications available without delays.

- III. **NJ Department of Health: Division of Behavioral Health Services Updates** (Ann Marie Flory)
 - A. PowerPoint presentation to be sent to members of the Planning Council
 - B. Content
 - 1. Four state-run psychiatric hospitals, functions, capacities, and census
 - 2. Treatment Teams interdisciplinary treatment plans
 - 3. Modalities of Treatment – helping to prepare for discharge

4. How psychiatric hospitals to help populations with special with special focus
 5. It is important to move patients around such as forensic populations/IST
- C. Q&A
1. Question: Best persons to contact if having questions? interested in the list of each hospital's social worker contacts. As a family support specialist this is beneficial to my resource list.
Answer: will provide the list of people in the hospitals to answer questions. Please contact the specific hospitals social work department or executive assistant to direct your calls to the appropriate party.
 2. Question: What is the acceptable holistic approach? What type of healing you have vs medication for people with faith?
Answer: Most patients so acute condition, so they were often or need to be medicated initially to stabilize them before use of alternative approaches (yoga, music therapy, diet therapy, exercise, etc.). They are only medicated on rare occasion forcefully when they are refusing vital medication for their safety, recovery or potential for harm. New Jersey has an extensive legal process that is followed for this to occur.
 3. Question: Question of discharge planning, family members not included. Individuals discharged far away from home. Were you including a person/department for family to get some assistance?
Answer: Family should work with social workers who coordinate. Sometime, the patient does not want family member involved. Family member does not want to take the patient home with them. Patient's right is protected first, and to protect their privacy. Family needs permission from the patient to be in the planning process.
 4. Question: regarding group therapy, how to ensure it fit the patient's needs? What to use to measure the outcomes of group therapy?
Answer: Group therapy is assigned by treatment team to include the most beneficial programs for the patient.

IV. System Partner Updates (Heather Simms)

Going forward all system partners are requested to provide the Council with brief, written updates at by the Friday before to the next meeting. Those updates will be provided to the Council prior to the meeting; this will give Council members an opportunity to pose questions to the system partners in a timely manner.

- A. Division of Mental Health and Addiction Services (Donna Migliorino, DMHAS). See above
- B. Children's Systems of Care (Stacy Reh, DCF CSOC).
- C. Division of Developmental Disabilities (Jonathan Sabin)

- D. Division of Vocational Rehabilitation Services (Tatyana Brown)
- E. Division of Aging (Jennifer Rutberg)
 - 1. Update from the NJ Division of Aging Services: The five-year State Plan For Aging has been submitted to the Administration for Community Living. Thank you to everyone who sent/made comments and testimony.
- F. Youth Justice Commission, NJ Dept. of Law & Public Safety: (Francis Walker)
 - 1. Q&A: Is there a contact person for the Dept of Social Justice, Family Dev? Please forward to Lynda Gallashaw
- G. Department of Education (Maurice Ingram):
 - 1. [2NDFLOOR-JulyCyberbullying.pdf](#) - July – Cyberbullying - 2NDFLOOR app
 - 2. [EndofSchoolNewJerseyStateResourcePacket.pdf](#)- End of School Year Resource Packet.
- H. Department of Corrections (K. Connelly):
- I. NJ Div. of Medical Assistance and Health Services (NJ Family Care/State Medicaid) (Shenal Pugh).
 - 1. The Behavioral Health Integration transition period was due to end on 6/30/25 but has been extended to a date 10/31/2025 to ensure there aren't any disruptions in member care while providers and MCOs continue to get familiar with the new processes. Prior Authorizations are now required but they will continue to be automatically approved.
 - 2. We encourage providers and stakeholders to visit our stakeholder website <https://www.nj.gov/humanservices/dmhas/information/stakeholder/> for the most recently dated guidance and postings. Any questions with regards to Behavioral Health Integration can be sent to the BH email account: dmahs.behavioralhealth@dhs.nj.gov
- J. Department of Health: (Ann Marie Flory):
See above
- K. Division of Family Development (Jennifer Gietka): No update provided.
- L. Supported Housing Association (Kate Kelly): No update provided.
- M. NJ County Mental Health Administrators Association (Elisabeth Marchese)
No update provided.
- N. NJ Hospital Association (Deena Tampi). No update provided.

IV. Open Public Comment and Announcements:

- A. Public Comment: None
- B. Announcements: None

V. Adjournment: Heather Simms: Time: 12:01 pm.

- A. Next meeting 8/13/2025 10:00 am –noon.

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B. Future Agenda Items/Additional Items for Meetings in 2025

1. Quality Improvement Plan (QIP): (Connie Greene)
2. NJ DoE Threat Assessment Protocols
3. Overview of CSS (Harry Reyes, DMHAS)
4. Pretrial Services in Camden County
5. JJC Discussion (Filomena DiNuzzo)
6. DVR (Tatyana Brown)
7. Presentation on SUD prevention efforts at County Jails?
9. Medication for Opioid Use Disorder (MOUD) (Suzanne B.)
10. AIR, Youth Suicide Prevention (kurt@air.ngo)
11. SUD and the JJC (Francis Walker, JJC)
12. Experiences of Consumers in SUD Crisis
13. DMHAS Fiscal Presentation: August 2025. Confirmed