



# State of New Jersey

GOVERNOR'S COUNCIL ON SUBSTANCE USE DISORDER

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*Governor*

TAHESHA L. WAY  
*Lt. Governor*

NEIL VAN ESS  
*Acting Chairman*

CELINA LEVY  
*Executive Director*

## MINUTES

### **Governor's Council on Substance Use Disorder**

**May 21, 2024**

**Attendance: Neil Van Ess (Chairman), Celina Levy (Executive Director), John Armato (Public Member), Gregg Benson (Public Member), Donna DeStefano (Public Member), Sweta Kansagra (Public Member), Michelle Graham-Lyons (DCA) Adam Cortes (DOC), Lu Pereira (DOE), Jessica Atkinson (DOH), Valerie Mielke (DHS), Tiffany Wilson (LPS)**

#### **Call to Order**

The three hundred and eighty-second regular meeting of the Governor's Council on Substance Use Disorder was called to order at 10:00 a.m. by Acting Chairman Neil Van Ess.

#### **Open Public Meetings Act Statement**

Mr. Van Ess announced that notice of this meeting was provided in compliance with the Open Public Meetings Act (N.J.S.A. 10:4-6 – 10:4-21). In addition, Mr. Van Ess stated that public comments were to be provided electronically, through the GCSUD website contact portal between the hours of 10am and 1pm on the day of the meeting.

#### **Roll Call**

Katelyn Assenheimer called the roll. Members present and absent were noted for the record. Mr. Van Ess informed the Council that this meeting would be for informational purposes only due to the lack of quorum.

## **Chairman's Report**

Chairman Van Ess welcomed everyone to the meeting. He shared that GCSUD staff continues the process of incorporating the name change into all parts of the Council infrastructure. He also reminded the Council that it is imperative to obtain quorum at the June meeting since approving the FY25 County plan resolutions will be on agenda.

## **Mental Health Awareness Month Resolution**

Executive Director Celina Levy read a resolution recognizing May as Mental Health Awareness Month in New Jersey. This resolution will be voted on at the next meeting.

## **Presentation: "Overview of Mental Health and Addiction Services in NJDOC"**

Krista Connelly, PhD, Research Scientist and Adam Cortes, MSW, CPM Section Chief, Mental Health and Addiction Services of the Department of Corrections gave an overview of the mental health and addiction services offered to individual that are incarcerated.

Healthcare (both mental health and addiction services) is provided Rutgers University Correctional Health Care (UCHC). Individuals are screened and evaluated upon entry to DOC and can request mental health and or addiction services at any time.

Outpatient mental health services such as individual psychotherapy and psychiatry are offered for the general population at all nine state prisons and ten residential community reintegration programs. A patient can be discharged from outpatient services if they have met treatment goals, are no longer in need of mental health services, and can be added back if the need arises.

Three of the nine prisons have dedicated mental health units that provide extensive programming and treatment as well as 24/7 nursing coverage. These units consist of Transitional Care, Residential Treatment and a Stabilization Unit.

All FDA approved medications for substance use disorder are offered at all state prisons. The most commonly prescribed medications are Buprenorphine, Methadone and Naltrexone.

In addition to medication, NJDOC provides psycho education opportunities for substance use disorder patients. Self-Management and Recovery Training (SMART) is a cognitive-based recovery program that addresses addiction-related behaviors without mention of religion. Stacked Deck is a curriculum-based program that educates people on gambling and related risks and encourages responsible decision-making. Engaging the Family is a program that recruits a partner or child of the patient to establish family connections. Traditional 12 step programs are also provided.

Six months prior to a patient's release, a release and discharge plan is created. Healthcare staff work with the patient to make follow-up appointments. Individuals also have access to peer navigators who have been previously incarcerated. Intensive Recovery Treatment Support (IRTS) begins six

months prior to release and is offered up to 12 months after release. Peers assist in areas such as follow up healthcare, transportation, housing and employment.

### **Executive Director's Report**

Executive Director Celina Levy informed the Council that we are continuing to work on incorporating our GCSUD name change into all processes and platforms with the next focus being on the website.

The next Master Plan Subcommittee meeting is scheduled for early June and the latest draft will be reviewed. GCSUD will be reaching out to state departments soon for input on related programs.

The Block Grant funds from DMHAS which were sent to expire on March 14<sup>th</sup> have received a no-cost extension until March 14<sup>th</sup> of 2025. This will provide GCSUD with the opportunity to move forward with more trainings that were not possible due to the previous timeline.

On May 7<sup>th</sup>, Deputy Director Rebecca Alfaro represented GCSUD on a panel for a Fentanyl Awareness Day webinar presented by NCAAR and other collaborative partners. Turnout was great and the feedback was very positive indicating a need for more education about Fentanyl.

Director of Prevention and Planning, Sara Thode shared with the Council that the FY25 County Plans are due on May 31<sup>st</sup> and will be reviewed in MAGS. The GCSUD review team will meet on June 13<sup>th</sup> and the plans will be voted on by Council.

### **Adjournment**

Mr. Van Ess adjourned the meeting at 11:16.

\*\* FROM \*\*

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\*\* MESSAGE \*\*

SUBJECT: Public Comments

I attended my local MA meeting and the meeting was good for the most part. At the end, it was never opened up to the public which I found strange.

After several conversations with a GCSUD representative, I've learned that the state agency has little oversight over local agencies when it comes to scheduling meetings or appointment processes.

As someone who has been denied in bad faith the honor of joining my local Municipal Alliance, I'm incredibly disappointed in this lack of oversight and hope a policy can be considered by the state agency. This policy should outline requirements for when and how to schedule the quarterly meetings. I would hope that policy could also include a list of valid reasons to deny local residents from joining these boards.

I believe it is unprecedented and unnecessary to prevent residents from getting involved due to personal or political differences. As long as residents are professional, courtesy, and willing to help - local Municipal Alliances should be open to accepting ALL volunteers.

I hope this request will be taken into serious consideration and will be looking for it to become a topic of discussion during the next GCSUD meeting.