

New Jersey Behavioral Health Planning Council
Meeting Minutes,
November 8, 2017 10:00 A.M.

Attendees:

Jim Romer (Chair)	Rocky Schwartz (Co-Chair)	Darlema Bey	S.Robin Weiss
Mary Abrams	Joseph Gutstein (P)	Ellen Tanner	Phil Lubitz
Richard Thompson	John Calabria	Maria Snyder (alt)	Barbara Johnston
Chris Lucca	LeeAnn Wagner		

DMHAS, CSOC & DDD Staff:

Geri Dietrich	Mark Kruszczyński	Donna Migliorino	Yunqing Li
Irina Stuchinsky (P)	Suzanne Borys	Helen Staton	Limei Zhu
Stuart Waldorf (DCF)			

Guests:

Rachel Morgan	Julia Barugel	Louann Lukens	William Cole
Alric Warren	Roderick Bell	Nick Loizzi	Kathy Krimmel
M. Sten (NewPoint)	Suzanne Smith	Walter McCarthy	Suzanne Smith
Marie Snyder (P)			

I. Welcome / Administrative Issues / Correspondence / Announcements

- A. Quorum reached.
- B. Minutes from October 11th meeting approved.
- C. The December 13th meeting of the Planning Council will meet at DMHAS Office, 120 South Stockton Street, 08625, 3rd floor, Room 51 at 10:00 am.
- D. The State Mental Health Planner for the Community Mental Health Block Grant (D. Migliorino) wants to meeting with the Children's System of Care (CSOC) regarding the consolidation of data for Block Grant reporting.

II. Subcommittee Reports

- A. Substance Abuse (C. Lucca)
 1. Substance Abuse White Paper was previous created by the Subcommittee
 2. Recently President Trump declared National Substance Abuse/Opioid Emergency
 3. Concern of consumers potentially going to inpatient psychiatric hospital to treat substance Abuse issues.
 4. Discussion on Medicaid Institutions for Mental Diseases (IMD) Exclusion: Rule that prevented Medicaid from paying for treatment in facilities with ≥ 16 beds.
 - a. In CY2018 a representative from the state Medicaid Office (potentially I. Stuchinsky) could do a presentation on the IMD for the Council.

III. Block Grant Implementation Report (D. Migliorino, DMHAS)

- A. Introduction: The Community Mental Health Block Grant (CMHBG) Implementation Report is a comprehensive plan, and demonstrates to the US Substance Abuse and Mental Health Services Administration how the State Mental Health Authority (SMHA) (i.e., DMHAS) expended Block Grant Funds in the previous state fiscal year. (See <https://bgas.samhsa.gov/>, user name: citizennj, password: citizen) to view the report in full.

B. CMHBG

1. \$14M, no cuts in funding.
2. December 2017, Implementation Report was due to SAMHSA.
3. Universal Reporting System (URS): are various tables reported by the SMHA on topics such as youth and adults served with SMI & SED, the use of Evidence-Based Practices (EBPs), recidivism to state hospitals, consumer satisfaction. The URS tables are submitted directly from the SMHA to the National Research Institute (NRI) of the National Association of State Mental Health Program Directors (NASMHPD), a contracted for SAMHSA. URS Tables are not submitted via WebBGas
4. Performance Indicators: are annually reported benchmarks on the performance of the SMHA. See WebBGas *New Jersey - FY2018-2019 Combined Behavioral Health Assessment and Plan*, Planning Tables, Priority Areas and Annual Performance Indicators.
5. Consumer Survey: The Annual DMHAS Consumer Perception of Care Survey has been postponed to early 2018 due to the physical and administrative relocation of the SMHA to the Department of Health.

C. Department of Children and Families Survey 2017 (Stuart Waldorf, CSoC, DCF)

1. 8,360 survey questionnaires sent to prospective respondents via web-based Survey Monkey tool. 357 questionnaires were completed and returned to CSoC. A 4.3% response rate; in prior years the response rates were around 10%.
2. Suggestion: Work closer with the Family Support Organizations (FSOs) in announcing/distributing the survey.
3. Suggestion: conduct the survey during a Child Family Team (CFT) meeting.
4. Concern of invalid email addresses reducing the response rate.
5. CSoC Staff Members S.Waldorf and J. Martin are filling-in for A. Vargese—who usually coordinates the Children’s survey.

D. First Episode Psychosis (FEP)/Coordinated Specialty Care (CSC) (Dr. Y. Li, DMHAS)

1. Due to the start of this entirely new program, the current report provides data from November 2016 – October 2017. Subsequent reports will be for Federal Fiscal Year 2018.
2. FEP Data is found in URS Data Table 16a.
3. CarePlus is expected to serve 26 adults and 3 youth.
4. Rutgers UBHC is to serve 33 adults and 5 youth.
5. Oaks Integrated Care is expected to serve 56 adults and 5 youth.
6. Fidelity is not yet monitored because the SMHA did not receive the monitoring requirements from SAMHSA until *after* the FEP program started.
7. DMHAS applied for and was subsequently approved to receive a SAMHSA technical assistance grant.
7. The FEP/CSC program has a large outreach component.
8. Question: Can a consumer be receiving services from DCF/CSoC and be enrolled in the FEP/CSC program simultaneously? Answer: Yes, however the FEP/CSC program only admits youth with a diagnosed psychosis.

E. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) (S. Borys, DMHAS)

1. Treatment for pregnant women: Goals exceeded, resulting in a 32% increase.
2. 39% Increase in intravenous drug users.
3. Increase in heroin/opiate treatment, 30% since SFY15.

4. HIV Population: 36 sites targeted, 32 sites (obtained), 5,956 individuals tested, 24 positive tests.
5. Charitable choice table (See WebBGas).
6. Question: Medication Assisted Treatment Interventions (MATI)? Answer: DMHAS is working on a federal grant [application] for MATI. The goal of DMHAS is to connect consumers in need to MATI.

F. Children's System of Care (CSoC), (G. Dietrich, CSOC, DCF)

1. Trauma-Informed Care
 - a. 16 trauma educators (?)
 - b. 118 trauma training sessions
 - c. 4,182 attendees at trauma training, an increase of 74%.
2. Provider Integration of Behavioral Health and Primary Health
 - a. Traumatic Loss Coalition: SFY 2016 8,902 teachers trained. SFY17 8,939.
 - b. Comment: Importance of trauma informed care.

IV. Closing Comments (J. Romer, Chair)

A. Gun Violence

1. Monmouth County, suicide of 16 year old with AR-15 assault rifle.
2. State Task Force (After Sandy Hook school shooting in Connecticut)
3. 60% of all gun deaths are suicide.
4. Special Needs Registry in Monmouth County—a voluntary program where families give first responders background information on individuals whose behavioral health issues should be taken into account by law enforcement & first responders.
 - a. Emergency Room Physicians would support this.
5. There are two different issues: a gun control issue, and a behavioral health issue.
6. School refusal issue: The perpetrator of the Sandy Hook School shooting was prohibited from going to school; this conceivably could have contributed to his actions.
7. Crisis Intervention Training (CIT) for law enforcement & first responders.
8. Discussion of current issues should avoid political discussion.
9. Potential issue of individuals with mental health issues being reluctant to reach out for help [due to stigmatization]; often potential consumers are forced back into the shadows.
10. Comment: Claim of positive correlation between access to firearms and gun-related deaths.
11. Comment: Reluctance of some community members to go to community hospitals (?)
12. In the state of Florida it is illegal for a mental health provider to ask families if there is a gun in the house.

V. Announcements

- A. The NJ Department of Children and Families announced that CSOC Assistant Commissioner Elizabeth Manley will be departing, and replaced by Ruby Goyal-Carkeek on 12/8/17.
- B. Next meeting of the NJ BHPC will be in room 51, 3rd floor, DMHAS Building, 120 South Stockton Street, Trenton NJ on 12/13/17 at 10:00 am.

VI. Meeting Adjourned

- A. Next Meeting of the Planning Council: Wednesday, December 13, 10:00 am, 120 South Stockton Street, Trenton NJ 08625, 3rd Floor Room 51
- B. Proposed agenda topics:
- C. Planned Subcommittee Meetings (11/8/17):
 - 9:00: Substance Abuse
 - 12:00: TBD