New Jersey Behavioral Health Planning Council
Meeting Minutes,
September 11, 2019 10:00 A.M.

Attendees:

Darlema Bey (Co-Chair)	Phil Lubitz	Winifred Chain	Harry Coe
Cheri Thompson	Thomas Pyle (p)	Michele Madiou	Robin Weiss
Maryanne Evanko	Damian Petino	Patricia Matthews	Shauna Moses
Joseph Guttstein (p)	Marie Snyder (p)	Alice Garcia	Irina Stuchinsky

DMHAS, CSOC. DDD, DMAHS & DoH Staff:

Mark Kruszczynski	Donna Migliorino	Stuart Waldorf	Shanique McGowan

Guests:

Danille Cromartie-Williams	Kurt Baker	Wendy Rodgers	Rachel Morgan
Carol Katz			

(p) Indicates participation via conference call.

I. Welcome / Administrative Issues / Correspondence / Announcements

A. Introductions
B Quorum Reached: 16 of 39 member-participants (41% attendance, 33≤% needed).
C. Darlema Bey (Co-Chair) officiated the meeting.
D. Minutes from August 14, 2019 meeting approved (with minor edits)

II. Review of 2019 DMHAS Suicide Prevention Conference: (Dr. Maria Kirchner)

A. Overview.
1. 350< attendees took part in a full-day agenda of topics geared toward health care professionals.
2. Additional literature from the event is available from DMHAS
3. Currently DMHAS is in the active planning phase for implementing Zero Suicide Statewide in the future.
4. Gov. Murphy has allocated funding for suicide prevention, especially tied to reducing gun violence.
5. NJ has the nation's second lowest suicide rate (8.36%). National statewide average: 14%.
6. Nationally there is a positive correlation observed between increased gun availability and increased suicide rates.
7. Assistant Commissioner Mielke did welcoming remarks.
8. Data indicates that 45% of individuals who committed suicide had contact with primary care physician within one month of their suicide.
9. 92% of suicide attempt survivors saw primary care physicians within 1 year of their Attempt.
10. Importance of commitment of primary care physicians taking part in suicide prevention activities (such as the conference).
11. Stigma and self-care are important issues.
12. Recent suicides of Jarrid Wilson (national suicide prevention awareness advocate)

https://www.nbcnews.com/news/us-news/megachurch-pastor-jarrid-wilson-known-his-mental-health-advocacy-dies-n1052301 and Gregory Eells (U.Penn, Director of Counseling and Psychological Services) https://www.inquirer.com/news/unviersity-of-pennsylvania-death-psychological-services-20190909.html have elevated the awareness of even more suicide prevention efforts and highlight the importance of self-care among mental health professionals.

13. Presentations at the 2019 DMHAS Suicide Conference Included:
    a. Dr. Little's presentation on the role of the primary health care system in suicide prevention.
    b. Dr. Shawn Christopher Shea spoke about uncovering suicide intentionality in primary care settings.
    c. Dr. Frank A. Ghinassi (CEO UBHC) spoke of the 'systems architecture' of a system- based approach to suicide prevention.
        i. Zero Suicide must be the goal
        ii. Necessity of universal screening
        iii. Providers must make the human connection and see the consumer in their totality.
14. Transition to the Columbia-Suicide Severity Rating Scale http://cssrs.columbia.edu/ "The Lighthouse Project".

B. Comments
1. Concerns over potential impact of "mixed messages" resulting from recent NJ Law allowing physician assisted suicides for those with medically documented terminal illness.
2. Concern over lack of prominence of role of *hope*, as well as concerns about the nature, extent and *quality* of mental health services for those who ask for help; not merely "meds and beds".
3. Concern about those who have committed suicide whom had previously reached out for help prior to their suicide, but did not reach out again. The assistance they received was not adequate to prevent their suicide.
4. "The moment someone reached out to me, and listened to me was the most important.'
5. Recent positive outcomes in suicide prevention by law enforcement personnel at the George Washington Bridge and in Linden, NJ.
6. Importance of Peers.

III. Opioid Overdose Recovery Program (OORP): Overview and Performance (Charlotte Sadashige, DMHAS). [PowerPoint Presentation presented to the Planning Council and emailed to members in mid-September 2019].

A. Recovery Specialists and Patient Navigators engage clients who were reversed from an opioid overdose and taken to a participating hospital ED and provide non-clinical assistance and facilitate linkages to substance use treatment and recovery supports while also maintaining follow-up for 8 weeks
B. OORPs are operating out of 54 (73%) hospital emergency departments (EDs) throughout NJ.
C. Recovery specialists are expected to facilitate linkages to SUD treatment and contact clients 11 times during the 8-week follow-up –3 in the week following the overdose, twice in the 2nd week, and weekly thereafter for 6 weeks;
D. OORP data collection form includes information about service referrals and outreach conducted following clients' initial contact with OORP.

E. Most common location of overdose was patient's or someone else's home (61%) followed by streets or outdoors (13%) and vehicle (7%).
F. Largest age group served by OORP was 25-34 (38%)
G. 22% of clients overall were successfully linked to treatment in 2018.
H. Most common recovery support referrals were to self-help groups, transportation and housing supports, mental health and medical care.
I. Average number of follow-up calls placed to clients in 2018 was 8.4.
J. OORP Successes
    1. As of 2018, OORP was expanded to all 21 counties in New Jersey.
    2. Through June 30, 2019, OORPs responded to >13,000 overdoses; three-fourths of these resulted in referrals to withdrawal management, substance use treatment or recovery supports.
    3. Nearly all providers expanded their coverage to 24-hour, 7 days per week.
    4. 73% of hospital EDs in NJ are connected to OORP.
    5. OORP has led to the development of substantial peer recovery workforce.
K. Challenges for OORP
    1. Programs often lost contact with clients due to patients' lack of cell phones, stable housing, and transportation
    2. Lack of paperwork and insurance required for treatment admission; stigma of MAT; medical and mental health conditions prevented clients from obtaining substance use disorder treatment

IV. State Partners Involvement

A Juvenile Justice Commission (JJC) (Alice Garcia)
    1. 10th year of JJC Recovery Walk, however this year they will be doing a Recovery Awards Dinner on 9/20/19.
    2. Integrative Training of Complex Trauma (ITCT) to be scheduled for June 2020 training.

B. NJ Department of Education (DoE), (Damian Petino)
    1. Increased meetings on the subject of school-based mental health.
    2. Office of Student Support Services will be looped-into more meetings.
    3. Damian Petino will be glad to facilitate all requests for information on pending regulation and legislation impacting DoE.
    4. Revision of state curriculum to include section on mental health.

C. NJ Division of Vocational Rehabilitation Services (DVRS) (Cheri Thompson)
    1. DVRS is still attempting to recruitment for vendors to provide Pre-Employment Transition Services for students and youth (esp. in South Jersey).
    2. DVRS is in year two of grants to 21 agencies to provide services to youth.
    3. The Department of Labor & Workforce Development has apprenticeship programs that can benefit DVRS consumers.
    4. October 10, 2019 DVRs is participating in an annual vendor conference, hosted by Mercer County Community College from 9:00 – 11:00 am at the West Windsor Campus of Mercer County Community College.

D. NJ Division of Medical Assistance and Health Services (DMAHS) (Irina Stuchinsky) [the DMAHS Newsletter containing all announced information was sent via email to members of the Council on 9/12/19]
    1. "Long Term Residential (LTR) Managed Care Coverage
    Effective October 1, 2019, the managed care coverage exemption for Long Term Residential (LTR) provided to beneficiaries within the three identified sub-populations of

DDD, MLTSS and FIDE-SNP will be lifted and LTR services will be reimbursed through managed care. The remainder of the NJ Family Care population will continue coverage under FFS. Providers will be required to contract with Medicaid managed care plans to receive payment for services provided to members of these three sub-populations of NJ Family Care. Fee-for-service payment will not be available for these populations after October 1, 2019".

V. Announcements, Next Meeting & Adjournment

A. Announcements
   1. 9/10/19 Burlington County Suicide Prevention Event
   2. 9/20/19: Seaside Heights NJ, NAMI Walk
   3. 9/23/19: Attitudes in Reverse (AIR) Suicide Prevention Event 8:30 – 12:30, Hope Tower, Neptune, NJ.
   4. Mercer County Community College (West Windsor campus) is hosting an annual vendor fair.
   5. 10/16/19 Attitudes in Reverse (AIR) "Taste of Hope" Princeton Marriott, Princeton NJ
   6. 10/21/19: Burlington County Resource Fair
   7. 11/14/19: NJPRA.org will he having its 39th annual Conference at the Pines Manor, Edison NJ.
   8. 12/4/19: Burlington County Crisis Intervention Training (CIT)

B. BHPC Membership Subcommittee
   1. Met on the morning of 9/11/19. The following candidates for Chair and Vice-Chair were nominated by the BHPC Membership Subcommittee for consideration by the Council.
      a. Chairman: Phil Lubitz
      b. Vice-Chair: Darlema Bey
   2. Elections will be held on the October 9th General Meeting of the NJ BHPC, in accordance with its by-laws.
   3. Other nominations can be made by voting members of the Council/CAB and will be considered by the Council on 10/9/19.

C. Next meeting of the NJ BHPC will be held on Wednesday, October 9, at 10:00 am at DMHAS Headquarters, 5 Commerce Way, Suite 100, room 199a.
   1. Anticipated Subcommittee Meetings on 10/9/19:
      a. 9:00 AM, Membership
      b. 12:00 PM, Advocacy

C. Meeting Adjourned.