COUNTY OF HUNTERDON NEW JERSEY

HUMAN SERVICES ADVISORY COUNCIL

LOCAL ADVISORY COMMITTEE ON ALCOHOLISM & DRUG ABUSE
YOUTH SERVICES COMMISSION
MENTAL HEALTH BOARD

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REFERENCE:
- ☒ **Council**
- ☐ **Mental Health**
- ☐ **Youth**
- ☐ **Disability Services**
- ☐ **Substance Use Disorder**
- ☐ **Transportation**

Approved March 23, 2022

HUMAN SERVICES ADVISORY COUNCIL

Regular Meeting

Wednesday, February 23, 2022, 3:30 p.m.

Call In and Webex Only

MINUTES

MEMBERS PRESENT		EX-OFFICIO	SUPPORT STAFF	GUESTS
S. Cohen	R. Horoschak	N. Troche	M. O'Reilly	C. Sagona
B. Renkens	R. Cooper		E. Neukum	M. Scherer
S. Elliott	F. Leddy			B. Mastrianni
J. Cassano	L. Zimmermann			R. Hager
J. Gorman	J. Acosta			C. Watson
				R. Lewis

COUNTY DIV. REPS.
S. Nekola
L. Piazza-Long
K. Burghardt

***Designees**

I. CONVENE: OPEN PUBLIC MEETINGS STATEMENT:

"This meeting is being held in accordance with the provisions of the Open Public Meetings Act, N.J.S.A. 10:4-6 – 10:4-21. Notice of this meeting has been published in the Hunterdon County Democrat and the Courier News. A public notice announcing this meeting has also been placed in the lobbies of the Hunterdon County Department of Human Services, the first floor of the Main Street County Complex, 71 Main Street Building #1, Flemington, NJ; the first floor of the Route 12 County Complex, Building #3, 314 State Route 12, Flemington, NJ and County Clerk's Office."

The Council allows time for comments from the public at the end of each meeting. Public comments are limited to three (3) minutes per person per meeting, in order to ensure that all

attendees have an opportunity to be heard. Brief written comments may also be submitted for distribution during the meeting.

J. Gorman opened the regular monthly meeting of the Council at 3:33 p.m. with a quorum present.

J. Gorman read HSAC's Statement of Purpose.

Due to the recent public health crisis, COVID-19, this meeting was call in and Webex ONLY

II. ***APPROVAL OF MINUTES:** J. Gorman asked for a motion to approve the January 26, 2022 minutes. A motion was made by L. Piazza Long and F. Leddy seconded to approve the meeting minutes. There was one abstention. All members were in favor. The motion passed and the minutes were approved.

III. **PRESENTATION:** Tri-County CMO – L. Zimmermann thanked the members of this council for giving her the opportunity to present on the Tri-County CMO for Hunterdon, Somerset and Warren Counties for this HSAC meeting.

L. Zimmermann stated she will provide an overview of the Tri-County Care Management Organization including their mission statement, some of their key operational deliverables; what they do where they are, some of the services that they employ; formally and informally, and then she conveyed she will close out with some of the key contact information.

Tri-County Care Management Organization sits within the large umbrella of the New Jersey Department of Children & Families; the Children's System of Care. They originated 16 years ago in January 2006. Their contract from the very beginning is for the counties of Hunterdon, Somerset and Warren. The Tri-County CMO services youth aged 5 to the age of 21 and actually that is rapid changing as younger youth to the age of five. Some of their cases or with children with Mobile Response and then contingent on assessment of CMO level of care, then they are stepped-up in this case to the Tri-County CMO.

The population primary focus is on the following: Youth with complex mental behavioral emotional health challenges, substance use, developmental intellectual disability challenges and corresponding or optimal service linkage that they can provide. That is done by individualized service plans that are updated regularly and all of that brokerage, coordination and oversight comprises the child/family team is monitored and facilitated by the Tri-County Care Managers.

The Mission Statement, again in part strives to ensure youth with complex behavioral development to addiction challenges have access to tailored comprehensive formal and informal resources. Tri-County CMO provides intense care management services from the date of enrollment through well-developed transition plans. From the very beginning, there is a series of protocol. Care managers employ documentation, lots of intensive training and supervision and support afforded particularly in year one.

Every youth has an individualized service plan updated regularly. From the actual date of enrollment, the child/family team (under the guidance, coordination and facilitation of the care manager) have their eye on what are the mix of services as the youth moves through the duration of the enrollment with the Tri-County CMO toward post CMO enrollment. They build strength-based plans that are child-centered and family-driven. Wrap-around care model comprises of child/family and community strengths. They engage in ongoing identification and development

of sustainable community resources that translate to increased family choice in independence. They ensure that services are community-based and culturally competent, responsibly authorized, delivered and monitored. The agency has documented outcomes and tools that are used there internally. L. Zimmermann exclaimed there are no waiting lists or barriers for enrollment in the Children's System of Care. They serve as an information resource accessible to the community at large. At any given time, not only is Tri-County CMO supporting their care managers and supervisor staff in their work with youth and families in the three counties, but they are also currently partnering with different sections including the education partners, medical pediatric partners, law enforcement partners and the Family Success Centers. L. Zimmermann noted the agency has a very expansive network.

Within the processes they employ, they really want to keep the youth in a home-schooling community. A mini snapshot of Hunterdon County youth receiving services from Tri-County CMO: Currently, there are 123 Hunterdon County youth. Age range 0 to 4 = 1 youth; the primary cluster of a population are youth from age 11 – 17. Out of the 123 youth, 119 are residing in a home-schooling community; the remaining 4 are receiving out-of-home treatment which can vary; partial care hospitalization, a specialty bed, etc. The statistics indicate that currently no Hunterdon County youth are out-of-home or residential for substance use treatment.

In Hunterdon County, the majority of the families reside in central or north Hunterdon County. That encompasses Flemington, Glen Gardner, Clinton, Annadale, Hampton and Lebanon.

In terms of youth with substance use challenges utilizing and tool, strength and needs assessment, out of the 123 youth, 14 youth are currently being served who have scored on the strength and needs assessment module either suggesting treatment may be needed, or treatment is needed as substance use is clearly impacting the youth's life functioning or suggesting treatment is imminent. Based upon those scores, the care manager and the child/family team are able to identify at any given point during the youth's enrollment with them, the respect of the mix of services that can best meet what those more challenging needs are; whether mental behavioral emotional health, substance use or developmental/intellectual disabilities.

Every child has an individualized service plan. Tri-County CMO partners quite extensively with their school partners. Many of the enrolled youth also have IEP or 504 plans, so care managers receive training, coaching and guidance on how to most effectively work with their school partners because most of the youth that are served are in school for a minimum of nine months; sometimes it is an extended school year.

The agency has a wide range of formal and informal contacts for services. The following are primarily Medicaid available and reimbursable services within the Children's System of Care. The formal resources are some of the Medicaid reimbursable services which include intensive in community where a licensed clinician can be authorized to meet with the youth and family in their home or in an agreed upon location. The agency has behavioral assistants who work from a behavioral assistance individualized support plan. They have intensive at home clinicians which are typically authorized for the youth who have intellectual and developmental disability challenges. More of the interventions that are available in terms of the in-home clinical service are more tailored for those youth. Another service, individual services and support, is for youth that need help with activities of daily living.

For youth with substance use challenges, Tri-County CMO makes every effort to link those youth with clinicians that have the LCADC (Licensed Clinical Alcohol and Drug Counselor) licensure.

They also work with families with children with intellectual developmental disability service needs and also work with linking them with the family support service unit at PerformCare where they can access various types of respites, campership options and the intensive in-home clinical service line.

Primarily in Somerset County, the agency serves more of the bi-lingual Spanish-speaking population. There is an entire care management team that for the most part devoted to youth in the three counties where Spanish is the native language.

L. Zimmermann noted the Tri-County CMO works very closely with the Family Success Centers, specifically Harvest, partner with the family support organization which also sits within the Children's System of Care, Department of Children and Families umbrella. Youth partnership is also offered which encompasses youth aged 13 to 21. They do not have to be CMO Children's System of Care enrolled; it's a great resource that are open to youth, not just in these counties but statewide. It is a wonderful opportunity for youth to cultivate and develop informal supports to capitalize on their strengths to learn a lot of social skills, i.e., active listening, develop empathy, low frustration tolerance and conflict resolution.

For families, beyond the mental health, substance use and/or developmental disability focus of services, they also need some help and assistance in identifying and navigating and applying for the various array of pragmatic or basic needs resources that are available on the local, state or federal level. One common question that arises often is how a youth can benefit from their services. L. Zimmermann conveyed families are directed to contact PerformCare. PerformCare serves as the contracted system administrator for the New Jersey Children's System of Care. It is a 365 24/7 entity. They are the entity between the Children's System of Care under the umbrella of the Department of Children & Families and then they also support the systems; Tri-County CMO, the Family Support Organization and Children's Global Response Stabilization Services.

L. Zimmermann stated that at any given time from the three counties, the Tri-County CMO does receive a fair number of referrals emanating from Children's Mobile Response Stabilization Services. Youth in the counties may initially open with Children's Mobile Response Stabilization Services and then contingent on clinical or an assessment of level of need; there is documentation and coordination with the care coordinators at PerformCare and then the assessment is made that the youth or family does rise to the level of CMO level of care. The difference meaning Tri-County is more of a long term, more intense care management system. So, Mobile Response may be open for youth and families for eight weeks; Tri-County CMO is typically 12-14 months enrollment. She noted she had seen youth enrolled from 6 months to youth that have been enrolled for 6-8 years. Typically, the youth that fall within the 6-8 years category challenge the care management team to exhaust all community resources and then the assessment is made that the youth rises to the level of out-of-home treatment; residential. The agency continues to support the family unit; the parent, the care giver and/or the guardian. They are also very instrumental in coordinating and facilitating reintegration. When the youth who is in out-of-home treatment has completed his or her participation in a particular out-of-home program, then Tri-County CMO is there looking forward determining the best means of supporting the integration of the youth returning back to the family.

Tri-County CMO has two locations. The administrative office is in Branchburg in Somerset County. There are two teams that are currently situated in Washington, Warren County. The goal is to have the Washington team to serve primarily Warren County but there are times they are serving youth in Hunterdon County.

The agency is a voluntary system which means a youth cannot be court ordered to an individualized service plan. Additionally, there are no costs directed to the family. Families are encouraged if they have commercial insurance and are able to procure certain services and supports via their respective network plans should first check with their providers, but if that is not available or accessible to the families, then Tri-County CMO would be able to procure linkages with the Medicaid side, as well as can link the families with community-based services or assist with co-pays and deductibles with some of the commercial insurance services.

Who can call? Again, a parent, guardian, or school community members, but the parent or legal guardian must be available to provide consent. This is very important because their model is child-centered/family driven. L. Zimmermann mentioned again, the care coordinators at PerformCare assess the level of need and make the determination based on the presenting information by parents or caregivers. She always encourages families to try to avert from under presenting. Unfortunately, there is still stigma that prevails and sometimes families understandably when they call PerformCare, they are sort of reticent to report more extensively or accurately on what behaviorally going on with their son or daughter and how that adversely impacting the harmony in that family unit.

L. Zimmermann noted the agency has a wonderful resource database that is entitled Tri-County Resource Net. It is accessible www.tricountyresourcenet.org. There are 15 CMOs in New Jersey and 14 are on the resource net platform and are interconnected. This database is available to the community at large. The world can actually connect to the platform. They measure traffic on the resource net platform via google analytics.

Tri-County CMO has a warm line called the info line. If they receive calls through their main line which is 908-526-3900, Option 8, those calls are re-routed to the resource department and then either L. Zimmermann or the community resource specialist, Amanda O'Neill will respond to those calls. They do get some inquiries via email at info@tricountycmo.org. Primarily, parents and caregivers are the first to make the call, followed by school partners throughout the three counties with an occasional call from law enforcement or a pediatrician's office. They also offer Nurture Heart Approach trainings which are typically available early evenings. The agency is in the process of partnering with the FSO to offer these trainings in Spanish.

L. Zimmermann thanked the council and particularly M. O'Reilly. S. Cohen, B. Renkens and J. Gorman offered their personal thanks to L. Zimmermann.

She explained why the Tri-County CMO primarily focused on attending only the tri-county Children's Interagency Coordinating Council and the Youth Service Commission meetings in the past within the counties but will now expand that to attend each of the counties HSAC meetings. The CEO, James Parauda will attend the HSAC meetings, and she will serve as a back-up.

IV. NEW BUSINESS:

M. O'Reilly stated she had not heard of any new updates on the DCF Needs Assessment and is hoping to hear some more information in the coming months.

V. OLD BUSINESS:

A. Committees – Roles/Reporting and Expectations – Jerri Collevechio/Jeannine Gorman – M. O'Reilly shared a document identifying a list of committee assignments. M. O'Reilly, J. Gorman and J. Collevechio met to review the committee assignments and thought it would be a good idea to take a few minutes at this meeting for members to decide if there are any

committees that may be of interest to join. J. Gorman continued to review and discuss each committee. M. O'Reilly provided an overview and expectations of the Planning & Integration Committee. Discussion ensued. S. Elliott raised and discussed the WorkAbility bill, S3455/A5262. R. Horoschak provided updates of membership to the P & I Committee. C. Watson from Fisherman's Mark recently joined the HSAC meeting.

VI. REPORTS:

A. County Department of Human Services (CDHS): M. O'Reilly reminded the group about the HMFA mortgage assistance program ERMA and advised that we will send out additional information gathered from a webinar she attended this week that was hosted by the Department of Children & Families and HMFA. She stated she will compile the information and forward to HSAC and CEAS. The housing counselor list had been updated. In Hunterdon County, there are now five counselors. The presenters stressed the importance of referring people in need of mortgage assistance to housing counselors as they will be able to guide them towards the ERMA program or help them explore other opportunities.

M. O'Reilly reminded the group that the shutoff moratorium for utilities is ending in March. Help may be available through the Department of Community Affairs, through the USF and LIHEAP programs. The household income limits were increased, therefore, families are encouraged to apply.

She advised that we were made aware of a funding opportunity through the State Division of Deaf and Hard of Hearing, the Communication Access Grant. The County is exploring this opportunity. The funding can be used towards hearing loops for people who use a hearing device like a hearing aid or cochlear implant.

M. O'Reilly also reminded the group that the county has vaccine clinics each week and recently opened a testing site at the old Pier One, which is open 5 days per week offering PCR and rapid COVID tests. She suggested that anyone interested in these services check the county website for the most up to date information. The County is still offering at least once a week the COVID vaccination or booster.

B. NJ Department of Human Services (DHS): N. Troche reported the Division of Deaf and Hard of Hearing has announced a funding opportunity available to all counties to improve communication and language access for deaf, hard of hearing and deaf-blind New Jerseyans. Through a Request for Letters of Interest, interested counties can request up to $75,000.00 in grant funds for language and communication access projects. A webinar will be held on Friday, February 25, 2022 at 10:00 am.

N. Troche stated the Excluded New Jersey Fund had reached $40M by the submitted applications. The Excluded New Jerseyans Fund (ENJF) provides a one-time, direct cash benefit to eligible households who were excluded from both the federal stimulus checks and COVID related unemployment assistance - including undocumented individuals, residents re-entering from the justice system, and any other individuals otherwise excluded. This program will end on February 28, 2022.

C. NJ Division of Child Protection and Permanency (DCP&P): M. Scherer reported the Hunterdon local office is currently working with 249 children with 15 youth in placement and received 41 referrals in a month. Personnel is back in the office five days a week. In 2021, there were more than 500 adoptions and within those 500 adoptions, half were with kin.

D. HSAC Committee Reports:

By-Laws Committee – R. Horoschak stated the committee is still discussing the By-Laws and are hopeful to get through them this spring.

Housing Committee – R. Cooper reported the committee has a survey completed thanks to K. Burghardt and S. Nekola. Once the survey is completed, M. O'Reilly will review and give direction how the feedback can be posted and distributed throughout the county. The images that will be on the LINK buses are coming closer to completion. R. Horoschak added a goal to figure out who the targets are for the survey would be. He remembered there were three different groups and provided kudos to R. Cooper, K. Burghardt and S. Nekola. J. Gorman added her input. K. Burghardt is hopeful to host a landlord breakfast outside when the weather improves. F. Leddy offered her organization's space.

Planning & Integration Committee – No updates at this time.

Outreach & Communication Committee – No updates at this time.

E. CDHS Committee Reports: No Report at this time.

VII. GOALS & ACTION: None at this time.

VIII. PUBLIC COMMENT AND QUESTIONS PERIOD:

Public comments are limited to a maximum of three (3) minutes per person. Brief written comments may be submitted prior to the meeting for distribution during the meeting.

J. Acosta-Hobschaidt conveyed M. O'Reilly recently shared a flyer with the council about a presentation: Free Spanish Virtual Presentation: "The Digestive Health, Nutrition and Your Colon". The Hunterdon & Mercer Regional Chronic Disease Coalition and NJCEED will be hosting Evelyn Fuertes, who is a Community Educator at the Rutgers Cancer Institute of New Jersey. On March 17, 2022 at 1:00 pm. Evelyn will be speaking about simple changes to elevate your energy and how to reduce the risks of colon cancer and other chronic disease conditions. She noted she will forward an English flyer as well.

IX.* MOTION TO ADJOURN:

R. Cooper made a motion and S. Elliott seconded. The motion passed, and the meeting was adjourned at 4:27 p.m. The next meeting will be held March 23, 2022.

***= Item Requires Action**

Note to Council Members: If members are unable to attend the meeting, please notify the Hunterdon County Department of Human Services.