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 April 7, 2022

MENTAL HEALTH BOARD

Regular Meeting

Thursday, March 3, 2022 5:30 p.m.
Via Webex

MEMBERS PRESENT	MEMBERS ABSENT	EX-OFFICIO	STAFF	GUESTS
W. Dudzinski	M. Deo	D. Davis	S. Becker	A. Bassetti
L. Hartman	R. Walker		S. Nekola	J. Pelland
			M. O'Reilly	M. Eichorn
				L. Oramas
				G. Fitzpatrick
				S. Evans

*PAC-PACADA Liaison - M. Margulies

I. CONVENE: OPEN PUBLIC MEETING 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 provided 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."

ROLL CALL:

The regular public meeting was opened at 5:30 p.m. Introductions were made.

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

S. Becker stated she is with the Department of Human Services as the Mental Health Administrator and Drug & Alcohol Director.

W. Dudzinski stated he is the Chairman of the Mental Health Board and CFO of NewBridge Services, Inc.

M. O'Reilly stated she is the Human Services Administrator in Hunterdon County.

A. Bassetti stated he is with the Hunterdon Medical Center.

D. Davis stated she is the Program Analyst with the Division of Mental Health and Addiction Services.

G. Fitzpatrick stated he is the Director of Emergency Services for Rutgers University Behavioral Health Care.

J. Pelland stated she is with Rutgers University Behavioral Health Care Intensive Recovery Treatment Support (IRTS) program.

L. Hartman stated she is a county resident and is attending the Mental Health Board representing NAMI Hunterdon.

S. Evans stated she is the Program Manager at Rutgers UBHC and she has the Hunterdon County STAR program.

S. Nekola stated she is the Division Head of Social Work Services.

M. Margulies stated he is with Summit Oaks Hospital and the liaison for the MHB and PAC/PACADA Chair.

M. Eichorn stated she is the Executive Director of the Family Guidance Center in Warren County and is also attending as a resident of Hunterdon County.

L. Oramas stated she is the Program Manager for Rutgers EISS and the crisis clinic.

II. *A. MINUTES: Due to a lack of a quorum, the meeting minutes of February 3, 2022 will be tabled at April 7, 2022 meeting.

B. CORRESPONDENCE: No correspondence at this time.

III. REPORTS:

A. County Update: M. O'Reilly advised that the New Jersey Department of Community Affairs (DCA) today announced that the application period for the Low-Income Household Water Assistance Program (LIHWAP) is now open. The program will provide financial assistance to low-income households to reduce the balances they have on their residential water and wastewater bills. Eligibility requirements can be found on the DCA website that can be forwarded. The application can be completed online and anyone who needs assistance can contact either NJ211 or reach the outreach office directly which for Hunterdon County is Family Promise of Sussex County.

M. O'Reilly also mentioned at the Youth Commission Services meeting that had been held this week, Catholic Charities which operates Mobile Response, reported they had the highest number of dispatches last month; this is an all-time number. They had 171 dispatches for the counties they serve. This is troubling to hear.

Tri-County Care Management Organization has an RFP opportunity. S. Becker forwarded the information and details out earlier in the week to the PAC/PACADA members. A maximum

total of $68,678.46 is available to fund one or more projects. Funding is to be used for expansion or creation of resources available to tri-county youth experiencing emotional, behavioral, developmental, intellectual, and substance use needs, and their families. All types of projects that result in the creation or expansion of community-based resources that meet cited multi-source needs data will be considered.

Information had been shared by the Department of Children & Families regarding vaccines and booster shots that are available through the New Jersey Department of Health. There was information in an email to contact the Department of Health for any pop-up clinics. M. O'Reilly will provide the information in an email.

S. Becker added she just emailed the MHB members Governor Murphy's statements regarding the vaccination extensions for workers, which she had found to be a bit confusing. She continued to explain a few job functions and their specifics extension and also, had read the extension could be until June 4, 2022. She forwarded three attachments.

B. **State Update:** D. Davis provided her update on an RFP: A Request for Proposals (RFP) was issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) called Building Capacity in Mental Health (MH) and Substance Use Disorder (SUD) Programs to Provide Medications for SUD. This will assist licensed Mental Health (MH) and licensed SUD programs in developing the capacity to offer SUD medications, i.e., buprenorphine, naloxone, naltrexone, methadone and acamprosate. The awardee will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. This RFP is funded through the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response grant (SOR). The SOR grant period is September 30, 2020 to September 29, 2022. Total annualized funding is $300,000.00 subject to Federal appropriations. DMHAS anticipates making up to four (4) awards (each not to exceed $75,000.00). This initiative will be funded through cost-reimbursement contracting. Effective February 22, 2022, the RFP is available at: www.state.nj.us/humanservices/providers/grants/rfprfi/index.html and www.state.nj.us/humanservices/dmhas/provider/funding/. A proposal must be submitted that comports with the RFP requirements and instructions. The Submission Deadline for the Proposals must be received by 4:00 p.m. on March 29, 2022 and Bidders will be notified on or before April 19, 2022.

D. Davis exclaimed there is an update for the New Jersey Mental Health Application for Payment Processing (State dollars for fee-for-service). The latest update, 4.9.1 went live on February 23, 2022. The biggest change is the addition of the "Revenue Template". Revenue templates need to be completed for Residential Providers and CSS to report any money collected by the agency from the consumer such as residential fees or nutritional fees. The information needs to be submitted on the NJMHAPP Revenue Template and the fees collected will be reduced from the Agencies FFS payment monthly. Appendix M was released with the 4.9.1. update on 2/23/22. Which provides instructions on how to complete the Revenue Template.

D. Davis conveyed the Governor's Budget Address is scheduled for Tuesday, March 8, 2022.

Just a friendly reminder that the next DMHAS QPM Zoom Webinar is scheduled for March 10, 2022 at 10:00 am. Please register your attendance with this link: https://www.zoomgov.com/webinar/register/WN_Zp80lbjiSWOfXA1ylRSiUQ

Reminder that Screening Waiver Requests must be submitted in writing to the Division 60 days prior to the waiver's expiration. Any state-funded programs that have screening waivers that are active now must ensure that whole process started and submitted within 60 days of that expiration.

Acting Commissioner Sarah Adelman today announced the Department has awarded a contract to provide cultural competency training for opioid treatment providers to narrow the treatment gap experienced by Black residents, who are statistically less likely to receive or access services.

The Department awarded a $750,000.00 contract to Family Connections Inc. to provide training, coaching, and consultation services to counselors and leadership employed at state-licensed opioid treatment providers. The plan is being funded by a grant through the federal Substance Abuse and Mental Health Services Administration.

A secondary goal of this initiative is to increase the prescribing of medication for Black residents that supports addiction recovery. Medication-assisted treatment is the clinical standard of care for opioid use disorder. The initiative will train up to nine providers each year, with a minimum of 60 participants served each year at each agency. Providers will be selected to participate in trainings via an application process managed by the awardee and approved by the DMHAS. The training plan must include measures to identify progress.

Short-Term Care Facility units and screening centers should refer to Jenna Caccese's email sent March 1, 2022 regarding the BEDS System pointers from technical assistance. This is for the online live tracking portal for the STCF beds.

In terms of a CSS update, Harry Reyes stated that providers can send staffing waiver requests to DMHAS and reminded providers to contact him or Deborah Gravely with any questions or concerns around staffing. Waiver requests can be sent to Latrisha.Johnson@doh.nj.gov who is in the Certificate of Need and Facility Licensing unit.

CSS and the IME will facilitate a Learning Application at the March meeting on IRP Development and Measurability.

The CSS Team developed a new TA Quick Reference. Providers can review information like the State Plan Amendment and Medicaid regulations, Medicaid Newsletters, and information on DCA and Support Housing Connection. The TA Quick reference page can be found on the CSS Initiative Website.

Some upcoming CSS Spring Documentation Trainings are scheduled for Tuesday, April 19, 2022 and Tuesday, April 26, 2022 at 9:330 am. Registration will be available soon.

A virtual upcoming CSS webinar called Let's Talk About Sex, Gender Expression & Orientation will be held on Friday, March 11, 2022 at 9:30 am. Shirley Buchbinder will be the facilitator.

W. Dudzinski questioned about the Governor's postponement of the vaccine mandate which had affected his agency as well as many others. D. Davis believes the deadlines had shifted and is due to the change from the CDC regarding the timeframes for the two doses to be

administered. W. Dudzinski re-visited the questions regarding this mandate from last month's meeting. S. Becker did raise these concerns at the State DMHAS meeting as well as with her peers in other counties who were very concerned and were going to reach out to their agencies for feedback. A few counterparts had expressed that their staff had been reduced due to this mandate causing a shortage of personnel. S. Becker will locate the email correspondence referencing this topic and will forward to the MHB distribution list.

C. NAMI Hunterdon, Update: L. Hartman stated NAMI Hunterdon had begun to hold their monthly family support groups in-person at the Getting Together Center on East Main Street. The groups are very much under-utilized and sparsely attended. As she conveyed, just hearing the statistics or number of emergency calls for the mobile outreach, L. Hartman is concerned that not enough information is shared with the community that NAMI has a support group. She feels it is very important to share this county resource. Otherwise, NAMI offers other programs that are listed on their website or the state website. S. Becker offered to post any NAMI Hunterdon information on the county's Stigma Free website.

III. UNFINISHED BUSINESS: S. Becker conveyed she is going to merge Unfinished Business and New Business. Last month, A. Bassetti presented on the EISS RFP and now Rutgers is here to do the same. In all fairness, as Rutgers presents, she had asked A. Bassetti to step out since they did not have a chance to hear his presentation. She explained DHMAS is asking for the MHBs opinions. When both presentations are done, S. Becker will send an email to the members alone with a deadline which she believes is March 11, 2022 to reply with any comments, questions, statements or anything a member wants DHMAS to consider for both plans. She will then prepare one email for DMHAS from the Hunterdon County MHB. S. Becker clarified that only the voting members will receive the presentations for the RFPs.

V. NEW BUSINESS:

A. Luz Oramas and Greg Fitzpatrick, Rutgers EISS Presentation: G. Fitzpatrick began by thanking the board for giving Rutgers the time to talk about the Early Intervention Support Services program and their proposal. He exclaimed it is one of their favorite programs, specifically one of his favorite programs.

Early intervention is a crisis outpatient program. Rutgers is designed as a front door program to give people immediate access to treatment; to try and avoid for them to go to an Emergency Department or being hospitalized going to a screening center. For many years access to mental health treatment has always been a barrier, taking weeks to get an appointment. This will allow people to get access to treatment right away. It is expected for Rutgers University Behavioral Health Care to be able to see someone for that first assessment within 24-hours of the referral. Then within 24-hours of that assessment, to see a medical provider for medications if that is necessary. Rutgers UBHC then will start treatment. Their job is to get past this crisis; get people through the crisis and then link them to a more traditional outpatient programming and ensure they are safe. Rutgers UBHC has 30 days to achieve this. They do not want to see anyone stay longer than 30 days. The program has case management, clinicians, substance abuse counselors, advanced practicing nurses and peer support specialists that work as a team to meet with the individual, get them back on track again and link them to more traditional outpatient programming.

G. Fitzpatrick feels the best part of this program is the flexibility. There are many programs either partial or IOP where the individual has to follow that structure of that program. With early intervention, they can structure the programs into what that individual needs. It is a crisis

program, therefore, he is expected to see an individual twice a week. One additional day could be with a case manager or peer support. There is the flexibility of seeing an individual every day. G. Fitzpatrick noted there were individuals who were suicidal and had enough support in the community where hospitalization or commitment was not necessary, but the individual was seen every day. Part of their safety planning is to do their best to continue to provide screening and treatment even if the individual dropped out; the team tries to reconnect and ensure the individual stays in treatment.

Historically, the program began over 10 years ago. There are two programs right now; one in Middlesex County that began about 11 years ago and one in Essex County that began about 10 years ago. There has to be different counties. Middlesex County are busy with a good volume coming in of a wide variety of individuals; Rutgers students get a lot of chronic folks coming in and Essex County is the busiest for the early intervention programming state. The volume is quite high in Essex County. Rutgers UBHC is seeing individuals and offering appointments for individuals within 24 hours just about 100% of the time and it has been a very effective treatment for folks.

The local emergency departments love the early intervention programs. Those who do go into the ED where staff can connect people to treatment within 24 hours which reduces their length of stay and Rutgers UBHC can see that individual either the same day or the next day from the ED.

The treatment team itself really wraps around whatever an individual needs. A lot of case management issues, transportation issues, medication needs, etc. that has been very positive for these two counties.

Rutgers UBHC works really closely with the community. They participate in a lot of meetings; speaking to different agencies and at different meetings, ensuring the community does have the access where people can walk-in, make an appointment either way. G. Fitzpatrick conveyed he personally helped the Middlesex County program get started and oversees both counties' programs. Over the years, he worked closely with law enforcement and Prosecutor Offices and had been apart of jail diversion committees. This is a great program for that, and they conduct a lot of education with law enforcement, crisis intervention team training to ensure law enforcement is aware this program is available and an option for the community.

Historically, Rutgers UBHC has been very successful in having these programs. They have programs across the state. Each program kind of embeds itself into the community. They do a lot of community work in the outreach. S. Evans added the STAR program has been in Hunterdon County for two years, two months and established two months before the pandemic. It took a huge effort to get the word out, but Hunterdon County really tailor the programs. There is a program and Mercer County with all of the others in Middlesex County, but Hunterdon really looks at the surrounding towns with the population and what people need. It is so important and not cookie-cutter and is really customized to the community's needs.

W. Dudzinski asked S. Evans to provide an overview and understanding of what the STAR program is and what is its purpose. S. Evans stated the STAR program stands for Support Team for Addiction Recovery, which provides services to people in Hunterdon County that are aged 18 and over that have a diagnosis of an opioid use disorder. In that, they can also have a co-occurring disorder as well, but there must be evidence of an opioid use either in the past or in the present. The STAR program has case managers/substance abuse counselors that

provide case management to the individual, as well as peer recovery specialists who provide an array of other supports such as encouragement, engagement, lived experiences to be able to share, etc. It is all about what those individuals need. She provided an example. Currently, the program is serving 25 individuals on the caseload. A lot of the referrals come from a few agencies and recovery court. There a total of three employees serving the STAR program; two peer recovery specialists and one case manager.

S. Evans echoed G. Fitzpatrick's words, the EISS program is a wonderful program. Rutgers UBHC uses it frequently. People coming out of jail can obtain services either the day of release or the next day. It is very tailored to the individual that she feels is key.

W. Dudzinski inquired with G. Fitzpatrick with the challenge of how one starts up the EISS program in Hunterdon County similar to the other counties already exercising this program in the past. He feels the challenge would be going from zero to a fully functioning program. G. Fitzpatrick agreed it will be one of the challenges. Right now, they are viewing specific locations to obtain space in the county. The goal is to first obtain space as soon as possible that is easy to access and then they want to get staffing established; the clinicians, the case manager and peer recovery specialists. He continued with providing training, get the equipment necessary and then get a lot of advertising out in the community. Rutgers UBHC plans on working closely with the Hunterdon Medical Center, the ED and all of the different programs they can work with that would be beneficial. W. Dudzinski commented that hiring staff may be a big issue as it has been an ongoing statewide issue. Discussion ensued.

W. Dudzinski asked what if the program could not link individuals within the 30-day timeframes. G. Fitzpatrick replied that was a good question and he had struggling experiences with that in Essex County due to fewer resources to connect individuals with. The length of stay is longer than 30-days in Essex County. Recently, the state had offered expansion for these programs. The expansion that they did in Essex County was to increase the length of stay to 40 days. For Middlesex County, the hours had been expanded a little bit. Rutgers UBHC starts a discharge plan right away in order to make the referrals and plan accordingly within the 30 days. W. Dudzinski relayed his concern of the long waiting lists in Hunterdon County and 30 days is not a lot of time; there is a waiting list longer than 30 days. Discussion ensued. L. Oramas added the issue is the same in Essex County; a very long wait time. She conveyed she developed relationships with community providers to possibly help move the along the list a bit quicker. It is a lot harder to get the Spanish-speaking population connected due to the language barrier, therefore, Rutgers does not drop them; they work with them until the individuals are successfully transferred to another program.

W. Dudzinski commented that Rutgers UBHC is aware of their competition, Hunterdon Medical Center system. They are totally integrated for mental health essentially in Hunterdon County. He asked the question why is it that Rutgers UBHC feels they can do a better job with EISS than with that healthcare system. G. Fitzpatrick replied because they had been doing it for ten years. Rutgers UBHC had built the programs and effectively running them. They are aware of the populations and know the challenges of that level of care of getting people through crisis, as well as understands the staffing and the training. Again, it is based off of over ten years of experience.

S. Becker asked if an individual shows-up and needs involuntary care and the situation is a little more extreme. Does the program have the capability to hospitalize an individual or does the situation have to go to a screening center? G. Fitzpatrick replied Rutgers UBHC will

facilitate the situation with a relationship with either the hospital, the screening center or if necessary, law enforcement. The EISS program is for ages 18 and older. A lot of individuals with substance use disorder coming in, therefore a substance use counselor will be available. Discussion ensued.

R. Walker asked if the program offers a 24-hour availability access. G. Fitzpatrick acknowledged that yes, there will be onsite during business hours seven days a week at this point and then the rest of the time, clinicians will be on-call.

W. Dudzinski asked what G. Fitzpatrick thinks the caseload would be in Hunterdon County. He replied maybe close to Middlesex County 15-20 per clinician. L. Oramas agreed that would be an accurate number. Discussion ensued.

M. Margulies inquired if the program would be offering transportation initial linkages for individuals that may be having issues. Secondly, will the program conduct any follow-up after the initial linkage such as a case manager would do to ensure the individual would be in the correct program. G. Fitzpatrick replied yes to both questions. Regarding transportation, they are planning to have an account with Uber, and they do a lot of work with transportation with all of their programs. G. Fitzpatrick emphasized that the program ensures people get connected before they close the case; make sure they are making their appointments and they attend.

W. Dudzinski asked how long G. Fitzpatrick feels it will take to launch this program in Hunterdon County. G. Fitzpatrick and L. Oramas stated they proposed to start taking clients during June or July. It is going to take some time to acquire space, hiring personnel and set-up accordingly. Again, having the Middlesex County program will help. W. Dudzinski reiterated this is a $1M grant for a 12-month duration, as well as this is a continuing grant from the funder. G. Fitzpatrick confirmed that Hunterdon County would be like Middlesex and Essex Counties. W. Dudzinski inquired if Rutgers UBHC plans on spending the entire grant within the timeframe or what plans would he be implementing. Discussion ensued.

S. Becker thanked the team from Rutgers and is excited for this program no matter who get it and wishes all involved the best of luck.

Agency Updates:

Summit Oaks Hospital – M. Margulies conveyed the outpatient level of care is now going back to a virtual model. The hospital will be conducting the sessions virtually but in a live, group session. In the group session, there will be big-screen TVs, special Zoom accounts and again, if someone cannot attend group that day and may be having transportation issues or is out of their catchment area; this is a win-win and a convenience. Additionally, in-patient level of care is functioning as normal. There are no noted issues. All levels of care are open. Staffing concerns still linger as with many other agencies and facilities. Although, there have been new personnel added in the past three weeks and he is hopeful that all beds should be open within a month or two.
S. Becker stated this new model has been discussed among her counterparts in the county and she is excited to say she know someone who is using this model. She asked if he could provide her with ongoing updates about how this model is working. Discussion ensued regarding if staffing was affected by the vaccination mandate. Mostly nurses were affected.

NewBridge Services, Inc. – W. Dudzinski conveyed the biggest event happening at NewBridge Services, Inc. is that they purchased a new electronic health record and billing system. It is all consumer and will take his agency until about June or July to get the system up and running. The

agency is very hopeful it will improve profitability and help make everybody's life a bit easier. M. Margulies advised to be patient.

Discussion ensued regarding the EISS RFP.

S. Becker announced Michelle Eichorn will be joining the MHB as a member very soon.

A motion was made by L. Hartman and seconded by M. Margulies. All were in favor. The motion passed. There being no further business, the meeting adjourned at 6:39 p.m. The next meeting will be on April 7, 2022 at 5:30 p.m.