COUNTY OF HUNTERDON NEW JERSEY

HUMAN SERVICES ADVISORY COUNCIL

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

908-788-1253
908-788-1372
908-806-4204 FAX

humansvc@co.hunterdon.nj.us

P.O. Box 2900
Flemington, New Jersey 08822-2900
(Location: 8 Gauntt Place)

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

Approved March 3, 2022

MENTAL HEALTH BOARD

Regular Meeting

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

MEMBERS PRESENT	MEMBERS ABSENT	EX-OFFICIO	STAFF	GUESTS
W. Dudzinski		D. Davis	S. Becker	R. Freaney
R. Walker			S. Nekola	A. Bassetti
L. Hartman			M. O'Reilly	M. Eichorn
M. Deo			R. Booth	D. Cook
				S. Carew
				K. Dorlin

*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.

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.

L. Hartman stated she is attending Mental Health Board representing NAMI Hunterdon.

M. Deo stated she is a Crisis Intervention Specialist with Catholic Charities.

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

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

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

R. Freaney stated he is with the Rotary District 7475.

R. Booth stated he is with Hunterdon County as the Veterans Services Officer.

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

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

D. Cook stated he is with Rotary District 7475 and a Co-Chair along with R. Freaney as far as their efforts on mental health and substance use disorders.

II. *A. MINUTES: A Motion was made by R. Walker and seconded by L. Hartman to approve the minutes of January 6, 2022 after one correction: Page 5; **B.** COVID Increasing: Community Responses; fourth paragraph; a statement by D. Davis to read President not Governor. There was one abstention. All were in favor. The motion passed.

B. CORRESPONDENCE: No correspondence at this time.

III. REPORTS:

A. County Update: M. O'Reilly stated the County had participated in the Point In Time Count that was scheduled for the evening of January 25, 2022. They are in the wrap-up phase right now. All surveys are due to be entered into the Survey Monkey system by February 11, 2022. She conveyed how happy she was with all of the participation this year.

The state announced the Emergency Rescue Mortgage Assistance (ERMA) program, - financed by the Homeowner Assistance Fund (HAF) - provides up to $35,000 in assistance to cover mortgage arrearages and other housing cost delinquencies for eligible homeowners negatively impacted by the COVID-19 pandemic.

- The ERMA application portal opens on Tuesday, February 8 at 9 AM. Access the application portal at https://njerma.com/
- Free housing counseling is available to assist with applications. Find a participating counselor group at this link: https://www.nj.gov/dca/hmfa/consumers/foreclosure/counselor/.

- Contact (855) 647-7700 or HAFservicing@njhmfa.gov for additional support.

To qualify for the ERMA program, homeowners must meet the following requirements:

- Be a New Jersey homeowner with a demonstrated COVID-19 related financial hardship occurring after January 20, 2020;
- Own and occupy an eligible primary residence;
- Have an income at or below 150% of their county's AMI here: https://www.njhousing.gov/dca/hmfa/covid19/docs/HAF_Incom_%20Limit_SHEET_A.pdf.

Once the ERMA portal opens, applicants can submit an EMRA application using a personal computer, laptop, smartphone, or tablet. Housing counselors are available NOW to assist homeowners that need help understanding all available options and through the application process once it opens.

The utility moratorium will end March 16, 2022. Some of the eligibility requirements have been increased for income levels. It is very important to relay this information to anyone who may be in need of assistance.

The County opened a COVID-19 testing site today for both rapid tests and PCR tests. She will put the information in the Chat Box.

B. **State Update:** D. Davis provided her update on a few RFPs: A Request for Proposals (RFP) was issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to provide comprehensive array of services for opioid dependent pregnant women, their infants and family. The Integrated Opioid Treatment and Substance Exposed Infants (IOT-SEI) initiative will provide opioid use disorder treatment, prenatal and postpartum medical/obstetric services, care coordination, sober living arrangements, wraparound services, intensive case management and recovery supports. The deadline for receipt of proposals is on February 16, 2022 and no later than 4:00 p.m. and the final award announcement will be on March 25, 2022.

A second RFP was issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for creation of the Early Intervention Support Services (EISS) in the following ten (10) counties: Passaic, Sussex, Warren, Hunterdon, Union, Salem, Gloucester, Burlington, Somerset, Cape May. Total annualized funding for each of the counties is one (1) million from the $10 million total funding amount available, which is subject to State appropriations. DMHAS anticipates making up to 10 awards to above listed counties. EISS in the context of this RFP represents community-based treatment alternatives for adults with acute psychiatric symptoms, inclusive of individuals who have co-occurring conditions. New Jersey's EISS programs function as psychiatric urgent care clinics that offer adults access to crisis intervention services without having to rely on local hospital emergency departments. EISS programs provide rapid access to short term, recovery oriented, crisis intervention services. EISS serves persons who are 18 years of age or older, who are experiencing exacerbated symptoms of a mental illness. Services include assessment, psychiatric evaluation, pharmacologic interventions, short-term counseling and psychotherapy, psycho-education, time-limited case management, referral and linkage. EISS has routine "after-office" hours (e.g. weekends), accommodates "walk-ins" and offers quick access to staff with psychiatric prescriber privileges, when needed. A Mandatory Virtual Bidders Meeting was held on January 21, 2022. The deadline for receipt of proposals is on

February 18, 2022 and no later than 4:00 p.m. and the final award announcement will be on March 28, 2022. This is exciting for Hunterdon County especially in the context of the discussions the board had been having in looking for additional services to be added in the County.

There is a reimbursement opportunity through SAMHSA for COVID-related expenses. This was briefly discussed at the last meeting about substance use disorder programs and the possibility to use for mental health programs. Now, this reimbursement opportunity can be used for mental health programs to cover protective equipment, IT upgrades, testing expenses all related to the public health emergency, etc. The expenditures must have an invoice purchase date between October 15, 2021 and February 1, 2023. Each program can receive a reimbursement for up to $20,000.00 for each of those buckets. This will help the mental health programs and be a good idea to take advantage of these opportunities.

The Department of Health is offering vaccination support for mental health programs with either scheduling a pop-up site if anyone wo needs it, a pop-up clinic or presenting to the County or an agency, representation from the Department of Health can provide detailed information, assistance anyway they can or vaccinations directly including boosters.

The COVID Connect Helpline's contract had been extended and will continue to provide phone support, tele-health services and was meant to be short-term but individual cases will be looked at on a case-by-case basis if needed. D. Davis will put the details in the Chat Box.

The Rule of Relaxations and Modifications have been undated to align with the Tele-Health Law that was signed by Governor Murphy to extend tele-health. This information can be found on the division's website dated January 25, 2022.

On January 19, 2022, New Jersey Governor Phil Murphy signed Executive Order 283 (EO 283), requiring healthcare facilities and high-risk congregate settings covered by the EO to adopt and implement policies requiring covered workers at covered settings to be up to date with their COVID-19 vaccinations, including having received a booster dose. D. Davis added most people did hear about this but there are set timelines that needs to be achieved and again, anyone in need of assistance to please contact the Department of Health. W. Dudzinski added that testing is no longer an option under this Executive Order. W. Dudzinski conveyed this is a major concern for his organization and group homes. Fifty percent of his staff do not have boosters and most of them have had COVID already. They are not wanting to get boosters. According to the order, staff will be having to encounter a disciplinary action up to and including termination. If his agency, as with other agencies, lose their staff, they cannot bill because 24-hour coverage is required in the group homes. Loss of potentially hundreds of thousands of dollars would be lost month-to-month. It is a tremendous concern. An appeal is in the works.

S. Becker is taking notes and will share with her counterparts across the State and see what they are hearing. If there is an agreement, she will put it on the agenda. Thank you, Stacey.

D. Davis added she had also heard concerns about staffing impacts. There is already a staffing issue for many agencies and what would the implications of this be in terms of those not interesting in complying with the Executive Order and that would leave a further deficit.

M. Eichorn stated that Warren County had begun terminating people and are working with a

lawyer. People have two options; they can either request a medical exception or religious exception. Every request for religious exception has to undergo legal scrutiny. At this point, there are one or two people who had received termination. It is in areas where needs are not already being met. It is going to be an issue.

DCA created a website to address informal inquiries about licensing delays; there has been a lot of discussion about staff licensures and the delays in obtaining them. Now, there is online a formal inquiry for that. She will copy the link and forward to S. Becker to share this information.

Related to CSS, effective March 1, 2022, the Supportive Housing Connection can no longer continue payment of rent for consumers who do not submit their re-certification packet. If a consumer working with a provider agency in the CSS program does not submit the paperwork, payments will cease. D. Davis will check into if a formal letter is available to forward out related to this subject.

D. Davis advised there are several trainings coming up through Rutger's. She conveyed if anyone needed the links for these trainings to please reach out to her.

Some staffing updates: Renee Burawski, formerly Chief of Staff is now the Deputy Assistant Commissioner for the Division of Mental Health and Addiction Services. Also, Dave Helfand formerly Regional Coordinator for the Southern Region had been promoted to Assistant Division Director for the Office of Community Services overseeing statewide. Governor Murphy announced his intention to nominate Acting Commissioner for the Department of Human Services, Sarah Adelman to be completely functional in that position. Stephanie Mozgai has been named the New Assistant Commissioner, for the Office of Certificate Need and Licensing under the Department of Health.

C. <u>NAMI Hunterdon, Update</u>: L. Hartman stated NAMI Hunterdon continues to hold their board meetings and bi-monthly book clubs online, as well as the monthly walks continue to take place outside the first Sunday of every month in Frenchtown. NAMI had begun to hold their monthly family support groups in-person at the Getting Together Center on East Main Street following the guidelines of wearing a face mask and social distancing. With regards to the monthly family support groups, NAMI Hunterdon does not have a very robust attendance and at the state level, the support groups are very well attended. L. Hartman conveyed the agency is doing some work on identifying what needs to be done to get the word out because these support groups do not reflect a lack of need in the County; there is very much an increased need. L. Hartman stated NAMI Hunterdon is in the process of improving their website and have a YouTube Channel but at the moment, it is not connected to the website.

III. <u>UNFINISHED BUSINESS</u>:

V. <u>NEW BUSINESS</u>:

A. <u>Ray Freaney – Community Connection Initiative</u>: Ray Freaney thanked everyone for the invitation to join this board meeting along with his counterpart, Doug Cook. He then explained the history of the Community Connection Initiative. They started their Community Connection Initiative in their district two years ago. At that time, he was the District Governor and D. Cook was the Chair of the group. Their mission was around opioid awareness and addiction prevention and treatment. The group embarked on several good initiatives; one, working closely with John Hopkins. Last year, they hosted six stigma walks across the district, which

is in nine counties from Sussex to Mercer and had expanded their horizons and vision. Substance use disorder is under the umbrella of mental health. Presently, the group is in the process of creating the mental health advocates of Rotary District 7475 which will be a cause-based rotary club. The mission of that creation will be held virtually with a day of service involved every month and will have representation from across all nine counties. Being the fact it is going to be virtual, they are not bound by any geographical footprint, members are welcome from anywhere. The group is hoping to grow this mission and work with the clubs, training the clubs on a number of items such as Narcan, QPR, first aid, etc. at workshops. By extension, the group wants to have the clubs go out into the communities and have events. As they are local, under their banner the group will come and help the clubs run those events to try to spread the awareness and necessity in training in the mental health arena.

So far, the group had not gone wide with this mission, but had spoken with people one-on-one and the number of people who said they wanted to join is high. The minimal cost is $36.00 a quarter. If that is an issue, there are workarounds. He feels this initiative is so important and the one silver lining that will come out of this pandemic is bring mental health to the forefront. It is so obvious that the need is there; you hear it on the news and through the sports and it's everywhere. The time is right now to have that discussion; have those conversations and by doing so, hoping chipping away at the stigma-related will begin as well.

Doug Cook added their goal is to partner with outside agencies. The stigma walk he ran had about 167 people attend and out of the 167, about 120 were students; he noted that he works very closely with the high schools. In Morris County, they have a traumatic loss group, limitations out to Chilton, NewBridge Services, Inc., etc. They have the capability of bringing people together. The clubs are located throughout the counties. When they schedule and host an event, there is a pretty good turnout. That is their strength in getting events going, as well as they have financing. All of the local clubs have access to district grants if they were going to schedule a walk. The most successful walks have been alongside a health fare. D. Cook conveyed if the clubs pare up with the healthcare resources, there is a great turnout. The students are incentivized in bringing their parents with them. They gave Fitbits away at one event and free lunches at another. The Lincoln Park event had 200 people. D. Cook added they are there to support and augment the board's efforts.

R. Freaney clarified the rotary does not pretend or wish to be "the subject matter expert". What they bring to the table is the fact they are a grass-roots organization in 80 communities in nine counties and have the ability to connect the agencies and experts with the community members.

W. Dudzinski inquired if there are any planned activities that the board could help. R. Freaney conveyed the rotary hosted a successful Stigma Free walk in Clinton, NJ last year and are planning another walk in May 2022. R. Freaney conveyed he will stay in touch with S. Becker.

S. Becker thanked both R. Freaney and D. Cook for their hard work and is very excited to see where they go from here.

B. Al Bassetti – EISS Grant – A. Bassetti introduced himself as the Director of Emergency Services at Hunterdon Medical Center. He stated he is appreciative of the board's willingness to speak about the Early Intervention Support Services (EISS) Grant that D. Davis spoke about earlier. The Hunterdon Medical Center is putting together a proposal for that grant to open an urgent care building off campus that will be open 7 days a week and will allow for rapid access of medication management and treatment for up to 30 days for individuals 18 and above that

are struggling with exasperated symptoms of mental health. HMC will also have the capacity to address those struggling with co-occurring disorders as they are looking to have both a licensed professional counselor, Licensed Clinical Alcohol and Drug Counselor, as well as peers there to become case managers and do wraparound services from a population health model so that in addition to the mental health service, they are looking to do physical health evaluations and then connect these consumers to primary care or specialty services as needed. HMC is doing special targeting to the LBGTQ population and to the Latino population as well. He conveyed the proposal to have native Spanish-speaking individuals as part of the staff. At this point, the grant is due in about two weeks. They had identified a building that Hunterdon Medical Center owns as a site for this proposal on Route 31 just a short distance from the hospital. Two members of his staff had volunteered to be on the staff for this EISS program which is very gratifying that two of his experienced employees are looking forward to doing this. From his point of view, this is an incredibly exciting opportunity. It is something he wanted to see happen in Hunterdon County for many years. A. Bassetti pointed out that Hunterdon County is often on the far end of receiving these types of grants. The more populated, urban counties tend to get the first and then the grants will be offered to Hunterdon County. HMC is very excited to put in an application and he stated that if the board is supportive, to write a letter to Valerie Mielke stating the MHB would support HMC's efforts to put together this urgent care model for the citizens.

W. Dudzinski stated that in his mind there is a need and asked if this is for urgent care. A. Bassetti concurred. It is structured as a walk-in facility. There will be 24-hour access in a sense that after hours, people will be on call to schedule appointments and intakes. It will be open 7 days a week and within 24-hours, if the individual needs medication management, they will get them to an advanced practiced nurse or a psychiatrist to evaluate. They are looking to do case management, therefore if that individual has some difficulty getting to the pharmacy, they can be driven in primary care. HMC will have a computer linked if an individual would prefer receiving services virtually. Distance should not be an issue and travel should not be an issue if the individual has a smart phone. The case managers can go to the individuals at their homes to get them evaluations and linkage to care. This is a 30-day model, therefore, they are figuring the kind of partnerships that will need to develop and that they already have to continue ongoing services in place in 30 days. The only exception is that this care is not for anyone under 18. The individual must be 18 and above. They will accept those aging in from the Children's System of Care. It is believed that there will be referrals directly from the police. HMC is expected to get referrals from primary care, Children's System of Care and outpatient providers. W. Dudzinski conveyed one of the most problems that had been seen in the past is tremendous waiting lists. It sounds as if this is going to address that concern.

W. Dudzinski asked what if they cannot refer out in 30 days. A. Bassetti replied they will continue to manage them. They will not abandon folks and continue to manage and move up their case in terms of consultation within Hunterdon or with the agencies of referral in order to get them linked within 30 days.

M. Deo commented this is fantastic news as she can send A. Bassetti and his team referrals, and she is very grateful this happening in Hunterdon County. A. Bassetti commented there has been a gap for the aging in population and this will help give them a place to go or a place to be sent where the assessment and planning can begin in partnership with Catholic Charities and the Children's System of Care to set these young adults up for success.

S. Carew gave her positive comments about helping the gap measurement in getting the

adolescents into adulthood where they have a place to go. A. Bassetti stated this is an opportunity to do education, the importance with compliance of medication management, the importance of clients in therapy and seeing a doctor.

W. Dudzinski inquired about the staffing needs for the urgent care. There is no doubt there will be challenges. COVID had fundamentally shifted the job market in mental health. Discussion ensued.

The grant submission is scheduled for February 18, 2022 and awards will be given by the end of March.

S. Becker called for a motion in favor of the EISS Grant.

All were in favor of the EISS Grant with not opposition.

C. Suicide Study by JAMA Psychiatry – National Trends of Mental Health Care Among US Adults Who Attempted Suicide in the Past 12 Months | Adolescent Medicine | JAMA Psychiatry | JAMA Network – S. Becker stated this documentation was shared by some of her counterparts throughout the state. She pointed out that she highlighted some areas she found to be important. JAMA Psychiatry is a group of psychiatrists from all around the country. They did this suicide study because they wanted to see it from a different perspective than had been heard about suicide studies that go to a doctor, do not say anything, and then harm themselves within days thereafter.

Key Points: Findings – This was a study utilized 484,732 people. In this cross-sectional analysis of National Survey of Drug Use and Health respondents, the rate of suicide attempts amount US adults has increased within the past decade. However, past year receipt of mental health services did not increase significantly among those who made suicide attempts.

Abstract: Design, Setting and Participants – The participants included non-institutionalized US civilians 18 years or older. These are also self-reported efforts. There is some room for those who did not want to report. The data was analyzed from October to December 2021; this may include some COVID data.

Abstract: Conclusions and Relevance – Although, suicide attempts appear to be increasing, use of services among those who attempted suicide has not increased. There is a very high number of individuals who had previously doing so a second time; possibly a third time. The fact that people who try to commit suicide are not receiving services is very concerning.

Introduction – The number of deaths by suicide has increased by more than 60% in recent decades from 29,199 in 1999 to 48,344 in 2018 and suicide remains one of the top 10 leading causes of death in the United States.

Previous studies have highlighted that a small but growing number of those who have died by suicide have had contact with health services during the previous 12 months. Using data published from 2000 to 2017 suggests that 18.3% of individuals who died due to suicide had an inpatient mental health stay, 26.1% received outpatient mental health services, and 25.7% had contact with both inpatient and outpatient mental health services.

Because the United States does not currently have a population-based surveillance system for

suicide attempts, nearly all prior studies examining service use among people who attempt suicide are based on emergency department data and thus involve individuals with access to health care. These studies are limited because they do not account for the large percentage of high-risk individuals who never present to care.

Methods: Data Source and Study Sample – They used NSDUH data from 2008 to 2019, which collects systematic information about drug use, health, and services use among non-institutionalized civilians (i.e., individuals who are not incarcerated, hospitalized, or in shelters). They limited the samples to adults aged 18 years or older (484 732 unweighted) who were asked if they had tried to kill themselves in the past 12 months.

Discussion – In this nationally representative sample of US adults reporting past-year suicide attempts between 2008 and 2019, they found that the rate of suicide attempts has increased significantly, especially among young adults, women, people who are unemployed or never married, and individuals who use substances or have related use disorders. Because prior suicide attempts are the single most important risk factor associated with future suicide, suicide prevention strategies must rely on use of services after an attempt. In addition to findings related to recent trends in the prevalence of suicide attempts, this study extends prior studies by examining service use among people who made attempts and demonstrates that only about 40% received services in the year of their attempt. Current suicide prevention interventions largely focus on individuals connected to treatment and high-risk individuals who have contact with the health care system. Current interventions include screening and risk assessment, evidence-based treatment of depression, safety planning, means restriction, and follow-up care after attempts or hospitalizations. However, our finding that less than half of suicide attempters had clinical contact around the time of their attempt suggest that it is not only important to expand initiatives for high-risk individuals with clinical contact, but also to implement public health–oriented strategies outside the formal treatment system. Our findings identify subgroups with rising rates of suicide attempts among whom targeted interventions may be especially needed, including young adults, individuals who are unemployed or never married, and individuals who use substances. Finally, the National Center for Health Statistics maintains annual surveillance data on deaths by suicide, but no national surveillance data are available on annual trends in other types of suicidal behavior, such as attempts, non-suicidal self-injury, and even suicide ideation. In this study, the most common reason that respondents gave for not receiving treatment was that they could not afford the cost, although the frequency with which this reason was given did not increase. These efforts are especially important given that we found the uninsured to have one of the highest rates and greatest increase in suicide attempts during the last 10 years.

Limitations – Third, suicide attempts were assessed with a single question that asked whether respondents tried to kill themselves in the past 12 months. Although this question refers specifically to suicide attempts, we cannot rule out that respondents may have interpreted it as referring to other types of behaviors, such as non-suicidal self-injury. Finally, the NSDUH does not survey individuals currently hospitalized with a suicide attempt or homeless or incarcerated adults who have high rates of suicidal behavior.

Discussion ensued.

A motion was made and seconded to adjourn the meeting. All were in favor. The motion passed. There being no further business, the meeting adjourned at 6:32 p.m. The next meeting will be on March 3, 2022 at 5:30 p.m.