

Gloucester County Mental Health

February 18, 2024

Members Present	Non-Voting Members & Liaisons Present
Warden Eugene Caldwell	Ms. Lisa Cerny
Ms. Katie Doyle	Dr. Becky DiLisciandro
Ms. DiAnne Kelly	Ms. Jaime Grasso
Chief Tom Ryan	Ms. Holly Horwell
Mr. Shane Stevenson	Ms. Christina Jackey
Ms. Suzanne Smith	Ms. Nicole Moore
Ms. Carol Weinhardt	Mr. Jim Reed
Guest:	Ms. Amy Swanson
Mr. Warren Bopp	Mr. Jim Jefferson
Ms. Allison Rovner	

Welcome and call to order / Open Public Record Act: Kathleen Doyle, Chairperson

Introductions:

- Roll call introductions

Approval of Minutes:

- A motion was made by Ms. Suzanne Smith to approve the minutes for October 15 2024; Warden Eugene Caldwell seconded.

Older Adult Program: Mr. Warren Bopp Legacy Treatment Services

- Older Adults Program- there are no sites in Gloucester County however they have Telehealth. Berlin being the closest office
- Was unable to bring flyers but will email to Dr. DiLisciandro to share with members
- Primary goal is getting people access to services & psychiatric services especially when primary insurance is Medicare which was a major barrier identified. Technology and distance are also a barrier in older population.
- Team consists of 21 counselors
- Dr. DiLisciandro shared the increase of requests for older adults' services and presentations to senior centers and county senior service department. Mentioning how can we make everyone aware of services we do have. Offering Mr. Bopp an opportunity to become familiar with Gloucester County and to participate in presentations.
- Dr. DiLisciandro asked for stats in regards to Gloucester County because if the need is here, it would be easier to advocate for more services and/or funding especially since the grant is small.
- Chief Ryan asked what age constitutes older adults? Mr. Bopp said per contract its age 55.

Systems Review Committee Update: Ms. Allison Rovner, Manager of Behavioral Health & Addictions Resource Team Inspira Mullica Hill and Woodbury

- Discuss issues with the system of care, delays, and ways to support patients with serious and persistent mental illnesses.
- The committee meets monthly to discuss issues within the system of care and identify ways to improve patient outcomes. Focus on social determinants of health, particularly how they impact serious and persistent mental illnesses patients.

- The committee works closely with other agencies to address patient needs, forming strong relationships with them to ensure all patient needs are met. Issues are discussed and resolved between committee members to improve patient care.
- The committee uses SRC to address complex patient cases, especially those with frequent hospital visits or multiple hospitalizations. The goal is not just to connect patients with therapy programs but to ensure they have the proper case management and social support. As part of the screening process in the emergency department (ED), patients are assessed for food insecurity. If food insecurity is identified, patients are linked directly to the food pharmacy at Inspira.
- The Camden Coalition's Pledge to Connect program includes a patient navigator who follows up with patients when they cannot be linked to services directly, especially during off-hours. The focus is on ensuring patients get appointments and do not just receive resources or phone numbers. The team discussed the "Leave These" resource, which provides information on social determinants of health and behavioral health resources.
- The team continues to work well together, with positive ideas and smooth operations.
- The system is functioning well, with no significant delays in emergency psychiatric care.
- Behavioral health teams, available 24/7, ensure that patients receive timely care, even during crises.
- Recognition for the hard work and dedication of the team, including Allison for her leadership and responsiveness, particularly over the weekends.
- Dr. DiLisciandro noted that due to the teamwork, professionalism and expertise of SRC members, there are currently no clogs or gaps in the system. Identifying the system barriers to patients receiving care is the main goal of SRC, and the system is currently moving patients to the proper level of care in a timely manner.

Mental Health Professional Advisory Committee (MHPAC) Update: Nicole Moore MHPAC Chairperson

- Met today several agencies were present: Acenda, Helping Hands, DVRS, Legacy, RCSJ, Division and Office of Mental Health.
- Goals for 2025 Older Adult Resource guide to address issues and understanding in Mental Health.
- Medicare service issue was discussed.
- Group is working on a plan with RCSJ on offering peer specialist training in Gloucester County.
- Examining, mapping, helping people understand the services in regards to resources.

NAMI – Gloucester County Chapter: Ms. Suzanne Smith

- All volunteered organization helping families with education and advocacy
- Participated in many events such as: Paul Michael Memorial Foundation, veterans Day Ceremony, manned a table Clearview High School for Mental Health Awareness, marketing campaign to raise awareness for 988 (confusion with 988 and 911), and filled over 70 Christmas bags for long term residential facility- Wedgewood.
- Upcoming: offer advocacy training, offering 8-week Family to Family education program
- In the process of scheduling an outreach to Native American Tribe. They reached out to see
- In discussion to offer: Veterans MH Class, NAMI Basic for Hispanic Families.

ARRIVE Together: Mr. James Reed

- As of November 1st, 2024 ARRIVE has fully expanded county wide
- Average 21 calls a month

- 33 calls in January compared to other county's state average increase was at 8. Which Gloucester County surpasses with response time remaining at 12 minutes
- 42% calls dispatched on they are able to discharge into the community; follow up for both screening and ARRIVE
- In 2024 -556 follow up attempts with 66% completions. Of the 66% half of them are in treatment
- Since expanding Mr. Reed has performed 13 trainings with local Police Departments. Currently working on reaching out to other departments to answer questions and share information.
- Dr. DiLisciandro mentioned to 988 coordinator concerns with being on field with multiple responders and interfacing with same individual (Acenda, ARRIVE, MCORT). What barriers are there for info sharing? What MOU's? How can this be a smooth process for agencies? 988 appreciated concern and will be looking into solutions.

Acenda Integrated Health: Ms. Sharon Veneziale & Ms. Christina Jackey

- Ms. Veneziale in SRC subcommittee have been working on social drives and housing vouchers (housing) for SPMI. A lot of vouchers but no housing. The sub committee needs to gear back up or look in other directions.

Acenda Program Statistics/Updates *Input Report (January 2025 Data)

- **Psychiatric Emergency Screening Services (PESS)**- LOS for the month was at 89% with 124 admissions. We completed 35 outreaches and diverted 28 individuals from the Emergency Room. We are currently recruiting for one full-time screener
- **Intensive Outpatient Treatment Support Services (IOTSS)**- The program served 13 individuals. IOTSS continues to have rolling admission. We are recruiting for a case manager position to bring the IOTSS program back in person for group facilitation. Acenda is also looking to hire a full-time licensed clinician and utilize a temp agency clinician for support until a Clinician is hired.
- **Early Intervention Support Services (EISS)**- EISS is at 32% and 29 individuals admitted to the program. Acenda is recruiting two administrative assistants for the program.
- **Peer Diversion Program**- Our peers engaged 20 individuals (80%) in the community and completed 13 face to face encounters.
- **Outpatient**- OP is accepting referrals for outpatient level of care, and we are continuing the recruiting process for clinicians. Gloucester County clients, in most outreaches, are provided with an appointment when they call Acenda Access and are also linked to a care manager. While awaiting services, clients have access to their care manager, peer, and group. Wait times differ based on availability and preferences.
- **Bridge**- Program is continuing to engage with jails, criminal justice system and other key partners to support the needs of individual served and reengage referral process. We are currently hiring an additional case manager.
- **Integrated Case Management Services (ICMS)**- LOS was impacted due to staffing under 60%. ICMS had 3 intakes with an ending census of 25. We are hiring 2 additional case managers.

- **PATH- LOS** was at 82%. Program continues to ongoingly outreach to encampments to support connection to services. PATH is currently offering walk in appointments for hospital discharge clients who are in need. We are still hiring case managers. PATH also supported Point in Time in January.
- **Involuntary Outpatient Commitment (IOC)**- The Program team continues to engage hospitals in communication of services and referral processes, as well as community referral options. 2 of 3 case manager positions filled. 2 admissions occurred with a census of 7.
- **Supported Employment Program (SEP)**- LOS 104%, we currently have a waitlist for services but are working to schedule out intakes.
- **Program for Assertive Community Treatment (PACT)**- Currently looking to hire a nurse, client advocate and a cooccurring clinician. PACT was able to hire a nurse in 2024. The current census in PACT is # persons, LOS %.
- **Intensive Family Support Services (IFSS)**- IFSS was at 74%LOS.

New Jersey Division of Mental Health and Addictions Services (DMHAS) –Ms. Jaime Grasso

Notice of Funding Availability

- None.

Awards To Report

- None.

Announcements

- **CSS Site Visits** began in January with visits to 2 providers per month. We will be reviewing charts and speaking with staff regarding how CSS works and does not work. We will also plan to speak with one (1) consumer. Letters may have already gone out, but if not, they should go out shortly.
- MCORT is expected to be online soon. Further information is pending and will be shared once official.
- Behavioral Health Integration is ongoing. Recordings and materials for BHI's 2024 Provider Training Series can be found on the NJ Family Care website: [BH Integration Stakeholder Website](#)
- Medicaid continues to host trainings for providers.
 - Feb 25, 10:30AM-12PM Claims Refresher
https://us06web.zoom.us/meeting/register/Felomxt0RkKDI1i_2Zswgw#/registration
 - Mar 12, 2-3:30PM Prior Authorization Refresher
<https://us06web.zoom.us/meeting/register/X2PVKOzIRsCR8fJvyBtAYw#/registration>
- Dr. DiLisciandro gave a brief summary regarding the implementation of Behavioral Health Integration. This is a phased process in how behavioral health programs are getting paid; the funding source. The funding source was DMHAS and will now be the MCO's which there are five different MCO's. This is a heavy lift for agencies to make this switch over involves five new agencies and learning the different platforms. The state is aware of this and reason why its being phased in to help with navigating. Open discussion with barriers and learning curves related to this implementation.

Mental Health Administrator: Dr. Becky DiLisciandro

DRCC Grant:

- The annual grant was renewed, increasing to \$73,000, more than double the previous year's funding.
- Funds will cover authorized purchases, recruitment, training, supplies, and equipment.
- Six training sessions are scheduled for the year, supporting Disaster Response Crisis Counselors (DRCCs) and cross-training with the Traumatic Loss Coalition (TLC). Upcoming Trainings:
 - March 17-18: TLC training at RCSJ
 - March 19-21: DRCC Initial Training Series at RCSJ
 - April 30: Team-building for successful support, self-care, and deployment (open to certified DRCCs). Certified DRCC's are required to have recertification credits – 12 per year.

Mental Health Awareness Trainings:

- Mental Health First Aid through Disaster & Terrorism Branch conducted with Social Services employees (100+). Training (originally five scheduled; four completed due to weather – a makeup class will be scheduled).
- Positive feedback from attendees, with high engagement and questions on mental health services, voluntary beds, and urgent care options.
- Distributed resources in English and Spanish, including stigma-free guides and mental health materials and 988 materials.
- Overall, the training was well received, addressing staff concerns about supporting clients with mental health and substance abuse issues. Initially this course was offered in 2019 at social services and a lot has changes since then.

New Jersey Association of County Mental Health Administrators:

- This is Dr. DiLisciandro's second-year of her 2-year term as President of the New Jersey Association of County Mental Health Administrators continues, allowing for advocacy on behalf of NJ counties.
- Successfully requested additional \$10,000 in state funding for county mental health boards (application in progress).
- Funds can only be used for training and training resources, and need to include the SMI population.
- Application deadline: February 20, with expected quick turnaround.
- Discussions on providing resource materials for the System Review Committee's annual event, outlining its role, members, and objectives; and also resources for older adults. Emphasis on keeping a running list of ideas to act on when funding becomes available.

County Grants:

- Gloucester County puts funds aside for Mental Health services and recognizes the Mental Health needs of its community (not all county's allocate funding for such)
- This is a 3-year county grant that expired December 2024. The county went through an RFP process and Acenda was awarded to continue with grant. January 1, 2025 – December 31, 2027. This funding supports Psychiatric Emergency Screening Services, Integrated Case Management Services, Bridge Program, and Outpatient Mental Health Services.

Board Vote:

- Mental Health Professional Advisory Bylaw Revision: changed bylaws to say if you would like to attend MHPAC you must be a member, term limit from one year to two year, and reorganization meeting changed to first meeting of the year since date may vary.

Ms. Katie Doyle asked for a motion to approve the MHPAC bylaw revisions; Ms. Suzanne Smith made motion; Chief Tom Ryan seconded: all members in favor: no members opposed.

- The following have expressed interest to be members for the MHPAC:
Brandis Childs, Maryville
Katie Doyle, GC Social Services
Anna Dorocki, Rutgers University Behavioral Health Care
Joseph Haber, Legacy

Shannon Hann, Helping Hands Behavioral Health
Christina Jackey, Acenda
Samantha Kunz (designee), Legacy Treatment
Nicole Moore (Chairperson), Inspira
Stacey Smith, NJ Division of Vocational Rehabilitation Services
Kristen Wilson, Rowan College of South Jersey
Jennifer Zoyac, Collaborative Support Programs of New Jersey

Ms. Katie Doyle asked for a motion to approve the 2025 MHPAC bylaw members: Mr. Shane Stevenson made a motion: Warden Eugene Caldwell seconded; all members in favor; no members opposed.

Old Business:

- Ms. Suzanne Smith spoke of an article related to CIT changeover and a letter regarding a program in police departments and a company in charge spending a lot of money. After conversation it appears, this was related to Central Jersey. Dr. DiLisciandro reiterated how our CIT operates and that in law enforcement there are other related trainings.
- **Next Meeting:** March 11, 2025 2:30pm

A motion to adjourn meeting was made by Warden Eugene Caldwell; Chief Tom Ryan seconded.