

Gloucester County Mental Health

March 11, 2025

<u>Members Present</u>	<u>Non-Voting Members & Liaisons Present</u>
Ms. Katie Doyle Ms. JoAnn Dunagan Ms. DiAnne Kelly Sgt. Selina Pulliam Mr. Shane Stevenson Ms. Suzanne Smith Guest: Ms. Robin Cohen Ms. Ericca Keith -Scott Ms. Samantha Kunz	Ms. Michelle Baylor Dr. Rebecca DiLiscandro Ms. Jaime Grasso Ms. Holly Horwell Ms. Christina Jackey Ms. Nicole Moore Mr. Jim Reed Ms. Sharon Venezia

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

Introductions:

- Roll call introductions

Approval of Minutes:

- A motion was made by Mr. Shane Stevenson to approve the minutes for February 18, 2025; Ms. Suzanne Smith seconded.

Presentation: Mobile Crisis Response Team (MCORT) by Samantha Kunz and Ericca Keith – Scott, Legacy Treatment Services

- Teams were allocated based on population, with the northern region receiving more resources than the seven counties in South Jersey, which received five teams (total 10 full staff – 2 staffed per team). Soft launch began last week Monday (3/3/25), operating Monday-Friday (7am - 3pm). Press release will come out from state
- Five crisis response teams cover the region, operating 24/7 in shifts: two teams (7 AM–3 PM), two teams (3 PM–11 PM), and one overnight team (11 PM–7 AM). Staffing remains consistent on weekends and holidays.
- Teams respond to mental health crises, substance use issues, and suicide risks. Calls originate from the 988 Suicide & Crisis Lifeline, which determines if an in-person response is needed. The goal is to respond within one hour to de-escalate crises and connect individuals to appropriate services. Ms. Dunagan asked if there is a maximum on allotted follow-ups- Ms. Kunz said there is no strict limit on follow-ups, but services transition to long-term providers within about a week.
 - Each team includes a peer support specialist (CRS, PRAC, or PRS certified) and a crisis response specialist (typically Bachelor's or Master's degree in psychology or related field).
 - Assess and determine immediate needs (suicide/homicide risk, care options).
 - Provide stabilization, crisis planning, and connection to services.
 - Follow-up within 72 hours (sooner for high-risk cases), either in person or by phone, to ensure service linkage. Individuals are connected to outpatient care, substance use services, behavioral health services, case management, etc.
 - The team ensures follow-through by verifying attendance at appointments.
 - Teams aim to respond without police unless safety concerns arise. Calls are assessed before dispatch to determine if law enforcement is necessary.

- Teams can voluntarily transport individuals to emergency rooms or Crisis Receiving & Stabilization Centers (e.g., Camden County's center opening later this year).
- Teams do not have the authority to involuntarily transport individuals; this falls under screening centers. No involuntary hospitalization only a screening center can mandate transport. Ms. Kelly asked for clarification on transportation – Ms. Kunz stated: only voluntary transports are permitted; involuntary transport requires screening center involvement.
- Requires consent – participation is voluntary.
- Adults (18+) only – minors are referred to Perform Care.
- Dr. DiLiscandro asked if there have been any issues with getting peer specialist trained. Ms. Kunz responded that recruiting peer specialist remains difficult due to certification barriers. Dr. DiLiscandro stated efforts are underway to improve training accessibility in South Jersey to help with need of peer specialist. A letter has been drafted on behalf of this issue and is currently being reviewed by county administration with hopes to forward to state shortly.
- Dr. DiLiscandro asked if MOUs are needed when interfacing with other mobile teams a (i.e., ARRIVE, screening). Ms. Kunz stated efforts are being made to formalize MOUs with screening centers and mobile crisis teams for smoother information-sharing.
- Plans to expand hours and service reach as staff and infrastructure grow.
- Dr. DiLiscandro reiterated and confirmed: The public must call 988; there is no direct team contact.

Presentation: Soluna by Ms. Robin Green

- Soluna is a digital mental health platform for New Jersey teens (ages 13–18), developed by COOTH, a UK-based organization specializing in digital mental health services. The app offers multiple pathways for early intervention and support, free of charge through funding from the New Jersey Department of Children and Families.
- Available as an app and web platform. No parental consent required unless booking a counseling session for users under 16.
- Includes the “Thought Shaker” positive affirmation feature and psychoeducational content.
- An anonymous, pre-moderated forum for youth to connect. All posts are reviewed before being published to ensure safety. Direct messaging (DMs) between users is not allowed and no capabilities.
- Text-based counseling sessions (45 minutes) with New Jersey-licensed counselors; users can book sessions with the same counselor for continuity. There is no video and/or audio.
- For quick drop-in support -Certified peer support specialists available for immediate text-based assistance (15 minutes).
- Safety Tab -Includes crisis hotlines and referrals to local resources.
- Service Hours: Counseling and coaching available from 2 PM to 9 PM.
- School Collaborations: Working with Washington Township in Gloucester County, pending school board approval for promotion. No contract required for schools to promote Soluna.
- Ms. DiLiscandro asked for clarification on sessions. Ms. Cohen stated counseling is text-only, with plans to introduce video calls.
- Ms. Dunagan inquired whether youth scheduling counseling sessions would be assigned to the same counselor. Ms. Cohen clarified that they can select a specific counselor by reviewed bios and scheduling sessions with them ensuring continuity.
- All counseling sessions are monitored for quality assurance.
- Robin provided her contact information for follow-ups and will be attending the NAMI conference on the 22nd

NAMI – Gloucester County Chapter: Ms. Suzanne Smith

- Currently still looking for volunteers
- Still working on obtaining information from tribal nation to set up meeting
- Continue with education/monthly meetings on a monthly basis assisting those with referrals when needing help and assistance.

ARRIVE Together: Mr. James Reed

- Over past month ARRIVE had 25 encounters compared to region having 9 new encounters according to benchmark data. State average is 24. Gloucester County doing well
- Response time is still under 12 minutes
- Meeting with three more departments Westville, Paulsboro, Harrison Twp over the next few weeks
- Still reaching out to five departments that's are utilizing us and spread the word on what can be offered to their officers in their community.
- Last month was a good month and March has been busy
- Ms. Dunagan asked about staffing. Mr. Reed went over staffing. Four screeners with county broken down into four zones. Each zone gets 40 hours a week coverage with peer specialist doing follow-ups on any encounters with screening and ARRIVE program. Connecting with about 60%.

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

- Ms. Veneziale in SRC quick announcement due to ACENDA event SRC will be meeting on March 20 – 12pm.

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

- Psychiatric Emergency Screening Services (PESS)- LOS for the month was at 78% with 108 admissions. We completed 37 outreaches and diverted 31 individuals from the Emergency Room. We are currently recruiting one full-time screener.
- Intensive Outpatient Treatment Support Services (IOTSS)- The program served 10 individuals. IOTSS continues to have rolling admission. We are currently onboarding a case manager 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 25% and 23 individuals admitted to the program. EISS is currently serving 56 individuals. Acenda is recruiting two administrative assistants for the program.
- Peer Diversion Program- Our peers engaged 13 individuals (52%) in the community and completed 21 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 at 40%. ICMS had 3 intakes with an ending census of 25. We are hiring 2 additional case managers.
- PATH- LOS was at 31%, with 3 intakes. 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.
- 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 88%, 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 and client advocate. PACT is pending a co-occurring clinician to start in March. The current census in PACT is 47 persons, LOS 85%.
- Intensive Family Support Services (IFSS)- IFSS was at 79%LOS.

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

- **MCORT** launched Monday, March 3rd. Referral are strictly callers to 988 and based on an assessment by a 988-crisis counselor. Teams are available in all counties and are operating Monday-Friday 7am-3pm to start. Once fully operational, the program will be available 24hours a day, 7 days a week.
- **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 is operating. We will also plan to speak with one (1) consumer. Letters may have already gone out, but if not, they should go out to your agency shortly.
- **NJ Energy Assistance Program is available** to help lower the cost of utility bills. For eligibility please call 732-774-3282 or inquire through their website at EnergyAssistance@CARCNJ.org [CARC-LIHEAP-USF-Flyer-Sept-2024-2025 English.pdf](#)
- **Quarterly Provider Meeting** Zoom Webinar is scheduled for Thursday, March 13th at 10am. Advanced registration is required for the Webinar:
https://dhs-nj.gov.zoomgov.com/webinar/register/WN_ksfdbR4iSTq-mUnDh-In7g
- **Behavioral Health Integration** is ongoing. Phase 1 is being implemented through March 31. Recordings and materials for BHI's 2024 Provider Training Series can be found on the [BH Integration Stakeholder Website](#). Medicaid continues to host trainings for providers. Next training: March 12th 2:00pm-3:30pm on Prior Authorization Refresher ([register here](#))
- Dr. DiLiscandro asked if Ms. Grasso had any details on training for 911 dispatchers in 988 in regards to warm transfers, etc.? Dr. DiLiscandro has heard some information in regards but didn't have details and wasn't sure if through DMHAS. Ms. Grasso will inquire for more info and follow up.

Mental Health Administrator: Dr. Becky DiLiscandro

DRCC Grant:

- There are 6 training dates scheduled this year, to meet grant requirements. Those trainings are as follows: March 17th & 18th – Cross training for currently certified NJDRCC volunteers, with Traumatic Loss Coalition at RCSJ. March 19th, 20th & 21st – Initial training courses for those interested in NJDRCC certification (TLC cross training and open to public) at RCSJ – intended to cross train TLC volunteers. April 30th Team Building for Successful Support and Self-Care in Deployment, open to currently certified NJDRCCs for recertification credit, at GCLS Mullica Hill. Due to lack of registration, the course has been extended to GC MRC and TLC.
- DRCC Registration for initial trainings:
Day 1: 45
Day 2: 35
Day 3: 29

County Grants:

- 2024 Q3 and Q4 invoices have been received and are being processed.

March is Self-Harm Awareness (AKA Non-Suicidal Self Injury (NSSI) Month

- Self-harm is not a mental illness, it is a behavior and coping skill developed to ease overwhelming and painful emotions or thoughts. Self-harm is commonly associated with cutting, but it includes any harmful act toward self; such as, burning, hair pulling, or hitting.
- There are many treatments to help someone who self-harms; including, medication or talk therapy. Effective talk therapy models include; but are not limited to, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Psychodynamic Therapy and Eye Motion Desensitization and Reprocessing Therapy.
- Most acts of self-harm are not suicidal in nature; however, accidents can happen during an event and those who engage in self-harm are more likely to develop suicidal ideations if they do not receive treatment.
- If someone is harming themselves, they do need treatment. Sharing resources like 988, Mental Health Urgent Care, or calling the back of their insurance card to find a behavioral health provider are helpful. Remember that someone who self-harms may feel shame about the behavior so avoid questioning the person and focus on getting them help.

[What is Self-Harm? | SAMHSA](#)

Old Business:

- **Next Meeting:** April 15, 2025 2:30pm

A motion to adjourn meeting was made by Ms. Suzanne Smith; Ms. JoAnn Dunagan seconded.