

Gloucester County Mental Health

April 15, 2025

<u>Members Present</u>	<u>Non-Voting Members & Liaisons Present</u>
Warden Eugene Caldwell Ms. Katie Doyle Ms. JoAnn Dunagan Ms. DiAnne Kelly Sgt. Selina Pulliam Ms. Suzanne Smith Mr. Shane Stevenson Ms. Carol Weinhardt Guest: Ms. Ann Marie Dorocki Dr. Janet Phillips	Ms. Michelle Baylor Dr. Rebecca DiLiscandro Ms. Holly Horwell Ms. Christina Jackey Ms. Nicole Moore Mr. Ron Roebuck 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 Ms. Suzanne Smith to approve the minutes for March 11, 2025; Mr. Shane Stevenson seconded.

Presentation: Coordinated Specialty Care – Community Integration (CSC-CI) by Ann Dorocki, Program Director, Rutgers

- Rutgers (UBHC) now holds the contract with Division of Mental Health and Association Services to operate the Coordinated Specialty Care program of Southern New Jersey (Burlington, Camden Gloucester and Salem counties) out of Cherry Hill office. This is a four-year contract which began in March of 2024.
- Program targets adolescents and young adults (ages 15-35) experiencing a first episode psychosis.
- The model is based on early intervention and evidence-based practices to support individuals with psychosis and also mood disorders with symptoms of psychosis.
- Comprehensive team includes clinicians, an APM, peer support Specialists, and case management.
- Provided services: individual therapy, group, and family therapy, medication management, peer support, and case management focused on education/employment and resource connection.
- Services are offered in person and by telehealth. All dependent on client's preference.
- Case management and peer support also occur in community settings (schools, recovery centers).
- Referrals can be made by phone or designated email. Referral sources include hospitals, outpatient providers, schools, and families.
- No waitlist- clients can be seen quickly.
- Ms. Dunagan and Dr. DiLiscandro asked how transportation needs are met. Ms. Dorocki discussed that transportation support is available through Motive Care for Medicaid recipients and access link could be utilized for Medicare recipients. UBHC also has an Uber account to support transportation needs when necessary.

- Dr. DiLiscandro asked for stats on Gloucester County residents being treated. Ms. Dorocki did not have that information readily available but will forward that information. Ms. Dorocki did mention that the majority of clients are from Camden, Burlington, and Gloucester counties. Very low to no referrals coming from Salem; not knowing if the distance is an issue.
- UBHC also hosts other levels of care (IOP, partial) to allow for internal referrals when higher levels of care are needed.
- **Location of office:** 57 Haddonfield Rd, Suite 120, Cherry Hill, NJ 08002. Additionally, case management and peer support services can take place in community.
- **Contact Information:** call 856-566-6139 or send an email to CSCSouth@UBHC.Rutgers.edu
- Ms. Dorocki will share a referral form and presentation.

Presentation: Adult Partial Hospitalization and Outpatient Services: Dr. Janet Phillips

Adult Partial Hospitalization Program (APH)

- Serves clients 18+ from Burlington, Camden and Gloucester counties.
- Focuses on mental health and co-occurring addiction needs.
- DBT – based group therapy, individual counseling, and medication management.
- MAT (Medication- Assisted Treatment) available (i.e., Suboxone, Vivitrol); can coordinate methadone treatments.
- Length of stay is individualized (typically 1-21 days depending on insurance).
- Ms. Joann Dunagan asked more specifics on program which included average daily attendance and average length of stay. The average length of stay is 10 to 14 days with some clients going up to 21 days. Average daily attendance: 20-25 clients and must maintain 1:10 staff to client ration.

Intensive Outpatient Program (IOP):

- Group Session: Monday, Wednesday, and Friday, 9am – 12:30pm
- Weekly individual sessions and monthly medication management.
- Groups held in person; virtual options for individual/medications appointments are available.

Outpatient Program:

- Weekly individualized sessions and monthly medication management
- First appointment must be in person; following visits can be virtual.
- Offers two group therapy sessions
- Specialized Outpatient substance abuse services also available.
- Dr. Becky DiLiscandro shared that during the recent Mental Health Professional Advisory Committee meeting the concerns of no longer having an Adult Partial Care in Gloucester County and Rutgers program came up. Local hospitals are struggling to find programs that provide transportation for discharged patients. Dr. Janet Phillips responded with following details:
 - Transportation is available through a partnership with MotivCare, which usually arranged 48 hours ahead and available for up to 30 days
 - A transportation coordinator works closely with providers to ensure timely and safe pick up/drop off.
 - Hospital referrals can be made by contacting directly or the access line: 1-800-969-5300.
- Dr. DiLiscandro followed-up on my asking about Medicare recipients and transportation. Dr. Phillips explained that typically Medicare clients are linked with access link and that facility is located near the 404-bus line located behind Cherry Hill mall.
- Ms. Suzanne Smith gave positive feedback about the no-waitlist and service coordination.

Systems Review Committee (SRC) Psychiatric Emergency Screening Services (PESS) Waiver: Ms. Sharon Veneziale

- SRC will be meeting April 24th

Ms. Jackey presented the annual waiver request for Psychiatric Emergency Screening Services in Gloucester County. The waiver pertains to the functions of screening services related to extended crisis evaluation beds. Due to staffing limitations and space in the emergency department, screening is unable to provide extended crisis evaluation beds. This has not negatively impacted services and will reassess if problems in future should arise. At this time this is the only item requested to be waived at this time. A 30 days review period is now open for questions and feedback.

Dr. DiLiscandro reiterated to board that this waiver has been approved consistently for at least the past ten years. Attendees are encouraged to ask questions and that there is a 30 days submissions period. Those questions can be directed to the following: Dr. DiLiscandro, Ms. Jackey, Ms. Veneziale, Ms. Grasso and or Mr. Roebuck

NAMI – Gloucester County Chapter: Ms. Suzanne Smith

- Currently still looking for volunteers
- Very busy with getting out educational blasts
- Still working on obtaining information from tribal nation

ARRIVE Together: Dr. Becky DiLiscandro on behalf of Mr. James Reed

- Dr. DiLiscandro is giving report for Mr. Reed who is attending a 3-day certification course on using psychological consultants with barricaded individuals which will enhance team effectiveness during SWAT calls.
- Gloucester County continues to be above average in ARRIVE Together call volume with March reaching 31 + calls – which is more than double the southern regions
- Diversion rates are rising indicating increased preventative use of the ARRIVE program by law enforcement rather than responding solely to crisis.
- Response time is under 15 minutes which is better than the statewide 40 minutes.
- Dr. DiLiscandro reminded everyone that this program is in addition to the Psychiatric Emergency Screening Services that already services with great professionals in the community.
- Ms. DiAnne Kelly asked why we are so above the state average? Ms. Jackey feels that screening already had a very excellent relationships with law enforcement, community awareness and expanded service area. She also thanked Mr. Reed for forming great relations and motivating team out in the field with quick response and follow-up.
- Dr. DiLiscandro followed up with history of how Emergency Psychiatric Screening assisted in laying the ground work prior to ARRIVE's existence. Examples being a combination of offering CIT (Crisis Intervention Team) training, engaging police departments on a regular basis, training police officers in the county.

Acenda Integrated Health: Ms. Christina Jackey

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

- **Psychiatric Emergency Screening Services (PESS)**- LOS for the month was at 107% with 149 admissions. We completed 50 outreaches and diverted 41 individuals from the Emergency Room. We are currently recruiting three full-time screeners.
- **Intensive Outpatient Treatment Support Services (IOTSS)**- The program served 12 individuals. IOTSS continues to have rolling admission. We have onboarded a case manager to bring the IOTSS program back in person for group facilitation, tentative for the Spring. Acenda is also looking to hire a full-time licensed clinician. IOTSS is currently supporting clinical interns to support with needs as well.
- **Early Intervention Support Services (EISS)**- EISS is at 48% and 42 individuals admitted to the program. EISS is currently serving 75 individuals. EISS has been working to strengthen more rapid access and reduce intake timeframes to better support those in crisis.
- **Peer Diversion Program**- Our peers engaged 16 individuals (64%) in the community and completed 22 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**- An additional intake was completed for March. 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 increased by 12% in March. ICMS had 5 intakes with an ending census of 23. We are hiring 2 additional case managers.
- **PATH**- LOS was at 38%, with 5 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 pending on boarding of a case manager and still hiring for 2nd case manager.
- **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. 3 admissions occurred with a census of 5. Units of service have increased in March compared to previous months.
- **Supported Employment Program (SEP)**- LOS 93%, we currently have a waitlist for services but are working to schedule out intakes.
- **Program for Assertive Community Treatment (PACT)**- The current census in PACT is 47 persons, LOS 81%. PACT onboarded a co-occurring clinician and a second peer; we are also pending a waiver for a vocational specialist. PACT is still looking to hire a 2nd nurse.
- **Intensive Family Support Services (IFSS)**- IFSS was at 90%LOS, an increase in service engagement compared to previous months.

- Ms. Dunagan asked about turnovers and vacant jobs and what the strategy is to help retain and recruit? Ms. Jackey explained that one of the biggest barriers to recruitment is lack of experience among candidates and relevant degrees with little to no experience in acute care settings. A recent job fair was held to increase awareness to positions and push online to obtain more feedback. Efforts to increase interns with bachelors and master levels in acute world. Acenda is trying to go many routes to seek those individuals with experience level. Acenda has also reached out to state about eligibility criteria and where to send waivers to help support case management.
- Dr. DiLiscandro asked what program closed. Ms. Jackey confirmed it was peer support program through screening due to funding changes. Acenda is actively exploring ways to maintain support for those previously served by peer programs. Dr. DiLiscandro expressed the importance of that piece of screening.
- Ms. Suzanne Smith asked about the managed care and fee for service structures in regards to Behavioral Health integration. Ms. Jackey went over what programs are fee for service's Management, PACT, screening and children's mobile services. There was concern about the transition from Medicaid to Managed Care Organizations (MCO's) about prior authorization. Phase one of managed care impacted outpatient and adult partial care programs.
- Ms. Jackey announced that Acenda's IOTSS and PACT program will be engaging in a new training opportunity through Rutgers called *Positively Happier*. Rutgers has applied for a grant to support the initiative, which is aimed at establishing it as evidence-based practice. The training focuses on positive psychology and overall wellness for individuals with a serious mental health illness. Some clinicians and peer support will go through a two-day facilitator training. This will prepare them to deliver this 15-week course in both individual or group settings.

New Jersey Division of Mental Health and Addictions Services (DMHAS) –Mr. Ron Roebuck

Bilingual Mental Health Clinician Stipend Program

- Total of \$242,500 available in state appropriations will be available to support licensed bilingual mental health practitioners promoting co-location of physical and behavioral health care.
- Practitioners must have completed a degree to be eligible for direct service. Eligibly include: psychology, nursing, social work, counselors, and marriage and family therapy.
- Funding is first come first served basis and applications due by April 30, 2025. Inpatient setting is not eligible.

Integrated Care Program (ICP) RFP

- RFP has been issued by DMHAS promoting to co-location of physical and behavioral health care.
- Several awards combined total of \$900,000 annually available renewable up to three years from September 30, 2024 – September 29, 2027.
- The bidder conference was April 10th. Letter of intent is due May; full proposals are due May 15, 2025.

Funding Cuts & Program Impacts

- There have been federal cuts impacting several programs; some funding was already scheduled to stop September 30th.
- A temporary stay of funding is in effect due to ongoing litigation.
- Agencies are submitting adjustments requests to preserve programs or reallocate resources. These are being reviewed on a case-by-case basis.

- Acenda has submitted a request that will be supported. DMHAS will try to support agencies in regards to peer services since considered highly valuable to those in community.

Contract Season & Budget Outlook

- The contract renewal season is underway for FY 26.
- Budget is tight and agencies are encouraged to maximize funding efficient while maintaining service quality.
- Dr. DiLiscandro asked about funding cuts and clarification on how programs are being looked at confirming these programs are being cut based on underusage. Mr. Roebuck explained that funding is being reviewed for the past three years looking or underutilization of funds while reducing a portion of funding to not create major impacts.

Mental Health Administrator: Dr. Becky DiLiscandro

DRCC Grant:

- There are 6 training dates scheduled this year. 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) @ RCSJ.
Overall, all of the classes went well. There continues to be a large variance in the number of registrants compared to the number who attend; however, our number of attendees were more than doubled compared to last year.
- A special thanks to Deputy Commissioner Jim Jefferson who welcomed our DRCC class and thanked them for their volunteerism; to Holly Horwell who provided assistance to all of our class participants and assisted with the organization of this 5-day training series; to RCSJ-Gloucester Campus, who allowed us to use their beautiful classroom and provided staff to assist us, even though they were off for Spring break; to NJ Disaster and Terrorism Branch who provided DRCC instruction; to Traumatic Loss Coalition Director Barbara Maronski, who provided TLC instruction.

DRCC Final Headcount for initial trainings:

Date	Registered	Actual Attendance
March 19 th	45	24
March 20 th	35	18
March 21 st	29	16

- April 30th Team Building for Successful Support and Self-Care in Deployment, open to currently certified NJDRCCs for recertification credit, @ GCLS Mullica Hill. Even after extension to TLC and MRC, registration remained low at 5 registrants. Due to this, the class was transitioned to a virtual platform. Those who cannot attend during the live training, are able to attend at their leisure.
- In addition to planning for trainings, the office of mental health is also preparing for an upcoming DRCC advertising campaign. We are currently reviewing proposals and should be awarding an advertising company by the end of May.
- Dr. DiLiscandro did share a write up with pictures for county newsletters and is not sure if they will used.

Mental Health Awareness Trainings:

NJACMHA:

- We received notice, from NJ Division of Mental Health and Addictions Services that applications for the \$10,000 grant are still under review. This grant could be awarded to Gloucester County in order to

provide educational services, regarding severe mental illness, to our community; and technical assistance to NJDMHAS.

Old Business:

- Ms. Suzanne Smith asked if we heard from Soluna in regards to the Washington Twp school board voting to approve the implementation of this software. Dr. DiLiscandro will follow up with Soluna to get more information and share.
- **Next Meeting:** May 20, 2025 2:30pm

A motion to adjourn meeting was made by Warden Eugene Caldwell; Ms. Suzanne Smith seconded.