

ASSEMBLY, No. 3814

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MARCH 16, 2020

Sponsored by:
Assemblyman GARY S. SCHAER
District 36 (Bergen and Passaic)

SYNOPSIS

Establishes Behavioral Health Services Task Force.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT establishing a task force to study and make
2 recommendations regarding the provision of behavioral health
3 care services.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

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8 1. a. There is established in the Division of Mental Health and
9 Addiction Services in the Department of Health the Behavioral
10 Health Services Task Force.

11 b. The purpose of the task force shall be to review and analyze
12 the structure and delivery of behavioral health services in New
13 Jersey and make recommendations for legislation or other such
14 action as it deems appropriate with regard to improving, expanding,
15 and facilitating the provision of behavioral health services to the
16 citizens of this State. Behavioral health services reviewed and
17 analyzed by the task force shall include services both for
18 individuals with mental health concerns and for individuals with
19 substance use disorders.

20 c. The task force shall consist of 26 members who represent the
21 geographic diversity of New Jersey, as follows:

22 (1) the Commissioners of Health, Human Services, and Children
23 and Families, or their designees, who shall serve ex officio;

24 (2) Seven public members to be appointed by the Governor, as
25 follows: one person upon the recommendation of the New Jersey
26 Association of Mental Health and Addiction Agencies; one person
27 upon the recommendation of the National Alliance on Mental
28 Illness New Jersey; one person upon the recommendation of the
29 Mental Health Association in New Jersey; one person upon the
30 recommendation of the New Jersey Hospital Association who
31 represents an acute care entity; one person upon the
32 recommendation of the Society of Psychiatric Advanced Practice
33 Nurses of the New Jersey State Nurses Association; one person
34 upon the recommendation of the New Jersey Psychiatric
35 Rehabilitation Association; and one person upon the
36 recommendation of the New Jersey Primary Care Association;

37 (3) Eight public members to be appointed by the President of the
38 Senate, as follows: one person upon the recommendation of the
39 New Jersey Chapter of the American College of Emergency
40 Physicians; one person representing a health insurance carrier and
41 one person representing a Medicaid managed care organization,
42 both upon the recommendation of the New Jersey Association of
43 Health Plans; one psychiatrist upon the recommendation of the
44 Medical Society of New Jersey; one representative of an entity
45 which is designated by the State to provide screening services, as
46 defined in section 2 of P.L.1987, c.116 (C.30:4-27.2); one
47 representative of an organization which works with individuals with
48 intellectual or developmental disabilities; one representative of an

1 organization which works with individuals who have substance use
2 disorder; and one representative of an entity which provides early
3 intervention support services through a contract with the Division
4 of Mental Health and Addiction Services; and

5 (4) Eight public members to be appointed by the Speaker of the
6 General Assembly, as follows: one representative of Rutgers
7 University Behavioral Health Care; one person upon the
8 recommendation of the New Jersey Hospital Association; one
9 representative of the Camden Coalition of Healthcare Providers;
10 one person upon the recommendation of the Advocates for Children
11 of New Jersey; one representative of an outpatient treatment
12 provider; one representative of an entity that provides community
13 social services; one person upon the recommendation of the New
14 Jersey Association of Osteopathic Physicians and Surgeons; and
15 one health care provider, upon the recommendation of the New
16 Jersey Chapter of the American Academy of Pediatrics, who
17 specializes in treating children and adolescents.

18 d. Vacancies in the membership of the task force shall be filled
19 in the same manner provided for the original appointments.

20 e. The task force shall organize as soon as practicable
21 following the appointment of its members, and shall select a
22 chairperson and vice-chairperson from among the members. The
23 chairperson shall appoint a secretary who need not be a member of
24 the task force.

25 f. The public members shall serve without compensation, but
26 shall be reimbursed for necessary expenses incurred in the
27 performance of their duties and within the limits of funds available
28 to the task force.

29 g. The task force shall be entitled to call to its assistance and
30 avail itself of the services of the employees of any State, county, or
31 municipal department, board, bureau, commission, or agency as it
32 may require and as may be made available to it for its purposes.

33 h. The Department of Health shall provide staff support to the
34 task force.

35
36 2. a. The duties of the Behavioral Health Services Task Force,
37 established by section 1 of this act, shall include, but not be limited
38 to:

39 (1) conducting a survey of the current behavioral health care
40 system on a county by county basis for acute, short-term, and long-
41 term care;

42 (2) identifying gaps in the current behavioral health care system
43 for the delivery of care for children, adolescents, and adults on a
44 county by county basis for acute, short-term, and long-term care;
45 and

46 (3) making recommendations to:

47 (a) ensure access to quality emergency behavioral health care in
48 a timely manner;

- 1 (b) coordinate services among providers;
2 (c) facilitate access to comprehensive behavioral health care and
3 treatment;
4 (d) maximize the effective use of available funding;
5 (e) establish new programs or revise existing programs;
6 (f) promote enhanced communication and information
7 exchanges; and
8 (g) any other matters the task force deems necessary and
9 appropriate.
- 10 b. The task force may contract with the Rutgers Center for
11 State Health Policy, or a similar organization, to conduct the survey
12 of the current behavioral health care system and to conduct any
13 other analysis or research the task force anticipates will contribute
14 to the ability of the task force to fulfill the duties required of it
15 pursuant to this section.
- 16 c. The task force may solicit and receive grants and other funds
17 that are made available for the task force's purposes by any
18 governmental, public, not-for-profit, or for-profit agency, including
19 funds that are made available under any federal or State law,
20 regulations, or program.
- 21 d. No later than 18 months following the effective date of this
22 act, the task force shall report to the Governor, and to the
23 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),
24 its findings and recommendations, including actionable steps which
25 can be taken in regard to the provision of behavioral health services
26 in New Jersey. The task force shall terminate upon submission of
27 the report.
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- 29 3. This act shall take effect immediately and shall expire upon
30 submission of the task force's report required to be prepared
31 pursuant to section 2 of this act.
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34 STATEMENT

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36 This bill establishes the Behavioral Health Task Force in the
37 Division of Mental Health and Addiction Services in the
38 Department of Health (DOH). The purpose of the task force will be
39 to review all aspects of behavioral health services in New Jersey
40 and make recommendations for legislation or other such action as it
41 deems appropriate with regard to improving, expanding, and
42 facilitating the provision of behavioral health services to the
43 citizens of this State. Behavioral health services reviewed and
44 analyzed by the task force are to include services both for
45 individuals with mental health concerns and for individuals with
46 substance use disorders.

47 The task force will consist of 26 members, including: the
48 Commissioners of Health, Human Services, and Children and

1 Families, or their designees, who would serve ex officio; and 23
2 public members, with seven members to be appointed by the
3 Governor, and eight members each to be appointed by the Senate
4 President and the Speaker of the General Assembly. The members
5 are to represent the geographic diversity of New Jersey. The DOH
6 will be required to provide staff support to the task force.

7 The members appointed by the Governor would include: one
8 person upon the recommendation of the New Jersey Association of
9 Mental Health and Addiction Agencies; one person upon the
10 recommendation of the National Alliance on Mental Illness New
11 Jersey; one person upon the recommendation of the Mental Health
12 Association in New Jersey; one person upon the recommendation of
13 the New Jersey Hospital Association who represents an acute care
14 entity; one person upon the recommendation of the Society of
15 Psychiatric Advanced Practice Nurses of the New Jersey State
16 Nurses Association; one person upon the recommendation of the
17 New Jersey Psychiatric Rehabilitation Association; and one person
18 upon the recommendation of the New Jersey Primary Care
19 Association.

20 The members appointed by the Senate President would include:
21 one person upon the recommendation of the New Jersey Chapter of
22 the American College of Emergency Physicians; one person
23 representing a health insurance carrier and one person representing
24 a Medicaid managed care organization, both upon the
25 recommendation of the New Jersey Association of Health Plans;
26 one psychiatrist upon the recommendation of the Medical Society
27 of New Jersey; one representative of an entity which is designated
28 by the State to provide screening services; one representative of an
29 organization which works with individuals with intellectual or
30 developmental disabilities; one representative of an organization
31 which works with individuals who have a substance use disorder;
32 and one representative of an entity which provides early
33 intervention support services in the State.

34 The members to be appointed by the Speaker of the General
35 Assembly would include: one representative of Rutgers University
36 Behavioral Health Care; one person upon the recommendation of
37 the New Jersey Hospital Association; one representative of the
38 Camden Coalition of Healthcare Providers; one person upon the
39 recommendation of the Advocates for Children of New Jersey; one
40 representative of a outpatient treatment provider; one representative
41 of an entity that provides community social services; one person
42 upon the recommendation of the New Jersey Association of
43 Osteopathic Physicians and Surgeons; and one health care provider,
44 upon the recommendation of the New Jersey Chapter of the
45 American Academy of Pediatrics, who specializes in treating
46 children and adolescents.

1 The task force is to organize and issue a report to the Legislature
2 and the Governor 18 months after the bill's effective date. After the
3 submission of the report, the task force will expire.

4 The task force is permitted to solicit and receive grants and other
5 funds that are made available for the task force's purposes from
6 public and private entities. The task force may contract with a third
7 party, such as the Rutgers Center for State Health Policy, to meet
8 the objectives of the task force as they are delineated in the bill.

9 The goals of the task force include, but are not limited to,
10 conducting a survey of the current behavioral health care system on
11 a county by county basis for acute, short-term, and long-term care;
12 identifying gaps in the current behavioral health care system for the
13 delivery of care for children, adolescents, and adults on a county by
14 county basis for acute, short-term, and long-term care; and making
15 recommendations to: ensure access to quality emergency
16 behavioral health care in a timely manner; coordinate services
17 among providers; facilitate access to comprehensive behavioral
18 health care and treatment; maximize the effective use of available
19 funding; establish new programs or revise existing programs;
20 promote enhanced communication and information exchanges; and
21 any other matters the task force deems necessary and appropriate.