

SENATE, No. 1101

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JANUARY 30, 2020

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)

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:*

7
8 1. a. There is established in the Division of Mental Health and
9 Addiction Services in the Department of Human Services the
10 Behavioral Health Services Task Force.

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

19 c. The task force shall consist of 26 members who are selected to
20 represent a geographically diverse representation of New Jersey, as
21 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 Illness
28 New Jersey; one person upon the recommendation of the Mental
29 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 recommendation
32 of the Society of Psychiatric Advanced Practice Nurses of the New
33 Jersey State Nurses Association; one person upon the recommendation
34 of the New Jersey Psychiatric Rehabilitation Association; and one
35 person upon the recommendation of the New Jersey Primary Care
36 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 New
39 Jersey Chapter of the American College of Emergency Physicians; one
40 person representing a health insurance carrier and one person
41 representing a Medicaid managed care organization, both upon the
42 recommendation of the New Jersey Association of Health Plans; one
43 psychiatrist upon the recommendation of the Medical Society of New
44 Jersey; one representative of an entity which is designated by the State
45 to provide screening services, as defined in section 2 of
46 P.L.1987, c.116 (C.30:4-27.2); one representative of an organization
47 which works with individuals with intellectual or developmental
48 disabilities; one representative of an organization which works with

1 individuals who have substance use disorder; and one representative of
2 an entity which provides early intervention support services through a
3 contract with the Division of Mental Health and Addiction Services;
4 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; one
10 person upon the recommendation of the Advocates for Children of
11 New Jersey; one representative of an outpatient treatment provider;
12 one representative of an entity that provides community social
13 services; one person upon the recommendation of the New Jersey
14 Association of Osteopathic Physicians and Surgeons; and one health
15 care provider, upon the recommendation of the New Jersey Chapter of
16 the American Academy of Pediatrics, who specializes in treating
17 children and adolescents.

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

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

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

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

32 h. The Department of Human Services shall provide staff support
33 to the task force.

34

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

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

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

45 (3) making recommendations to:

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

48 (b) coordinate services among providers;

1 (c) facilitate access to comprehensive behavioral health care and
2 treatment;

3 (d) maximize the effective use of available funding;

4 (e) establish new programs or revise existing programs;

5 (f) promote enhanced communication and information
6 exchanges; and

7 (g) any other matters the task force deems necessary and
8 appropriate.

9 b. The task force may contract with the Rutgers Center for
10 State Health Policy, or a similar organization, to conduct the survey
11 of the current behavioral health care system and to conduct any
12 other analysis or research the task force anticipates will contribute
13 to the ability of the task force to fulfill the duties required of it
14 pursuant to this section.

15 c. The task force may solicit and receive grants and other funds
16 that are made available for the task force's purposes by any
17 governmental, public, not-for-profit, or for-profit agency, including
18 funds that are made available under any federal or State law,
19 regulations, or program.

20 d. No later than 18 months following the effective date of this
21 act, the task force shall report to the Governor, and to the
22 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),
23 its findings and recommendations, including actionable steps which
24 can be taken in regard to the provision of behavioral health services
25 in New Jersey. The task force shall terminate upon submission of
26 the report.

27
28 3. This act shall take effect immediately and shall expire upon
29 submission of the task force's report required to be prepared
30 pursuant to section 2 of this act.

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33 STATEMENT

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

46 The board will consist of 26 members: the Commissioners of
47 Health, Human Services, and Children and Families, or their
48 designees, who would serve ex officio; and 23 public members,

1 with seven members to be appointed by the Governor, and eight
2 members each to be appointed by the Senate President and the
3 Speaker of the General Assembly. The members are to represent the
4 geographic diversity of New Jersey, and the DHS will be required
5 to provide staff support to the board.

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

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

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

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

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

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