



Annual Report

FY 2018-2019

NCADD-NJ

*works in partnership with and on
behalf of individuals, families, and
communities affected by alcoholism and
drug dependence to promote recovery.*

The **Public Policy Unit** assumes NCADD-NJ's mission of addiction issues advocacy. Advocacy is central to the agency's work, dating back over seventy years when NCADD Founder, Marty Mann, the first woman to obtain long-term sobriety in Alcoholics Anonymous, took on the task of fostering understanding of alcoholism as a disease. Over time, this effort has come to encompass drug dependence as well.

The Public Affairs Unit has made the agency New Jersey's foremost expert on addiction matters. It has worked to advance a public health approach to drug and alcohol problems, and to promote policies that end the criminalization of people with addictions.

After decades of failures in the War on Drugs, the general public and elected leaders have largely come to the understanding that one cannot be punished in to good health. The War on Drugs has wasted resources and broken lives. Most policy-makers have been ready to try new approaches. NCADD-NJ has both fostered and responded to this new receptivity, and offered practical solutions that deliver effective prevention, quality treatment, and assistance to people on the path of recovery.

The Advocates and Public Affairs Unit can take satisfaction in knowing they've played a large part in continued increases in the state Budget for addiction programs. Their consistent testimony over the years before the Appropriations Committees, along with their regular communications with decision-makers, and combined with a growing, and more refined, public understanding of the opioid crisis, has resulted in more of a focus on solutions to the epidemic. NCADD-NJ has often been called upon by leaders in state government (both Executive and Legislative Branches) for our review and assessment of many of the proposals and initiatives offered to enhance addiction prevention, treatment and recovery.

NCADD-NJ lent its expertise and advocacy to many addiction-related bills in the state Legislature and at least two of those were successfully enacted in to law. The first was the Parity Act that built on existing laws requiring health insurance carriers to reimburse for behavioral health matters on a par with the manner in which they deal with physical, medical items. The new statute mandates that health plans document steps they've taken to ensure parity compliance. The NJ Dept. of Banking and Insurance must certify this compliance in order for the policy to be sold to New Jersey consumers. The Dept. will further provide the results of its review on its public website. Many of the agency's Advocates were invited by the Governor's Office to attend the Bill Signing Ceremony at which time he thanked them for bringing this issue to his attention.

The second, was a measure mandating that both public and nonpublic secondary schools maintain a supply of an opioid overdose reversal drug. The bill further required staff training in its use, and provided legal indemnification for those who administer it.

The Public Affairs staff and Advocates are continuing to work toward achieving additional reforms, including:

- Require nursing homes to provide training to staff in behavioral health issues
- Ensure that medication-assisted treatment benefits under the Medicaid program are provided without prior authorization requirements
- Authorize public libraries to maintain a supply of opioid antidotes
- Allow for the reduction of court-ordered fines for individuals who successfully complete Drug Court

Overall, the Unit's strategic communications and advocacy in the public policy arena has resulted in significant movement on proposals to mitigate the opiate crisis.

FY 2018-2019 brought many changes to the NCADD-NJ **Advocacy Leadership Program**, starting with new staff and the introduction of the harm reduction movement in New Jersey. Many of our Advocates are introducing these life saving philosophies to their communities in the effort to address the ongoing issues of addiction, and to encourage the expansion of multiple pathways to ongoing recovery.

For the first time, the Advocacy Division of NCADD-NJ decided to bring trainings directly into the field. Previous successful trainings, such as “Our Stories Have Power,” and “Advocacy 101,” were updated and offered to locations affiliated with existing Advocates. Through this implementation, 21 trainings were held across the state that introduced more than 350 people to the NCADD-NJ model. Many people signed on as Advocates immediately following the trainings, and even more people are now primed and ready to use consistent messaging regarding substance use and recovery when dealing with professionals, the newly recovering, and decision makers.



Camden County Team Event



Victory! After two decades, the enforcement of the Parity Act is signed in to Law in April 2019. NCADD-NJ's Ed Martone stands with Gov. Murphy and members of the NJ Parity Coalition



Atlantic County Team Event

NCADD-NJ has long recognized the crossover between mental health and substance use issues, and has been working in partnership with the Mental Health Association of New Jersey to combine Advocacy efforts within the Teams. This includes individuals with soley mental health issues. Several of the Advocacy Teams focus their attention and hold events to bring these co-occurring issues to the forefront of the public eye, and in turn provide education and awareness of local resources.

Our Advocacy Teams met 116 times this fiscal year, and held 29 events, several of which were in-field trainings sponsored by individual Teams. Teams continue to celebrate recovery, bring awareness to stigma and barriers to recovery, and to introduce ideas about ways to emphasize recovery to more people that in turn, will save more lives. Many of NCADD-NJ's Advocates are leading the way for more harm reduction methods to be implemented and funded in New Jersey, and are also speaking out about the barriers to recovery that the criminalized approach to substance use has created.

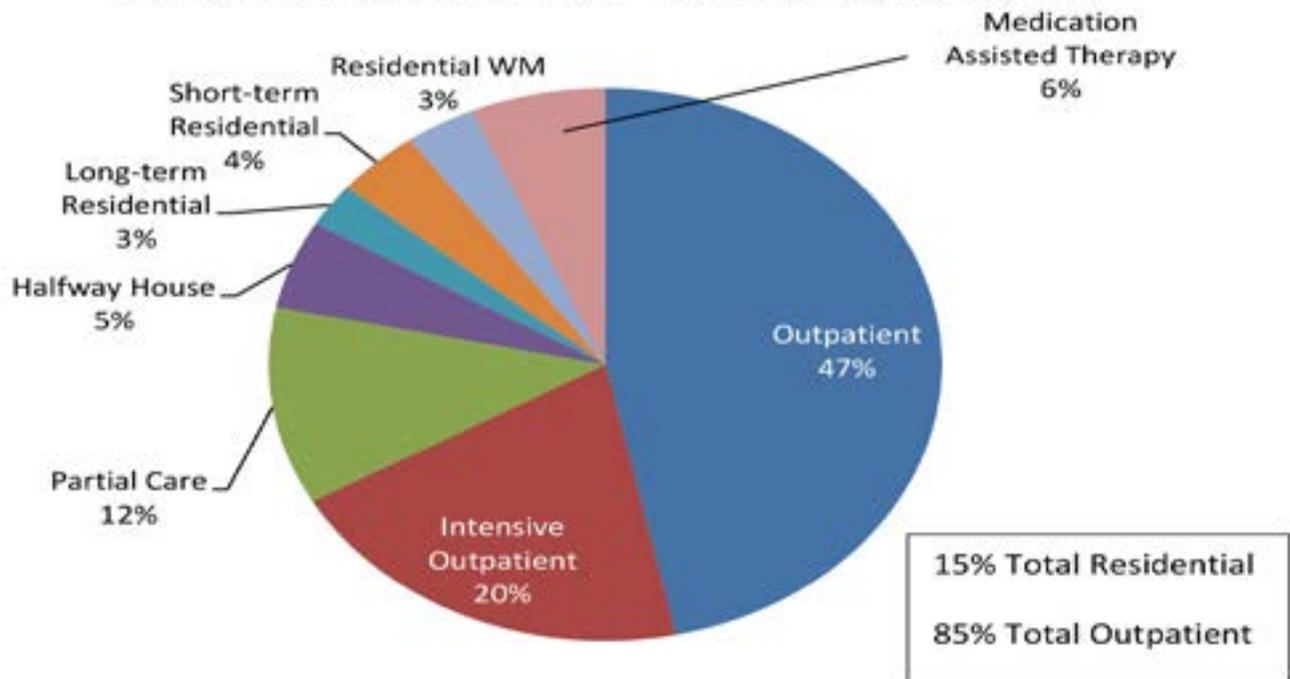
Work First New Jersey

Substance Abuse Initiative & Behavioral Health Initiative

The men and women who are referred to the WFNJ SAI/BHI are in need of a variety of services. They are guided into treatment and their services are monitored across a continuum of care based on their changing needs. As part of our WFNJ Initiative, clients are assisted with long-range planning for discharge and employability as an important component of their assessment service plan.

Care coordination addresses potential gaps in meeting clients' interrelated medical, social, environmental, educational, and financial needs in order to achieve sobriety, psychiatric stability, and self-sufficiency. Advocacy on behalf of clients for Medicaid coverage, housing, childcare, and other supports, while helping them to navigate multiple community systems serves to reduce fragmentation of care.

Combined GA and TANF Level of Care Placed



Evaluation includes a Child Safety Evaluator and an Immediate Need Profile. Care Coordinators utilize the ASAM Criteria, 3rd Ed., and the DSM-5 when determining their diagnostic impression and most appropriate level of care placement. Data collection using these tools assists with identifying the needs of the population and improves client care with linkage efforts across all health domains. In fiscal year 2019, in addition to substance use and/or mental health disorders, it was identified that 68% of clients self-disclosed at the time of assessment had been diagnosed with chronic medical conditions. The Care Coordinators will then ensure the clients are obtaining necessary medical follow up or will refer to medical care for those in need of health services.

Trauma, abuse, and domestic violence plague the population we serve. Many WFNJ SAI/BHI clients have a history of trauma or current experiences of harmful relationships. At the time of assessment, 54% disclosed current or historical emotional abuse, 47% had experiences of physical abuse, 34% disclosed sexual abuse, and 24% all three. The Care Coordinators address these sensitive areas with the clients and refer for services to promote healing and to any immediate safety needs. Many men and women with a history of trauma have never had counseling and may not be ready for treatment. The Care Coordinators attempt to connect them to services or provide them with linkages for when they are ready.

The extensive data collection within our health information system not only permits us to collect diverse information on the needs of our population but it provides the ability to generate over 90 reports on the data collected. This data is available to the State any time information is requested regarding client care, client flow, demographics, and quality assurance to illustrate performance targets and outcome data.

In fiscal year 2019, 16% of clients were placed in a residential treatment program; 4% detoxification, 4% short-term residential, 4% halfway house and 3% therapeutic community. The majority of clients were placed in an outpatient setting; 47% outpatient, 20% intensive outpatient, 12% partial care, and 6% medication-assisted therapy.

The WFNJ SAI/BHI model offers a single-point of care coordination ensuring the most efficient course of action centered on client needs. This model also recognizes the strengths of the clients to achieve optimal outcomes, move clients seamlessly along the continuum of care, and emphasizes recovery, wellness, and self-sufficiency as the guiding values. Through the steadfast efforts of the WFNJ SAI/BHI, we have developed an accountable behavioral health system that has significantly assisted with attaining the State's goals for quality care, accessibility of care, elimination of gaps in service, and cost effectiveness.

Work First New Jersey Family Violence Option (FVO)

The New Jersey Department of Human Services' Division of Family Development (DFD) through a competitive bidding process awarded NCADD-NJ the Family Violence Option (FVO) Initiative, which was implemented on January 1, 2018.

The FVO currently has six Regional Risk Assessors for the entire state who conduct risk assessments in the County Welfare Agencies and provide safety planning for the GA/TANF population.

The FVO Risk Assessors make recommendations to the County/Municipal Welfare Agencies (CWA/MWA) to grant up to six different waivers to General Assistance (GA) and Temporary Assistance to Needy Families (TANF) recipients. The purpose of the FVO waivers are to protect the GA/TANF recipients who are in imminent danger from the perpetrator, and for individuals who want to move forward and become self-sufficient.

The six waivers for recommendations:

- **Work Requirement** – Waives the WFNJ work requirement if participation in a work activity places the client at a safety risk. The FVO assessor must explore with the client how work or employment-directed activities puts the client at risk.
- **Child Support (Good Cause Exception)** - All individuals with children are required to cooperate with New Jersey State court rules for child support. This option waives the child support cooperation requirement if the alleged abuser places the individual or child at risk for family violence.
- **Emergency Assistance (EA) time limit** - Emergency Assistance is limited to 12 months; however, extensions may be granted under certain hardship conditions, with specific limitations. An individual may seek this waiver due to active domestic violence, including voluntarily leaving stable housing. Some clients may not have exhausted their 12 months of EA, these individuals do not need waivers to extend their time limits, but they may need assistance to seek emergency residence in a domestic violence shelter.
- **60-month time limit** – This waiver is for individuals at, near, or beyond the 60-month GA or TANF cash assistance time limit. This waiver does not stop the “WFNJ clock” but will temporarily allow the individual to seek domestic violence services.
- **Alien residency status** – These individuals do not qualify for GA or TANF until they have been in the country for 5 years, these individuals would only qualify for FVO services if they have children and are seeking the Child support waiver.
- **Parent-minor living situation** – An individual under the age of 18 seeking cash assistance.

Juvenile Justice Commission (JJC)

Each year since 2003, NCADD-NJ has been contracted to provide substance abuse assessments for youth under the supervision of the New Jersey Juvenile Justice Commission (JJC). These assessments are conducted by licensed staff at detention centers, parole offices, and JJC program sites. The youth are assessed to determine the presence and extent of any substance abuse problem, as well as to provide a level of care placement recommendation. This fiscal year, the JJC staff received 134 referrals and performed 129 assessments. 3 did not show and 2 refused assessment.

Research and Program Evaluation

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n 2010, NCADD-NJ established the Research Division in order to fulfill a sub-contract from the Columbia University Center of Alcoholism and Substance Abuse (CASA). CASA had received a grant from the state of New Jersey to evaluate the New Jersey Medication Assisted Treatment Initiative (NJ-MATI) and NCADD-NJ was contracted to create the database for the questionnaire and collect data from clients participating in the initiative. NJ-MATI sought to reduce barriers to treatment by providing free, opioid agonist treatment (OAT), methadone or buprenorphine, via mobile medication units (MMUs). To evaluate barriers to OAT, logistic regression was used to compare opioid dependent patients enrolled in NJ-MATI to those entering treatment at fixed-site methadone clinics or non-medication assisted treatment (non-MAT). Client demographic and clinical data were taken from an administrative database for licensed treatment providers. The MMUs enrolled a greater proportion of African-American, homeless, and uninsured individuals than the fixed-site methadone clinics. Compared to non-MAT and traditional methadone clients, NJ-MATI patients were more likely to be injection drug and daily users but less likely to have a recent history of treatment. These observations suggest that the patient-centered policies associated with NJ-MATI increased treatment participation by high severity, socially disenfranchised patients who were not likely to receive OAT. Outcomes were published in the December 2013 issue of the "Journal of Substance Abuse Treatment." Although NCADD-NJ has not received any subsequent contracts to perform research projects, it still actively seeks out new research opportunities.

NCADD-NJ Africa Initiative

Through organizational connections with individuals in Africa and recognizing the need for behavioral health services within many of the countries in Africa, NCADD-NJ has established subsidiary non-profit corporations in both Nigeria and Kenya. The Mental Health and Addiction Recovery Institute for Africa (MhARIA) will strive to be recognized as a reputable entity with expertise in the pursuit of excellence in public policy and education, care coordination, and recovery leadership, as well as through the advancement of progress of treatment approaches that are out, and evidence-based in those two countries.

Statement of Financial Activities

Year Ended June 30, 2019
(With Comparative Totals for the Year Ended June 30, 2018)

	<i>Year Ended June 30</i>	
	<i>2019</i>	<i>2018</i>
<i>Support and revenues</i>		
<i>Federal and state grants – direct funding</i>	\$10,651,291	\$10,121,835
<i>Other grants</i>	40,808	55,729
<i>Miscellaneous revenue</i>	4,013	7,813
<i>Fundraising revenue</i>	23,585	21,053
<i>Contributions</i>	12,853	4,239
<i>Interest income</i>	13,068	8,765
<i>Total support and revenues</i>	10,745,618	10,219,434
 <i>Expenses</i>		
<i>Program services</i>		
<i>Public Affairs</i>	279,342	302,464
<i>Advocacy</i>	--	18,437
<i>SAI/BHI</i>	8,570,372	8,525,970
<i>FVO</i>	910,691	459,106
<i>JJC</i>	28,337	25,602
<i>Mental Health</i>	22,949	5,174
<i>Parity</i>	9,217	9,201
<i>NJCAEF</i>	9,217	25,552
<i>Total program expenses</i>	9,830,125	9,371,506
<i>Fundraising</i>	9,545	2,591
<i>Management and general</i>	907,680	867,445
<i>Total expenses</i>	10,747,350	10,241,542
<i>Change in net assets</i>	(1,732)	(22,108)
 <i>Net assets, beginning of year</i>	 162,513	 184,621
 <i>Net assets, end of year</i>	 \$ 160,781	 \$ 162,513

Audited by Holman Frenia Allison, P.C.
Certified Public Accountants

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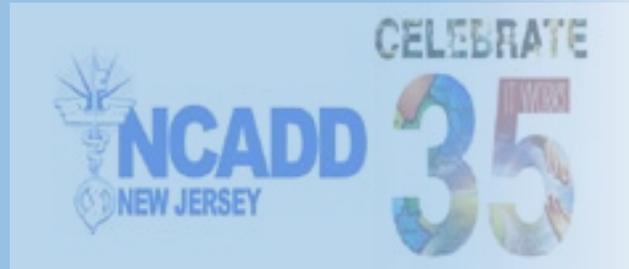
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Division of Addiction Services

Chris Schroeder, Member
Media Director, C4 Recovery Solutions

Harry Shallcross, Member
Independent Consultant and College Instructor
Rutgers School of Social Work

Major Funding Sources:

N.J. Dept. of Human Services-Div. of Family Development
N.J. Dept. of Human Services-Div. of Mental Health and Addiction Services
N.J. Dept. of Law and Public Safety-Juvenile Justice Commission
N.J. Citizen Action Education Fund
Mental Health Association in New Jersey
Legal Action Center



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