Now Presenting...  

National Center for Advocacy and Recovery  
NCAAR  
for behavioral health  

Annual Report  
2020-2021  

Key Management Staff:  

Wayne Wirta, M.Div.  
President/CEO  

Stephen Demley, MBA  
Director of Operations  

Robert Hightower, BS  
Director of Information Technology  

Laura Videtti, MS  
Controller  

Lisa Schmitter, BA, PHR  
Human Resources Mgr.  

Stacey Wolff, MA, LPC, LCADC  
Director of Care Coordination Services  

Summer Brancoccio, ACS, LPC, LCADC, CCS  
Clinical Director
A Message from the CEO:

This last year has been one of many changes and challenges for the organization. Effective January 1, 2021, we changed our organization's name from the National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ) to the National Center for Advocacy and Recovery for Behavioral Health (NCAAR-BH). We believe that by doing so we are choosing a name that more accurately reflects the mission of our organization, as well as the realities in the current understanding of substance use disorders.

There were several reasons for us to undertake this name change. We had been an affiliate of the National Council on Alcoholism and Drug Dependence, founded by Mrs. Marty Mann, for more than 30 years. Unfortunately, our national organization went out of business last year. However, that is not the primary reason for our name change. Our mission has not changed, but much is changed in the substance use disorder world since that time. There has been an increasing awareness and knowledge of the connection between substance use and mental health disorders. Only 12% of the clients we serve in our Work First New Jersey-Substance Abuse Initiative (WFNJ-SAI) program suffer solely from substance use disorders. Therefore, in moving towards a new name for our organization that reflects our activities, the term “behavioral health” needed to be an integral part of that name.

Another evolution in the substance use disorder world was the movement away from focusing on treatment to the broader concept of recovery. We felt that our name should also reflect that change. And of course, our mission has always been one based on the life's work of Marty Mann, that of providing advocacy on behalf of individuals and families impacted by substance use disorders.

Of course, our largest challenge this year has been living through the reality of the COVID-19 pandemic. We have been very fortunate that all of the organization's staff have been able to continue as full-time employees. Unfortunately, the pandemic has impacted on both the SAI/BHI and Public Affairs and Policy Unit. The number of individuals that we can assist in our SAI/BHI and Family Violence Option (FVO) initiative has been severely limited with the closure of the county welfare offices in terms of in-person services. We are anticipating that as the pandemic runs its course we will be able to offer direct person-to-person services once again.

Our advocacy teams throughout the state have not been able to meet in person which has impacted on the activities that have traditionally been taken. In addition, the Statehouse has been closed which has severely limited access to legislators. Throughout this time, however, our policy initiatives have continued.

I am looking forward to the coming year when perhaps some semblance of normalcy may return. It will probably be a different world than the one prior to the pandemic and we will have to learn how to operate as an organization in a somewhat new reality. I am confident that we will accomplish that.

Wayne Elworth
President and CEO

Vision:
The National Center for Advocacy and Recovery for Behavioral Health (NCAAR-BH) will help lead efforts to ensure the establishment of an integrated recovery-oriented system of care that provides needed evidence-based behavioral health prevention and recovery services to all individuals as a human right.
The Public Affairs and Policy Unit assumes NCAAR’s focus on behavioral health issues advocacy. Advocacy is central to the agency’s work, dating back seventy-five years to when NCADD founder, Marty Mann, was charged by her fellow Alcoholics Anonymous’ charter members with fostering an understanding of alcoholism as a disease. Over time, this effort has come to encompass illicit drugs as well.

The Public Affairs Unit has made the organization New Jersey’s foremost expert on recovery issues. It has strived to advance a public health approach to substance use disorder and behavioral health as well as promote policies that end the criminalization of people with behavioral health disorders.

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 behavioral health programs. Their consistent testimony over the years before the Appropriations Committees and the Dept. of Human Services, along with their regular communications with decision-makers, 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. NCAAR has often been called upon by leaders in state government for our review and assessment of many of the proposals and initiatives offered to enhance prevention, treatment and recovery.

NCAAR lent its expertise and advocacy to many behavioral health-related bills in the state Legislature with some of them realizing legislative passage. These included:

* A ban on patient brokering
* lifting a denial of eligibility for General Assistance and Emergency Housing Assistance applicants with a drug distribution conviction
* dedicating opioid pharmaceutical litigation settlement monies to drug prevention and treatment programs
* wider access to, and use of, naloxone and buprenorphine.

Advocacy

Advocacy Coordinator Heather Ogden along side of Advocacy Leader Rocky Schwartz, who receives the Candice Singer award for outstanding policy efforts, which lead to the passing of the Parity Bill in NJ

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

- Continue improved availability of naloxone in public spaces, such as libraries, public transportation, homeless shelters, colleges and universities, etc.
- Require nursing homes to provide training to staff on behavioral health issues
- Allow for the reduction of court-ordered fines for individuals who successfully complete a treatment or diversion program
- Expand the use of navigators and peer counselors
- Examine the issue of health insurers’ network adequacy
- Provide tax credits to employers who hire people in recovery from behavioral health disorders

The COVID-19 pandemic has had an adverse effect on everything. This has never been truer than in the rise in alcohol and drug misuse, overdoses and deaths that have surged in the recent past. While the Unit’s successes are numerous, the worsening health environment confronting many people has strengthened our resolve and accelerated our efforts.
The Work First New Jersey Substance Abuse Initiative (WFNJ SAI) successfully completed its 23rd year of operations and the Behavioral Health Initiative (BHI) completed its 12th year. 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 the WFNJ Initiative, recipients of General Assistance (GA) and Temporary Assistance for Needy Families (TANF) are helped with long-range planning for substance use and/or mental health treatment with the goals of recovery and employability as the primary components of their service plan.

Care coordination addresses potential gaps in meeting clients’ interrelated medical, social, environmental, educational, and financial needs in order to achieve their goals. 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.

The COVID-19 global pandemic significantly impacted referrals to the SAI/BHI as the County Welfare Agencies closed to the public in March 2020 and they remain closed at this time; consequently, referrals to the SAI/BHI have dropped significantly this year.

In fiscal year 2021, 3,263 GA or TANF recipients were referred to the SAI/BHI; of those clients referred, 2,793 (86%) attended their assessment, and of those assessed to need treatment, 1,960 (71%) entered treatment.

Every client who is referred to the SAI/BHI receives a comprehensive biopsychosocial assessment that also evaluates any immediate needs and child safety needs if they are in the home. 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 demographics and needs of the population and improves client care with linkage efforts across all health domains.
Each year since 2003, NCAAR-BH has been contracted to provide substance abuse assessments for youths 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 problems and to provide a level of care placement recommendation. During the 20-21 fiscal year the JJC staff received 40 referrals and performed 40 assessments. There were no clients that failed to show or that refused an assessment.

The numbers are drastically lower than the previous fiscal year due to the pandemic and ongoing public health emergency.

In fiscal year 2021, in addition to substance use and/or mental health disorders, it was identified that 69% of clients self-disclosed at the time of assessment they had been diagnosed with chronic comorbid medical conditions. If a client discloses an untreated medical condition, the Care Coordinators will ensure the clients obtain necessary medical follow up or will refer to medical care for those in need of health services. Trauma, abuse, and family violence are prevalent within 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, 56% disclosed current or historical emotional abuse, 49% had experiences of physical abuse, 37% disclosed sexual abuse, and 76% all three. The Care Coordinators address these sensitive areas with the clients and refer for services to promote healing.

During this fiscal year, 9% of clients were placed in residential treatment, which includes 3% residential withdrawal management, 3% short-term residential, 2% halfway house and 1% long-term residential. The remaining 91% of clients were comprised of 58% outpatient, 17% intensive outpatient, 8% partial care, and 8% methadone maintenance.

The WFNJ SAI/BHI model offers a single-point of care coordination ensuring the most efficient services that are centered on client needs. This model also recognizes the strengths of the clients to achieve optimal outcomes, moves clients seamlessly along the continuum of care, and emphasizes recovery, wellness, and self-sufficiency as the guiding principles. 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, eliminating gaps in service, and cost effectiveness.
The Family Violence Option (FVO) Initiative was implemented on January 1, 2018. In fiscal year 2020-2021, the FVO received 387 active referrals and 300 (76%) of those clients completed a Risk Assessment. The COVID-19 global pandemic significantly impacted referrals to the FVO as the County Welfare Agencies closed to the general public in March 2020 and they remain closed at this time; consequently, referrals to the FVO have dropped significantly this year.

The FVO aids applicants or recipients of Temporary Assistance for Needy Families (TANF) and General Assistance (GA) who are victims of family violence with achieving independence and economic self-sufficiency. The FVO program promotes the goals of Work First New Jersey by ensuring that family violence victims are given the opportunity to safely comply with employment-directed opportunities, work participation, child support, and time limit requirements. The statewide county and municipal welfare agencies screen TANF and GA applicants or recipients for potential family violence at the time of application for benefit eligibility, benefit redetermination, child support interview and the work activity process. TANF and GA individuals who self-disclose family violence and request FVO waivers are referred for the FVO Risk Assessment, safety planning, and a service plan.

During the pandemic, work activity participation, housing time limits, and cash assistance time limits have been suspended and clients were primarily referred for child support waivers. Throughout the pandemic and currently, all Risk Assessments are conducted virtually to assess for safety and client needs.

The FVO currently has six Regional Risk Assessors for the entire state who conduct Risk Assessments in the County Welfare Agencies, Domestic Violence Safe Houses, and Domestic Violence Community Centers. The Risk Assessors also provide safety planning strategies and recommend services for the GA/TANF population. The FVO Risk Assessors make recommendations to the County/Municipal Welfare Agencies (CWA/MWA) to grant up to four different temporary waivers to GA and TANF recipients. The purpose of the FVO waivers is to protect the GA/TANF recipients who are in imminent danger from their abuser and to provide services and protections for those individuals who are seeking to become self-sufficient.

There are three key components regarding waiver recommendations: (1) the Risk Assessment and safety plan strategies are consistent with the individual needs of the person, (2) waivers are recommended and if granted by the county, are re-evaluated every six months, (3) the safety plan and service plan includes recommendations for counseling, and supportive services (i.e., immediate safe housing, legal resources for a temporary restraining order, domestic violence counseling, medical care, etc.) that is consistent with the findings of the Risk Assessment.

The four waivers for recommendation:

- **Work Requirement** – Waives the WFNJ work requirement if participation in a work activity places the client at a safety risk. The FVO Risk Assessor must explore with the client how work or employment-directed activities puts the client at risk of continued domestic abuse.

- **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 Housing 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 or a Risk Assessment to extend their time limits, but they may need assistance to seek emergency residence in a domestic violence shelter.

- **60-month lifetime 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 continue to receive their cash assistance beyond 60 months while they seek domestic violence services.
## Statement of Financial Activities
Year Ended June 30, 2021
(With Comparative Totals for the Year Ended June 30, 2020)

### Support and Revenues

<table>
<thead>
<tr>
<th>Description</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal and state grants – direct funding</td>
<td>$10,294,239</td>
<td>$10,660,186</td>
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<tr>
<td>Other grants</td>
<td>23,492</td>
<td>43,437</td>
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<tr>
<td>Miscellaneous revenue</td>
<td>11,493</td>
<td>936</td>
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<tr>
<td>Fundraising revenue</td>
<td>--</td>
<td>2,569</td>
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<tr>
<td>Contributions</td>
<td>26,753</td>
<td>7,433</td>
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<tr>
<td>Interest income</td>
<td>269</td>
<td>1,319</td>
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<tr>
<td><strong>Total support and revenues</strong></td>
<td><strong>10,356,246</strong></td>
<td><strong>10,715,880</strong></td>
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</tbody>
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### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Affairs</td>
<td>273,899</td>
<td>277,559</td>
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<tr>
<td>Advocacy</td>
<td>21,282</td>
<td>34,690</td>
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<tr>
<td>SAI/BHI</td>
<td>8,221,164</td>
<td>8,622,229</td>
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<tr>
<td>FVO</td>
<td>851,126</td>
<td>877,366</td>
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<tr>
<td>JJC</td>
<td>8,413</td>
<td>15,187</td>
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<tr>
<td>Mental Health</td>
<td>-</td>
<td>1,190</td>
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<tr>
<td><strong>Total program expenses</strong></td>
<td><strong>9,375,884</strong></td>
<td><strong>9,828,221</strong></td>
</tr>
<tr>
<td>Fundraising</td>
<td>--</td>
<td>2,941</td>
</tr>
<tr>
<td>Management and general</td>
<td>961,008</td>
<td>912,815</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td><strong>10,336,892</strong></td>
<td><strong>10,743,977</strong></td>
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<tr>
<td><strong>Change in net assets</strong></td>
<td><strong>19,354</strong></td>
<td><strong>(28,097)</strong></td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>132,684</td>
<td>160,781</td>
</tr>
<tr>
<td><strong>Net assets, end of year</strong></td>
<td><strong>$152,038</strong></td>
<td><strong>$132,684</strong></td>
</tr>
</tbody>
</table>

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

*Complete financial statements are available by request.*
2020 - 2021 Board of Directors

William Waldman, Chairman
Executive in Residence
Rutgers School of Social Work (retired)
Commissioner (retired)

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Assoc. Professor, Dept. of Criminology (retired)
The College of New Jersey

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Behavioral Health Consulting Group

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Division of Addiction Services

Chris Schroeder, Member
Media Director, C4 Recovery Solutions

BOB Trojan, Member
Policy/Advisor, DC Insights, C4 Recovery Foundation

Ed Brazell, Member
Founder, The Silent Epidemic

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
Open Society Foundations

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