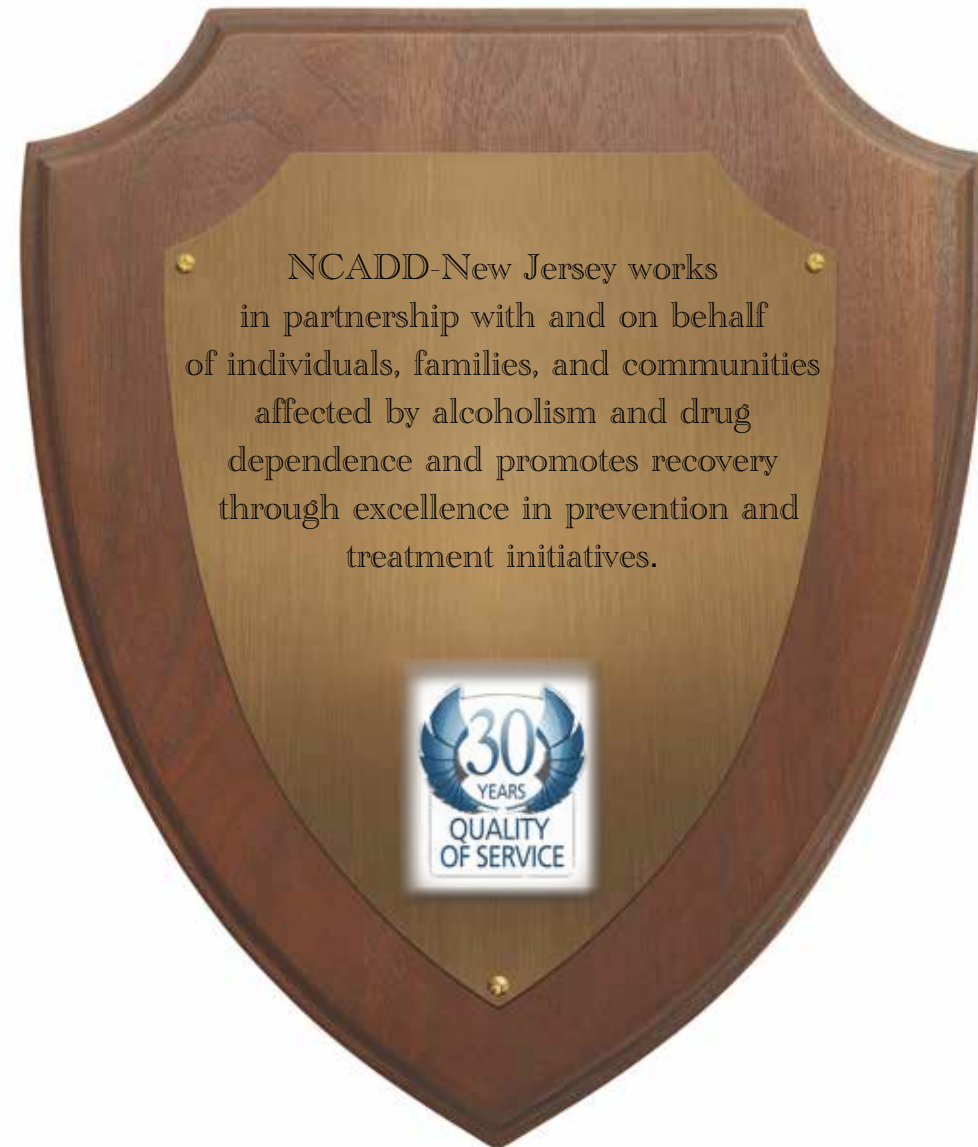




2014 ANNUAL REPORT

Mission Statement



A Letter from our CEO & Board President

In 2014, the National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ) has continued to expand our services, strengthen our programs and pursue our vision to continue as a center for excellence in meeting the needs of individuals, families and communities affected by substance use and other behavioral health disorders.

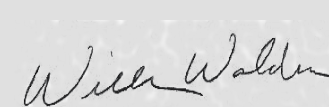
Our Public Affairs Division has continued to advance a public health approach to drug and alcohol problems and promote policies that decriminalize the disease of addiction. We have collaborated with New Jersey Citizen Action on projects to enroll individuals into insurance through the Affordable Care Act, with a focus on people affected by behavioral health issues. We have also encouraged individuals to sign up for Medicaid, which for the first time offers access to addiction and mental health treatment and expanded mental health services. We have also collaborated on the promotion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) targeting individuals from 15 to 22 years of age.

Our Advocacy Leadership Program has grown to more than 600 volunteers and expanded to 10 regional teams throughout New Jersey. The advocacy volunteers have been a visible face and voice of recovery at many public events and policy hearings. Due to NCADD-NJ's efforts, New Jersey is the only state in the country that has an organized statewide grassroots constituency advocating on behalf of recovery from addictive illness and we believe this has had and will continue to have an impact on public policy in our State and beyond.

In partnership with the New Jersey Department of Human Services, our Work First New Jersey Substance Abuse and Behavioral Health Initiatives have been offering services for 16 years. And in fiscal year 2014, our Care Coordinators working in this effort conducted over 9000 assessments. We are pleased to report that 78% of those assessed to need treatment actually entered a treatment program – reflecting an outstanding percentage as to engagement of those in need.

Our Rocky Mountain Tribal Access to Recovery Project ended in the past year. As a part of this program, NCADD-NJ staff issued vouchers to eligible clients who were members of 11 Native American nations in Montana and Wyoming. In the course of the project, NCADD-NJ issued and managed over \$9 million in addiction-related treatment and recovery support services. Over 14,000 vouchers were issued to individuals during the course of the project.

As we look forward, there are many challenges to face and work to be done to fulfill our mission of promoting recovery from addictive illness in New Jersey. Policies that continue to promote a movement away from a criminal justice approach towards a public health orientation with regard to addiction still need to be adopted. Policies that assist individuals in finding sobriety and in entering recovery need to be championed. We invite you to join us to make a difference as a volunteer, advocacy partner, or donor. Together we can make New Jersey a state where recovery from addictive illness is promoted, honored and recognized. Together we can make New Jersey an even better place for all of its citizens.


William Waldman
Chairman


Wayne Wirta
President and CEO

Public Affairs

The Public Affairs and Policy Unit assumes NCADD-NJ's mission of addiction issues advocacy. Advocacy is central to the agency's work, dating back 70 years to when NCADD founder Marty Mann was charged by Alcoholic Anonymous' founders with fostering understanding of alcoholism as a disease and with overcoming stigma.

Over the years, the Public Affairs Unit has emerged as the state's foremost expert on addiction issues. It has worked to advance a public health approach to drug and alcohol problems and promote policies that end the criminalization of people with an addiction.

After decades of failures in the War on Drugs, the general public and elected leaders have largely adopted the understanding that one cannot be punished into good health. The "War on Drugs" has wasted resources and broken lives. Many policy-makers are now ready to try new approaches. NCADD-NJ is prepared to take advantage of this new receptivity and offer practical solutions that combine effective prevention, quality treatment, and assistance to people on the bright path of recovery.

As an example, the Public Affairs Unit's policy expertise and influence was brought to bear on a number of criminal justice reform measures. Among these was a proposal to remove the criminal history question from job applications. The bill, known informally as "Ban the Box," would afford the opportunity for employment to many non-violent drug offenders.

The shift toward a public health approach on addiction has been helped by provisions within the Affordable Care Act (ACA), enacted in 2010. The Public Affairs Unit continues to work to maximize the ACA's emphasis on integration of behavioral health with primary care and the inclusion in the law of behavioral health parity, under which insurers must cover addiction and mental illness to the same degree as physical conditions.

With its partner, NJ Citizen Action, the Public Affairs Unit worked to increase enrollment in health plans through the marketplace and NJ FamilyCare. Its effort with enrollment and public education led to NCADD-NJ's receiving New Jersey Citizen Action's Evanoff-Shuchter Award, presented annually to an extraordinary organizer dedicated to empowering New Jersey communities through collective organizing and community action.

Another initiative the Public Affairs Unit joined with NJ Citizen Action promotes screening and intervention services in response to New Jersey's heroin and other opiate misuse. Expanding these services can help youth avoid the destructive consequences of alcohol and drug misuse, and stem the tide of opioid overdoses occurring throughout the state.

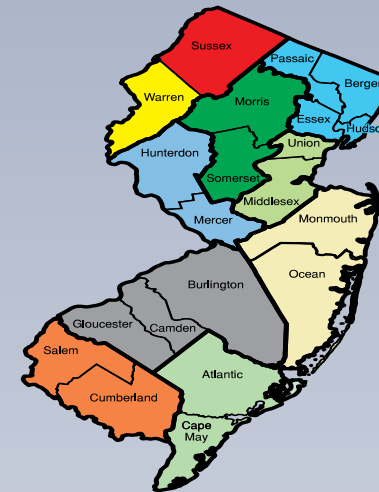
Overall, working diligently and strategically in the public policy arena has resulted in movement on proposals to mitigate the opiate overdose crisis, increase funding for drug therapy efforts, and improve addictions treatment for prisoners. NCADD-NJ has also put up resistance to legislative initiatives to lengthen prison terms for heroin possession offenses, as well as, measures to inhibit the operation of sober living homes.

During the past year, as new faces entered the N.J. Legislature, each new member received a packet of resource materials introducing them to NCADD-NJ. Many lawmakers held meetings in their District Offices with NCADD-NJ's Advocacy Leaders. In this way, the Public Affairs Unit familiarizes new lawmakers with addiction treatment and recovery issues while assisting them with their constituents' questions and concerns.



NCADD-NJ and New Jersey Citizen Action are collaborating on a campaign to have Screening, Brief Intervention and Referral to Treatment adopted in an array of medical and community settings, with a focus on youth ages 15-22.

Advocacy Leadership Program



Advocacy Leadership Teams in NJ

The NCADD-NJ Advocacy Program continues to expand in participation and in its effectiveness. Membership now stands at several hundred as an increasing number of Leadership Partners and Advocates are trained and apply that training to present their stories at legislative hearings and forums across the state. Thirty-nine Advocates were selected to attend the annual Advocacy Leadership Conference in the fall of 2013, at which the new class received the most intensive instruction of any class to date in how to put a face and voice on New Jersey's most pressing issues affecting addiction and recovery.

At the center of the grassroots program during the year were the volunteer-run advocacy teams, which grew from eight teams to ten as more Advocates and Leaders became involved. The increased number of teams meant members had a more localized focus on issues and had less of distance to travel to attend meetings. In response to the expanded number of teams and the proliferating team meetings, NCADD-NJ created and filled the position of Advocacy Field Organizer, thereby assuring staff presence at each team meeting.

Over the past 12 months, NCADD-NJ Advocates met 70 times within their communities, and focused on raising the profile of solutions to addiction issues a number of ways. Many of the teams chose to organize public events on subjects that brought together Advocates with local decision-makers (elected officials, law enforcement, judges, and county/state addiction professionals). Topics of these forums included Addiction in Health Care, Reducing Stigma, Overdose and Addiction Prevention, as well as a number of activities for April's Alcohol Awareness Month, and September's Recovery Month. The teams were responsible for 30 events across New Jersey.

Advocates provided testimony on the state budget 46 times between appearances before the senior staff of the Department of Human Services and the hearings before the state Senate and Assembly budget committees. This testimony emphasized addiction treatment as an investment that pays for itself many times over as well one that saves lives.

NCADD-NJ provided 12 trainings last year for advocates including "Our Stories Have Power" language training, the annual State House training introducing Leaders to the basics of the legislative process, providing testimony, and general points on advocacy.



NCADD-NJ Leadership Partners who advocate for addiction and recovery by way of educational forums as well as provide written or oral testimony to legislators.

Work First NJ

Substance Abuse Initiative /Behavioral Health Initiative

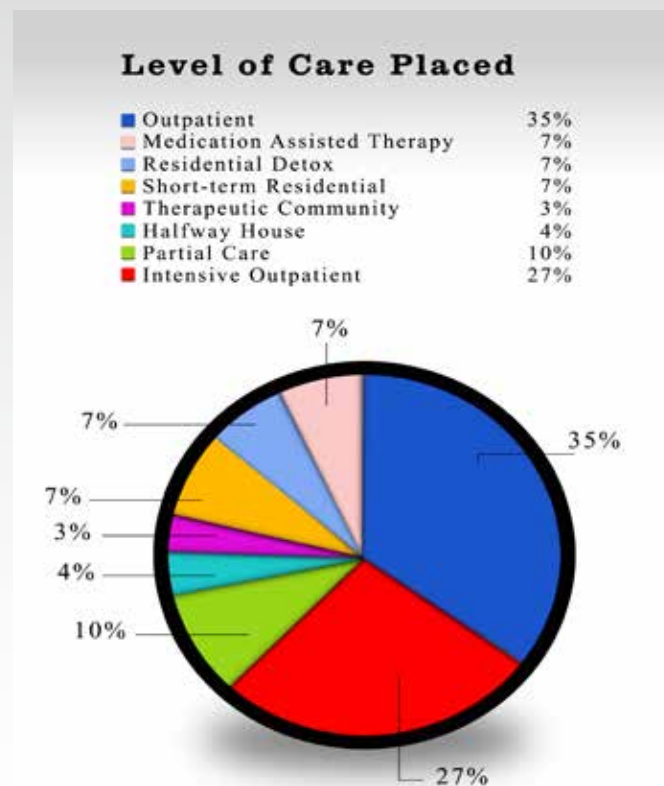
The NCADD-NJ Work First New Jersey Substance Abuse and Behavioral Health Initiative (WFNJ SAI/BHI) celebrated 16 years of providing excellent service this year! The dedicated team members of the WFNJ SAI/BHI strive to remove substance use and mental health disorders as barriers to participation in employment-directed activities for welfare-to-work consumers.

The WFNJ SAI/BHI is located in all 21 New Jersey counties with 61 licensed or certified Care Coordinators located in the County Boards of Social Services or One-Stop Career Centers. In fiscal year 2014, WFNJ SAI/BHI Care Coordinators conducted 9,649 assessments, 7,858 were assessed to need treatment, and of those assessed to need treatment 6,107 entered treatment (78%).

The WFNJ SAI/BHI provided comprehensive face-to-face assessments using an enhanced version of the Addiction Severity Index; this evaluation included a Child Safety Evaluator and an Immediate Need Profile. Data collection using these tools assisted with identifying the needs of the population and improved client care with linkage efforts across all health domains. In fiscal year 2014, in addition to substance use and/or mental health disorders, it was identified that 59% of clients self-disclosed at the time of assessment they had been diagnosed with chronic medical conditions. The Care Coordinators then ensured the clients obtained necessary medical follow up or were referred to medical care when needed.

Many WFNJ SAI/BHI clients experienced trauma or were in harmful relationships. At the time of assessment, 45% disclosed current or historical emotional abuse; 39% had experiences of physical abuse; 28% disclosed sexual abuse, and 18% all three. The Care Coordinators addressed these sensitive areas with the clients and referred for services to ensure their safety. Many men and women with a history of trauma had never had counseling and in many cases were not ready for treatment. The Care Coordinators attempted to connect them to services or provide them with linkages for when they are ready.

The extensive data collection within the health information system not only permitted the collection of diverse information on the needs of the WFNJ SAI/BHI population, but also allowed 90 reports to be produced. This data was available to the State any time information was requested regarding client care, client flow, demographics, and quality assurance to illustrate performance targets and outcome data.



The WFNJ SAI/BHI Care Coordinators used the assessment information to generate a service plan in collaboration with the client based on their unique needs. Clients were referred to substance abuse and/or mental health treatment, and intensity of service, directly related to what level of care was recommended utilizing the American Society of Addiction Medicine's Criteria.

In fiscal year 2014, 21% of clients were placed in a residential treatment program (7% detoxification, 7% short-term residential, 4% halfway house, 3% therapeutic community). The majority of clients were placed in an outpatient setting (35% outpatient, 27% intensive outpatient, 10% partial care, and 7% 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, eliminating gaps in service, and cost effectiveness.

Key Elements of WFNJ SAI/BHI Care Coordination:

- **Strong client and Care Coordinator collaboration from the time of assessment**
- **Comprehensive assessment and identification of needs**
- **Ensuring all clinical, health, and safety needs are met**
- **Eliminating barriers to treatment**
- **Treatment entry, engagement, and retention**
- **Outreach efforts to ensure assessment, treatment placement, and engagement in treatment**
- **Client advocacy**
- **Linkages to all necessary services**
- **Collaborative relationships with community resources (DCP&P, probation, LSNJ, treatment providers, County Welfare Agencies, etc.)**

Juvenile Justice Commission (JJC)

Substance Abuse Assessments

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. In 2014, NCADD-NJ staff performed 124 clinical assessments for the JJC.

Research and Program Evaluation

The Medication Assisted Treatment Initiative (MATI) project focused on finalizing data and the issuing of final reports and publications. The project worked closely with the Center on Addiction and Substance Abuse at Columbia University and New Jersey Division of Mental Health and Addiction Services to ensure proper data availability and wrap up of all research activities regarding the MATI.

The New Jersey Medication Assisted Treatment 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 users 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 Journal of Substance Abuse Treatment.

Towards the end of the initiative, NCADD-NJ staff presented at multiple state, national and international meetings with team members educating interested groups on this innovative endeavor. The MATI continues as a part of state-funded services with support of the Medicaid Waiver.

Rocky Mountain Tribal Access to Recovery (ATR)

For the past seven years, NCADD-NJ served as the voucher manager for the Rocky Mountain Tribal Access to Recovery (RMT-ATR) project. The project ended in the past year. RMT-ATR was a federally funded program operated by the Montana Wyoming Tribal Leaders Council in Billings, Montana. The goal of the project was to expand addiction treatment options, including recovery support services, for members of 11 Native American tribes in Montana and Wyoming. These tribes included the Northern Cheyenne, Blackfoot Tribe, Northern Arapaho, Crow Nation, and Eastern Shoshone.

As the project's voucher manager, NCADD-NJ staff issued vouchers to eligible clients through a Web-based data system developed by the agency. These vouchers paid for a wide range of services including residential addiction treatment, recovery support, spiritual support, and other assistance. NCADD-NJ managed over \$1.31 million in voucher funding annually.

2007-14 RMT-ATR PROGRAM HIGHLIGHTS

\$9,228,435 – The total voucher amount issued and managed by NCADD-NJ.

6,055 – The number of Native American individuals who received ATR assistance.

14,603 – The number of vouchers issued for treatment and recovery support services.

Statement of Financial Activities

		Year Ended June 30, 2014 (With Comparative Totals for the Year Ended June 30, 2013)	
		Year Ended June 30	
		2014	2013
Support and revenues			
Federal and state grants – direct funding		\$ 9,521,331	\$ 9,088,912
Federal and state grants – subcontracts		178,333	404,676
Other grants		183,928	199,632
Miscellaneous revenue		5,319	20,070
Fundraising revenue		37,861	26,910
Contributions		1,065	1,390
Interest income		1,601	4,312
Total support and revenues		9,929,438	9,745,902
Expenses			
Program services			
Public Affairs		290,051	293,601
OSF-CATG		163,734	187,227
SAI/BHI		8,468,756	8,060,219
JJC		29,006	34,544
ATR		78,056	124,537
TANF Research		-	44,412
MATI		-	109,737
Fundraising		15,121	12,747
Management and general		820,402	795,918
Total expenses		9,865,126	9,662,942
Change in net assets		64,312	82,960
Net assets, beginning of year		212,192	129,232
Net assets, end of year		\$ 276,504	\$ 212,192

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

Complete financial statements are available by request.

Board of Directors

William Waldman, Chairman
*Visiting Professor & Executive in Residence
 Rutgers School of Social Work*

Donald Starn, Treasurer
*Executive Director
 Prevention Plus of Burlington County*

Naomi Hubbard, Secretary
*Executive Director
 Camden Council on Alcoholism & Drug Abuse*

Bruce Stout, Member
*Associate Professor, Dept. of Criminology
 The College of New Jersey*

Terry O'Connor, Member
*Assistant Commissioner (retired)
 NJ Dept. of Health & Senior Services
 Division of Addiction Services*

Patricia Dennis, Member
Friends of Addiction Recovery – NJ

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

Mark Murphy, Member
President, Lead New Jersey

Events



Dr. Mee Lee held an ASAM training on March 27th, 2014, which drew nearly 130 Addictions Professionals.



NJ-Citizen Action's Evanoff-Shuchter Award for exceptional organizing recognized NCADD-NJ.



October 2013 NCADD-NJ and the MHANJ joined together for the fifth annual Walk for Wellness.

Management Staff

*Wayne Wirta, M.Div.
 President/CEO*

*Stephen Remley, MBA
 Director of Operations*

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

*Robert Hightower, BS
 Director of Information Technology*

*MerriBeth Adams, Ph.D.
 Director of Research and Program Evaluation*

*Laura Videtti, MS
 Controller*

*Lisa Griffith, BA, PHR
 Human Resources Manager*

*Lucille Doppler, MA, LPC, LCADC
 Clinical Director*

Looking Ahead...



Consumer Voices for Coverage (CVC) and NCADD-NJ will conduct outreach and provide Education about ACA coverage options in the upcoming fiscal year.



NCADD-NJ is launching The Road to Recovery Campaign, which is a grassroots effort to highlight public policies that help individuals overcome addiction.

2015 Continuing Education Series



NCADD-NJ will host five training sessions from March-June 2015 for addiction Licensing CEU's.



Made possible by our major funders:

N.J. Dept. of Human Services-Div. of Family Development

N.J. Dept. of Human Services-Div. of Mental Health & Addiction Services

N.J. Dept. of Law and Public Safety-Juvenile Justice Commission

Montana-Wyoming Tribal Leaders Council

Open Society Foundations