NCADD
NEW JERSEY

2015 Annual Report

Mission Statement:

NCADD-New Jersey works
in partnership with and on behalf
of individuals, families, and communities
affected by alcoholism and drug dependence and
promotes recovery through excellence in
prevention and treatment initiatives.

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. Over time, this effort has come to encompass illicit drugs as well.

The Public Affairs Unit has made the agency New Jersey'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 has both fostered and responded to this new receptivity; and offers practical solutions that combine effective prevention, quality treatment, and assistance to people on the path of recovery.

In recent years, New Jersey's Drug Court Program has been expanded and it is now found in all of the state's vicinages. While NCADD-NJ credits this expansion, it has advocated for responding to and treating drug problems before individuals reach the point of committing crimes to sustain their addiction.

In an effort to interrupt drug use early on, NCADD-NJ partnered with New Jersey Citizen Action to promote use of Screening Intervention and Referral to Treatment (SBIRT) in the 15-22 age group.

Part of the public awareness campaign for the SBIRT initiative came with a public forum at which Senator Joseph Vitale was the featured speaker. The Senator, who is the Chairman of the Senate Health and Senior Citizen Committee, recognized that SBIRT belongs as an essential part of a multi-pronged effort to confront New Jersey's severe opiate problem. NCADD-NJ is working with the Senator to craft legislation designed to bring SBIRT to high schools throughout the state.

NCADD-NJ lent its expertise and advocacy to many addiction- and recovery-related bills in the Legislature. These include measures requiring the Division of Mental Health and Addiction Services to grant residential drug treatment program licenses to certain programs operating in prisons and jails; providing for criminal record expungement for former offenders who complete a drug court program and additional expungement reforms; and requiring drug treatment programs in prisons and jails to offer medication-assisted treatment; permits successful completion of drug court program notwithstanding use of medication-assisted therapy.

Overall, the unit's strategic communications and advocacy 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 opposed legislation to lengthen prison terms for heroin possession offenses.

Consumer Voices for Coverage

Consumer Voices for Coverage (CVC)

The populations we primarily provide enrollment information for are those suffering from a substance use disorder, in recovery from a substance use disorder, and/or the families which have been affected. The CVC strives to educate those who are not aware of the changes in the Affordable Care Acct and laws surrounding health insurance (ACA and Medicaid). This project is raising awareness around who is eligible for Medicaid and direct those who are not to the health care marketplace. NCADD-NJ serves as a conduit for accessing health care coverage by way of public enrollment events as well as website (www.covernj.org), blogs, and resource inforamtion online.

There were 10 public enrollment events since January 2014 around the state, totaling 396 attendees that were educated about their health care eligibilty as well as given access to sign up at the events themselves.

Advocacy Leadership Program

The NCADD-NJ Advocacy Leadership Program continues to grow as hundreds of leadership partners and Advocates are being trained and then putting that training into practice. 2015 saw the fastest growth of new leadership partners than any other year!

The center of the grassroots program consists of ten volunteer-run Advocacy teams that collectively met over 75 times last year within their communities. These regional teams specialize in raising the profile of addiction issues and solutions within their community. Advocates have built relationships with legislators, law enforcement, school administrators, and other local decision makers to influence policy and systems change towards solutions to the states opiate crisis, treatment demand, and barriers to recovery.

The Advocates were also instrumental in providing the grassroots support in advancing NCADD-NJ's Road to Recovery campaign, which focused on seven bills. One of the Road to Recovery proposals, which automatically expunges the criminal records of people completing Drug Court, became law thanks to the Advocates' determined grassroots effort.

NCADD-NJ offered 15 trainings last year to its advocates, including three "Our Stories Have Power" language trainings to reduce stigma, an annual State House training on the legislative process, How to Provide Public Testimony, and Advocacy 101.

Advocates organized public events in their communities that addressed topics such as reducing the stigma associated with addiction, health responses to the addiction epidemic, honoring law enforcement for assisting with overdose reversals, recovery housing, and the importance of recovery support services, in addition to a number of Recovery Month events in September.

NCADD-NJ Advocates gather for Recovery Month at Monmouth Mall

Work First NJ

Substance Abuse Initiative / Behavioral Health Initiative

The WFNJ SAI/BHI Care Coordination model successfully continued into its 17th year providing comprehensive assessments, referral to treatment, and care management of GA/TANF recipients whose substance use (SUD) and/or mental health disorders (MH) were a barrier to their employability.

The men and women 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 a Work First-NJ Initiative, clients are assisted with planning for discharge and employability along the way. 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. A significant amount of time is spent advocating on behalf of clients for cash assistance from County Welfare Agencies, Medicaid coverage, housing, childcare, and other supports, while helping them to navigate multiple community systems; thereby, reducing fragmentation of care. Successful outcomes are met when clients are actively engaged in the entire process and in accordance with their immediate needs and preferences. Further, ongoing utilization review takes place with SUD and MH treatment providers to ensure appropriate delivery and collaboration of healthcare services.

The WNFJ SAI/BHI is located in all 21 New Jersey Counties with 57 licensed or certified Care Coordinators located in the County Boards of Social Services or One-Stop Career Centers. In fiscal year 2015, WFNJ SAI/BHI Care Coordinators conducted 8,920 assessments, 7,443 were assessed to need treatment, and of those assessed to need treatment 5,859 entered treatment (79%).

Since inception in July 1998, it was determined that many individuals had co-occurring SUD and MH; therefore, treatment referrals must be tailored to meet the specific needs of each client. In fiscal year 2015, it was identified that 28% of clients referred were assessed and determined to have substance use disorders only (no mental health conditions or history), 22% were assessed and determined to have mental health disorders only (no substance abuse or history), and 50% were assessed to have co-occurring substance use and mental health disorders, with primary presenting diagnoses as either SUD or MH.

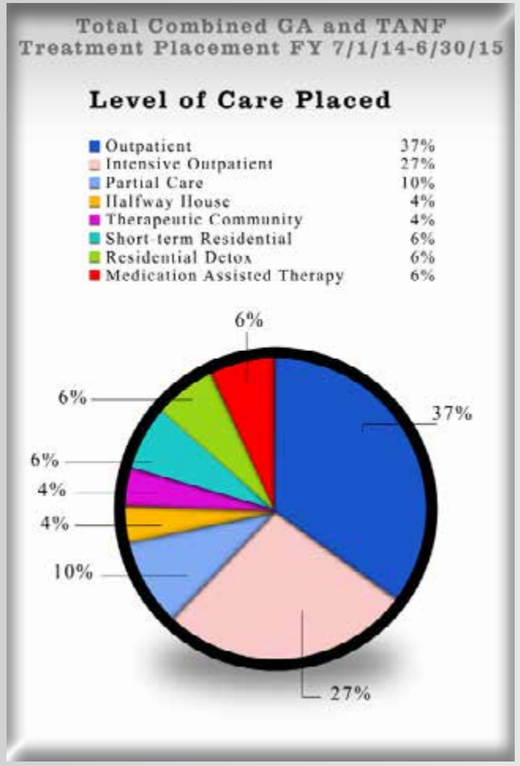
The WFNJ SAI/BHI provides comprehensive face-to-face assessments using an enhanced version of the Addiction Severity Index; this evaluation includes a Child Safety Evaluator and an Immediate Need Profile. Care Coordinators utilize the ASAM Criteria, 3rd Ed., and the DSM-5 when determining their diagnostic 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 2015, in addition to substance use and/or mental health disorders, it was identified that 60% of clients self-disclosed at the time of assessment they 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, 46% disclosed current or historical emotional abuse, 41% had experiences of physical abuse, 30% disclosed sexual abuse, and 18% all three. The Care Coordinators address these sensitive areas with the clients and refer for services to ensure their safety. 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.

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 with linkages to necessary services
- Eliminating barriers to treatment by providing linkages
- Treatment entry,engagement, and retention
- Continuous outreach efforts to ensure assessment, treatment placement, and engagement in treatment
- Continuous client advocacy
- Collaborative relationships with community resources (DCP&P, probation, LSNJ, treatment providers, County Welfare Agencies, etc.)
- Scheduled utilization review to ensure quality of care



In fiscal year 2015, 20% of clients were placed in a residential treatment program; 6% detoxification, 6% short-term residential, 4% halfway house, and 4% therapeutic community. The majority of clients were placed in an outpatient setting; 37% outpatient, 27% intensive outpatient, 10% 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, eliminating gaps in service, and cost effectiveness.

Number of Clients/Arrested and Charged (not necessarily convicted) in Lifetime

Program	Number of Clients/Arrested and Charged (not necessarily convicted) in Lifetime	Total # of Clients	%
GA	3300	4989	66.15
GA-DYFS	369	528	69.89
GA-DYFSR	8	13	61.54
TANF	400	978	40.90
TANF-DYFS	756	1544	48.96
TANF-DYFSR	10	20	50.00
TOTAL	**4843**	**8072**	**60.00**

Disclosed at Assessment Chronic Medical Conditions (FY 15)

Disclosed at Assessment -History of Abuse (FY 15)

Diagnostic Category	Emotional	Physical	Sexual	All Three
Mental Health Only	1069	894	636	432
Primary Mental Health Secondary Substance Use	926	850	663	441
Substance Use Only	456	429	238	106
Primary Substance Use Secondary Mental Health	1268	1111	865	507
TOTAL	3719	3284	2402	1486
	46%	41%	30%	18%

On Parole/Probation from Jail at time of assessment (FY15)

Program	
GA	881
GA-DCPP	96
TANF	75
TANF-DCPP	132
TOTAL	1184
	TOTAL: 15%

On Parole/Probation from Jail at time of assessment (FY15)

Diagnostic Category	Chronic Medical Condition Totals
Mental Health Only	1286
Primary Mental Health Secondary SU	1019
Substance Use Only	1038
Primary SU Secondary Mental Health	1516
TOTAL	4859
	TOTAL: 60%

Juvenile Justice Commision (JJC)

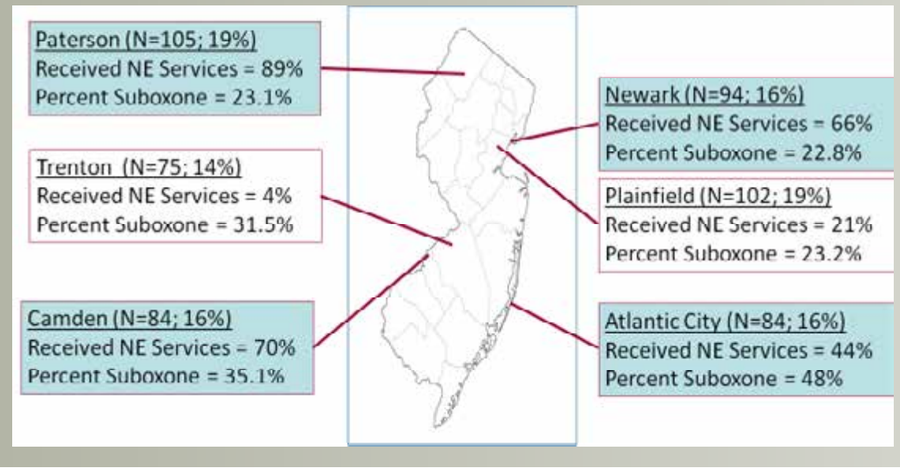
Each year since 2003, NCADD-NJ has been contracted to provide substance abuse assessments for youth under the supervision of the New Jersey Juvenile Justice Commission (JJC). These assessments are conducted by licensed staff at detention centers, parole offices, and JJC program sites. The youth are assessed to determine the presence and extent of any substance abuse problem, as well as to provide a level of care placement recommendation.

2015

144 referrals
133 assessed
8 did not show
3 refused assessment

Research and Program Evaluation

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 December 2013 issue of the Journal of Substance Abuse Treatment.



Statement of Financial Activities

Year Ended June 30, 2015
(With Comparative Totals for the Year Ended June 30, 2014)

	Year Ended June 30 2015	2014
Support and revenues		
Federal and state grants – direct funding	$ 9,540,891	$ 9,521,331
Federal and state grants – subcontracts	15,000	178,333
Other grants	214,439	183,928
Miscellaneous revenue	4,011	5,319
Fundraising revenue	4,607	37,861
Contributions	7,816	1,065
Interest income	2,745	1,601
Total support and revenues	9,789,509	9,929,438
Expenses		
Program services		
Public Affairs	282,113	290,051
OSF-CATG	138,225	163,734
SAI/BHI	8,430,696	8,468,756
JJC	24,429	29,006
ATR	11,702	78,056
New Jersey Citizen Action	67,744	-
Fundraising	4,356	15,121
Management and general	848,809	820,402
Total expenses	9,808,074	9,865,126
Change in net assets	(18,565)	64,312
Net assets, beginning of year	276,504	212,192
Net assets, end of year	$ 257,939	$ 276,504

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

Complete financial statements are available by request.

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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
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