Annual Report
FY 2017-2018

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

NCADD NEW JERSEY

Public Policy

It is to be humbly believed, that Marty Mann, Dr. Bob, Bill W. and the pioneers of the effort to have addictions recognized as a health issue, would be impressed by the work of the Public Affairs and Policy Unit of NCADD-NJ in promoting that understanding. Indeed, they would be astonished that the seeds of their message have taken root more than seventy years on. The agency's staff and volunteer Advocate Leaders have helped to bring about this change in public awareness, and toil each day to realize the enactment of policies that foster a positive environment that chooses rejuvenation over stigma.

NCADD-NJ has lent its expertise and advocacy to many addiction-related measures that were enacted into law. These included proposals to:

* Provide immunity to emergency personnel for the administration of up to three doses of an opioid antidote - This was in response to the frequent need to administer multiple dosages of naloxone in the event of a fentanyl overdose
* Permit ambulatory care facilities to provide primary healthcare and behavioral health services under a single license
* Require that, when a health care professional or first responder administers an opioid antidote to a person experiencing a drug overdose, the individual must be provided with information concerning substance misuse treatment resources, including information on the availability of opioid antidotes
* Prohibit residential substance use disorder treatment and aftercare facilities (including sober living homes and halfway houses) from denying admission to a person on the basis that the individual is currently receiving medication assisted therapy
* Mandate that practitioners check prescription monitoring information before prescribing opioids to emergency room patients
* Allow health care facilities to use shared clinical space when providing primary and behavioral health care for moderate behavioral health conditions
* Authorize healthcare providers to engage in telemedicine
* Implement person-first language and change pejorative terminology in laws and regulations in reference to individuals with substance use disorders
* Require the development and maintenance of a data dashboard report to advise of open bed availability in residential facilities providing behavioral health services
* Direct the NJ Department of Education to develop an educational fact sheet for distribution to parents of student athletes and cheerleaders concerning the use, and misuse, of prescription opioids.

2017 Advocacy Summit
From left to right: Barbara Johnson of MHANJ, Valerie Mielke-Asst. Commissioner DMHAS , NCADD-NJ's Aaron Kucharski, Mariel Hufnagel & Wayne Wirta, Tom Coderre-Senior

After years of effort as a charter member of the NJ Parity Coalition, success appears imminent as it is hoped that legislation will be enacted by the end of 2018 to mandate greater transparency of health insurance data along with enhanced enforcement of parity compliance strictures resulting in behavioral health services reimbursed on a par with coverage for medical and surgical matters.

NCADD-NJ staff and Advocates testified at each of the four public hearings held by legislative committees on the proposed state Budget.

The agency's Public Affairs staff continued to work in collaboration with other organizations, such as Community Catalyst, NJ Citizen Action, NJ Parity Coalition, Legal Action Center, and the NJ Mental Health Association, among others. The issues labored on included health insurance coverage parity, an oral or written screening of high school students for early substance use, and enhanced advocacy on both mental health and substance misuse concerns.

Advocacy Leadership Program

FY 2017-2018 was a busy one for the NCADD-NJ Advocacy Program! The teams continue to grow and to plan statewide events that address many of the ongoing issues of addiction and benefits of recovery.
The Pennsylvania Advocacy Teams Initiative begun in FY 2016-2017 with the Council of Southeastern PA/ PRO-ACT was successfully completed and handed over to the care of the Council. NCADD-NJ used their experience and expertise in grassroots advocacy to assist in launching three Advocacy Teams in Pennsylvania. The goal was to help establish an organized grassroots advocacy structure in Pennsylvania similar to NCADD-NJ's program. The Advocacy Coordinator met with the teams over 20 times to assist in training and developing the NCADD-NJ Advocacy model. The teams continue to meet under the oversight of the Council of Southeastern PA's guidance.

NCADD-NJ staff continues to hold trainings to educate the community and help develop strong advocacy skills. 25 trainings were held throughout the year, both onsite in Robbinsville and in communities across the state. "Language Training," "Advocacy 101," and "How to Provide Public Testimony" prepared advocates and professionals within the addiction recovery communities to advocate using a common language that is person centered and empowering. These trainings were a primer for the Advocates that testified at numerous Budget Hearings as well as several Senate and Assembly meetings.

The NJ Parity Coalition continued to meet monthly and was instrumental in pushing for passage of the Parity Bill in the Assembly. Advocates across the state were tenacious in contacting their elected officials encouraging support of Bill A2013, and several advocates testified in person regarding the importance of equality in mental health and addiction services. The grassroots push from the teams also assisted in the passage of a bill requiring NJ high schools to stock naloxone and be able to administer as needed without legal indemnification.

NCADD-NJ hosted a Statewide Advocacy Summit in November that was attended by 250 of the most dedicated Advocates in the state. 40 partners were promoted to Advocacy Leader status for their tireless work within their communities. 8 new trainings and workshops were introduced and held by local leaders in the NJ recovery field.

Our Advocates met 105 times and held an impressive 53 events this year. The events continue to bring needed awareness about stigma, barriers to services, and also to celebrate recovery. Several events recognized first responders that saved lives with naloxone, and many teams held educational forums on the neuroscience of addiction and recovery. Many Advocacy teams are introducing Sober Social events to show that recovery is not only possible, but it is also fun! These events bring recovering people together and many attendees later join their local Advocacy team, growing the groups and in turn planning even more events.

Advocate's Spaghetti Dinner Celebration

Bergen County College
Anonymous People Screening

Work First New Jersey
Substance Abuse Initiative & Behavioral Health Initiative

Happy 20th anniversary to the Work First New Jersey Substance Abuse Initiative! This year we celebrate two successful decades of providing comprehensive assessments, referral to treatment, and care coordination to recipients of General Assistance (GA) and Temporary Assistance to Needy Families (TANF) whose substance use and/or mental health disorders are a barrier to employability. 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.

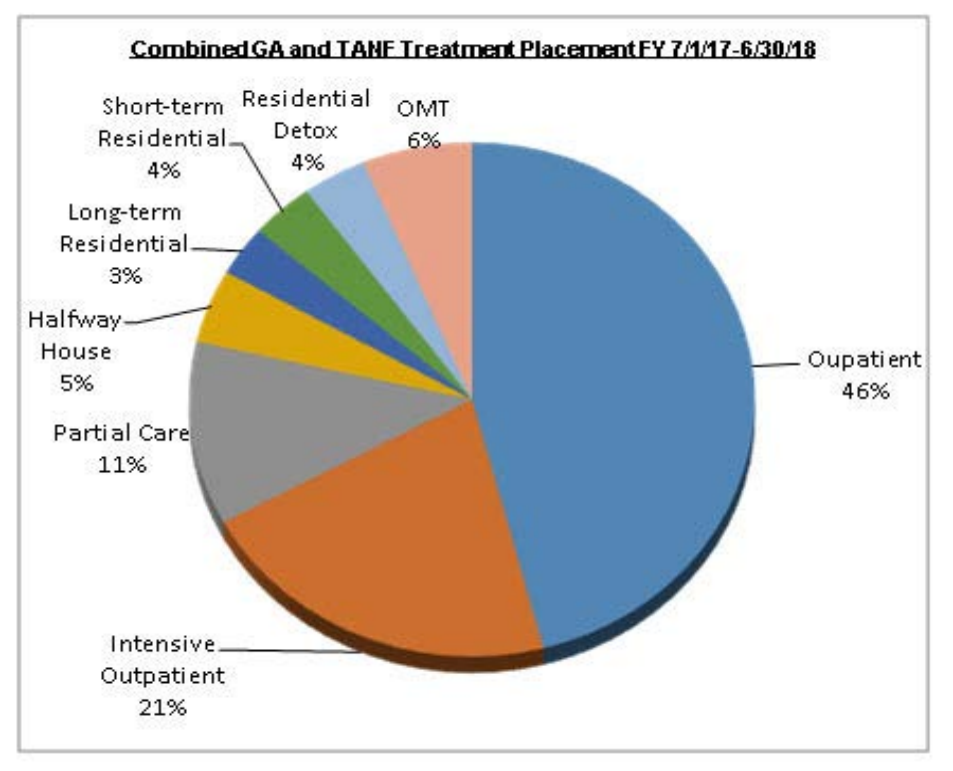
Care coordination addresses potential gaps in meeting clients' interrelated medical, social, environmental, educational, and financial needs in order to achieve sobriety, psychiatric stability, and self-sufficiency. Advocacy on behalf of clients for Medicaid coverage, housing, childcare, and other supports,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

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 2018, 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.

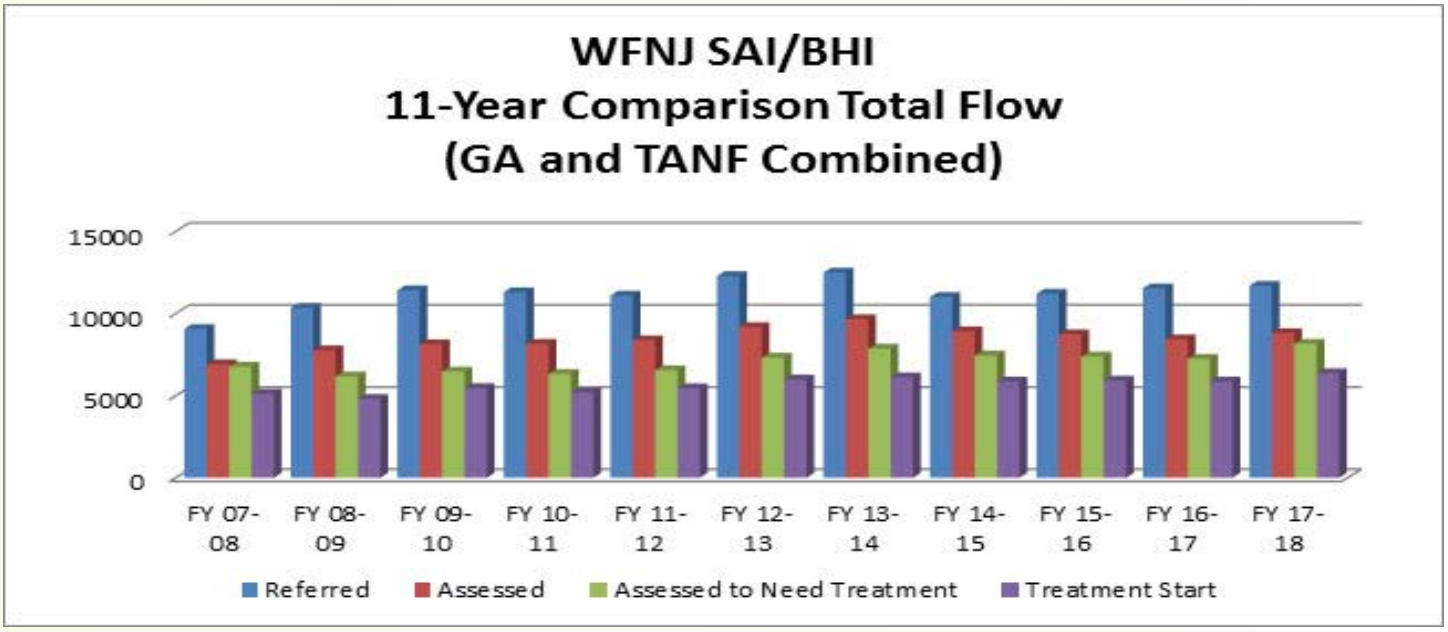
Trauma, abuse, and domestic violence plague the population we serve. Many WFNJ SAI/BHI clients have a history of trauma or current experiences of harmful relationships. At the time of assessment, 54% disclosed current or historical emotional abuse, 47% had experiences of physical abuse, 34% disclosed 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 2018, 16% of clients were placed in a residential treatment program; 4% detoxification, 4% short-term residential, 5% halfway house and 3% therapeutic community. The majority of clients were placed in an outpatient setting; 46% outpatient, 21% intensive outpatient, 11% 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.



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 five 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 Waiver – 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 performed 133 referrals, 129 assessed, 3 did not show and 1 refused assessment.

Research and Program Evaluation

In 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 the 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 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." 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 nonprofit 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, 2018
(With Comparative Totals for the Year Ended June 30, 2017)

	Year Ended June 30	
	2018	2017
Support and revenues		
Federal and state grants – direct funding	$10,121,835	$ 9,725,432
Other grants	55,729	80,615
Miscellaneous revenue	7,813	1,949
Fundraising revenue	21,053	44,152
Contributions	4,239	12,335
Interest income	8,765	3,602
Total support and revenues	10,219,434	9,868,085
Expenses		
Program services		
Public Affairs	302,464	282,115
Advocacy	18,437	57,786
SAI/BHI	8,525,970	8,594,634
FVO	459,106	-
JJC	25,602	28,729
Mental Health	5,174	-
Parity	9,201	-
NJCAEF	25,552	21,572
Total program expenses	9,371,506	8,984,836
Fundraising	2,591	24,887
Management and general	867,445	871,636
Total expenses	10,241,542	9,881,359
Change in net assets	(22,108)	(13,274)
Net assets, beginning of year	184,621	197,895
Net assets, end of year	$ 162,513	$ 184,621

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. Citizens Action Education Fund
Mental Health Association in New Jersey
Legal Action Center

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