

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



2016 Annual Report

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 over seventy years when NCADD founder Marty Mann, the first woman to obtain long-term recovery in Alcoholics Anonymous took on the task of 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 criminalization of people with addictions.

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 offered practical solutions that combine 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 played a part in the \$127m increase in drug treatment funding in this year's state Budget. Their consistent testimony over the years before the Appropriations Committees, along with their regular communications with decision-makers, combined with a growing public awareness of the opioid crisis, has resulted in more of a focus on solutions to the epidemic. The additional monies will primarily go toward expanding the Recovery Coaches program, and increasing reimbursement rates for behavioral health.

NCADD-NJ has lent its expertise and advocacy to many addiction-related bills in the state Legislature. These include measures providing for criminal record expungement for former offenders who complete a drug court program and additional expungement reforms; and allowing the utilization of medication-assisted drug treatment in drug court and lock-up facilities. The expungement victory was especially gratifying. As a result, having one's entire criminal history erased following successful completion of a drug court regimen is now an extra incentive to maintain sobriety and the dictates of the program. The Public Affairs Unit also worked for the eventual successful enactment of bills to establish Recovery High Schools and Recovery Housing in four-year educational institutions.

NCADD-NJ has taken on a leadership role as a charter member of the NJ Parity Coalition. Working with allies, it seeks the goal of comprehensively enforcing the federal requirements that mandate health benefits coverage for behavioral health be reimbursed on a par with medical and surgical care.



Senator Vitale with staff and advocates from NCADD-NJ and Citizens Action at the SBIRT forum in June

In an effort to interrupt drug use early on, NCADD-NJ has partnered with New Jersey Citizen Action to promote use of Screening, Brief Intervention and Referral to Treatment (SBIRT) in the 15-22 age group. We are working with Senator Joseph Vitale, Chair of the Senate Health and Senior Citizens Committee, to craft legislation designed to bring this questionnaire/interview tool to every high school in the Garden State.

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.

Advocacy Leadership Program

The NCADD-NJ Advocacy Leadership Program continues to evolve into a strong grassroots force of trained citizen advocates that fight to reduce the stigmatization of people seeking or maintaining recovery. This past FY saw the fastest growth in new leadership partners than any year prior.

The center of the grassroots program consists of ten volunteer-run Advocacy teams that collectively met over 80 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 focuses on legislation that will help individuals overcome addiction through life saving intervention, education, and treatment, as well as remove common barriers to living healthy lives in recovery. For the second year in a row, the NCADD-NJ advocates have provided the grassroots support to make one of the Road to Recovery bills a law. NCADD-NJ is happy to announce that Senate Bill 372 has been signed into law, which requires evidence-based substance misuse instruction to be part of the states Core Curriculum.

NCADD-NJ offered over 15 trainings last year to its advocates, that included language trainings to reduce stigma, an annual State House training on the legislative process, How to Provide Public Testimony, Recovery Coaching, 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, and the importance of recovery support services, in addition to a number of Recovery Month events in September, and Overdose Awareness events in August.



Advocates in Action



Sussex County Advocates

Work First NJ

Substance Abuse Initiative / Behavioral Health Initiative

The WFNJ SAI/BHI Care Coordination model successfully continues into its 18th year providing comprehensive assessments, referral to treatment, and care management of General Assistance/ Temporary Assistance for Needy Families (GA/TANF) recipients whose substance use and/or mental health disorders 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. 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.

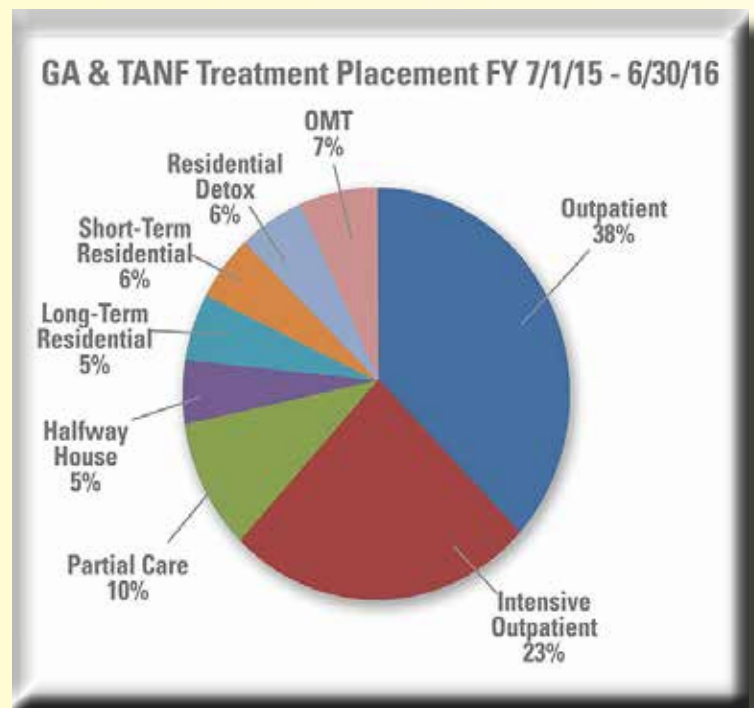
The WFNJ SAI/BHI is located in all 21 New Jersey Counties with 57 licensed or certified Care Coordinators located in the County Boards of Social Services or One-Stop Career Centers. In fiscal year 2016, WFNJ SAI/BHI Care Coordinators conducted 8,734 assessments, 7,378 were assessed to need treatment, and of those assessed to need treatment 5,915 entered treatment (80%).

Since its inception in July 1998, it was determined that many individuals had co-occurring substance use disorders (SUD) and mental health disorders (MH); therefore, treatment referrals must be tailored to meet the specific needs of each client. In fiscal year 2016, it was identified that 21% of clients referred were assessed and determined to have substance use disorders only (no mental health conditions or history), 23% were assessed and determined to have mental health disorders only (no substance abuse or history), and 56% 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 American Society of Addiction Medicine (ASAM) Criteria, 3rd Ed., and the Diagnostic Statistical Manual (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 2016, in addition to substance use and/or mental health disorders, it was identified that 74% 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, 50% disclosed current or historical emotional abuse, 44% had experiences of physical abuse, 31% disclosed sexual abuse, and 21% 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.

In fiscal year 2016, 22% of clients were placed in a residential treatment program; 6% detoxification, 6% short-term residential, 5% halfway house, 5% therapeutic community. The remaining 78% of clients were placed in an outpatient setting; 38% outpatient, 23% intensive outpatient, partial care 10%, and medication-assisted therapy 7%.



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.

Fiscal Year 2015-2016

Total Referred	Assessed	Assessed to Need Treatment	Treatment Start
11.202	8.734	7.378	5.915

An increase of 202 referrals compared to last fiscal year.
 78% of those referred were assessed
 80% assessed to need treatment entered treatment

FY 15-16 SUD or COD Assessment to Treatment		
Assessed	Assessed to Need Treatment	Treatment Start
4.432	3.496	3.185

91% Entered Treatment

FY 15-16 MH-only Assessment to Treatment		
Assessed	Assessed to Need Treatment	Treatment Start
4.302	3.882	2.730

70% Entered Treatment

FY 15-16 - 2,368 DCCP involved clients referred (606 GA-DCCP, 1,762 TANF-DCCP),
 21% of total volume (decrease of 415 referrals from last year)

7,995 GA, 71% of total volume
 3,207 TANF, 29% of total volume

Diagnostic Category at Assessment (21% SUD only, 23% MH only, 56% COD):

- SA1: 1,809 (21%) SUD diagnosis only
- SA2: 2,623 (30%) Primary SUD diagnosis with secondary MH
- BH3: 1,996 (23%) MH diagnosis only
- BH4: 2,306 (26%) MH primary diagnosis with secondary MH

Juvenile Justice Commission (JJC)

*E*ach 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.

2016

138 referrals

130 assessed

5 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, 2016
(With Comparative Totals for the Year Ended June 30, 2015)

	<u>Year Ended June 30</u>	
	<u>2016</u>	<u>2015</u>
Support and revenues		
Federal and state grants – direct funding	\$ 9,694,056	\$ 9,540,891
Federal and state grants – subcontracts	-	15,000
Other grants	68,653	214,439
Miscellaneous revenue	11,171	4,011
Fundraising revenue	43,289	4,607
Contributions	8,300	7,816
Interest income	<u>3,182</u>	<u>2,745</u>
Total support and revenues	9,828,651	9,789,509
Expenses		
Program services		
Public Affairs	370,885	282,113
OSF-CATG	50,372	138,225
SAI/BHI	8,471,518	8,430,696
JJC	28,366	24,429
ATR	-	11,702
New Jersey Citizen Action	50,625	67,744
Fundraising	26,871	4,356
Management and general	<u>890,058</u>	<u>848,809</u>
Total expenses	9,888,695	9,808,074
Change in net assets	(60,044)	(18,565)
Net assets, beginning of year	257,939	276,504
Net assets, end of year	<u>\$ 197,895</u>	<u>\$ 257,939</u>

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

Complete financial statements are available by request.

Board of Directors and Key Staff

William Waldman, Chairman

**Visiting Professor & Executive in
Residence**

Rutgers School of Social Work

Terry O'Connor, Member

**Assistant Commissioner (retired)
NJ Dept. of Health & Senior Services
Division of Addiction Services**

Donald Starn, Treasurer

**Executive Director
Prevention Plus of Burlington County**

Patricia Bowe-Rivers, Member

Friends of Addiction Recovery – NJ

Naomi Hubbard, Secretary

**Executive Director
Camden Council on Alcoholism &
Drug Abuse**

Harry Shallcross, Member

**Independent Consultant and
College Instructor
Rutgers School of Social Work**

Bruce Stout, Member

Associate Professor, Dept. of Criminology

TENJ

Mark Murphy, Member

President, Lead New Jersey

Management Staff:

Wayne Wirta, M.Div.

President/CEO

Stephen Remley, MBA

Director of Operations

Robert Hightower, BS

Director of Information Technology

Laura Videtti, MS

Controller

Lisa Griffith, BA, PHR

Human Resources Manager

Stacey Wolff, MA, LPC, LEADC

Director of Care Coordination Services

Lucille Doppler, MA, LPC, LEADC

Clinical Director

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
Open Society Foundations, Community Catalyst*