

# ANNUAL REPORT FY 2016-2017



CELEBRATE



Years...

## Our Mission

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

# Public Affairs Department: Policy Unit

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 drug-dependence 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 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've played a large part in continued increases in the state Budget for drug treatment programs. Their consistent testimony over the years before the Appropriations Committees, 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. NCADD-NJ has often been called upon by leaders in state government (both in the Executive and Legislative Branches) for our review and assessment of many of the proposals and initiatives offered to enhance addiction prevention, treatment and recovery.

NCADD-NJ has lent its expertise and advocacy to many addiction-related bills in the state Legislature and this has led to a number of victories. Staff and advocates have been successful in:

- Requiring that prison and jail physicians be trained in dealing with prisoners struggling with addictions
- Allowing prisoners wanted for trial in other jurisdictions to participate in in-prison drug treatment programs
- Permitting certain applicants with a drug history to be eligible for General Assistance and Emergency Housing benefits
- Removing addiction-related pejorative language in regulations and statutes
- Permitting pharmacists to dispense naloxone without a prescription
- Mandating that evidence-based substance misuse instruction be a component in the schools' Core Curriculum
- Requiring jails and prisons to supply medications to prisoners with chronic illnesses
- Making the needle exchange program permanent and statewide
- Establishing county and municipal law enforcement assisted addiction and recovery programs.

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

- Having naloxone supplies on hand in schools
- Expanding the number of recovery community centers in the Garden State
- Enhancing the ability of certain teens after treatment to attend Recovery High Schools
- Insurance policies reimbursing the cost of naloxone and buprenorphine
- Directing a willing individual who has experienced a drug overdose in to an appropriate detox or treatment program
- Authorizing a statewide oral or written drug misuse screening of all New Jersey high school students

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.

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 Program continues to grow each year. FY 2016/2017 brought in hundreds of new leadership partners to the program, which increased the number of events state-wide. In addition to the 10 regional New Jersey Teams, the program expanded to create three new advocacy teams in Pennsylvania!

The success of the grassroots program is in these community teams that collectively met over 80 times last year for the New Jersey teams and another 20 team meetings for Pennsylvania teams. These regional teams specialize in raising the profile of addiction issues and solutions within their community which makes each individual team unique in its makeup and local projects they pursue.

The 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 state's opiate crisis, treatment demand, and barriers to recovery. Many of the Advocates have worked to make it easier for family members to find help for loved ones with county resource guides this year, and also participated in forming the NJ Parity Coalition which was created to demand insurance equality for behavioral health services.



*Advocates Gathering*

The Advocates have organized public events in their communities that included topics such as:

- Reducing the Stigma Associated with Addiction
- Science of Addiction
- Recovery Housing
- Honoring Law Enforcement for Assisting with Overdose Reversals
- The Importance of Recovery Support Services

The Advocates were also instrumental in providing the grassroots support in advancing NCADD-NJ's Road to Recovery campaign, which has focused on 14 different bills over two years, five of which have been signed into law partly due to a strong grassroots push from trained Advocates.



*Advocacy Leader Testifying*

NCADD-NJ also hosted its first two Recovery Coach Academies graduating over 50 peer to peer Recovery Coaches for New Jersey.

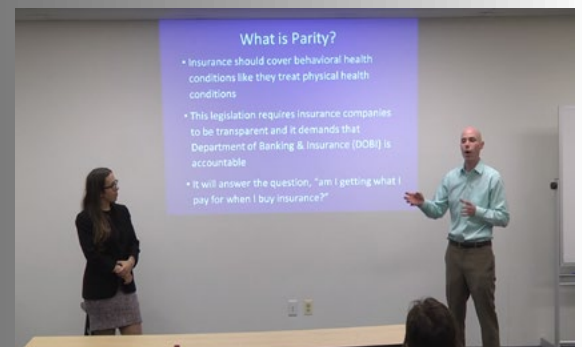
## Highlights Highlights Highlights

The NCADD-NJ staff met with advocacy teams a total of 92 times this past year. There were a total of 30 events organized and/or participated in by the local teams. With the support and training provided by NCADD-NJ staff, a total of 19 Advocates testified at the State Legislative Budget Hearings to speak on why funding addiction prevention, treatment, family supports, and recovery is important to them.

The NCADD-NJ staff Conducted 18 NJ & PA trainings including:

- \* Advocacy 101
- \* Language Training
- \* Annual Statehouse Training (on the legislative process)
- \* How to Provide Public Testimony

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*Parity Training January 2017*

# Work First NJ

## Substance Abuse Initiative / Behavioral Health Initiative

The WFNJ SAI/BHI Care Coordination model successfully continues into its 19th 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 are a barrier to their employability. Since its inception in 1998, the WFNJ SAI/BHI has performed over 120,000 assessments.

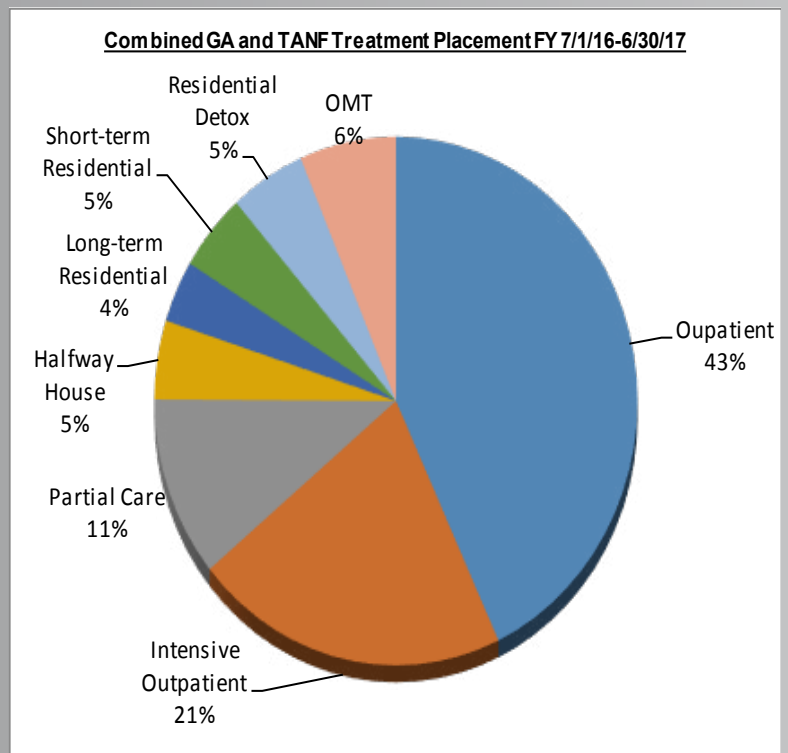
The men and women referred to the WFNJ SAI/BHI are in need of a variety of services. They are guided into treatment and their services are monitored across a continuum of care based on their changing needs. Care coordination addresses potential gaps in meeting clients' interrelated medical, social, environmental, 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 2017, WFNJ SAI/BHI Care Coordinators conducted 8,420 assessments, 7,243 were assessed to need treatment, and of those, 5,857 entered treatment (88%, an 8% increase from the previous year.)

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 2017, it was identified that 16% of clients referred were assessed and determined to have substance use disorders only (no mental health disorder or history), 28% 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 2017, in addition to substance use and/or mental health disorders, it was identified that 67% 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, 51% disclosed current or historical emotional abuse, 45% had experiences of physical abuse, 33% 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.

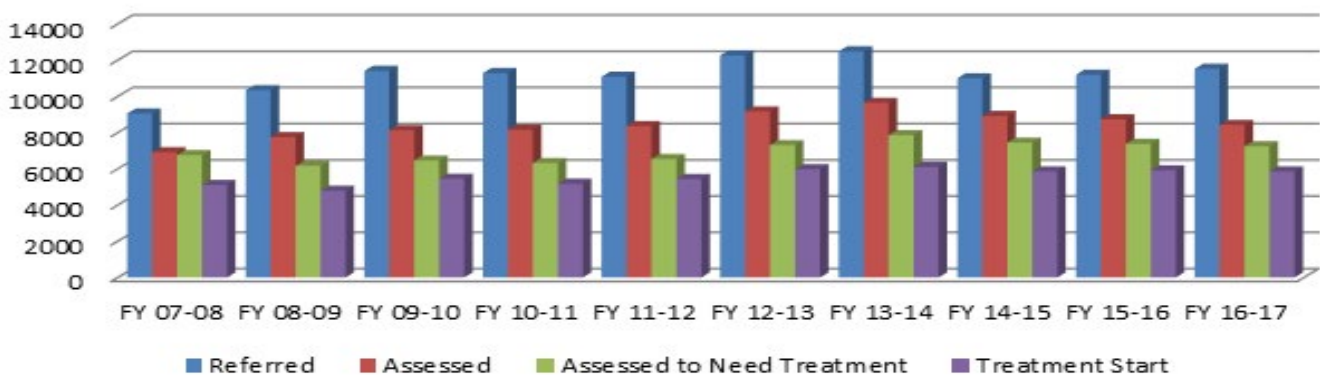


Disclosed at Assessment - History of Abuse (FY 17) (7,652 unduplicated assessments)				
Diagnostic Category	Emotional	Physical	Sexual	All three
Mental Health Only	1283	1082	809	530
Primary Mental Health Secondary Substance Use	1248	1096	867	580
Substance Use Only	250	233	141	60
Primary Substance Use Secondary Mental Health	1106	1016	708	450
<b>Total</b>	<b>3887</b>	<b>3427</b>	<b>2525</b>	<b>1620</b>
<b>Total by Category</b>	<b>51%</b>	<b>45%</b>	<b>33%</b>	<b>21%</b>

In fiscal year 2017, 22% of clients were placed in a residential treatment program; 5% detoxification, 5% short-term residential, 5% halfway house, 4% therapeutic community. The remaining 81% of clients were placed in an outpatient setting; 43% 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, moves 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.

**WFNJ SAI/BHI  
10-Year Comparison Total Flow  
(GA and TANF Combined)**



# *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. The JJC had 153 referrals and 140 clients were assessed.

## *Research and Program Evaluation*

*I*n 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, 2017

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

	Year Ended June 30	
	2017	2016
<i>Support and revenues</i>		
<i>Federal and state grants – direct funding</i>	\$ 9,725,432	\$ 9,694,056
<i>Other grants</i>	80,615	68,653
<i>Miscellaneous revenue</i>	1,949	11,171
<i>Fundraising revenue</i>	44,152	43,289
<i>Contributions</i>	12,335	8,300
<i>Interest income</i>	3,602	3,182
<i>Total support and revenues</i>	9,868,085	9,828,651
<i>Expenses</i>		
<i>Program services</i>		
<i>Public Affairs</i>	282,115	370,885
<i>OSF-CATG</i>	-	50,372
<i>Advocacy</i>	57,786	-
<i>SAI/BHI</i>	8,594,633	8,471,518
<i>JJC</i>	28,729	28,366
<i>New Jersey Citizen Action</i>	21,572	50,625
<i>Total program expenses</i>	8,984,835	8,971,766
<i>Fundraising</i>	24,887	26,871
<i>Management and general</i>	871,636	890,058
<i>Total expenses</i>	9,881,359	9,888,695
<i>Change in net assets</i>	(13,274)	(60,044)
<i>Net assets, beginning of year</i>	197,895	257,939
<i>Net assets, end of year</i>	\$ 184,621	\$ 197,895



## 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  
 Open Society Foundations

# CELEBRATE



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