Building Partnerships
Rebuilding Lives for more than 65 years

NEW JERSEY ASSOCIATION OF MENTAL HEALTH AND ADDICTION AGENCIES, INC.
The New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) has come a long way since its inception. Our organization was established in 1951 as the New Jersey Association of Mental Hygiene Clinics and remained a small organization for a long time. In fact, when Bill Sette, MSW, LCSW, a former NJAMHAA Board President and former Chief Executive Officer of Preferred Behavioral Health of New Jersey, joined the organization in 1970, it consisted of a secretary one day a week and an answering machine. Within the next few years, the organization started to have part-time Executive Directors and the secretary's hours expanded to three days per week.

In 1974, the organization was renamed the New Jersey Association of Mental Health Agencies (NJAMHA) to reflect the changing industry. Sette recalled in the mid-1970s, “All the organization’s records fit in one box, bigger than a shoebox, but smaller than a crate.” Today, NJAMHAA has more than 4,000 square feet of office space plus files in the Cloud. That clearly illustrates the trade association’s growth and high level of activity on the policy and advocacy front, in member services and with the media – as well as its technological advances!

"Today, the association bears no resemblance to the association it was 35 years ago," Sette said in 2011 when NJAMHAA celebrated its 60th anniversary. "We’re much better at advocacy, we have a great staff and we’re getting the word out and approaching the issues in a much more sophisticated fashion." Of course, all of this is still true today – and even more so.
Growing in Size and Scope, among Members and Services for Them

"Len really laid the foundation for the modern organization," Sette said, referring to Len Altamura, DSW, LCSW, who served as NJAMHA’s first full-time CEO from June 1990 until May 1995. His successor is NJAMHA’s current President and CEO Debra Wentz, PhD. "Deb built on that foundation and did a phenomenal job bringing the organization to the next level," according to Sette. One of the most significant accomplishments under Dr. Wentz’s leadership is the organization’s becoming the official trade association for substance use treatment providers, as well as mental healthcare providers, and appropriately changing its name to the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) in 2010.

"I am particularly proud that during my tenure as Board President, we evolved to represent not only the state’s community-based mental health providers, but also New Jersey’s community-based addiction treatment agencies," said Jim Cooney, MSW, LCSW, Chief Executive Officer of Ocean Mental Health Services. "This broader membership strengthens us and our ability to advocate on the complex issues in achieving integrated health care and wellness and recovery for everyone. Each of us, large or small, has become an integral, significant member of the business community of New Jersey."

A significant number of NJAMHAA member providers also serve individuals who have developmental/intellectual disabilities, as well as mental illnesses and/or substance use disorders, and their families. Another one of the association’s many strengths is the breadth of services provided for New Jersey residents of all ages.

Many other successes were achieved over the past several decades. Back in the 1970s and 1980s, NJAMHA CEOs’ main focus was on presenting four conferences per year. The organization quickly expanded its role as an informational resource for members. For example, Jeannie Wurmser, PhD, former Chief Executive Officer of CPC Behavioral Healthcare, recalled sitting in on Board meetings earlier in her career to understand what was happening in the community mental health movement. Dr. Wurmser continued to be active in NJAMHAA, ultimately serving as Board President and securing grants for NJAMHAA to provide training to clinicians statewide. "It was a natural evolution because NJAMHAA was already providing training through conferences," she said.

Over the years, NJAMHAA’s conferences featured inspirational presentations, in addition to clinical- and operational-focused workshops. For example, in 1998, NJAMHAA presented an award to actor Rod Steiger, who is famous for his role as Dr. Zhivago. In his acceptance speech, Steiger delivered a powerful performance of what it is like to experience depression. Among other high-profile guests and honorees were Dr. John Nash before A Beautiful Mind, a movie about his life and struggles with schizophrenia, was produced.

Meeting Members’ Technical, as well as Clinical, Training Needs

While providing clinical skills and resources to build behavioral health professionals’ abilities to serve people most effectively, NJAMHAA also expanded its services to bring members into the computer age, which is equally critical for maximizing the effectiveness of care delivery. The Management Information Systems (MIS) Project was created in 1984 and was renamed the Information Technology (IT) Project in 2003 to reflect expanded services incorporating new technologies. Ron Gordon, Director of the IT Project, remembers providing assistance with formatting floppy disks back in the 1980s to Robert L. Parker, MPA, Chief Executive Officer of NewBridge Services and another former Board President.

In fact, Parker’s organization purchased the first computers in New Jersey for the community system. This initial purchase was for all agencies, and the hardware specifications were agreed upon between NJAMHAA and the Division of Mental Health Services.

"We, at Mid-Bergen, were the Beta site," recalled Joe Masiandaro, MA, Chief Executive Officer of CarePlus NJ, Inc., and yet another former Board President, referring to the implementation of the technology.

Actually, at the time, Gordon worked for a different company that provided hardware and software support to NJAMHAA members. In the early 1990s, Dr. Altamura determined it would be a ‘good synergy to house the MIS Project at NJAMHA.’ Gordon said, who then became part of the NJAMHAA staff. As services and staff were growing, the organization acquired its first office space in Manasquan in 1991. Shortly afterwards, separate space had to be rented to meet the increasing demand for software training that the IT Project provided for the 80 or so members that made up the association at the time.

Over the years, the IT Project continued to expand its service offerings. Staff members began to work at member sites to repair computers; install, repair and upgrade networks; and provide expert consultation on hardware and software needs. The Project brought members in to the computer age and now addresses IT-related policy issues.

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Over the years, the IT Project continued to expand its service offerings. Staff members began to work at member sites to repair computers; install, repair and upgrade networks; and provide expert consultation on hardware and software needs. The Project continues to evolve along with the technology and behavioral health industries. For example, collaboratives were established to assist members with cost-effective implementation of electronic health record (EHR) systems. The annual IT conferences, which started 25 years ago as trade shows where vendors demonstrated their latest products, now offer workshops to prepare members for the implementation of EHR systems, ensure compliance with confidentiality laws, improve service quality and access for clients, and protect organizations from cyber threats. The IT Project also partners with the Division of Mental Health and Addiction Services to provide free training on various topics, such as disaster preparedness, management and recovery; Medicaid billing; implementing outcome measures; and using data analytics to improve quality and reduce costs.

Gordon summed it up by saying, "it’s not as much nuts and bolts anymore. It’s about how our members manage information to improve service delivery to improve clients’ health."
Information is key for decision support, to address the changes and challenges throughout the behavioral health system, particularly on a political level, and helping providers adapt to these situations. For example, in 2011, Alan Furst, ACSW, LCSCW, Chief Executive Officer of Community Psychiatric Institute, recalled that limited access and the resulting long waits for services, underfunding and overregulation have long been issues—and they continue to be challenges today.

In the mid-1990s, the State’s plan to incorporate behavioral health into Managed Medicaid represented uncharted territory with an unknown impact on individuals in need of services. Although the structure for the carve-in was in place and people were selected to run the system, NIAMHAA successfully fought it as the time was not propitious for this change in behavioral health. With the help of a lobbyist in 1994, NIAMHAA convinced Governor Christine Todd Whitman to change her mind on this issue, according to Dr. Altamura.

Today, the State is proceeding with implementing Medicaid Managed Care and Fee-for-Service, and NIAMHAA continues to be a powerful advocate to ensure these transitions take place in ways that support providers’ abilities to promptly deliver high-quality services to everyone in need.

How NIAMHAA has addressed the issues of giving “a good future and preparing organizations for changes that were occurring,” said J. Michael Armstrong, MA, MBA, Chief Executive Officer of Community Hope, Inc. and a former Board President.

“NIAMHAA always had great vision and continues to be proactive in getting members ready for what lies ahead.”

“People have very passionate about NIAMHAA mission and how to grow services. There was a real sense of community from the group,” added Kem Mackey, ACSW, LCSCW, former Director of Behavioral Health Services at Atlantic Health – Morristown Memorial Hospital and another former Board President. Mackey described the growth of the behavioral health system and the association’s increasing level of sophistication over the years. “For those of us who were in the system and with NIAMHAA for many years, we gained a long-term perspective of change and reality. Now, we have a new perspective. We look at older problems in new ways and we don’t repeat the old unsuccessful patterns to impact the system,” he said. “Len helped us grow up and Deb has helped us mature. Both of them are great advocates and have stayed very on top of the issues.”

“I was hired to create a positive presence in the state. It was a turning point,” said Dr. Altamura. “I developed the esprit de corps, and Deb really brought it statewide with our members.”

An example, in 2011, NIAMHAA and other organizations encourage members to write to their local legislators to augment NIAMHAA’s advocacy, which takes place primarily in Trenton.

“In terms of an evolutionary arc, it has been fascinating. The organization originally had minimal impact and has grown to have better knowledge and to provide better organized service delivery to members,” according to Dr. Altamura. “I got members working together, so they received something for their dues. They were starving for something. I gave them a bit, and Deb gave them so much more by getting us on legislators’ radar.”

The impact is also evident in the growing number of provider members: from 80 in the 1980s to 120 when Dr. Altamura resigned in 1995 to run a NIAMHAA member agency. Currently, NIAMHAA has 160 provider members; at one point, NIAMHAA actually had 180 members, but due to mergers and acquisitions, following the trend of general health care, the field consists of fewer but larger entities. While several members have consolidated as a strategy to strengthen their businesses, NIAMHAA membership has remained consistent and new members continue to come on board.

Another significant change is that Dr. Wentz has served as NIAMHAA’s advocate, and outside lobbyists were no longer used as of 1993. This change led to greatly increased visibility, expanded partnerships and a unified voice among members. “When I walk into a room, policymakers and legislators know I represent the face of NIAMHAA and children and adults with mental illnesses, substance use disorders, emotional disorders and/or developmental disabilities. It’s not a question of which client I’m representing on that given day,” Dr. Wentz said.
In 2003, to accommodate the growing staff and to be in closer proximity to Trenton, NJAMHA moved to its current office in Mercerville. With better access to State offices, the organization gained increased visibility with state legislators, policymakers and the staff in Governors’ Offices, to whom NJAMHAA regularly advocates in efforts to secure sufficient funding and develop legislation and regulations that support providers’ mission to effectively serve everyone in need. In fact, Dr. Wentz served on the transition teams for Governors James McGreevey and Chris Christie, and chaired then Governor-elect Christie’s Subcommittee on Mental Health and Addictions. Several NJAMHAA members also served on Gov. Christie’s transition team.

Another prominent example of NJAMHAA’s access and contributions is members’ involvement on Governor Richard Codey’s Mental Health Task Force. Former Board member Bob Davison, MA, LPC, Executive Director, Mental Health Association of Essex County, chaired the Task Force and several members, as well as NJAMHAA staff, were involved on subcommittees. In fact, the Task Force’s recommendations closely paralleled NJAMHAA’s Broken Promises, Shattered Lives media advocacy campaign and the FY 2006 State Budget reflected NJAMHAA’s and the Task Force’s priorities with increased funding for many behavioral health services and the creation of a $200 million Special Needs Housing Trust Fund.

NJAMHAA also became highly visible in the media, which helps educate and secure support from governmental leaders, informs the general public about the behavioral health system and helps eliminate stigma. Two of the most high-profile media achievements were Dr. Wentz’s interview on NBC’s Today Show following the 9/11 tragedy; and a “Mugshots” multimedia campaign that featured famous historical figures, including Abraham Lincoln and Sir Isaac Newton, who had mental illnesses – clearly implying that people today with mental illnesses also have great potential for success, provided they have timely access to high-quality services. This campaign was aired repeatedly during major television network news and on the radio and featured in print media.

In fact, NJAMHAA makes it into the news on a regular basis, as it has become a well-known, authoritative resource. Reporters from throughout the state and the national trade press frequently call Dr. Wentz for her insights on the state budget, legislation and other related topics. Dr. Wentz and other staff have also had numerous opinion-editorial pieces and letters to editors published over the years.

Some press coverage was international, resulting from the Sri Lanka Mental Health Relief Project, which Dr. Wentz launched through NJAMHAA’s subsidiary, the New Jersey Mental Health Institute, after narrowly escaping the tsunami herself in Sri Lanka in December 2004.

“We became a powerhouse of information,” Dr. Wentz said, citing not only NJAMHAA’s reputation as a resource for the media, but also the quarterly NJAMHAA News and bi-annual Bits & Bites member publications. NJAMHAA News is also an advocacy tool, illustrating the impact of members’ services to state and federal leaders and further advocating for their ongoing support.

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Continuing to Evolve and Build Partnerships to Strengthen Members and the System

NJAMHAA has changed with the times to meet members’ changing needs. As the system has continually evolved on the national level (e.g., healthcare and payment reform) and state level (e.g., transitions to Medicaid Managed Care and Fee-for-Service), NJAMHAA has always been at the forefront in providing up-to-date information through its member publications and training by experts through half-day workshops and annual conferences.

In addition, NJAMHAA keeps members engaged through Board Committees and Practice Groups. By the late 1990s, the organization was facilitating several Board Committees and nearly 30 Practice Groups, each representing a niche in the behavioral health industry. In 2014, the Board streamlined these groups to foster greater productivity and efficiency and make the association more inclusive and dynamic.

Currently, the Board Committees, which consist solely of Board members and address the association’s operational issues, are Executive, Finance & Compliance and Governance. The Practice Groups, which all members are strongly encouraged to participate in, are the Addictions, Adult Mental Health (AMH), Billing Supervisors, Chief Financial Officers and Children’s Practice Groups, the IT Professional Advisory Committee and the Compliance and Performance Improvement Committee. The Addictions, AMH and Children’s Practice Groups address issues that were the focus of the 30 or so former groups, and each group has opportunities to create short-term workgroups to tackle challenges and take on projects, such as developing position papers and responses to regulations, as needed.

NJAMHAA also has four councils – Educational, Integrated Health Care (IHC), Life Sciences and Innovation (LSI, formerly Pharmaceutical Advisory Council) and Technology – comprised of businesses that provide products and services to behavioral healthcare providers.

In addition, NJAMHAA holds a variety of events, such as biannual symposia in collaboration with its LSI Council and other stakeholders to educate legislators and policymakers about issues affecting the behavioral health community and the state overall. For example, in October 2010, NJAMHAA hosted a Business Leadership Summit on Mental Health and Addictions to work toward reduction of burdensome regulations, a successful transition to healthcare reform and implementation of innovative and evidence-based practices. More recent examples include Take Action to Prevent Substance Use and Addiction, which featured experts on opioid medications and the abuse epidemic, as well as substance use prevention and treatment; and Back to School: Take a Breath – and Pack a Good Mental Health Tool Kit, an annual conference held since 2013 with Attitudes In Reverse® to support the organizations’ mutual goal of preventing suicide through mental health education and elimination of stigma.

All of NJAMHAA’s efforts align with its mission to maximize members’ effectiveness and efficiency in providing services to everyone in need. To provide more tools to members, NJAMHAA created the New Jersey Mental Health Institute (NJMHI) in July 2000. "NJMHI has been able to expand resources available to the Hispanic communities of New Jersey and the providers who serve those communities. In addition, it has brought new opportunities for mental health professionals to develop cultural awareness and sensitivity," according to Bill Sette.

In fact, NJMHI secured ongoing state funding for cultural competence training, which is currently provided by two NJAMHAA member agencies, FAMILYConnections and NJMHI.

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J. Michael Armstrong, MA, MBA
Chief Executive Officer of Community Hope, Inc. and a Past NJAMHAA Board President

Family Services Association. During its first five years, NJMHI provided technical assistance to the training component of what is now called the Children’s System of Care.

In 2014-15, and renewed for 2016, grants from Johnson and Johnson have enabled NJMHI to develop a five-part Evidence Based Practices (EBP) Training program and partner with a member agency each year to address the low levels of EBPs reaching the veteran population in need of treatment services.

Meanwhile, the Sri Lanka Mental Health Relief Project continues. It began in 2005 with a mental health expert and a cultural ambassador providing training to more than 100 Sri Lankans, followed by the development and distribution of tri-lingual educational brochures in Sri Lanka in 2012. NJMHI plans to send experts to Sri Lanka in 2016 to provide consultation on forming community-based programs for mental health and substance use treatment and support services.

The NJMHI Board continues to develop strategies and explore opportunities for providing valuable training and other services to NJAMHAA members and to help keep NJAMHAA membership dues affordable.

“What I found most impressive about NJAMHAA is its tenacity, legislative advocacy and very broad scope. Members certainly get a bang for their buck. There’s no question that membership is a worthy investment.”

Bob Davison, MA, LPC
Executive Director, Mental Health Association of Essex County and Former NJAMHAA Board Member