This year, NJAMHAA’s Fall Behavioral Healthcare Meeting, *Focusing on a Bright Future by Strengthening Behavioral Healthcare*, will feature three renowned authors and behavioral healthcare experts, along with state behavioral health leadership, speaking in the keynote and plenary sessions. This is in addition to several workshops on current topics affecting the behavioral health field. The conference will take place on October 21, 2014 from 8:45 a.m. to 4:00 p.m. at the Robert Wood Johnson Conference Center in Hamilton, New Jersey.

**Renowned Authors**

**Morning Keynote: Mental Health Advocacy: Why Narrative Matters**  
Paul Gionfriddo, Newly Named President and CEO of Mental Health America and author of *How I Helped Create a Flawed Mental Health System That’s Failed Millions - And My Son*, will demonstrate how personal narratives can shape policy changes.

**Workshop: Challenges to Compassionate Cooperation**  
Lynne D’Amico, Ph.D., Founder, Knowledge Shaping Solutions, LLC, Author of *Force of Mind, Song of Heart*, will illustrate how to advance capacity for compassion for clients by mitigating the self-defensiveness of the subconscious mind.

**Closing Plenary: Riding the Waves of Change - Integrating Evidence Based Practice and Trauma Informed Systems into True System Improvement**  
Charles Wilson, MSSW, Senior Director of the Chadwick Center for Children and Families and author of *Team Investigation of Child Sexual Abuse: The Uneasy Alliance*, will explain what organizational culture that is supportive of trauma informed care looks like and how to implement it.

[continued on page 9]
While our members – mental healthcare and addiction treatment providers, as well as Pharmaceutical Advisory, Integrated Healthcare and Technology Council members – achieve a profound impact as they consistently strive to achieve their core missions every day, they do even more. They are the epitome of going above and beyond the jobs they were originally charged to do, and that is a powerful testament to their dedication to doing all they can for the individuals they serve.

Several articles in this issue of NJAMHAA News illustrate other programs and initiatives our members undertake in addition to their main functions at their organizations:

1. In addition to serving as President and CEO of Vantage Health System and a NJAMHAA Board Member, Vicki Sidrow has been a Rotary Club member for several years. She recently accompanied fellow Rotarians and others on a trip to Japan to support survivors of the 3/11 triple tragedy of an earthquake, tsunami and nuclear power plant accident.

2. Rutgers University Behavioral Health Care (UBHC) holds an annual Quality Improvement Fair that is open to all providers throughout the state. UBHC has a training video on its website to help providers enhance their programs and encourage them to participate in the annual competition.

3. Mercadien’s Nonprofit Services Group offers a range of consulting services, in addition to the core services of taxes and audits. In addition, through its foundation, The Mercadien Group provides and helps fund financial education in local high schools, and is developing a financial education program for adults.

4. Janssen Pharmaceutical Companies of Johnson & Johnson developed not only a long-acting injectable medication for patients with schizophrenia, but also a program to help ensure that patients stay on this treatment.

5. Rutgers University School of Social Work offers much more than academic classes. The new Center for Leadership and Management focuses on research, training and community collaboration, with the goals of building networks among various industries and incorporating social workers’ values and ethics into other business contexts.

Each organization’s core mission alone is vital, and I am very proud of what each of our members contributes to the quality of New Jersey residents’ lives. The fact that their core missions are only part of what they do makes them even more admirable.

I hope you enjoy reading about the impact that our diverse members have on individuals of all ages throughout our state. For members, these stories could lead to valuable networking opportunities. For leaders in our state and federal governments, I hope these compelling examples resonate with you when you make budgetary, regulatory and legislative decisions.

Thank you very much for your membership, your inspiring life-saving work and your support.

Sincerely,

Debra L. Wentz, Ph.D.
Chief Executive Officer
Invitation to All Members: Continue to Share your Invaluable Insights and Input

Yes, we changed our Board Committee and Practice Group structure.

What has NOT changed is how VALUABLE your input is!

In fact, we believe the new structure will create MORE opportunities for you to contribute EVEN MORE significantly to our advocacy to maximize the viability of your organizations!

Contact Shauna Moses, Associate Executive Director, at 609-838-5488, ext. 204, or smoses@njamhaa.org to participate in any of the following:

**Board Meetings – Open to All Members**
10 a.m. to noon at NJAMHAA on September 17 and November 19, 2014; February 11 and June 17, 2015
April 2015 – Date and location TBD – Annual Membership Meeting during the Annual Conference

**Information Technology (IT) Practice Groups: Billing Supervisors, IT Professional Advisory Committee and Compliance (formerly Quality Assurance and Compliance) Practice Groups**
These groups generally meet on a quarterly basis. Future meeting dates are determined during the meetings.

**Chief Financial Officers Practice Group**
1:00 to 3:00 p.m. at NJAMHAA on September 8 and December 8, 2014; March 9 and June 8, 2015

**Population-Focused Practice Groups (listed below) will:**
- Focus on policy issues.
- Have the following standing agenda topics: Brief Updates (e.g., budgets; legislation; regulations), Co-Occurring Disorders, Developmental Disabilities/Mental Illness, Clinical Documentation, Consolidation/Strategic Alliances, Quality Assurance, Performance Improvement and Workforce Development.
- Be able to establish ad hoc subgroups when needed.
- Be encouraged to raise issues to the Board during the Board meetings that are open to all members.
- Have minutes posted on the members-only section of NJAMHAA’s new website. Stay tuned for details.

**Addictions:** Afternoons at NJAMHAA on September 11, October 9, and December 11, 2014; February 12, April 9 and June 11, 2015. (1:00 to 3:00 p.m. is the standard time; 1:30 to 3:30 p.m. on the days when the Division of Mental Health and Addiction Services holds its quarterly behavioral health provider meetings.)

**Adult Mental Health:** 1:00 to 3:00 p.m. at NJAMHAA on September 23 and November 18, 2014; January 27, March 24 and May 19, 2015

**Children’s:** 10:00 a.m. to Noon at NJAMHAA on September 16 and November 4, 2014; January 6, March 3 and May 5, 2015

Don’t Worry! You Will Have Many Opportunities to Join these Groups! Invitations Will Be Sent Multiple Times through E-mail, NJAMHAA News and Newswire!
Just as in the United States, where the term “9/11” has a very specific meaning, conjures horrific images and renews emotions for thousands of people, in Japan, the term “3/11” has the same impact. These numbers refer to March 11, 2011, when an earthquake caused a tsunami, which, in turn, led to an accident at the Fukushima Nuclear Power Plant. This triple tragedy resulted in nearly 16,000 deaths, more than 6,100 injuries, almost 2,700 people missing, nearly 130,000 buildings destroyed and about 1 million others badly damaged. There are still 130,000 people in temporary housing shelters.

Since 2011, the Englewood Rotary Club and Japanese Medical Society of America has been involved in organizing the Third International Outreach Program for School Children and Community Survivors of the 3/11 Great East Japan Disasters. The trip was largely underwritten by the U.S.-Japan Foundation. One of the Rotary Club members is from Japan and has Rotary connections in her home country and her husband is a doctor at Mt. Sinai Hospital. They raised $5,000 for a new mental health clinic in Japan that opened right after the tragedy happened. Then, they recruited Dr. Craig Katz, head of Disaster Psychiatry at Mt. Sinai Global Health Center and members of the Rotary and the 9/11 Tribute Organization to visit mental health clinics, temporary housing shelters and schools in Japan.

The group recently returned from its third trip. This time the group asked Vicki Sidrow, as a mental health professional, to join the mission to share her experiences of 9/11 and how New Jersey’s mental health community responded. Vicki Sidrow, MPA, is the President and CEO of Vantage Health System and a NJAMHAA Board member, and has been a member of the Englewood Rotary Club member for the past six years.

“The trip was an exhausting, fabulous experience! An amazing opportunity! It was reaffirming to see people so resilient,” Sidrow said.

During the following days, the group met with families who survived the disasters, mental health workers and Rotary clubs. The temporary housing shelters consisted of metal army barracks. One of these shelters finally got a playground. Some of the children living there are as young as five; they have already lived most of their lives there. “In our group, we had a child therapist and we had activities for the kids. We had fun with the children and gave them ‘Memory Boxes’ filled with goodies from New York City. The purpose was so they would have a place to put their own things since they lost everything,” Sidrow said.

During the first two days at the International Academic Conference with the International Atomic Energy Agency and Fukushima Medical School. “The conference brought together MD’s and PhDs from all over the world to discuss the social, psychological and lifestyle-related impact of 3/11, to share knowledge and lessons from other worldwide disasters and to recommend steps, as well as support Japan’s efforts,” Sidrow wrote on Facebook during the trip.

“We were 50 miles inland from the nuclear disaster and while the visible terrain was very lush and green, there is much concern about the soil and crops. How and where to resettle the evacuees, and what to do with all the contaminated soil are huge problems,” Sidrow said.

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“Families have lived in this temporary housing shelter for three years and not sure how much longer, given the delay in housing construction. This is where the group did the “memory boxes” for the children.”

Vicki Sidrow
Connections Strengthened despite Cultural Differences
The Japanese culture is formal and the people usually don’t share their feelings. However, during the third visit with the American entourage, the Japanese were more responsive, compared to the two previous years.

“They talked more about what happened and how they’re progressing in coping with the impact of the tragedies. They’re hopeful, but still worried about their future,” Sidrow said.

Similar Challenges, but on a Larger Scale
In Japan, stigma is a big problem, apparently bigger than in the U.S. Not only is mental illness viewed as shameful in Japan, but also there is a belief that radiation is contagious, so individuals who were exposed to radiation during the triple tragedy are ostracized, whether or not they are experiencing a mental health impact of the disasters.

Another similar challenge is the shortage of psychiatrists, which is much more striking in Japan than in the U.S. Japan’s national insurance system poses similar obstacles as in the U.S. with 20 percent co-pays and limited coverage that does not pay for all types of mental healthcare services.

And while hospitals have been closed due to consolidations in New Jersey, a number of hospitals in Japan were closed by necessity because of the earthquake. “People in the temporary housing shelters were in need of services and the healthcare providers were forced in a way to do outreach in order to ensure that their patients were taking medications as they were supposed to,” Sidrow said.

Japan’s mental health system has historically been hospital and pharmaceutical based and continues to be so; there are not many outpatient services or counselors.

“Seeing the devastation, hearing many stories and realizing the magnitude of the loss – it all puts life in perspective. The 3/11 survivors, like my new friends from the 9/11 Tribute Center, talk about living each day to the fullest and paying the gratitude of life forward,” Sidrow said.

This rose garden was created where a teacher and his wife’s home was destroyed by the tsunami, so the local community could have something pretty to enjoy.
UBHC’s Fifth Annual QI Fair Boasts Greater Diversity and “Home Grown” Winners

Earlier this summer, Rutgers University Behavioral Health Care (UBHC) held the fifth statewide annual Quality Improvement Fair. Two things happened for the first time at this event: All three winners were from UBHC and many of the participants ran out of their one-page summaries at their poster exhibits.

“The information was in great demand. People want to learn from each other. We heard many people say, ‘I have the same issue. I can try this’,” said Shula Minsky, Ed.D, Director of Quality Improvement (QI) at UBHC.

Another change this year was a greater diversity of participants – more people from community agencies, and not primarily hospitals as in previous years – and a greater variety of projects, focusing on children, as well as adults, and on mental health, substance abuse and physical health.

This year, for the first time, the QI fair was co-hosted by the Division of Mental Health and Addiction Services and the Department of Children and Families, which Minsky hopes will continue in the future.

“Children and Families were co-hosts with UBHC, all to better serve the people who need us. There can be no more important initiative than finding ways of providing better services. In order to create more opportunities, next year, we plan to provide two first place awards – one for agencies with budgets under $8 million and the other for those agencies with budgets exceeding that level,” said Chris Kosseff, MS, President and CEO of UBHC.

Congratulations to the Winners!
The first place prize and the privilege of holding the Statewide Quality Improvement Trophy for one year were awarded to UBHC’s partial hospitalization program in Monmouth Junction. The project was facilitated by Betty Vreeland, APN, C. “This project included exercise along with nutrition and general health education to improve mood, depression, and cognition in addition to improving the physical health of participants,” Minsky said. “We’re using the results of this project to pursue a grant to conduct a randomized clinical trial regarding the effect of physical activity on the physical and mental health of individuals suffering from serious mental illness.”

Step Into Better Health PI Team – First Place Winners, pictured left to right: Ed Komleski, Stephanie Marcello Duva Ph.D, Anne Savattieri RN, Tina Samuels, Tricia Hibbert, Carmela Camodeca, Madhulika Sharma, MD, and Betty Vreeland APN,C. (absent Steve Silverstein)
Illustrating the Value of Behavioral Health Services

Second Place winner: Lowering the Occurrence of Physical Restraints in a Child Therapeutic Day School through Implementation of a Mindfulness Relaxation Program

Nicholas C Kolodiy, MS, LPC and Janelle De Guzman, BA

“It was one of the highlights of my career to accept the first place award for our Step Into Better Health project, which focused on the effects of Wellness Groups with aerobic exercise on mental health in adults with schizophrenia. While the results are preliminary, and more research is needed, it was extremely encouraging to see how interested and excited others are in the findings. If a new drug had the effects we saw with aerobic exercise in our performance improvement project, pharmaceutical companies would probably pay millions of dollars to bring it to market,” Vreeland said. “As a result of this project, we have expanded wellness groups with an aerobic component at our partial hospital program. I urge other behavioral healthcare programs to consider doing this, too.”

The second place prize was awarded to Nicholas Kolodiy and Diana Salvadore at UBHC’s Child Therapeutic Day School (CTDS), for incorporating mindful relaxation (yoga, etc.) into the daily schedule in order to reduce the use of restraints with young children. “The entire Child Day community is thrilled with our 2nd place finish in the Statewide QI Fair. It was wonderful for the staff to be recognized for all of their hard work and dedication. We are happy to see that our personal restraints are continuing to decrease as the Mindfulness Relaxation program continues into our next academic year (2014-2015),” said Nicholas C. Kolodiy, MS, LPC, Clinician Supervisor.

UBHC Offers Online Resources to Develop Fair Entries

Minsky noted that UBHC’s website includes a training presentation that explains performance improvement principles; describes quality improvement tools and how to develop posters and summaries for the fair. In addition, Minsky can be contacted via e-mail for additional information and guidance (sminsky@ubhc.rutgers.edu).

The next Statewide QI fair will be held in June 2015. Stay tuned for details.
Mercadien Offers Range of Financial Services with Expertise in Nonprofit Business

The previous issue of NJAMHAA News featured Mercadien Technologies, one of six companies that make up The Mercadien Group. While Mercadien Technologies handles the encryption and other technological aspects of protecting personal health information, personal identifiable information and e-mails on laptops and cell phones to prevent breaches, Mercadien’s Nonprofit Services Group provides the financial and strategic aspects of this protection and associated risk assessment.

Lisa Thouin, CPA, Managing Director of the 50-year-old Mercadien Group, is Co-Chair of the Nonprofit Services Group, which was formalized 25 years ago. This division of Mercadien provides two core services: (1) taxes/preparation of the 990 form; and (2) audits, including financial statement audits, government and single audits and additional audits that are required for nonprofit organizations.

“We see taxes as delivered jointly with audits and we present both the 990 and audit to a client’s audit committee,” Thouin said. “This is important for the client’s listing on Guidestar.”

Education about the 990 and management/board consultation is naturally built into the core services. “This is an integral part of the Mercadien client experience. Clients consider us their advisors, not just people who do the required taxes and audits,” Thouin said.

Additional advisory and consultation services are also available. For example, Mercadien professionals can serve as interim CFOs when a client agency is in transition; assist with a client’s transition to the Fee for Service reimbursement model; and provide risk assessment tools. “Risk assessment is especially important in today’s changing environment and economy. People have a heightened awareness of risk, such as fraud, HIPAA breaches and employee theft,” Thouin said.

The Nonprofit Services Group can provide guidance to agencies that are exploring mergers and acquisitions. They can also help establish and review cost allocation plans to ensure they reflect the current environment, and assist in developing indirect cost rates.

In addition, the Mercadien team offers complimentary seminars geared to nonprofit enhancement a few times per year. Topics have included risk assessment, strategic planning, financial stewardship, healthcare reform, social media and good governance. “We value proactive education,” Thouin said.

Sharing Knowledge in High Schools, Too
Mercadien’s belief in proactive education also extends to local high school students. The Mercadien Foundation is partnering with Rider University on a Money$peak initiative to supplement what teachers identify as financial literacy educational needs.

“The program enhances the school curriculum and provides an exciting venue for students to apply their new knowledge,” said Jill Bongiovanni, Mercadien’s Marketing Specialist. “The program will start this fall. Students in Mercer County high schools will give presentations and the winners from each high school will compete at Rider University.” Winning students will receive monetary prizes and trophies. The Mercadien Foundation is also developing a $martWorkplace initiative for adults, Bongiovanni noted.

Explore a Partnership with Mercadien!

Meet Lisa Thouin and Chris Mangano at NJAMHAA’s Conferences:


* Information Technology Project Conference, Back to the Future, December 3, 2014, Crowne Plaza, Jamesburg, NJ

Can’t wait?
* Contact Lisa Thouin at 609-689-2329 or lthouin@mercadien.com
* Contact Chris Mangano at (609) 689-2339 or cmangano@mercadien.com
Renowned Authors, State Leaders Focus on Strengthening Behavioral Healthcare at Fall Conference

State Behavioral Healthcare Leaders
The Behavioral Healthcare Landscape in New Jersey, Lynn Kovitch, M.Ed., Assistant Commissioner, Division of Mental Health and Addiction Services, and Elizabeth Manley, MSW, Director, Children’s System of Care

Politics, Policy and the Economy: Access to Care in a Changing Environment, Sonia Delgado, MGA, Princeton Public Affairs Group

Other Valuable Presentations
For Executives and Clinicians: Social Impact Investing
Deborah DeSantis, President and CEO, Corporation for Supportive Housing, will explain how to use this new form of private funding for your organization’s mission.

For Administrators and Clinicians: Financing Integrated Behavioral Healthcare Services
- Colleen L. Barry, Ph.D., MPP, Associate Professor/Associate Chair for Research and Practice at the Department of Health Policy and Management, John Hopkins Bloomberg School of Public Health, will explain financing options in the public and commercial markets.

What Managed Care Contracting and Service Billing Will Really Mean to Behavioral Health Providers in New Jersey - Barbara Leadholm, MA, BA, Principal, Health Management Associates, will describe the continuum of care, requirements for hospitalization authorization and service documentation under the managed care model.

For Clinicians: Let’s Talk About Sext ;) Adolescents, Sexting and New Jersey Law
Judyann McCarthy, MSW, LCSW, Associate Vice President of Children and Adolescent Behavioral Mental Health, Center for Family Services, and Kristine Seitz, MSW, M.Ed., SERV, Sexual Violence Counselor and Outreach Advocate, Center for Family Services, will explain the risks, benefits and implications for adolescents who engage in sexting.

Register for the Fall Conference at www.njamhaa.org by September 5th to take advantage of the great Early Bird Rates!
Janssen Provides Not Only Medication, but also Information and Assistance, for Schizophrenia

NJAMHAA News recently spoke with Makis Papataxiarchis, head of the JANSSEN® CONNECT® team at Janssen Pharmaceutical Companies of Johnson & Johnson, about the JANSSEN® CONNECT®, a program designed to help patients’ stay on their long-acting injectable treatment for schizophrenia.

NJAMHAA News: Generally, how does JANSSEN® CONNECT® work?
Makis Papataxiarchis: JANSSEN® CONNECT® offers comprehensive information and assistance to help appropriate patients with schizophrenia start and stay on their Janssen long-acting injectable atypical antipsychotic (LAT) after it has been determined by their healthcare professional (HCP) to be the most clinically appropriate treatment option. The offerings provided by JANSSEN® CONNECT®, which vary by state and are applied to individual patient cases based on HCP directives, include:

- Aiding access and reimbursement understanding by providing research about Janssen LAT coverage status and helping patients identify the lowest co-pay options for evaluation and navigate the complexities of benefits investigation/prior authorization
- Bridging the inpatient/outpatient appointment gap by providing information and assistance to help a patient continue injections ordered by their HCP once they leave the hospital
- Assisting with coordinating medication shipment to the HCP’s office so he/she can administer injections to patients
- Determining additional injection center options where patients can receive HCP-ordered injections at a location that may be more conveniently located for them, notifying HCPs if patients miss injection appointments and providing documentation of their visits
- Encouraging follow-through of an HCP-ordered treatment plan by providing ongoing communication to patients and HCPs about patients' treatment follow-through.

NN: Is JANSSEN® CONNECT® part of Janssen’s care coordination resources?
MP: JANSSEN® CONNECT® does not directly provide care coordination. The program assists patients by supporting healthcare professional initiatives in care coordination after a treatment decision has been made. JANSSEN® CONNECT® is a nationwide comprehensive information and assistance program with at least one offering in every U.S. state where Janssen LATs are prescribed by healthcare professionals.

NN: How are providers educated about and brought into the program?
MP: Healthcare professionals may choose, without any obligation, to use some or all of the JANSSEN® CONNECT® offerings that are available in their states for any or all patients on Janssen LATs after they have determined that this is the most clinically appropriate treatment option. Janssen provides information to healthcare providers about JANSSEN® CONNECT® after they have expressed interest in assistance for their patients that the program could potentially address. In New Jersey, JANSSEN® CONNECT® currently provides information regarding Janssen long-acting medication coverage status for patients. We hope to bring all the offerings to New Jersey in the future. However, our current understanding of state law is that a pharmacist may not be able to administer injections beyond immunizations and vaccines without additional stipulations. We are working to better understand these requirements.

NN: Does Janssen work with providers and patients?
MP: We work with patients’ healthcare professionals to provide information about JANSSEN® CONNECT® after they have determined that a Janssen LAT is the most clinically appropriate treatment option. Specifically, in New Jersey, JANSSEN® CONNECT® does provide information and assistance about Janssen LAT coverage status. Patients receive help to identify the lowest co-pay options for evaluation and to navigate the complexities of benefits investigation/prior authorization.

NN: When and why was the program started?
MP: Janssen’s legacy and deep understanding of the complex mental healthcare system uniquely positions us to help address patient needs. Patients with schizophrenia face many obstacles to taking their medication as prescribed by their healthcare professionals, including having to navigate complex reimbursement issues, remembering to take their medication, and if prescribed an LAT, finding a location to administer their injections. We launched JANSSEN®
CONNECT® at the end of 2010 in two pilot states and have since expanded the program incrementally to offer all or some JANSSEN® CONNECT® offerings nationwide.

NN: What has been the impact so far?

MP: We have expanded the program based on our early experiences and are encouraged by what we have seen. As of June 2014, Janssen CNS [Central Nervous System] celebrated that more than 19,000 patients had enrolled in JANSSEN® CONNECT® over the course of its three-year history¹. An average of 150 patients per week continues to enroll². Additionally, 85 percent of JANSSEN® CONNECT® patients return to injection centers after their first injections³.

NN: What changes/additions do you have planned?

MP: Janssen and JANSSEN® CONNECT® are dedicated to continuing to look for ways to further support patients living with schizophrenia. Through JANSSEN® CONNECT® and other initiatives, Janssen is finding new and better ways to meet patient needs in our ever-evolving healthcare landscape. We value working with organizations such as NJAMHAA to continue to learn about the needs of patients and healthcare professionals in order to better support patient care. We embrace the challenge of developing innovative solutions to help address the many obstacles that face patients living with schizophrenia. With effective medication and social support, we believe that people living with schizophrenia can and do lead meaningful lives.

¹Data as of June 2014
²Data as of June 2014
³Data as of June 2014 (2631/3100=85%)
Many NJAMHAA members know Andy Germak, MBA, MSW, LSW, from his previous life in New Jersey’s mental health system. While he was Chief Executive Officer of the Mental Health Association of Morris County (MHAMC), Rutgers University recruited him to replace Allison Blake, PhD, LSW, now the Commissioner of the Department of Children and Families, as the Executive Director of the Institute for Families at the Rutgers School of Social Work, which appealed to his long-time interest in education and research. “I loved MHAMC, but I couldn’t pass up this opportunity,” he said.

The School of Social Work is now seeking a new Executive Director of the Institute, as Germak has taken on a new role of Executive Director of the School of Social Work’s Center for Leadership and Management. He is also a Professor of Professional Practice.

The name of the Center was developed based on the goal to facilitate network building among representatives in diverse industries who are facing similar challenges. “We aim to break down silos,” Germak said.

“The Center is one of the first of its kind among schools of social work. It represents a concerted effort to bring social workers’ values and ethics, such as concern and empathy for people, into a variety of other contexts. Corporations would be stronger by having people trained in these values, by having the human resources and other aspects of business become more human in nature,” Germak said.

“We will also continue work with nonprofits, for example, by providing technical assistance with strategic planning. We also plan to raise funds to help small grassroots organizations,” Germak added. “This is a new startup, and we’re eager for input from NJAMHAA members about how the Center can be helpful to them.”

The Center has three main areas of focus:
1. Scholarship and Research: “Rutgers is in a good position to conduct research. For example, we can work with NJAMHAA members to write case studies on successful mergers and acquisitions, so students have this knowledge when they graduate,” Germak said.

2. Training and Education: Topics include mergers and acquisitions, general leadership and management, finance essentials, succession planning, and digital and mobile marketing. Germak welcomes suggestions from NJAMHAA members. “We can customize training to meet the needs of different fields,” he noted.

3. Community Collaboration and Service: “We aim to convene researchers, providers, policymakers, funders and others at conferences to discuss mutual concerns. We also plan to pull together resources from Rutgers’ business school, the School of Social Work’s continuing education division, and the workshops/certification program to develop new certificate programs,” Germak said.

Germak shared insights into a trend in social work education that he hopes to change. Approximately ninety percent of Rutgers’ social work students focus on clinical areas, while only 10 percent focus on the macro areas of financial management, policy and leadership. “If we can influence education of future social workers by ramping up education on these macro topics, clients will be better served by social workers who also know how to run their organizations more effectively,” he said.
Learn more about the Center for Leadership and Management and share your ideas for how the Center can best help you and your agency!


If you can’t wait for the conference to speak with Andy or have questions or ideas to share after the conference, contact him at 201-396-0352 or agermak@ssw.rutgers.edu.
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Turning Point-Anderson House House Merger Creates Full Continuum of Addiction Treatment Services

NJAMHAA News recently shared announcements of member organizations merging and establishing other types of affiliations in order to reinforce their businesses, achieve efficiencies and, most importantly, provide a more comprehensive array of services. Another example is the merger of Turning Point, Inc. and Anderson House, which went into effect on July 1, 2014.

“I do think we’re going to see more of this. We have to have our eyes wide open during these times. We’ve seen it in hospitals and both in the nonprofit and for-profit sectors,” said Manny Guantez, PsyD, LCADC, Chief Executive Officer of Turning Point and Vice President of NJAMHAA’s Board of Directors. “The most telling is the merger of two icons, Hazelden and the Betty Ford Clinic. When you see that, it tells us something. It tells us to take another look, re-examine product lines and think differently about the services we provide while holding true to our mission.”

The History behind the Merger
“The Anderson House Board had been exploring the possibility of a merger for two or three years. Our objective is to provide the best quality care and we are proactively looking to the future of increasing and challenging demands, including credentialing requirements and electronic health records. These are all are very good and will advance care, but they are difficult to do being a small agency,” said Jan Holmstrup, former Executive Director of Anderson House and now Turning Point’s Senior Vice President of Development and Halfway House Services. “We considered several other organizations and felt that Turning Point, being in the addiction treatment field with a broad continuum of care, presented an excellent opportunity for us to add to that continuum of care and to the quality of care. Clients will be able to receive uninterrupted treatment from detox through transitional housing to outpatient services. We’re one of just a few organizations that have this full continuum.”

Dr. Guantez also saw an opportunity to provide better care. In fact, Turning Point had been referring women to Anderson House’s halfway and three-quarter houses for years. As a result of the merger, the referral and intake process will be more streamlined.

“There’s a good cultural fit in our philosophy and approach to care, as well as our priorities and who we want to serve,” Dr. Guantez said. “Anderson House has a history of providing really good care and the merger will enhance their expertise.”

“We found a good partner that’s poised to grow and shares common values. Both organizations are committed to providing opportunities to underserved, indigent individuals and to providing comprehensive, compassionate care,” Holmstrup added.

Benefits Anticipated for the Staff, as well as the Clients
The enhanced expertise will be achieved through sharing of best practices – from Turning Point to Anderson House, and vice versa – through remote access to Turning Point’s vast electronic library and at lunch-and-learn sessions during staff meetings.

“Turning Point and Anderson House complement one another. Joining together will allow us to build on each other’s strengths. The staff is excited about being a part of this new organization,” Holmstrup added.

In addition to the comprehensive and seamless array of services, clients will benefit by having the same Clinical Director overseeing services from detox and halfway house. “This provides for really rich care. That’s the biggest gain. We want to clinicians to feel empowered to provide better services, and for clients to receive

Pictured left to right: Jan Holmstrup, Manny Guantez and Cindy Czaskos, President of the Anderson House Board of Trustees, who will be joining the Turning Point Board of Trustees
consistent follow-through in the entire continuum of care,” Dr. Guantez said.

Financial Benefits: Administrative and, Ultimately, in Donations
Another reason for exploring a merger was to gain administrative and operational efficiencies and greater purchasing power, according to Holmstrup. “With additional resources available, we have new computers, and we have automated payroll and centralized billing processes, freeing up many administrative and clerical tasks,” she said.

“We have to have our eyes wide open during these times. The most telling is the merger of two icons, Hazelden and the Betty Ford Clinic. It tells us to re-examine product lines and think differently about the services we provide while holding true to our mission.”

— Manny Guantez, PsyD, LCADC
Chief Executive Officer, Turning Point

“It’s been our goal for years to open another halfway house and this is more possible as a combined organization. The merger allows us to free up staff time to move these initiatives along. We’ll be well positioned to excel in this changing environment,” Holmstrup said.

In addition, these efficiencies will ultimately help attract more contributions from donors, according to Holmstrup. “We will continue to need their support. They can feel comfortable knowing that, with this new organization, more of their money will go to direct client care because we’ll be operating more efficiently,” she explained.

“Everyone’s excited about the possibilities,” Dr. Guantez said.

Helpful Advice for Those Considering Mergers
“This was a fairly easy process because we were both really on the same page on all significant items,” Dr. Guantez said.

Holmstrup agreed. “We didn’t experience any major challenges. This speaks to the fact that this is a good match. We have strong leadership. We’re in a good position to meet the challenges with Turning Point,” she said.

However, even the simplest process is very time consuming and requires much planning before it even starts.

“Don’t rush. Don’t wait until you’re in a difficult financial position and don’t do it purely for economic reasons,” Holmstrup advised. “Come from a position of strength and a proactive point of view. It should make sense strategically.”

Once the decision to merge is made, be prepared to address many details over a long period of time: for example, legal, including title searches; websites; paperwork, such as re-credentialing and licensure.

Time is not the only thing you need. “You need money to do this and you need staff to attend to it,” Dr. Guantez stressed.

Aside from the official components of achieving a merger, there are non-technical aspects to prepare for, as well as many operational processes that will need to change. “Be honest about what you’ll give up and what you’ll gain, and balance the two. A small agency will lose the jack-of-all-trades who does everything, but gain individuals with specific expertise and competencies who share the load of the work. Decisions take a little longer to make at times and may not feel so simple, but having more resources, more proficiency, and people with more experience and additional ways of handling issues provides for better results,” Dr. Guantez said.
Get to Know NJAMHAA Board Member Alan DeStefano

Alan DeStefano: Well, I have been a Board member for more than two years now. Technically, I’m in the first year of my first full four-year term. As a member of NJAMHAA, I find myself in the company of great leaders and organizations in the fields of mental health and substance abuse services. As a Board Member, I have had the opportunity to help further the organization’s mission and advocate for the people we collectively serve. It has been both a humbling and inspiring experience.

I am very excited to have been asked to Chair the Children’s Practice Group (formerly known as the Children’s Committee). I am looking forward to the committee having a positive impact on the development of effective and sensible policy as it relates to behavioral health and substance abuse services for children, youth and young adults in New Jersey. I am extremely excited to work with Brian Hancock, COO of Robins’ Nest, who will serve as Co-Chair of the Children’s Practice Group. His knowledge and experience will be invaluable to the group. I would also like to take the opportunity to thank Greg Speed and Harry Marmorstein for the great job they have done as Co-Chairs of the Children’s Committee for so many years.

Editor’s Note: Greg Speed, MSW, LCSW, President and CEO of Cape Counseling Services, and Harry Marmorstein, MA, MBA, President and CEO of Legacy Treatment Services (the recent merger of The Lester A. Drenk Behavioral Health Center and The Children’s Home of Burlington County), are also members of the NJAMHAA Board of Directors.

NN: What is your educational and professional background?

AD: I graduated from Rutgers University in 1980 with a BA in Psychology. I was eager to get experience in the field, so I went straight to work right out of school. From that time, I worked in both the adult and children’s mental health systems in outpatient, partial care, youth advocacy, residential, psychiatric screening, case management, shelter care, in-home services and therapeutic foster care. Through the years, I had been a direct care worker, counselor, shift supervisor, coordinator, director and pretty much everything in between. I have also been a successful grant writer. After 18 years of working in the field, I decided to go back to school to earn an MSW.

Shortly after completing the MSW program at Rutgers, I was hired as the Executive Director of the newly developed care management organization (CMO) for Cape May and Atlantic Counties and I have loved the organization and the job ever since. Throughout my career, I have always been very interested in system wide issues and have been involved in many committees. I have served on Child Assessment Resource Teams, County Inter-Agency Coordinating Councils, Regional Councils, Youth Services Commissions, and various workgroups for the Division of Youth and Family Services, Juvenile Justice and Child Behavioral Health Services.

NN: What inspired you to pursue a career in mental health?

AD: I can’t say exactly what got me initially interested in a career in mental health services, but here are a few reasons why I have stayed in it. I have always enjoyed helping people. I have always been fascinated by people’s behavior. It is exciting to see a plan come together. It is a wonderful thing to stop needless suffering. It’s great to build teams that could take on challenges facing families and communities. In
addition, there’s the privilege of service and the honor, respect and loyalty amongst professionals. I have been in this field for more than 33 years and I can say without trepidation, I made the right choice.

**NN:** What are your goals for your agency (and/or a particular program)? Feel free to share any highlights of your agency, such as recent accomplishments, new programs, expansion, etc.

**AD:** Cape Atlantic Integrated Network for Kids has gone through quite a transition over the past 18 months. We began more than 12 years ago as the CMO responsible for managing the behavioral healthcare of children youth and young adults in Cape May and Atlantic Counties. We now serve individuals who are also developmentally disabled or are struggling with substance abuse. Cape Atlantic INK tripled in size from serving 200 to 600 kids and their families. Our newest challenge is to gear up for the potential of becoming a Behavioral Health Home to serve kids in both Cape May and Atlantic Counties. This would be another significant transition of our organization, in which both primary medical and behavioral health care would be managed and coordinated for kids served by the INK. Cape Atlantic INK believes strongly in this holistic approach to serving kids, but we are well aware of the challenges presented by such a culture shift to our organization and the community we serve. Our primary goal certainly is to provide top quality service to every individual we serve, but we also want to preserve the integrity of our Wraparound Values and the Child Family Team practice model. Cape Atlantic INK is extremely excited about the future of our organization and the statewide Children’s System of Care.

**NN:** Please provide any additional information you would like to share, related to your work, NJAMHAA and/or your personal life

**AD:** My career spans 33 years. Although our system has been through some difficult times, I believe we are at a critical juncture because we now face an amazing and daunting evolution. This evolution will affect service delivery and funding. Organizational compliance is now every bit as important as the actual care given. Fundamental to the evolution is the required cultural shift in human services necessary to successfully achieve and sustain it. In this new environment of managed services, how will organizations survive? Some claim there is a need for smaller providers to merge in order to survive, while others question it out of concern for how it would impact service delivery. These are truly important times in human services. This is why NJAMHAA is so important: the advocacy, the opportunity to share opinions and visions, the leadership.

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— Alan DeStefano, MSW, NJAMHAA Board Member
Meet One of NJAMHAA’s Newest Members: Main St. Counseling

Main St. Counseling in West Orange joined NJAMHAA last year. The agency has served as the lead agency of Governor Codey’s Postpartum Depression Initiative since 2005 and it is one of a few dually licensed mental health and addiction treatment agencies in the state, according to Steve Margeotes, Ph.D., who founded the agency in 1980.

“I was in the field for a few years before then and I saw the need for services for low-income people. So, I got six volunteers and we started this grassroots operation with no funding,” Dr. Margeotes said. After a couple of years, the group secured funding from United Way.

“It’s still grassroots in many ways,” Dr. Margeotes added, although the agency now has a $1 million budget and 35 employees who serve 350 people, from age 3 years to the 80’s, every week. Twelve of the employees speak Spanish and some of the staff speaks Portuguese and French Creole. While the agency primarily serves Essex County residents, it also serves people from Union, Hudson and Morris Counties.

“Clients get as much from the environment as from the therapy. We are constantly paying attention to every need. We always serve fresh coffee and we maintain an immaculate environment. We believe a driving force is clients’ disappointment with previous treatment experiences, so we pay as much attention to the building and operation as the clinical aspect,” Dr. Margeotes said.

“Another driving force is convenience. We conduct intakes over the phone in English and Spanish and at no cost. And we’re located close to public transportation and off the beaten path, which reinforces the confidentiality and safety of the experience,” Dr. Margeotes added.

The Main St. staff also makes special efforts to engage youth and the elderly into services through two innovative outreach programs. “Clients who are new to therapy are typically scared of it, partly because of portrayals in the media,” according to Dr. Margeotes.

For the elderly population, the staff conducts workshops on prevention. “They see we’re empathetic. Then, they feel comfortable working with us on their mental health, drug and alcohol issues,” Dr. Margeotes said.

The second outreach program focuses on two schools in Orange and seven schools in Newark. The staff provides group and individual counseling for Lesbian, Gay, Bisexual, Transgender youth, teenage parents and expectant moms, and also conducts groups focusing on anger management and gang recruitment. “We provide mental health services that otherwise wouldn’t be an option,” according to Dr. Margeotes.

Overall, the most common issues that the Main St. Counseling staff addresses are domestic violence, sexual abuse, drug and alcohol abuse, depression and anxiety. They are looking to work with veterans. “We will emphasize a triple program, working with spouses and children, as well as the veterans themselves, and address the issues associated with isolation that so many veterans experience,” Dr. Margeotes said.

"Clients get as much from the environment as from the therapy."
— Steve Margeotes, PhD
Founder, Main St. Counseling
NJAMHAA Welcomes New Members, Congratulates Others on their Great Work

NJAMHAA welcomes Camden Coalition of Healthcare Providers (CCHP) as its newest member! CCHP has been featured in Newswire – and many mass media outlets – for its Hotspotting initiative that is successfully reducing “frequent flyers’” use of hospitals and the associated costs; innovation that led to the legislatively supported Medicaid Accountable Care Organization pilot; and its Good Care Collaborative, through which they are learning from, highlighting and trying to expand on best practices, such as NJAMHAA members’ Housing First model, Nursing Family Partnership and Programs of Assertive Community Treatment. NJAMHAA looks forward to sharing many more details on CCHP’s and the Good Care Collaborative’s initiatives and future plans in an upcoming issue of NJAMHAA News – just as we are always eager to feature all NJAMHAA members.

Declarations, Inc. proudly announced that one of their consumers, Nancy D., has achieved one of her lifelong dreams. She graduated with her Associate’s Degree from Brookdale Community College. Prior to joining Declarations just two years ago, buying her own groceries and going to college would have been inconceivable for Nancy. “Now I have a lot of independence. I just feel like I can be my own person,” she said. NJAMHAA joins Declarations in congratulating Nancy on her wonderful accomplishment and wishes her much success in her endeavors as she moves forward towards her goal of becoming a nurse.

Family Guidance Center (FGC) highlighted several accomplishments in its Annual Report: more than 100 individuals graduated debt-free from the agency’s Debt Management Program; 99 percent of at-risk youth in the Children’s Day Treatment Program remain emotionally stable under FGC’s care; more than 1,000 counseling and education contacts are made each year through the State Health Insurance Assistance Program, helping Medicare beneficiaries make informed decisions about their benefits; and integrated care services resulted in a significant reduction of emergency room visits and inpatient admissions for psychiatric disorders. Considering these achievements, it is no surprise that 99 percent of clients indicated in a Client Satisfaction Survey that they would recommend FGC services to others.

Jewish Family Service of Atlantic and Cape May Counties (JFS) recently received a state grant to expand its Enhanced Supportive Housing program, which offers supported community living for individuals who have both intellectual/developmental disabilities and mental illnesses and are being discharged from state psychiatric hospitals. The funding will enable the staff to be doubled to serve an additional five individuals, JFS reported in its recent JFS Currents newsletter.

JFS also announced that it is the lead agency for the Atlantic Homeless Alliance, which also includes fellow NJAMHAA member John Brooks Recovery Center, as well as Atlantic City Rescue Mission and Pleasantville Housing Authority. “The program provides a single point of entry to address the challenges of homelessness by connecting individuals and families to necessary services with compassion and respect,” as described in JFS Currents. In just the first few months, the Alliance has already helped more than 1,000 individuals.

Another new program at JFS has also achieved quick success. Project AWARE Works provides training, education and work experience for young adults (aged 18 and older) who have Autism Spectrum Disorders. Participants are assessed for their occupational interests, skills and abilities, and they participate in classes to develop social, communication, self-management, coping and time management skills. In its first year, Project AWARE Works had 10 participants, and three so far have secured paid employment.

Jewish Family Service of Somerset, Hunterdon and Warren Counties (JFS) has been awarded a grant from the Grotta Fund for Senior Care of the Jewish Community Foundation of Metrowest New Jersey to implement a pilot project to provide unique weekly opportunities for lifelong learning and education, including through study groups and lectures, for its members. This project is part of the overall Senior Services Program at JFS, which serves seniors living in Somerset, Hunterdon and Warren Counties. However, programs are open to the entire community.

Illustrating the Value of Behavioral Health Services
Conducting a root cause analysis following a serious adverse incident or sentinel event has been a cornerstone process for social service organizations since the 1980’s or before. The goal has always been to reduce the probability of the incident re-occurring. Through the use of an in-depth examination of the “facts” associated with the event in the first place, a root cause analysis was expected to glean the key elements within the incident itself, which would lead to a corrective action plan. This process could be used equally well with adverse clinical incidents, vehicle accidents, property damage from a fire and employee injuries from any of a number of causes.

From an insurability perspective, there are two more concepts to add. These are the determination as to whether or not the incident was preventable and, therefore, a true accident; and whether or not corrective action plans actually lower the probability of the incident occurring again. How this ties to policies and procedures, supervision, staffing level, staffing competence, documentation, etc. is fairly obvious. As we look at your insurance policy and premiums, insurers ask and want to know that the organization did everything in its power to not have the initial incident occur, that the incident or similar incidents have not occurred again and again, and that it is reasonable to assume that the organization did not fail in its duty to the consumer, its assets, and its employees.

Accident investigation is analogous to root cause analysis; i.e., what is the real reason that the incident occurred and what will be done to avoid this or similar types of incidents from occurring again? For NJAMHAA members familiar with the process, please take this as a refresher to your knowledge. For those who are new to the process, it is hoped this information can help you and your organization set in motion conditions to lower the probability of a serious adverse incident or sentinel event occurring.

Here’s the skinny on accident investigation:
1. It is fact finding - not fault finding.
2. An incident/accident reporting form should be filled out immediately.
3. The accident/incident reporting form is completed by the employee, immediate supervisor or member of the leadership team.
4. The employee, immediate supervisor or member of the leadership team should develop a narrative to supplement the incident/accident reporting form. The narrative should be submitted according to your organization’s policy, but no later than 48 hours after the incident.
5. The narrative:
   - “Paints” a picture of circumstances prior to the incident. These incident demographics include the “who” (staff and clients involved, witnesses), “what”, “when” (time of day, day of week) and “where”, as well as the conditions existing prior to the incident (i.e., describe the “normal” circumstances).
   - Then-
   - Describes the activities immediately prior to the incident (i.e., the changes in circumstances).
   - Then-
   - Describes “what” returned the operation to normal circumstances/conditions.
   - Then-
   - Develops hypotheses statements describing possible reasons for the incident occurring.
   - Then-
   - Finalizes a summary report as to the most probable cause of/reason for the incident, posits a decision and rationale as to whether or not the incident was avoidable or preventable, and from this incident, makes any and all recommendations about what would reduce the likelihood of this type of incident occurring again.
6. A senior level organizational committee (adverse incident committee) should then review the accident report and investigation narrative:
   • To determine the root cause.
   • To develop a statement about what was learned from the incident and any possible way(s) this or similar incidents can be prevented in the future.
   • To look for any possible or evident claims trends or future looking “if this continues” possibilities that may need intervention.
   • To make any and all mandatory corrective actions to programs/operations to minimize the probability of claims occurrence.

7. The senior level corporate risk manager, compliance officer, or Quality Assurance/Quality Improvement Director should monitor the results of the corrective action plan and report the results to the senior level organizational committee, who would then take necessary action.

In summary, corporate culture should dictate that accident investigation is not a “maybe” chore, but an essential task. For organizations that do this well, claim trending and action planning becomes second nature and could lead to fewer and less severe incidents in the clinical care program. Good results from this process help maintain safer conditions for employees and consumers alike. Regularly engaging in this process, developing and implementing corrective action plans and monitoring of results afford evidence of your commitment to safety and are a major help in maintaining your level of insurability.

“Investigate accidents to determine the real reasons the incidents occured and what will be done to prevent similar incidents from occurring in the future.”
UST Offers Guidance to Help Reduce HR Costs
The following articles were provided by Unemployment Services Trust (UST), a NJAMHAA Approved Vendor.

60 Seconds to HR Savings
For every 66 employees at a nonprofit, on average, there is just one Human Resources (HR) role, revealed a recent research survey published by NonprofitHR.

From recruitment to HR compliance to employee termination and unemployment hearings, this one HR person has managed to do it all... and then some.

But, with limited HR staff, the chances of committing costly errors or compliance oversights in daily activity can be high.

Since the typical one-person Human Resources department costs $91,715 to run — with the cost increasing cumulatively for every HR role added — most nonprofits can’t afford more HR staff, let alone legal counsel to ensure rules are being properly implemented.

Increasingly, this is leading nonprofit employers to look for outside expert support for HR functions. Nonprofits are able to save time and money, while also ensuring that they are staying in step with of-the-moment best practices. Additionally, this allows smaller or understaffed nonprofits to more readily access the expertise and resources of a larger HR knowledge pool.

Our friends at UST put together a 60-second video to show how other nonprofits have lowered the cost of HR: http://ww2.chooseust.org/lp/60seconds.html

The 5 Myths That Are Increasing Your Nonprofit’s HR Costs
In this white paper you’ll discover the 5 myths that many nonprofits don’t realize are increasing their HR costs... and steps you can take to debunk them at your organization.

For a limited time, download the white paper just for nonprofit employers and find out:
- Which myths might be hurting your organization
- How you can proactively reduce HR costs
- Whether you are overpaying for unemployment claims

Learn the secrets of other nonprofit executives and HR staff who have reduced their human resource and unemployment claim costs. Download your complimentary copy of 5 Myths That Are Increasing Your Nonprofit’s HR Costs today. Visit http://ww2.chooseust.org/lp/5myths/freewhitepaper.html.

Ready to See How Much your Organization Can Save?
The Unemployment Services Trust (UST) helps reduce the cost of unemployment claims by up to 60% and found more than $3,532,485 in potential Unemployment Cost Savings for 200 nonprofits last year. Find out how much you can save by filling out a complimentary Savings Evaluation today. Visit http://www.chooseust.org/request-a-savings-quote/.

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Safety Awareness and Self Preservation on the Job
for Healthcare Professionals

Presented by:
Sergeant Christopher Hill
MCNAMARA & ASSOCIATES, INC

When: October 28, 2014
Time: 9:00 a.m. – 1:00 p.m.
Where: The Robert Wood Johnson Conference Center
3100 Quakerbridge Road, Hamilton, NJ
(located inside the Center for Health & Wellness, found in the Risoldi’s Shopping Center)

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IT Conference Features Experts on Disruptive Innovation and Crisis Communication

The program for this year’s NJAMHAA IT Conference, *Back to the Future*, is shaping up with two experts speaking on very important, timely topics – disruptive innovation and crisis communication – and several workshops on other valuable subjects. Read highlights below, mark your calendars for December 3, 2014 and stay tuned for more details.

**Keynote to Share Insights on the Role of Disruptive Innovation in Health Care**

Disruptive innovation isn’t just a catch phrase. It impacts and influences our lives on a regular basis, especially in areas of technology. Care providers and managers must understand how these seismic changes will affect their worlds if they want to thrive in the future.

Smartphones, increasingly powerful computers, apps and other online tools all impact our daily routines. The healthcare and social service industries are experiencing a disruption, too. Dennis Morrison, Ph.D., Chief Clinical Officer for Netsmart, the leading provider of clinical solutions for health and human services organizations nationwide, will share his perceptions of how technology is impacting care delivery, including virtual clinical interventions and consumer-directed care.

**In Shadows of Recent Tragedies, Plenary Features International Expert on Communication during Crisis**

Daily news details the never ending line of human tragedy and crisis that range from the local effects of Hurricane Sandy to shootings, riots and pandemic outbreaks. In each of these events, emergency responses and services are necessary to help survivors to cope and heal. This conference seeks to enhance service providers’ ability to accomplish a critical function in these situations by preparing ahead of time for communication during such crises.

Robert C. Chandler, Ph.D., Director of the Nicholson School of Communication at the University of Central Florida and an internationally recognized expert specializing in crisis communication, will discuss the impacts of crisis on human cognitive function and how this pertains to the ability to make decisions, respond and comprehend new information, and other behaviors. In addition, he will discuss the six stages of crisis, along with key factors and recommendations within each stage. Participants will also learn the Emergency Notification concept called "Message Mapping, The Chandler Method", as well as specific challenges to anticipate.

June Noto, NJAMHAA’s COO and Director of the IT Project, said, “Our goal is to help our 180 non-profit member organizations be better prepared to serve their clients. In the aftermath of Hurricane Sandy, so many of our member organizations were on the front lines of the crisis serving the victims of the hurricane, which is why we wanted to bring an international expert in to discuss this topic.”

**Gain More Valuable Knowledge at the Workshops**

In addition to the keynote and plenary presentations, the IT Project Conference will include workshops that will provide important information on the following topics:

- Choosing the Right Technology Partner
- VoIP: Calculating your Return on Investment
- Implementing Office 365: Best Practices
- Business Continuity during a Disaster
- Data Analytics

The *NJAMHAA Information Technology Project Conference, Back to the Future*, will take place on December 3, 2014, at the Crowne Plaza, Jamesburg, NJ.

Information on registration, and exhibiting and sponsorship opportunities is available at www.njamhaa.org. Visit often for more details about the program and registration for attending.
The days of the office being the only place you can work are over. The prevalence of smartphones, tablets and pads have allowed the freedom to browse the Internet from anywhere WiFi is available. But, what about access to our data?

There have been ongoing development efforts for new solutions designed to keep files current across multiple devices. This technology is known as “sync”. Advancements have made getting a file from your work laptop and/or workstation to your iPad, Smartphone, Tablet, etc. as simple as clicking on “Save”.

Unmatched Security: MCare FileSync offers military grade, 448-Bit Blowfish, encryption. Data is encrypted both in transit and at rest, with SSL [Secure Sockets Layer] to ensure secure data transfers. MCare FileSync also allows for two-factor authentication for extra security measures.

Track Activity: MCare FileSync’s Activity Log tracks when users add, delete or change files. It lets users know when colleagues have made changes to files in shared folders, and can restore previous versions or deleted files when needed.

Recent studies show that 60 percent of workers in the United States and Europe are using a variety of “file-share” tools to leverage their “technology portability”. The extended “production capabilities” create a need for work-life balance to enable separation of personal and professional life, a dynamic that didn’t exist a few short years ago.

Continued technical evolution will result in ongoing improvements for secure data and file access, along with ease of use, in the ever-changing world of “edge devices” like tablets and pads. Mobile workforces will rapidly become normal in the future. Recoverability and Continuance of Operation planning will take on a more streamlined design, based on organizational data being stored in co-location facilities (that’s the Cloud) and access to that data being real-time from any location that has internet access.

For more information on this and other technology topics, contact Chris Mangano, Vice President of Sales and Marketing at Mercadien Technologies at 609-689-2339 or cmangano@mercadien.com
East Orange General Hospital is seeking a dynamic Administrator for our Behavioral Health Services programs. Reporting to the Vice President of Behavioral Services, this individual will oversee and manage all aspects and operations of Psychiatric Emergency Services and the psychiatric responsibilities of the Forensic Unit, both units are 24/7/365 and require on-call availability. In addition this individual will facilitate all accreditation and license preparedness for Behavioral Health Services in accordance with hospital, state and federal regulations. Serving as a liaison to individuals, families and community partners coordinating the required emergency service training and education in the geographic area as dictated by DMHAS.

A master’s degree from an accredited institution in social work, psychology, nursing, or a related field, a minimum of five years post master’s work experience in the provision of mental health services and at least three years of post-master’s supervisory experience in the mental health field is required. Successful completion of the Division-sponsored screener certification course and passage of the proficiency exam within six months of the date of hire. EOGH offers a competitive salary, health insurance, 401K, Paid Time Off and Holiday Pay. Interested candidates should apply by mail/fax/email to: Executive Assistant, Shivone Scantlebury, 300 Central Ave, East Orange, NJ 07018, Fax: 973-266-4534 Email: @shivones@evh.org
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Where: NJAMHAA Conference Room
Fees: $150 pp/NJAMHAA member rate
      $250 pp/non-member rate

Registration includes continental breakfast and lunch.

Presented by:
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Mark DePazza, Technical Support Specialist II / Help Desk Support
Ext. 214 mdepazza@njamhaa.org

Arthur Powis, Technical Support Specialist 1 (assists with network administration)
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Kurt Wurmser, LAN/WAN Engineer (Responsible for USTF inquiries, GEMMA support and network administration)
Ext. 219 kwurmsen@njamhaa.org
**IT Project Services**

- Group Purchasing discounts for hardware and software, industry events, publications, marketing services, and more
- Vendor User Group promotion and facilitation
- Grants facilitation and access to philanthropic donations; resources reported regularly via newswire and E-Blast.
- Partnerships with state and local government entities, e-learning companies, benchmarking firms, and leading technology vendors provide access to an array of products and services.
- Annual Technology Conference presents the latest information on popular trends and emerging technologies; first-hand information about non-profit policy and funding issues and regulatory mandates; opportunity to network with top technology companies.
- Bits & Bytes newsletter highlights IT Project activities, product evaluations, industry surveys, vendor news, case studies, technology tips and techniques, grant information, and much more.
- Consultation services for EHR implementations
- Expert technical support and network engineering services below industry market rates
- LAN/WAN/VPN, VoIP, Disk to Disk backups, Internet Monitoring solutions
- Managed Services for all your circuits, servers and desktops
- Technology plan development
- Assistance in purchasing technology solutions
- Compliance assistance (federal and state, as related to privacy and security)
- Grant and product donation information
- Training, workshops and conferences
- Website development and maintenance at below market rates
- Software Training in Windows 7, Office 2003 or 2007 – delivered to a group, using our equipment, at your facility for less than $60.00 per staff (max. 13) .. a value you can find nowhere else!
- Benchmarking for Best Practices project. Subscribe and learn how you can be a "top" performer among your peers. Let the data prove that your quality initiatives are really working.

**For more information**

contact June Noto, IT Project Director, at 609.838.5488 ext. 202 or Ron Gordon, Associate Director, at ext. 215 or rgordon@njamhaa.org
Need an EHR? You don’t have to go it alone!

If you are considering implementing a certified electronic health record, the best way to ensure EHR success is to join your peers in a Qualifacts collaborative. To date, 12 of your New Jersey colleagues have implemented our CareLogic Enterprise certified complete EHR in three separate collaborative implementations.

Why consider being a member of a CareLogic EHR collaborative?

Qualifacts has proven success with collaborative EHR implementations across the country. — June Noto, IT Project Director NJAMHAA

“The collaborative model makes perfect sense for behavioral health providers with limited resources. Qualifacts is the only vendor with this shared risk model.” — Jeannie Campbell Executive Vice President and COO National Council for Behavioral Health

With HIEs, consolidating billing departments and more, the current healthcare environment creates lots of potential for future collaboration, and we’re in a position to take advantage of that to identify future partners.

Plus, the collaborative model cut our implementation costs in half! — William Barry, CTO (retired) Twin Oaks Community Services, Mount Holly, NJ

To learn more about the collaborative model, contact Sue Barton, Senior Account Executive for New Jersey, at susan.barton@qualifacts.com.
For Sale

Ensure You’re Compliant with HIPAA, 42 CFR Part 2 and the HITECH Act

Efficient Compliance Toolkit Updated FREE OF CHARGE as Regulations Change!

NJAMHAA has purchased the rights to distribute a custom tailored, New Jersey specific toolkit/e-book written and compiled by the industry’s leading healthcare legal experts from the law office of Oscislawski, LLC. for the low cost of $450.00 per organization.

Helen Oscislawski and her associates have developed an electronic “HIPAA HITECH Helpbook” for New Jersey Health Care Providers that contains:

- Highlighted language for recent HITECH changes and compliance with HIPAA
- Certain New Jersey privacy laws, threaded throughout the documents, forms and tools
- Especially for NJAMHAA members, include language and compliance documents for 42 CFR Part 2 to address the privacy issues when working with clients who have substance abuse issues

Plus, you can easily incorporate your own specific policies and procedures unique to your practice, patient population and practice workflows!

Nowhere else will you find such a comprehensive, all inclusive handbook, that will guide you through your compliance needs for HIPAA, HITECH and the Omnibus rules, as well as having guidance on 42 CFR Part 2, all in one neat little package.

To order your copy, e-mail June Noto at JNoto@njamhaa.org, or send in a check for $450.00 attn: EBook, NJAMHAA, Inc. 3575 Quakerbridge Road, Suite 102, Mercerville, NJ 08619 and your book will be delivered as soon as the payment is processed.
Do You Want to Increase Your Online Visibility and Traffic?

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Did you answer, “Yes?” Then meet EggZack, the automated local marketing solution that’s guaranteed to increase online visibility and online traffic. It’s THE single place to manage all of your local and online marketing and ensure your information is seen in more places by more people.

EggZack is simple: we help you get the word out to people everywhere. You enter information once, and we push it to all the different places that you need to be on the web: your website, your Facebook page, your email list, search engines, local web sites, Twitter… and more. And EggZack shows you results of what’s working and where — so you can do more. EggZack can save you as much as 15 hours per month and can be 3 times more effective than doing it in other ways. We’ll increase your online traffic GUARANTEED.

Through our partnership with NJAMHAA, EggZack can also provide you fresh relevant content that matters to you and the people you want to reach. Just say, “Yes” and we’ll distribute that also to all the places you need to be. EggZack is simple, money-saving, and guaranteed to increase your visibility and online traffic. Just click, track, and sit back.

Say “Yes” and we’ll guarantee an increase in your online visibility and traffic. To find out more:
1-888-EGG-ZACK (888-344-9225)
NJAMHAA@EggZack.com
www.EggZack.com
Employment Opportunities

With the many changes taking place in the behavioral healthcare environment and the reconfiguration of agencies, many staff openings are becoming available, and many staff members are seeking positions. As a result, NJAMHAA has been offering its members this service: Alerting members about openings or availability of staff via e-mail, for a charge. A fee for placing the posting and the cost of the communication has been paid for by the individual advertising the position.

NJAMHAA Intern/Board Member of Mental Health-Related Volunteer Organization Seeks Career Path through a Direct Service Position
I am the Communications Coordinator and serve on the Board of Directors with Attitudes In Reverse®, which focuses on educating adolescents and teenagers on mental health and suicide prevention, engaging the young individuals directly. Of late, I have been interning at the New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA), working on a variety of projects including writing newsletter articles, analyzing newsletter reading patterns and updating the databases to ensure that NJAMHAA’s advocacy and educational messages reach everyone in its target audiences. Prior to my time with NJAMHAA, I was a substitute teacher in New Jersey and lived in Peru working out of an emergency center in the Andes alongside a social worker with victims of domestic abuse. My educational background in anthropology and Spanish has helped hone my abilities as an adept professional in a diverse array of interpersonal interactions and social environments. Additionally, my extensive research experience in the field has continued to grow my skill set as a driven, intuitive professional. I am seeking opportunities to engage those in need on a more direct level, be it community outreach or in a more clinical/healthcare setting. Please contact me at mbkerzner@gmail.com about opportunities with your organization.

A master’s degree from an accredited institution in social work, psychology, nursing, or a related field, a minimum of five years post master’s work experience in the provision of mental health services and at least three years of post-master’s supervisory experience in the mental health field is required. Successful completion of the Division-sponsored screener certification course and passage of the proficiency exam within six months of the date of hire. EOGH offers a competitive salary, health insurance, 401K, Paid Time Off and Holiday Pay. Interested candidates should apply by mail/fax/email to: Executive Assistant, Shivone Scantlebury, 300 Central Ave, East Orange, NJ 07018, Fax: 973-266-4534 Email: shivones@evh.org

Richard Hall Community Mental Health Center seeks a Substance Abuse Counselor to provided individual, group and family psychotherapy and case management to a co-occurring mental health and addiction diagnosed population within the context of an Intensive Outpatient Program and traditional outpatient services. The incumbent would also provide domestic violence perpetrator services in a group program. The position requires a Master’s degree in Social Work or equivalent is required, as is a LAC or LSW and additional relevant experience. LCADC, LCSW, LPC preferred. Acceptance of employment is contingent upon passing a criminal background check and pre-placement physical and drug screen. Send résumés to humanresources@co.somerset.nj.us.

East Orange General Hospital is seeking a dynamic Administrator for our Behavioral Health Services programs. Reporting to the Vice President of Behavioral Services, this individual will oversee and manage all aspects and operations of Psychiatric Emergency Services and the psychiatric responsibilities of the Forensic Unit, both units are 24/7/365 and require on-call availability. In addition this individual will facilitate all accreditation and license preparedness for Behavioral Health Services in accordance with hospital, state and federal regulations. Serving as a liaison to individuals, families and community partners coordinating the required emergency service training and education in the geographic area as dictated by DMHAS.

EAST ORANGE
GENERAL HOSPITAL

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More opportunities on the next two pages!
Coordinator, Addiction Treatment Services and Acute Partial Hospital Program
Facility: Hunterdon Medical Center (HMC), Flemington, NJ
Department: Behavioral Health - Addiction Treatment Services and Acute Partial Program
- Full-time - Monday-Friday; 40 hours per week; varied schedule

Job Summary
Accountable for the coordination, organization and evaluation of patient care, human resources and management of Addiction Treatment Services (ATS) and Acute Partial Hospital Program (APH). Maintains standards of JCAHO, DOH, NJ Division of Addiction and Acute Partial Services, and specialty recommendations. Supports the mission, values and philosophy of HMC.

Essential Responsibilities
This position will be responsible for managing the daily operations of ATS and APH programs including: ensuring the coordination of patient care processes and outcomes, providing leadership and supervision of professional mental health/addiction practice, selecting and maintaining competent staff, operating in a cost-effective manner.

Minimum Education Requirements
Master’s Degree in Social Work, Psychology, Psychiatric Nursing or Equivalent is required

Minimum Years Of Experience (Amount and Type) Required
Five years of prior clinical addictions/mental health experience required

Required License, Registry or Certification
LCADC and LCSW required. Fingerprinting is also required. (Will consider LCSW candidates without LCADC.)

Special Knowledge, Skills And/Or Abilities Required
Excellent interpersonal communication skills. Ability to identify and resolve problems. Computer literate, skilled in customer service. Program development.

Desired or Preferred Knowledge, Skills And/Or Ability
Administrative experience preferred.

To apply for this position, visit our website: https://www.hunterdonhealthcare.org/ (Careers)

Contact: Ariane Sechrist
E-mail: sechrist.ariane@hunterdonhealthcare.org
Phone: 908-237-5428
Fax: 908-788-6645
Address: 2100 Wescott Drive, Attn: Human Resources, Flemington, NJ 08822

SERV Behavioral Health System, Inc.
Advanced Practice Nurse/Nurse Practitioner (PT)
Passaic County (Outpatient Program in Clifton)
The APN will function as a specialist in the field of psychiatry under the general clinical supervision of the Medical Director. APN needs to have prescriptive authority and is required to have a joint protocol with a collaborating physician who is licensed in New Jersey, prior to prescribing any medication or medical device. The candidate must have a minimum of a Master’s degree in Nursing from an accredited Nursing program designed to educate and prepare nurse practitioners/clinical nurse specialists. In addition, Certification as an APN via the New Jersey Board of Nursing, Board Certification as a Psychiatric – Mental Health APN is required and must possess a valid driver’s license. The APN will be required to work evenings and preferably Spanish speaking.
Psychiatrist (PT)
Passaic County (Outpatient Program in Clifton)
Under the general clinical supervision of the Medical Director, the Psychiatrist functions as a specialist in the field of psychiatry. Performs other duties as from time-to-time, be deemed appropriate by the supervisor. Individual must possess MD from accredited medical school. Completion of a residency training program approved by the American Board of Psychiatry and Neurology is required. The Psychiatrist must have Licensure to practice medicine and surgery in New Jersey and possess a valid driver’s license in the state of residence. The Psychiatrist will be required to work evenings and preferably Spanish speaking.

Associate Director of Clinical
(Clifton, NJ)
A professional who will provide clinical and crisis assessment, develop interventions, treatment plan goals and skills for individuals experiencing significant disturbances in daily living due to persistent mental illness, developmental disabilities or challenging behaviors. The Assistant Director will monitor interventions, collaborate with staff, collateral care providers and treating psychiatrists. The Assistant Director is responsible for providing intervention services to staff and individuals and will evaluate the effectiveness of intervention strategies and goal attainment. Services provided will be in response to requests by the clinical or management team for the region. When deemed appropriate the Assistant Director may provide supervision, coverage for groups or other clinical services, sit on agency-wide committees or task groups, or provide educational programs. Performs other duties as may, from time-to-time be deemed appropriate by the Director. The candidate must have Master’s Degree in the behavioral health field plus three-years of clinical, supervisory and related work experience. Additional requirements include valid driver’s license in the state of residence plus one year driving history and a driving record in good standing. Professional &/or Clinical License required, ex. LCSW, LPC, etc.

Send resumes to
SERV Behavioral Health System, Inc.,
20 Scotch Rd, Ewing, NJ 08628
FAX to 609-406-1920 or email HR@servbhs.org

South Jersey Behavioral Health Resources, Inc. (SJBHR) is a community-based mental health organization dedicated to providing quality behavioral health services since 1984, with 12 locations throughout Camden County. The services provided include, Residential, Outpatient (OP), Intensive Outpatient (IOP), Adult Partial Care (APC), and Homeless Services.

SJBHR is currently accepting applications for a Director of Partial Care, for our Partial Care program. The Director of Partial Care direct, manages and coordinates the overall day to day operations and staff of the partial care program to ensure that goals or objectives are accomplished within the prescribed time frame. The Director provides clinical oversight of the Partial Care program as well as the diagnosis, treatment planning and provision of services for the consumers. In addition, the Director assesses clinical training needs and develops and provides clinical training to clinical staff of the agency. The Director of Partial Care assumes an active role in improving program outcomes and overall organizational performance through participation in agency quality improvement activities.

Requirements:
Master’s Degree in psychology, social work or related discipline with a minimum of five years of experience in mental health services with at least two years supervisory experience. Professional credential and licensure or eligibility for licensure is preferred. MICA experience is preferred. Experience in the principles of wellness and recovery and WRAP is preferred.

To apply please submit your resume and cover letter to Office of Human Resources, 2500 McClellan Ave., Suite 300, Pennsauken, NJ 08109; or fax to 856.488.5573 or email to hr@sjbhr.org.
Highlight Your Staff and Agencies in NJAMHAA News

Share your organization’s news — such as new grants, expanded programs and awards received - and individual staff members and success stories in NJAMHAA News. It’s great for networking with other NJAMHAA members, which could lead to meaningful and business-strengthening partnerships. In addition, it contributes to educating our elected and appointed officials about the value of the behavioral healthcare system. Contact Shauna Moses, Managing Editor, at 609-838-5488, ext. 204, or send your news to Shauna at smoses@njamhhaa.org. Thank you!

Clients’ Success Stories are also of Great Interest and Equally Valuable in our Advocacy!

“Hearing success stories is empowering for staff. It’s good to remember that what we do really works, especially when we’re focused on the budget and other challenges.”  
— Harry Postel, MSW, LSW, NJAMHAA Board Member and Associate Executive Director of Operations, Catholic Charities, Diocese of Trenton

“When clients tell their stories, it helps all of us.”  
— John Monahan, ACSW, LCSW, NJAMHAA Board Member and President/CEO of Greater Trenton Behavioral HealthCare

NJAMHAA News Journal

Continuously Promoting the Highest Quality Care for the People of New Jersey

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