

A man in a dark suit is walking in the rain, holding a black umbrella. The background is a dark, stormy sky with a bright lightning bolt striking down on the left side. The overall mood is dramatic and intense.

Walking a Tightrope

Maintaining
a Behavioral
Health Balance

Sarah

Several years ago, Sarah* was employed as a manager in a store and lived independently. But, the progression of her mental illness resulted in the loss of her job, her marriage and custody of her son.

The devastated woman, who had a history of suffering abuse, fell off the tightrope, into a pattern of alcohol and drug abuse, homelessness and several suicide attempts, leading to frequent crisis visits

and long-term hospitalizations. In 2008, Sarah turned to Steinger Behavioral Care Services' Program for Assertive Community Treatment (PACT), an intensive treatment outreach program at the southern New Jersey non-profit mental health care organization.

STRUGGLING TO MANAGE

a family, a job and the traumas of life while burdened with a mental illness or an addiction can make each day feel like a walk on a tightrope. Fearful of a fall back into the abyss, the tightrope walker carefully takes each step, fighting for balance and keeping his eye on the goal of standing on stable ground.

Dedicated employees at community mental health and addictions treatment provider organizations stand ready to guide, encourage and lend a hand to those who are struggling... to Sarah, a distraught mother with depression who had attempted suicide on several occasions; to John, a veteran who had been homeless and hopeless; and to Joel, a young man who entered a crisis stage on Christmas. These committed workers stand ready to catch Sarah, John and Joel and thousands of others if they fall.

As Sarah inches closer to the platform, she gains confidence and a stronger step. After receiving treatment and support, John is offering a hand to those still struggling to maintain their balance. And young Joel has found renewed purpose in life and is blossoming through a horticulture program that offers structure and support. In the following pages, you will read the stories of their challenge-filled journeys toward lives of wellness and recovery.

But, providers of behavioral health services also are walking a precarious tightrope that is stretched taut. Each day, they battle to maintain their balance while being jostled by rising demand and business costs, insufficient funding and increased regulatory requirements.

How can they continue to offer the support and services their clients need when they also are teetering, ready to fall?

Struggling

Sarah's experience of suffering depression and an addiction to alcohol and drugs is not unusual. Approximately 50 percent of those with a substance abuse disorder have a co-occurring mental illness. Many individuals with mental illness turn to alcohol and illegal substances to self-medicate, trying to mask or



deaden the emotional pain caused by their disease. But, with appropriate treatment and services, many individuals learn to address their illness without illegal substances.

Since accessing PACT team services, Sarah has not needed long-term hospitalization and has shown a significant decrease in her crisis visits. Throughout the years, she continued to struggle with her substance abuse, but was actively attending Mental Illness and Chemical Abuse groups and working with the team to address her addiction issues. Sarah also made progress in her treatment by learning to recognize her symptoms and alerting the PACT team before she made a suicide attempt.

Sarah's greatest personal success occurred when she sought the PACT team's help to leave an abusive and unhealthy relationship and become independent and in control of her decisions. Empowered by her independence, Sarah realized she had the strength and support to take control of her life despite the challenges she would face.

Sarah has been clean from drugs and alcohol since last year, is now living in a positive environment, carefully stepping across the tightrope, and enjoying a positive outlook on life. She sees that she is on her way to achieving her goals and is using her experience to provide encouragement and a steady hand to others who struggle with mental illnesses and addictions.

*Name was changed to protect her privacy

A close-up photograph of a person's foot, wearing a dark blue sock, balancing on a thin, dark tightrope. The foot is positioned on the right side of the frame, with the toes gripping the wire. The background is a plain, light color.

TO Manage

ECONOMIC TOLL RATTLES THE WIRE

In the last year, as the tumbling economy battered individuals by taking their jobs, their savings and their homes, demand for mental health services ballooned.

The fiscal crisis pushed New Jersey's jobless rate to a 33-year high, topping 10 percent. While one in 10 of the state's adults can't find work, there are many more working part-time or who have taken a cut in pay. And despite efforts to help homeowners avoid foreclosures, the number of New Jersey residents losing their homes leapt in the third quarter of 2009, which saw a 45 percent jump in foreclosures as compared to the previous three months. Bankruptcies in New Jersey also reached astronomical levels,

rising more than 35 percent at the end of 2009, as compared to the same time period a year earlier, and nearly triple the number of bankruptcies in 2006.

Clearly, for the unemployed individual, the stressors of an unsuccessful job search, the inability to pay bills and their mortgage, and the loss of savings make the tightrope walk more tenuous and frightening. Numerous studies have demonstrated that rates of depression and suicide are closely correlated with the rise and fall of the unemployment rate.

These individuals are crying out for a helping hand and often don't know where to turn.

Offering

NEW JERSEY'S NON-PROFIT COMMUNITY MENTAL HEALTH CARE AND ADDICTIONS PROVIDERS

are there to offer treatment, support and encouragement. They stand beside the tightrope walker, providing a steady hand when he begins to lose his balance. These providers annually serve more than 450,000 adults and children who are facing the challenging journey to a life of wellness and recovery.

However, providers are at risk themselves of tumbling to the ground.

In the last year, demand for some services has risen 20 to 40 percent. Earlier in 2009, calls to a crisis helpline in New Jersey rose 20 percent over 2008, while the percentage of suicidal calls doubled. From 2000 to 2009, the overall number of adults served by programs funded by the Division of Mental Health Services rose nearly 32 percent, while the units of non-emergency

services have jumped nearly 40 percent. Meanwhile, hospital emergency rooms are overflowing with individuals in crisis, many of whom have to wait for days – and some as long as a week – for an appropriate placement.

Additionally, there is a huge unmet need for treatment for addiction disorders. Approximately 800,000 New Jersey residents meet the diagnostic criteria for a Substance Use Disorder, but only 54,000, or approximately 7 percent, get access to treatment annually.

The need for increased mental health and addictions services is clear. But, the resources available to meet this demand are seriously at risk. The recession has taken its toll on community providers, which have experienced significant drops in donations, while business costs and demand continue to climb.

Increases over
the past 10 years

15%

COPC

34%

Inflation

135%

Health
Insurance





Treatment, Support and a Steady Hand

“The need for increased mental health and addictions services is clear. But the resources available to meet this demand are seriously at risk.”

According to a study conducted by the Center for Non-Profits, the majority of non-profit organizations in New Jersey have experienced a decline in donations in the last year, including individual, corporate and foundation donations, with some community non-profit providers experiencing decreases of as much as 50 percent.

Additionally, state funding to meet this demand has either stagnated or been cut. In the current fiscal year, community providers have lost \$3 million for partial care programs, which provide stable support for seriously mentally ill individuals, and providers lost another \$2.2 million, their share of a project designed to maximize federal Medicaid resources to New Jersey.

In the last two years, community providers have not received any funding to meet the increased cost of doing business or to provide raises to their staff. In the last 10 years, the Cost of Providing Care (COPC) increases that providers have received totaled less than 15 percent, while health insurance costs skyrocketed 135 percent and overall inflation was more than 34 percent.

How do providers keep up with increasing demand and shrinking revenues? Sometimes they can't. Several programs have closed or significantly cut back their services in the last few years. One organization shuttered a program that provided daily services to 150 adults, who joined lengthy waiting lists for services elsewhere. Another organization closed down 20 beds that annually served approximately 200 individuals with co-occurring addictions and mental health disorders because of the loss of \$1.4 million in funding.

Compassionate Employees Battle to Stay Balanced

“These hard-working employees still earn approximately 50 percent less than their counterparts employed by state government who have similar responsibilities...”



DEDICATED EMPLOYEES

offer a steadying hand to teetering consumers, helping them to make the transition to

a balanced life of wellness and recovery. Yet, these hard-working employees still earn approximately 50 percent less than their counterparts employed by state government who have similar responsibilities, trying not to fall off the tightrope by balancing their own financial needs with a commitment to those they serve.

The average starting salary for a bachelor's level mental health technician at a community provider hovers near \$30,000 a year, whereas a position with comparable education requirements in the Division of Youth and Family Services pays nearly \$45,000 to start and reaches to \$46,800 after six months. Employees in the addictions field encounter similar salary discrepancies, with government paying significantly higher salaries for certified alcohol and drug counselors, who are in short supply.

In 2005, the Governor's Mental Health Task Force focused a glaring light on the salary discrepancies, saying "the industry's inability to pay a competitive wage results in high staff turnover and low morale, leading to a decreased quality of care" and recommending a three-year plan to bring the community salaries up to par with state wages. But, in the five years since the issuance of the report, the gap has continued to widen.

As state contracts have provided annual raises to government employees, community providers have not received inflationary increases the last two years. And while state employees

agreed to forego last year's contract increase, most will still receive "step" increases that accompany longevity, while nothing comparable exists for community employees.

The inadequate compensation is more problematic in New Jersey, which is one of the most expensive states in the nation. According to the Kaiser Foundation, a family of four would have to earn \$81,000 a year in New Jersey to have a comparable standard of living as a family earning \$63,000 elsewhere in the nation.

In addition to inadequate wages, community workers often face dangerous circumstances, entering neighborhoods overrun by gangs and homes where domestic violence is prevalent. Community workers search for the homeless living in the woods or under the boardwalk. While dangerous situations are rarely caused by individuals living with mental illness and/or an addiction, much more often the threat is presented by an angry spouse or parent or other community risks. New Jersey's mental health care employees have been stabbed, threatened with weapons and chased while performing their jobs in recent years.

Despite this threat of violence and injury, community mental health care workers remain courageous, compassionate and committed to helping their clients stay steady on their walk to recovery. In addition to providing for a livable wage, New Jersey must take every possible step to ensure the safety of these dedicated workers by providing training, communication and alarm equipment, safe meeting locations and sufficient staffing.



“I know how far I’ve come since Christmas Day 2008. I feel motivated to stay on the medication...I have my whole life ahead of me.”
– Joel Lumpkin

Joel Lumpkin

Christmas 2008 was a very difficult time for 18-year-old Joel Lumpkin, who was struggling with his bipolar depression and the break-up of his family.

“I was feeling really down. I had stopped taking my medication, was suffering from a lack of sleep and eating and was using alcohol and abusing drugs. I had a mental breakdown and ended up in the hospital for seven days,” said Joel, who had dropped out of community college because his symptoms were so debilitating.

But starting last spring, Joel became one of the youngest clients in the Crossroads program at NewBridge, a Morris County non-profit organization that provides a variety of services, including mental health and addictions treatment, to individuals in need.

As part of the organization’s partial care services, Joel became involved in the Enrich horticulture program and, in the words of John Beirne, case manager/horticulture therapist, began to “blossom” himself.

“I had a choice between different programs, but chose horticulture because it would keep me active,” says Joel. “The program helped me to look forward, put structure in my life and I have the opportunity to talk about almost anything.”



Artwork by Joel Lumpkin

Case manager Beirne explained that as individuals learn to take care of plants, they also learn to care for themselves. “It teaches them that you can’t plant a seed and then walk away from it. They have to be committed and responsible, just as they have to be committed to their own wellness and recovery.” He noted that Joel quickly began to demonstrate his gardening and artistic ability.

“Joel has a photographic memory with the plant names, as well as using his aesthetic and artistic sense to help design the garden,” said Beirne. “But, he also had an amazing insight and is a very empathetic person. He connects with people of any

age, from their 20s to their 70s, and is now teaching the new clients.”

Joel is working part-time at an area store and hopes to find a second job, perhaps using his artistic ability. “If I weren’t here, I would still be jobless and abusing alcohol, partying every day...wasting my life away. But, now I have long-term goals...I may study auto body work or graphic design.”

Bipolar disorder often shows itself for the first time around college age. College life for the student with this diagnosis can result in a daily struggle, with the student often impacted by anxiety about day-to-day activities, difficulty concentrating on academics, pervasive feelings of sadness, and the use of alcohol or drugs to try to numb the symptoms. The perception that there is a stigma attached to the disorder can lead to a reluctance to ask for help.

Additionally, the rate of students reporting ever being diagnosed with depression increased 56 percent in recent years, according to the American College Health

Association. But, the study found that fewer than 25 percent of college-aged Americans with mental problems obtain treatment.

Fortunately for Joel, he did get treatment and found compassionate employees “who helped me look forward, to go to for advice, to talk to when I was struggling.”

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AS THE STATE AND THE NATION STRUGGLE

with limited resources, how can providers meet the increasing needs of individuals with mental illnesses, behavioral disorders and addictions and offer livable wages to their employees? Developing creative cost-saving measures is a key to the survival of these providers, who cannot sustain additional funding cuts. It is imperative that the State relieve non-profit providers of burdensome regulations and policies that consume scarce resources to help them weather these challenging times.



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Removing
Obstacles by
Reducing

Regulation

Non-profit community employees often must dedicate hours of each day to filling out forms, submitting duplicate documentation, finding files for auditors from numerous government bodies, who duplicate one another's examination despite “clean” audit histories, or complying with rules that have no impact on the quality of care. By focusing more energy on helping people rather than filling out paperwork, non-profit community providers could stretch limited dollars.

By eliminating duplication, the State could not only save money for providers, but also within government. For example, one organization can have contracts with multiple divisions, requiring it to obtain licenses, undergo audits and inspections and submit the same documentation to numerous divisions and departments. By consolidating and coordinating the State's licensing, auditing, contracting and regulatory functions and making them all electronic, enormous sums of funding could be saved by government and providers.

Additionally, the State continues to increase licensure, credentialing and experience requirements, making it more difficult to find qualified personnel, driving up the cost of services and delaying access to care. It makes no sense for a provider to be unable to move a highly qualified, bilingual individual into a critical, vacant position because she does not meet one of the mandated experience criteria. An employee's ability to perform the duties of the position and connect with clients should take precedence over inflexible criteria.

New Jersey should eliminate the silos and redundant or conflicting requirements that hamper effective and efficient service delivery and the integration of treatment and services and instead promote a comprehensive and cohesive approach to meeting the physical, mental health and addiction disorder needs of the State's adults and children.



Preventing suicide

Saves Money and Lives

“The availability of and access to mental health services improves... outcomes. This is particularly true for suicide, where less difficulty in obtaining needed care, utilization of services, and the availability of a professional workforce are all related to decreased rates of death.”

— Mental Health America

TREATMENT AND SERVICES

can mean the difference between a plunge off the high wire and a steady progression to a stable, productive life. Resources invested in mental health and addiction services and supports save money and lives.

The economic toll of untreated mental illness is staggering. Across the nation, the cost is projected to be in excess of \$100 billion, translating into more than \$4 billion in New Jersey alone, with the expenses found in prisons, institutions, unemployment, disability, non-psychiatric medical care, broken families, shelters, and substance abuse.

The devastating consequences of untreated addictions result in more than \$3 billion in New Jersey's criminal justice system, Medicaid, child welfare system and unemployment and more. Studies have shown that for every \$1 spent on addictions treatment, government can save anywhere from \$7 to \$12.

The dysfunction caused by untreated mental illness and addictions can also be found in society in numerous other ways. It leads to school drop-outs, absenteeism in the workplace, declined productivity and lost earnings. According to America's Health Rankings, the average number of poor mental health days that New Jersey residents experience is the same as the number of poor physical health days, more than three days each month. Left untreated, mental illness translates into more than \$5 billion in lost earnings in New Jersey annually, according to data from the National Institute of Mental Health. Untreated and undertreated cases of addiction cost the state and public employers in New Jersey approximately \$275 million in health care, lost productivity and absenteeism, according to the National Council on Alcoholism and Drug Dependence of New Jersey.

We know treatment can work, with the success rates surpassing those of other medical conditions. With appropriate treatment and services, most individuals with mental illness and addiction disorders can be employed and be productive members of the community. And mental health and addictions treatment and services clearly save lives. According to a 2007 report by Mental Health America, the suicide rate in New Jersey (6.8 percent) was among the lowest in the country, which it noted was correlated to greater availability of mental health treatment.

When comparing the costs for community care versus the alternatives, such as prisons and institutions, investing in the community clearly is the wise choice. New Jersey spends nearly \$300 million to care for 2,035 individuals in state institutions, and only \$323 million to serve more than 275,110 adults in the community. For example, providing community outpatient services costs less than \$600 annually per person in state contract funding, whereas the annual expense of an individual in Ancora State Psychiatric is \$178,000 a year.

Such disparate costs are evident in addictions and children's services, as well. Drug court costs approximately \$20,000 to provide six months of residential treatment, whereas outpatient treatment costs significantly less. In comparison, it costs approximately \$47,000 to incarcerate one prisoner for a year. Clearly, it makes fiscal sense to ensure individuals stay healthy in the community rather than reaching a crisis state that requires institutional care or imprisonment.

New Jersey must continue to stand beside Sarah, John and Joel as they struggle to stay on stable ground and to rebuild a life of joy in the community. We must recognize the incredible value of the hundreds of thousands individuals who rely on a steady hand to maintain their balance when battered by the challenges of life.

John Leming

comes from a long line of military men—a grandfather who served in World War II and an uncle and father who served in Korea. So, it was not unusual that he felt compelled to join the U.S. Army Signal Corps as a young man. But, it was not a good fit and after three years, John found himself out of the army without direction, abusing drugs and alcohol and living on the streets.

“I was moving from one job to the next, until I was unemployed. I lost all sense of purpose and was becoming isolated from my family and friends. I moved away from everything I enjoyed... sports, music, art,” says the 54-year-old Newark native. “I was falling into depression and ended up homeless and hopeless.”

But, John regained his hope after undergoing inpatient psychiatric care and eventually turning to the Bernards Township-based Hope for Veterans Program, which provides beds for 95 veterans who can reside at the transitional housing program for up to two years, accessing on-campus Veterans Affairs health services and job opportunities and support from Community Hope case managers and job coaches.

“There’s a common bond among veterans... we’ve had similar backgrounds and have similar stories. I grew up in a culture in which men don’t cry or share emotions. I was taught to never retreat or surrender. It was hard to admit that something else (drugs) had taken control of my life.”



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But, at Community Hope, John found a place where he could feel safe and counselors who understood what he was experiencing. Today, he has reconnected with his family, is staying sober and is working as a resident assistant, answering phones, providing directions, serving as a support for other struggling veterans and finding satisfaction in giving back. He sees himself making the transition to more independent living in another year, exploring educational and career opportunities and working to re-establish other lost family connections.

Susan Visser, LSW, vice president of Veterans Services at Community Hope, has seen a major transformation in John, who, she says, “is working hard on the path to recovery.” She noted that Community Hope is expanding the program to create permanent supported housing, which will provide for more independent living for veterans who are ready to move on from the residential program.

The problems of veterans suffering with mental illnesses and addictions are coming to the forefront with the return of soldiers from the Middle East. According to a Veterans Affairs study, half of all Iraq and Afghanistan war veterans have a mental health diagnosis, primarily post traumatic stress disorder (PTSD) with a large percentage suffering with three or more problems, such as alcoholism, depression and PTSD. The Army and the Marine Corps, which have borne the heaviest burden in

Iraq and Afghanistan, have been hit the hardest, reporting a record number of suicides in 2008. More than 2,100 members of the armed forces have taken their own lives since 2001, nearly triple the number of troops who have died in Afghanistan and almost half of all U.S. fatalities in Iraq.

“Veterans Affairs recognizes it is not going to be able to handle the huge influx as veterans come back,” said Visser, noting there are more than 3,000 National Guard troops in New Jersey who have already been brought home. “The impact is not felt right away. Often, there is a three- to five-year honeymoon before the mental illnesses manifest.” Additionally, there is a problem of families and spouses adjusting to life with a returned veteran.

John offered extensive praise for the staff working at Community Hope. “It takes a unique individual to do this kind of work. It is so phenomenal.” For John, there is no question as to the value of mental health treatment and services. Without them, he sees that his life had three possible paths: “a jail somewhere in New Jersey, a psychiatric institution or a cemetery. These services save many more lives than people know.”

NJAMHA represents

150 non-profit community based mental healthcare and addiction treatment agencies. Utilizing a variety of funding sources, these agencies employ thousands of dedicated and compassionate employees who serve more than 450,000 adults and children throughout New Jersey each year. These organizations provide an array of services to assist individuals with mental illnesses and behavioral health problems and their families. Housing, employment, substance abuse treatment, counseling, coping strategies, and foster services are only a few of the many programs designed to help individuals with mental illnesses and addictions recover.

For more than half a century, NJAMHA has been a tireless advocate for the countless individuals who have a mental illness and/or substance abuse disorder and remains committed to improving their lives and recovery.

These stories are the real case histories of individuals helped by New Jersey's community mental health system.

In some instances, names have been changed and representative photographs have been used to protect confidentiality.



New Jersey Association of
Mental Health Agencies, Inc. phone 609.838.5488
www.njamha.org fax 609.838.5489

3575 Quakerbridge Road, Suite 102 Mercerville, NJ 08619