FROM PANDEMIC TO POSSIBILITIES

NJAMHAA
Champions for Transforming Lives and Health Systems

ANNUAL REPORT

FY 2021
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Dear NJAMHAA Members:

As New Jersey and the nation experience “the beginning of the end” of the pandemic, we look ahead optimistically to the possibilities that greater awareness of mental health and substance use disorders and new funding are providing. While we continue our advocacy efforts on long-standing critical issues such as the $25 million fee-for-service supplemental and rate increases to sustain your programs and workforce, among others, we are faced with both new pandemic-related priorities, such as needing extensions of many waivers and other temporary provisions necessary for a glide path back to a new normal, and many opportunities, including shaping a new 9-8-8 crisis response system.

With all the current and forthcoming pressure on our field, we must not overlook celebrating the successes from this past year, such as reinstatement of full funding for the School Based Youth Services Program, increased rates across the Children's System of Care, continued growth and expansion of Certified Community Behavioral Health Clinics throughout the state, and, of course, the significantly enhanced access to care offered by the explosion of telehealth services, and new unprecedented funding on its way.

We are optimistic that our relentless advocacy, which has continued throughout the pandemic will see many successes in the near future, including making several telehealth provisions permanent, expanding Early Intervention Support Services to all counties and reinstating the motor vehicle registration fee exemption for all non-profits.

At the same time, the pandemic has brought great hardship and loss to so many, and the need for mental health and substance use services will continue to grow exponentially. As you continue your incredible efforts on the front lines, NJAMHAA will be advocating every day to strengthen, sustain and expand your programs and organizations.

As NJAMHAA celebrates its 70th anniversary this year, we reliably remain available to provide you with technical assistance – with a technology issue or about a policy, regulation or legislation; to take your input to state and federal leadership and legislators to improve the system of care; to offer networking and training opportunities; and to provide you with all the latest information affecting your work and those you serve!

We value your membership and promise value in return as NJAMHAA continues to address your needs and priorities. As we prepare for a post-pandemic world, we look forward to working by your side to make the possibilities before us into realities!

Sincerely,

Debra L. Wentz, PhD
President and CEO

Susan Loughery, MBA
FY2021 NJAMHAA Board Chair
NJAMHAA Thanks our FY2021 NJAMHAA Board of Directors for Ensuring Success despite Unique Challenges this Year

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FROM PANDEMIC TO POSSIBILITIES
NJAMHAA Thanks our FY2021 NJMHI Board of Trustees for Exploring New Opportunities

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• Julie Drew, LCSW, MPA, System Executive Director
  Behavioral Health, AtlantiCare

• Frank A. Ghinassi, PhD, ABPP, President and CEO
  Rutgers University Behavioral Health Care and Senior Vice President, Behavioral Health and Addiction Service Line, RWJBarnabas Health

• Erika Kerber, Esq., Associate Executive Director
  Community Health Law Project
It is a changed world we are in with remote work, hybrid models, infusions of federal and state funds to behavioral health services and a workforce shortage beyond expectations. As the nation comes to grips with the trauma it has experienced during the pandemic and we all continue down the path to a new normal, the potential to strengthen, expand and improve the system of care is unprecedented. The loss of loved ones, economic impacts, social isolation, fear and other hardships that came with COVID-19 have resulted in documented, significant increases of anxiety, depression, alcohol and other drug use and post-traumatic stress disorder, among other diagnoses, for children, youth and adults.

NJAMHAA will continue to translate members’ concerns and input into recommendations and requests to advocate for with the Governor, state departments, their divisions, legislators, and New Jersey’s Congressional delegation, as well as with other federal legislators and President Biden and his Administration, to ensure behavioral health providers and those they serve are supported in every way possible.

Leadership in Advocacy and Impact during the COVID-19 Pandemic and Beyond

Throughout FY2021, NJAMHAA had a substantial impact on budgets, legislation and policies, as it has had throughout its 70-year history. We continued to bring all the latest guidance and opportunities to our members as we all navigated the changing landscape of the pandemic and the federal and state supports it prompted. Following are both highlights of advocacy achievements from FY2021 and current efforts to bring more successes for FY2022!

State Budgetary Wins and Advocacy

In his FY2021 budget address in February 2020, Governor Murphy emphasized the state’s continued commitment of $100 million to fight the opioid epidemic. His proposal also included $45 million to rebalance rates in the Children’s System of Care (CSOC) and $4 million for psychiatric residencies to build the behavioral healthcare workforce – priorities for which NJAMHAA had been advocating. Of course, with the arrival of COVID-19, the Governor’s original budget was set aside and an unprecedented three-month extension of the prior year’s budget was passed.

Subsequently, a nine-month budget was introduced on August 24th that needed to be finalized in just five weeks, allowing a very condensed timeframe for review, analysis and advocacy. Despite the limited period, NJAMHAA achieved great success in having several cuts restored and critical components, such as the CSOC rate increases, maintained in the final nine-month FY2021 budget!
One of the most disheartening cuts that had been proposed in the Governor’s Proposed FY2021 Revised Budget was to the School Based Youth Services Program (SBYSP), a program NJAMHAA had been advocating to be expanded. On August 26th, almost immediately after the release of the Governor's proposed budget, NJAMHAA invited members and non-members to a Zoom meeting to discuss the budget cut – 200 individuals participated on that call. The very next day, a Saturday, NJAMHAA distributed a comprehensive, detailed advocacy action plan to more than 800 stakeholders – all NJAMHAA members, non-members on the call, and others from lists shared by call participants. The plan included template letters, media and legislator contacts, reports and data on SBYSPs, a template resolution for local Boards and more. This information was then shared with the networks of those receiving it and the grassroots advocacy took off.

In the weeks that followed, NJAMHAA fielded inquiries for advice, information and interviews from across the state, while writing every legislator and the Governor’s office, submitting op-eds and hosting forums. Very quickly, the uproar across the state from providers, students, family members, teachers, principals, administrators, local governments and others was beyond any New Jersey grassroots campaign in recent history. Many state legislators wrote their own pieces in support and even spoke at a student rally in Trenton. Our voices were heard immediately. In fact, only two days after distributing our advocacy plan, the outcry had reached the leadership of the Department of Children and Families (DCF). The following week, NJAMHAA hosted Senate President Stephen Sweeney and Assembly Speaker Craig Coughlin in the first of our Legislative Forum Series to discuss mental health and substance use issues and what was needed in the FY2021 budget. The second forum in the series was held just weeks later with Assemblyman Daniel Benson, a key ally on behavioral health issues.

It should be noted that our success in getting SBYSP funding reinstated necessitated increased state support to achieve full restoration because the funding previously supporting this program included several million dollars of federal funding that had already been re-allocated. This was a significant achievement given that the budget negotiations revolved around large deficit projections for the state. Other funding we successfully saw restored included many other DCF programs including the Substance Use Disorder Services Initiative and Child Collaborative Mental Health Pilot, Charity Care and Graduate Medical Education, and the $45 million investment in CSOC rates were fully retained – all in the face of a then estimated multi-billion dollar shortfall that the state filled with borrowed funds!

“NJAMHAA’s advocacy efforts help us to preserve precious resources as we confront multiple challenges in health care today.”
– Lynne Chandler, LCSW
Administrative Director, Behavioral Health Centers
Saint Clare’s Hospital
Reaching for Possibilities in the FY2022 Budget

NJAMHAA continues to fight for funding for a long list of priorities on behalf of providers and those served. Always at the top of that list is the need for rates that cover the actual costs of providing services including competitive wages that will enable sufficient recruitment and retention of a qualified workforce. While working toward higher rates and contracts that will provide sustainability, NJAMHAA has also been pursuing both budget resolutions and multiple bills to secure $25 million in supplemental funding to finally close the deficits caused by the transition from deficit funded contracts to fee-for-service (FFS) in the adult system in FY2017. Other budget priorities include, but are not limited to:

- Doubling the School Based Youth Services Program (SBYSP) appropriation for a total $30 million state investment: This priority, like the $25 million FFS supplemental, is being pursued through both the budget and legislation.

- Appropriating funds to cover the increased costs under mandated minimum wage requirements as they are implemented, including other salary increases needed to prevent the compression of wage scales.

- Expanding Early Intervention Support Services (EISS) to all 21 counties and providing additional funding to existing programs: NJAMHAA has been told by legislators that we can expect to see $15 million in the Legislature’s budget to cover expansion of EISS to all counties and additional investment in current programs.

- Appropriating $1.5 million to support the Screening Center expansion grant program: NJAMHAA had successfully gotten signed into law in 2020 a grant program for Screening Centers to increase outreach through mobile services, satellite offices and other means. Now, we are looking for dedicated funds for this program.

The FY2022 budget, introduced in March of 2021, came following a much improved picture of the state's revenues, yet, before passage of the federal American Rescue Plan (ARP), which would provide a significant windfall for New Jersey. NJAMHAA has shared recommendations with the Division of Mental Health and Addiction Services regarding the use of the supplemental funding to both the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant in both the ARP and the December 2020 Consolidated Appropriations Act 2021. Among the many recommendations made were the following:

**Sampling of Mental Health Block Grant Recommendations**

- Community-based urgent care/living room models of care
- Mobile crisis response services
- Peer services

**Sampling of Substance Use Prevention and Treatment Block Grant Recommendations**

- Peer services in inpatient and residential levels of care
- Expansion of ambulatory withdrawal management
- Supported employment programs
- Distribution of naloxone to providers

(See the following section on federal legislation and advocacy for details on the amounts received for each block grant supplemental.)

The Governor's FY2022 proposed budget does include: an annualized figure of $108 million to
maintain the CSOC rate increases; no cuts to any DCF program; $86.1 million that will go to providers to cover two years of minimum wage increases; and funding to increase the number of residency slots for psychiatrists. These are just a few of the many budget lines NJAMHAA will work to retain in the final budget while advocating for added funding for our priority items.

State Legislation and Regulation

In the past year, NJAMHAA has been very successful in having several pieces of legislation amended or introduced that will support members’ efforts on the front lines and their organizations as a whole. At our request:
- Telehealth legislation (A4179) was amended to ensure clients may receive services at any location.
- School Based Youth Services Program legislation (A4435) was amended to ensure requests for proposals are open to community-based providers.
- Legislation was introduced (A5836) that would provide an inflationary increase to rates and contracts on an annual basis.
- A bill (S3323) providing $180 million in grants for providers with COVID-related fiscal deficits was amended to clarify that contracted programs are eligible.
- A bill (S550) was amended to include crisis text line information along with suicide prevention hotline information on student identification cards.

NJAMHAA’s current efforts include:
- Shaping the legislation that will create the 9-8-8 crisis response system
- Moving to passage of a bill (S138) that reinstates the motor vehicle registration fee exemption for all non-profits
- Pursuing introduction of legislation that would double the state investment in SBYSPS to expand the program to more districts and strengthen existing programs
- Developing recommendations for the updated Programs for Assertive Community Treatment regulations

On the regulatory front, NJAMHAA had great success in having changes made to the Medicaid Newsletter (Vol. 31, No. 07) on “Policy and Billing Procedures Related to Presumptive Drug Screening and Definitive Drug Testing” with a new Newsletter issued (Vol. 31, No. 11) addressing our concerns and incorporating many of our recommendations. We continue working on the following regulatory matters:
- Extending the temporary certification process for certified alcohol drug counselor (CADC) interns so they may continue to provide services via telehealth
- Allowing advance practice nurses to bill for medication assisted treatment services in non-opiod treatment program (OTP) settings
- Drafting regulations for the Integrated Case Management Services program to present to the Division of Mental Health and Addiction Services

NJAMHAA looks forward to sharing our successes on these many fronts with all members as they are achieved!

Federal Legislation and Advocacy

NJAMHAA spent much of the last year bringing timely details to members on the various COVID relief packages and programs including a great deal of information on the many rounds of Paycheck Protection Program (PPP) Loans, Provider Relief Funds and PPP Loan Forgiveness. One early advocacy success ensured the behavioral health workforce was included in the definition of “essential healthcare workers” to be prioritized for receiving personal protective equipment when it was scarce. NJAMHAA has since successfully advocated to make sure behavioral health workers are captured in definitions provided in a broad array of grant announcements, bills and guidances.

This past year also saw NJAMHAA once again as a leading advocate in the great successes achieved to sustain and expand Certified Community Behavioral Health Clinics (CCBHCs). In December 2020, in the federal Consolidated Appropriations Act 2021 (also known as the COVID Relief and Omnibus Spending package), NJAMHAA’s years of advocacy, in tandem with others across the country, finally resulted in a three-year extension of the demonstration program through September 30, 2023, including the enhanced federal match for the duration. After a multitude of short extensions in recent years, some only for weeks, as well as funding gaps, this was a success to celebrate! The December package also added two new states to the demonstration program and $850 million for CCBHC expansion grants for both existing and new programs. In February 2021, three member organizations became CCBHCs under expansion grants for a total of 15 CCBHCs in New Jersey

“EVERY YEAR, NJAMHAA’S BUDGET ADVOCACY FOR MENTAL HEALTH AND SUBSTANCE USE SERVICES KEEPS OUR SYSTEM FUNDED AND VIBRANT.”

- LOU SCHWARZ, MA, CEO OF THE BRIDGE
At the federal level, NJAMHAA has also continued its advocacy regarding audio-only telehealth services for Medicare beneficiaries, a provision that to date is only temporary due to COVID. In May 2021, a bill was introduced in the House of Representatives (H.R.3447) that would make this permanent under Medicare. Success at the federal level would support advocacy at the state level to have audio-only services permanently allowed under Medicaid.

NJAMHAA's advocacy has also been strong and consistent in pressing for passage of the Mainstreaming Addiction Treatment Act (S.445/H.R.1384) which would remove bureaucratic restrictions on dispensing buprenorphine. NJAMHAA has been directly responsible for several members of New Jersey’s Congressional delegation signing on to co-sponsor this legislation following requests made in correspondence and meetings. We now have eight of New Jersey’s Representatives as co-sponsors.

NJAMHAA has also been very active in support of the Medicaid Re-entry Act (S.285/H.R.955), which would make Medicaid available to inmates 30 days prior to their release. Among the other bills NJAMHAA has been advocating for at the federal level are multiple telehealth bills, the Mental Health Services for Students Act of 2021 (H.R.721) and Comprehensive Addiction and Recovery Act (CARA 3.0; S.987), which would authorize $785 million toward substance use prevention, treatment, criminal justice, and recovery programs. CARA 3.0 incorporates provisions of several other bills NJAMHAA has been supporting separately, such as prohibiting states from requiring prior authorization for medication-assisted treatment (MAT) under Medicaid, permanently allowing providers to prescribe MAT via audio-only telehealth and removing limits on the number of patients a physician can treat with buprenorphine.

As we work to see these bills become law, as well as advocate on behalf of the behavioral healthcare workforce and behavioral health programs in the proposed American Jobs Plan and American Families Plan, NJAMHAA will continue to keep members apprised of the details and our successes in all relevant legislation!

"WE WOULD NOT BE WHERE WE ARE WITHOUT NJAMHAA’S SUPPORT."
- AL BASSETTI, MA, LPC, DIRECTOR
EMPLOYEE ASSISTANCE PROGRAM AND
EMERGENCY SERVICES, HUNTERDON MEDICAL CENTER
“THE NEW JERSEY MENTAL HEALTH AND ADDICTION SERVICE INDUSTRY HAS BECOME MORE RECOVERY AND WELLNESS FOCUSED, AND EMBRACED THE PEER PROVIDER WORKFORCE. NJAMHAA HAS PLAYED A SIGNIFICANT LEAD ROLE IN THIS HISTORIC TRANSFORMATION.”

– PEGGY SWARBRICK, PHD, FAOTA, WELLNESS INSTITUTE DIRECTOR, COLLABORATIVE SUPPORT PROGRAMS OF NEW JERSEY AND DIRECTOR, PRACTICE INNOVATION AND WELLNESS, RUTGERS HEALTH-UNIVERSITY BEHAVIORAL HEALTH CARE

“THE ADVOCACY LEADERSHIP AWARD FOR ORGANIZATIONAL EXCELLENCE FROM THE NATIONAL COUNCIL FOR MENTAL WELLBEING IS A TESTAMENT TO NJAMHAA’S UNWAVERING DEDICATION TO BEHAVIORAL HEALTHCARE PROVIDERS IN NEW JERSEY.”

REGINA WIDDOWS, MS, PRESIDENT & CEO SERV BEHAVIORAL HEALTH SYSTEM, INC.

“NJAMHAA’S ACCESS TO GOVERNMENT LEADERS HAS NEVER BEEN MORE CRITICAL THAN DURING THE PANDEMIC. WE LEVERAGED OUR RELATIONSHIPS WITH LEGISLATORS TO ELEVATE THE VOICE OF COMMUNITIES IN NEED.”

– SUSAN LOUGHERY, MBA
NJAMHAA BOARD CHAIR AND ASSOCIATE EXECUTIVE DIRECTOR CATHOLIC CHARITIES, DIOCESE OF TRENTON
NJAMHAA reinforces its advocacy and educates the general public through media relations. Many opinion-editorial (op-ed) pieces and letters to editors demonstrate the need for sustained and increased funding. Others are statements in response to situations, such as the pandemic and its impact on individuals’ health and incidents that underscore the importance of eliminating disparities in healthcare access. In FY2021, NJAMHAA had 19 of these pieces published in print and online publications, as of May 24th.

The greatest highlight of media coverage for FY2021 was the unexpected opportunity to place a full-page ad at no cost in a special section on behavioral healthcare and substance use services in the Star-Ledger, Times of Trenton and South Jersey Times on January 24, 2021. Capitalizing on NJAMHAA’s priority budget requests, the ad appeared in another special section about opioid use disorder and treatment options in all three newspapers the following week.

Throughout the year, NJAMHAA sends numerous press releases to further underscore the need for support of the behavioral healthcare system. Several are tied to behavioral related observances such as Mental Health Month (May) and Recovery Month (September). To date, NJAMHAA’s press releases led to 39 interviews with reporters from print and online news publications, and 14 interviews with television and radio station reporters.

Additional highlights of NJAMHAA’s media coverage in FY2021 are:

- Daily Record/Northjersey.com, “NJ deserves a stronger behavioral healthcare system as federal funds flow,” Op-ed by Debra L. Wentz, PhD, President and CEO, NJAMHAA, April 2, 2021
- ROI-NJ, “Murphy’s budget lauded by leading health care associations,” Debra L. Wentz, PhD, President and CEO interviewed, February 24, 2021
- ROI-NJ and Insider NJ, “FY2022 Budget Must Build a Bridge to a Better Future for New Jerseys,” Op-ed piece by Debra L. Wentz, PhD, President and CEO, NJAMHAA, February 18, 2021
- NJ101.5, “Before COVID, Therapy Access Was Already a Problem in New Jersey,” Debra L. Wentz, PhD, President and CEO, NJAMHAA, interviewed, January 19, 2021
- Mental Health Weekly, “Technology more critical now more than ever,” by June Noto, NJAMHAA’s Vice President of IT, Human Resources and Administrative Services, and Ron Gordon, IT Project Director, September 21, 2020
- NJ Spotlight, “This is how Murphy’s budget allocates $2.4 billion in federal COVID funding,” Debra L. Wentz, PhD, President and CEO, NJAMHAA, interviewed, September 21, 2020
- NJ Spotlight, “Overdose deaths in NJ may hit record high,” Debra L. Wentz, PhD, President and CEO, NJAMHAA, interviewed, September 15, 2020
- Times of Trenton, “New Jerseyans need more mental health services in this time of the coronavirus,” Op-ed piece by Debra L. Wentz, PhD, President and CEO, NJAMHAA, August 25, 2020
- Press of Atlantic City, “Fund mental health care in NJ to counter pandemic stress,” Op-ed by Debra L. Wentz, PhD, President and CEO, NJAMHAA, August 23, 2020
- NJ101.5, “COVID-19 Raising Concern about NJ Kids Contemplating Suicide,” Shauna Moses, NJAMHAA’s Vice President, Public Affairs and Member Services, interviewed, August 18, 2020
- Northjersey.com, “NJ group home residents with disabilities have been isolated too long, advocates say,” Debra L. Wentz, PhD, President and CEO, NJAMHAA, interviewed, August 17, 2020
- Philadelphia Inquirer, “New Jersey’s 2021 budget should expand mental health treatment,” Op-ed piece by Debra L. Wentz, PhD, President and CEO, NJAMHAA, August 11, 2020
- Asbury Park Press, “Congress, don’t make it harder to afford our medicine,” Op-ed piece by Debra L. Wentz, PhD, President and CEO, NJAMHAA, July 20, 2020

FROM PANDEMIC TO POSSIBILITIES
Mental Health Weekly

NJAMHAA celebrates 70th anniversary of improving lives, strong advocacy

The New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) is celebrating its 70th anniversary this year. The organization, founded in 1951, is dedicated to improving mental health and addiction services in New Jersey.

In this issue:
- NJAMHAA celebrates 70th anniversary of improving lives, strong advocacy
- Virginia seeks improved child services through primary care provider training
- National Council for Behavioral Health Recognizes NJAMHAA for Advocacy Excellence
- Mental Health Issues Discussed More Openly Since Pandemic
- This is how Murphy’s budget allocates $2.4 billion in federal COVID funding
- N77Y News and NJ Spotlight are about it here!
- New Jersey Business

National Council for Behavioral Health Recognizes NJAMHAA for Advocacy Excellence

MERCERSVILLE, NJ (June 22, 2021) – The National Council for Behavioral Health is recognizing the New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA) for extraordinary advocacy work during the last 22 years.

NJAMHAA’s longstanding advocacy efforts have been pivotal in promoting policies and programs that improve access to behavioral healthcare services and advance the interests of individuals with mental health and addiction issues.

2021 Advocacy Leadership Awards

The National Council for Behavioral Health recognized NJAMHAA for its extraordinary advocacy work during the last 22 years. The organization has been a leader in advocating for policies that improve access to mental health and addiction services in New Jersey.

Mental Health Issues Discussed More Openly Since Pandemic

At ANYTIME, get help for free at 1-800-273-TALK. Visit the National Suicide Prevention Lifeline at suicidepreventionlifeline.org.

New Jersey Business

This is how Murphy’s budget allocates $2.4 billion in federal COVID funding

Legislators are preparing for the allocation of $2.4 billion in federal COVID funding. Murphy’s budget allocates $2.4 billion in federal COVID funding. Some law enforcement and advocacy groups are expressing concern about the allocation of funds. Murphy’s budget allocates $2.4 billion in federal COVID funding. Some law enforcement and advocacy groups are expressing concern about the allocation of funds.
Addictions Practice Group
Chair: Mary Gay Abbott-Young, LCADC, NJAMHAA and NJMHI Board Member and President, Rescue Mission of Trenton
Vice Chair: Kendria McWilliams, MBA, NJMHI Board Chair and Chief Executive Officer, Maryville Addiction Treatment Centers

The Addictions Practice Group's advocacy over the previous two years paid off with an increased reimbursement rate for long-term residential substance use treatment that was put into effect on July 1, 2020, despite fiscal challenges that were mostly due to the coronavirus pandemic. In April 2021, several members and NJAMHAA staff met with Medicaid representatives to express concerns about the new policy concerning billing for drug screening and definitive testing and their likely adverse impact on individuals receiving treatment. As a result, Medicaid clarified issues and made some changes to the policy.

Key areas of ongoing advocacy include licensure; rate increases for outpatient and other services; fee-for-service reimbursement for advanced practice nurses’ provision of medication assisted treatment in non-opioid treatment program settings and use of funds from the opioid settlement. In addition, the group is gathering data on the census in each program to help make an even more compelling case for increased funding, and advocating on the state and national levels for a waiver on the requirements for certified peer support specialists to have high school or graduate equivalency diplomas, and to allow Medicare billing for all substance use disorder (SUD) services.

Adult Mental Health Practice Group
Co-Chairs: Julie Drew, LCSW, MPA, System Executive Director, Behavioral Health, AtlantiCare; Frank Ghinassi, PhD, ABPP, President and CEO of Rutgers University Behavioral Health Care and Senior Vice President, Behavioral Health and Addictions Service Line, RWJBarnabas Health – Both co-chairs are also members of the NJAMHAA and New Jersey Mental Health Institute (NJMHI) Boards.

Key advocacy areas for the Adult Mental Health Practice Group include sustained and increased funding, permanency of telehealth flexibilities, workforce development and access to COVID-19 vaccines.

Topics of guest presentations included AtlantiCare Health System’s Diversity, Equity and Inclusion Initiatives; the Newark Hope Village Pilot Project, which provided short-term housing and linkages to long-term services to individuals who were homeless; best practices for providing integrated care; AtlantiCare and Atlantic Health Systems’ COVID recovery centers; accreditation and accrediting bodies; CarePlus NJ’s Maternal & Family Center; workers’ compensation in New Jersey; and outcomes measures and the National Quality Forum report.

As part of NJAMHAA’s ongoing efforts to address providers’ concerns, the staff invited representatives from LogistiCare and Medicaid to resolve challenges encountered with transportation provided by LogistiCare, which now operates under the name ModivCare.
Chief Financial Officers (CFO) Practice Group
Chair: Jacques Hryshko, MS, LPC, NJAMHAA
Board Vice Chair and Executive Director, Family Connections
Vice Chair: Steve Marchiano, MBA, CPA, Chief Financial Officer, Jewish Family Service of Atlantic & Cape May Counties

This group held many discussions on the impact of the pandemic on revenues, including resources made available from the Coronavirus Relief Fund, Provider Relief Fund, Paycheck Protection Program, Federal Communications Commission and other grants, and had Kyle Neeld, CPA, PSA, CGMA, Managing Director, Nonprofit Services Team, Mercadien Group, present on Paycheck Protection Program Loan Forgiveness, Reporting Requirements. The group also heard from Linda Schwimmer, JD, President and CEO, New Jersey Health Care Quality Institute, on New Jersey Small Employer Market and Health Care Affordability.

In addition, the CFO Practice Group conducted a new salary benchmarking survey as it had been three years since the last one. Participation in this useful resource grew to 38 organizations, up from 21 in the 2017 survey. Another survey was conducted on potential takebacks by the Division of Mental Health and Addiction Services (DMHAS) to determine how many member organizations would be impacted if the takebacks occurred. Subsequent advocacy on this issue has been successful with DMHAS, whose leadership is working to find a creative solution to prevent losses.

Children’s Practice Group
Co-Chairs: NJAMHAA Board Members Mary Jo Buchanan, MPA, LCSW, Chief Executive Officer, Ocean Partnership for Children, and Alan DeStefano, MSW, Executive Director, Cape Atlantic Integrated Network for Kids

The Children's Practice Group hosted many guests, including Dave Ellis, Office of Resilience, Department of Children and Families (DCF); Meredith Blount, Executive Director of NAMI-NJ, who presented on programs, some of which are geared toward the parents of children either diagnosed with behavioral or mental disorders or exhibiting challenging behaviors; DCF Commissioner Christine Norbut Beyer, MSW, and Assistant Commissioner Mollie Greene, MA, CADC, to discuss several topics, including the FY2022 State Budget, the School-Based Youth Services Program, staff safety and the transfer of Applied Behavior Analyst services to Managed Care; and Sean M. Benoit, Esq., Community Health Law Project, who presented on special education law and the impact of a recent New Jersey Supreme Court ruling (Opinion 57).

Evidence Based Practices (EBP) Practice Group
Co-Chairs: Elizabeth O’Callaghan, BA, CADC, Training and Consultation Specialist, and Anna Marie Toto, EdM, Program Analyst, Behavioral Research and Training Institute, both at Rutgers University Behavioral Health Care

This is the newest practice group, established last year in response to a proposal by Anna Marie Toto. The mission is to fill in the GAPS: Goals to be accomplished; Agency EBP Implementation Issues; Practice opportunities between meetings; and Shared experiences and reference materials.

The group is conducting a survey on the use of specific EBPs in clinical settings to better understand the most utilized practices and assist with addressing gaps in clinical services, as well as to identify how the use of EBPs is sustained and providers’ training needs. Discussions focus on planning for EBP outcomes, organizational readiness, variables that enhance and hinder EBP implementation at agencies, how providers know that EBPs are functioning well in their organizations, the research-to-practice gap and implementation science. Guests recently presented on a Camden-based EBP implementation initiative focused on Eye Movement Desensitization and Reprocessing.
The practice groups allow our directors and managers to be the eyes and ears of our agency and provide me, as well as the full agency leadership team, with information that is critical for making decisions.”

Jacques Hryshko, MS, LPC, NJAMHAA’s Board Vice Chair and CEO of Family Connections

**Hospital Community Integration Council**

Co-Chairs: Susan Loughery, MBA, NJAMHAA Board Chair and Associate Executive Director, Catholic Charities, Diocese of Trenton; Jim McCreath, PhD, LCSW, Vice President, Psychiatry, Behavioral Health and Long-Term Care, Trinitas Regional Medical Center/St. Joseph’s Health; and Lori Ann Rizzuto, LCSW, NJAMHAA Board Member and Executive Director, Atlantic Behavioral Health Services, Atlantic Health System

Since it was established in 2015, the Hospital Community Integration Council (HCIC) has focused on encouraging partnerships between hospital- and community-based behavioral healthcare providers and advocating for funding for all providers through the Delivery System Reform Incentive Payment (DSRIP) program, which relied on such collaboration. This advocacy continues to be a main aspect of the HCIC’s efforts as the next version of the DSRIP program, the Quality Improvement Program (QIP), will be implemented in July 2021.

The HCIC’s proactive efforts included a meeting in April 2021 dedicated to educating providers about the QIP and reinforcing the importance of partnerships. As numerous questions about the QIP were raised, NJAMHAA arranged for a meeting in May with staff from the Department of Health (DOH).

**Integrated Case Management Services (ICMS) Practice Group**

Chair: Anna Kline, MAE, Integrated Case Management & Justice Involved Services Preferred Behavioral Health Group

This group was originally established in the late 1990s, when ICMS programs were first created throughout the state. In later years, the group was absorbed into the Adult Mental Health Practice Group. However, a significant number of ICMS providers expressed interest in reactivating the group to allow for more detailed discussions on ICMS-specific issues, and the group was reinstated in 2020.

The ICMS Practice Group has been developing recommendations for the regulations, which are significantly outdated as the program has evolved over the years, especially during the pandemic. The group is planning a virtual conference for the fall, as conferences had been popular and valuable events in the group’s early years and a recent survey indicates a high level of interest.

Proactive advocacy included a discussion with Division of Mental Health and Addiction Services (DMHAS) staff about the Unified Services Transaction Form and the requirement for providers to seek approval from DMHAS before terminating individuals’ services.

The group also had guest presentations on telehealth, focusing on the clinical aspects and general guidelines, including engaging clients.

**Programs for Assertive Community Treatment (PACT) Practice Group**

Chair: Crystal Smith, MSW, Team Leader, Catholic Charities, Diocese of Trenton
Vice Chair: Amy Harpster, MA, Director, Community Support Services and PACT, Bridgeway Rehabilitation Services, Inc

Similar to the ICMS Practice Group, the PACT Practice Group was reinstated after a long hiatus last year due to popular demand. Several meetings were devoted to developing recommendations for regulations, which were presented to the DOH Office of Licensing, DMHAS and Medicaid, and a follow-up discussion was held with staff from these entities. In addition to regulations, the state and providers discussed the need for flexibility in virtually providing supervision, the billing overlap between PACT and respite services, and signatures required during the pandemic.

Earlier in the year, Linda Czipo, Executive Director, Center for Non-Profits, gave a presentation on lobbying and advocacy for this group.
IT Project Practice Groups

Billing Supervisors Practice Group
Co-Chairs: Judy Rios, Accountant and Senior Director, Jewish Family Service of Atlantic & Cape May Counties, and Michelle Rowe, Director, Billing Department, South Jersey Behavioral Health Resources

This past year, one of the many challenges resulting from the pandemic was learning new codes and regulations for telehealth as providers were reimbursed for telehealth services beginning in March 2020.

The group members worked together to accumulate all the payers’ requirements. As some behavioral health and SUD services are not recognized nationally, they relied on each other to get through this trying time and strategize on setting up their agencies’ billing systems. This permitted the providers to continue serving their clients and having ongoing revenue sources.

Compliance and Performance Improvement Committee
Chair: Karen Acker, Administrative Director, West Bergen Mental Healthcare
Co-Chair: Victoria Hewitt, Director of Compliance, Acenda Integrated Health

This committee increased its membership and continued its high level of activity during quarterly committee meetings and through its Groupsite blog. Through this communications tool, members share their agencies’ practices and processes. They also share information and recommendations regarding a variety of topics, including auditing and licensing during the COVID pandemic, changes with the Part 2 Final Rule, Information Blocking, and anticipated changes with the Health Insurance Portability and Accountability Act Privacy Rule.

Human Resources Practice Group
Chair: Kate Royal, Vice President, Human Resources & Administrative Services, Acenda Integrated Health

The Human Resources Practice Group, which is jointly hosted with another association, had several presentations regarding benefits and numerous discussions on the legalization of marijuana in New Jersey.

IT Professional Advisory Committee
Chair: Teri Gilroy, Senior Data Analyst, Acenda Integrated Health

This group assisted agencies to ensure accurate reporting of services delivered through hybrid schedules during the COVID-19 pandemic and provided an avenue of communication to DMHAS regarding the hardships and challenges in providing services and reporting on the services during the pandemic. The members also discussed with DMHAS concerns about electronic systems for data collection throughout the state and future DMHAS projects. In addition, this group gained more members, set goals to examine electronic systems for the future and continued supporting agencies with the Universal Services Transaction Form and Quarterly Contract Monitoring Reports, in addition to the assistance provided by the IT Project’s help desk.
Business Partners, Members and NJAMHAA Benefit in Countless Ways

NJAMHAA has established relationships with a variety of businesses that offer valuable products and services for providers. These businesses are members of the Integrated Healthcare, Life Sciences and Innovation, and Technology Councils, and several are Approved Vendors.

The Integrated Healthcare Council (IHC) consists of specialty managed care organizations, health maintenance organizations (HMOs) and other healthcare companies, and businesses that work with the healthcare industry. These diverse organizations are:

- Acutis Diagnostics - Specialized medical laboratory
- Aetna Better Health of New Jersey - HMO
- Amerigroup Corporation - HMO
- AmeriHealth New Jersey - HMO
- Ammon Labs - State-of-the-art toxicology laboratory
- Attitudes In Reverse® - Educators about mental health, related disorders and suicide prevention
- Community Access Unlimited – Serves adults and adolescents with intellectual and developmental disabilities, at-risk youth and people with affordable housing needs
- Dennis C. Miller Associates - Experts in nonprofit leadership executive search and board and nonprofit leadership coaching
- Gallagher Benefit Services - Helps solve challenges of operating sustainable healthcare organizations while meeting the needs of employees and communities.
- Genoa Healthcare - Largest provider of pharmacy, outpatient telepsychiatry and medication management services
- GoMo Health® - Science-based behavioral health software/app to augment clinical treatment
- Halcyon Health - Specializes in substance use disorder treatment solutions using a proprietary virtual care platform and preferred provider network
- Horizon NJ Health - HMO • Mercadien Group - Offers a full spectrum of accounting and advisory services
- Mutual of America - Provides retirement products and related services
- Optum/United Healthcare - HMO
- PerformCare New Jersey - Authorizes and coordinates behavioral health care for children, youth, and young adults who are experiencing emotional and behavioral challenges
- Rutgers School of Social Work - Develops and disseminates knowledge through social work research, education, and training that promotes social and economic justice and strengthens individual, family, and community well-being
- SobelCo LLC - Accounting and advisory firm
- Society for the Prevention of Teen Suicide - Dedicated to increasing awareness, saving lives and reducing the stigma of suicide
- Truetox Laboratories - Medication monitoring and drug detection services
- WellCare Health Plans - HMO

HMO Council
Representatives from the HMOs participate on the HMO Council along with individuals from the Division of Mental Health and Addiction Services and Division of Medical Assistance and Health Services (Medicaid) to share information, increase understanding of all organizations serving New Jersey residents and develop solutions to challenging situations, such as serving individuals with dual eligibility for Medicaid and Medicare. During FY2021, guests delivered presentations on the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, including the Drug Utilization Review Board’s opioid edits and compliance with this law; the 1115 waiver demonstration and other innovative initiatives being undertaken by Medicaid; and the evolution in New Jersey’s healthcare marketplace since Medicaid 2.0 and the impact on providers, consumers and HMO’s.
The Life Sciences and Innovation Council (LSIC) consists of representatives from pharmaceutical and biotechnology companies, as well as other related organizations:

- Alkermes, Inc. - Fully integrated global biopharmaceutical company and leader in innovative medicines
- BioNJ - Represents research-based life sciences companies and other contributors to a vibrant ecosystem where science is supported, companies are created, drugs are developed and patients are paramount
- HealthCare Institute of New Jersey - Trade association for the research-based pharmaceutical and medical technology industry
- Janssen Pharmaceuticals/Johnson & Johnson Health Care System - Dedicated to addressing and solving the most important unmet medical needs of our time
- Otsuka America Pharmaceutical, Inc. - Dedicated to creating and promoting new products and innovative solutions for better health worldwide
- Perkins Partnership - Brings knowledge, experience and relationships to a strategic process that results in effective, intelligent public policy
- Pfizer, Inc. - Committed to applying science and our global resources to improve health and well-being at every stage of life
- Pharma-Care, Inc. - State-of-the-art consultant on pharmacy services
- Sunovion Pharmaceuticals, Inc. - Specializes in treatments for people challenged by disorders of the central nervous system and respiratory ailments

State representatives and providers frequently attend the LSIC’s meetings to gain valuable information from the variety of guest presenters. Topics this year included addressing health disparities and achieving equity; legalization of recreational marijuana; ways to lower drug prices without jeopardizing future medical innovation, patient access or New Jersey’s economy; and telehealth, including strategies for conducting effective group counseling sessions and coverage from Horizon Blue Cross/Blue Shield of New Jersey.

The Technology Council consists of companies that offer electronic health record (EHR) systems, telecommunications, cybersecurity assistance and other resources. These businesses are:

- Advanced Data Systems - Healthcare software solutions supporting maximized reimbursements and revenue and optimized productivity
- Ancero, LLC - Full-service Information Technology (IT) and communications provider, including cloud solutions to drive growth, collaboration and productivity
- Applied Business Services, Inc. - Develops and supports accounting and business software applications for small- to mid-sized nonprofit organizations
- Armour Cybersecurity Ltd. - Protects organizations and their data from multi-faceted and ever-changing cyber threats
- Chorus Communications - Full service technology solution firm
- Core Solutions - Integrated EHR software offers advanced population health and information management to achieve improved outcomes and relationships
- Eleos Health – Uses artificial intelligence to empower clinicians to focus on care personalization
- Foothold Technology - Web-based software for human service providers that eases the burden of documentation, providing the freedom to focus on their mission
- Hunter Technologies - Provides telephony, networking, cable and video conferencing for mid-sized customers
- Netsmart Technologies - Provides innovative healthcare technology, including EHRs, health information exchange, data analytics, mobile clinical and consumer engagement solutions
- Patagonia Health, Inc. - Healthcare software supplier with a cloud and apps-based software solution that is designed specifically for public and behavioral health agencies
- Qualfacts + Credible - Largest EHR provider in the market dedicated exclusively to behavioral health
- Relias - Helps deliver better clinical and financial outcomes by reducing variation in care through personalized, engaging learning
- Streamline Healthcare Solutions - Web-based software for healthcare organizations to provide and coordinate all service delivery processes
- TenEleven Group - Software and services company, focused on providing solutions for health and human services agencies to manage their end-to-end business processes
- Zoobook Systems LLC - Works with behavioral health, mental health and addiction treatment facilities to grow their monthly revenue, cut their expenses and improve their clinical outcomes

Following are NJAMHAA’s Approved Vendors:

- Brown & Brown - Insurance consultant: property/casualty and other
- Butler Human Services, Inc. - Furniture
- CBIZ Employee Benefits - Helps organizations meet the challenges of today’s healthcare environment
- Chorus Communications - Full service technology solution firm
- ComplyAssistant - Security and risk assessments
- Dennis C. Miller and Associates - Experts in nonprofit leadership executive search and board and nonprofit leadership coaching
- GoMo Health® - Science-based behavioral health software/app to augment clinical treatment
- Unemployment Services Trust - Minimizes unemployment costs and liabilities
One of the many changes the pandemic required was holding meetings and training events virtually. Fortunately, Zoom enabled NJAMHAA to not only continue, but also to add to its training offerings, many of which focused on topics related to the public health emergency.

Conferences
The first conference of the fiscal year was the eighth annual suicide prevention conference that NJAMHAA co-sponsors with Integrated Healthcare Council member Attitudes In Reverse (AIR). Although previous conferences were held in September as part of National Suicide Prevention Month, this year's event, Packing a Toolkit for the New Norm, was held in August as it focused on preparing educators and other adults for the new school year. Presentations provided attendees with knowledge and resources to help students cope with the negative impact of COVID-19 and adjust to either returning to school full-time or starting hybrid schedules after having taken classes virtually for several months.

In October, NJAMHAA and its Information Technology (IT) Project held their conferences that were originally planned as in-person events for the spring of 2020. While the theme of NJAMHAA’s Annual Conference, Reimagining Health Care, was created long before the pandemic started, it was even more relevant in the context of the public health emergency. The first day featured a keynote presentation, Behavioral Health Policy and Practice: Post-COVID Innovation, which was an insightful fireside chat with Leana Wen, MD, Visiting Professor of Health Policy and Management, George Washington University Milken Institute School of Public Health; and Theresa Wilson, MSW, LCSW, President and CEO, South Jersey Behavioral Health Resources, Inc.; Executive Vice President, Inperium NJ; and NJAMHAA Board Member. The keynote presentation on the second day was Behavioral Health Market: Disruption and Evolution by John Talbot, PhD, Senior Associate, OPEN MINDS. NJAMHAA continued its trend of offering workshops on a variety of financial, operational and clinical topics and added a focus on social determinants of health, which is an increasingly needed component of behavioral health care, and presentations on using technology to enhance the quality of care both during and outside of scheduled therapy sessions.

As the IT conference was originally planned for April 1st, the theme was No Fooling – IT is Critical! However, this true throughout the year, so it remained the theme when the conference took place in October 2020. The presentations provided important information and resources for all behavioral healthcare staff, not just IT professionals. The conference began with a keynote presentation, Converting Awareness into Action: It Begins with Culture, by Daniel Elliot, who was Director of Education and Strategic Initiatives, National Cyber Security Alliance, at the time. While the plenary session was IT focused, it highlighted an essential opportunity for substance use disorder...
presented Why and How to Participate in the State's Substance Use Disorder Promoting Interoperability Program. The New Jersey Departments of Health and Human Services selected the IT Project to partner with NJII on this initiative to enable SUD treatment providers to invest in electronic health record systems and connect with the New Jersey Health Information Network, which are critical for maximizing the effectiveness of the services they provide. The workshops focused on different technologies and related issues that are essential for all staff to know about: for example, transforming data into actionable analytics; ensuring security of data; and using artificial intelligence in clinical programming.

The spring of 2021 was especially busy with two events that highlighted NJAMHAA's 70th anniversary. The spring conference, For 70 Years Now: Building a Better Future, began with a keynote presentation, Preparing for the Future: The Trends Driving Change in Behavioral Health Services, by Monica Oss, Chief Executive Officer and Senior Associate, OPEN MINDS. The plenary session, What Impact Does a New Congress to a New Administration Have on Behavioral Health Policy?, was presented by Charles Ingoglia, MSW, President and CEO, National Council for Mental Wellbeing (formerly the National Council for Behavioral Health). Between and after these presentations were a variety of workshops sharing best telehealth practices, strategies for building the peer support workforce, the importance of medical-legal partnerships, and more.

The official celebration of NJAMHAA's 70th anniversary took place in May, which is appropriate as this is Mental Health Awareness Month. The event featured a message from Governor Phil Murphy delivered via video; a keynote presentation by Governor Richard J. Codey, who has worked with NJAMHAA for many years and had many members on the Governor's Task Force on Mental Health that he established in 2004; and a video featuring past and present NJAMHAA Board members, as well as other members and stakeholders, sharing highlights of the trade association's impact on funding and legislation, both state and national, over the years.

Just a few weeks later, the IT Project held another conference, Connection & Protection, which continued the focus on cybersecurity, as the healthcare industry is hackers' biggest target – an unfortunate trend that has worsened during the pandemic. For the keynote, Armour Cybersecurity Co-Founders David Chernitzky and Gilad Perry presented What Do Nuclear Facilities and Behavioral Health Clinics Have in Common regarding Cybersecurity? The plenary, Artificial Intelligence and Natural Language Processing in Behavioral Health, was presented by Corey Feldman, Head of Growth, and Alon Rabinovich, Chief Technology Officer, both from Eleos Health. Continuing the focus on data security, some of the workshop topics were Health Industry Cybersecurity Practices: The Carrot Replaces the Stick! and Cybersecurity and the Remote Worker. Other workshops provided tools and strategies for enhancing integrated, clinical care, as well suicide prevention.

Webinars
While these large events were being planned, promoted and presented, the staff offered many more learning opportunities through a series of webinars, several of which focused on pandemic-related topics and challenges. These presentations included:

- Security Check-Up for IT Professionals, presented by Gilad Perry, Co-Founder, Armour Cybersecurity
- The Future of Behavioral Healthcare Delivery, Corey Feldman, Head of Growth, Eleos Health, and Alon Rabinovich, PhD, Private Consultant and Former CEO of Centerstone
- Workplace Stalking: Risk Factors and Prevention Strategies, presented by Lisa A. Bellis, ARM, CSM, CIC, CRIS, Director of Risk Management & Loss Control Services, Brown & Brown of Lehigh Valley, LP
- COVID 19 Vaccines: The Facts as We Currently Know Them, presented by Meg Fisher, MD, FAAP, Pediatric Infectious Diseases, Special Advisor to the Commissioner of Health, and Denise V. Rodgers, MD, FAAFP, Vice Chancellor for Interprofessional Programs, Rutgers Biomedical and Health Sciences Endowed Professorship in Interprofessional Education, Professor of Family Medicine and Director of the Rutgers Urban Health and Wellness Institute
- Synthetic Drug Threat 2021: New Psychoactive Substances (NPS), aka “Designer Drugs, presented by Lisa Marzilli, PharmD, CDOE, Director of Applied Clinical Research and Education, Ammon Labs
- Pathways to Healing Prejudice, Discrimination & Racism, presented by Mayte Redcay, LCSW, LCADC, SAP, CEP, Executive Director from Serise and arranged through Act-Cess USA

“**I HAVE PERSONALLY AND PROFESSIONALLY BENEFITED FROM NJAMHAA’S PROFESSIONAL DEVELOPMENT SERVICES. NJAMHAA’S COMMITMENT TO ITS MEMBERS IS WITHOUT PARALLEL!”**

― GALINDO “GLENN” KING, MHS, LCADC
EXECUTIVE DIRECTOR
FREEDOM HOUSE, INC.
The Behavioral Health Trifecta: Serve Communities, Support Staff Resilience, and Secure Financial Stability, presented by Anne E. Collier, MPP, JD, PCC, Chief Executive Officer, and Cynthia Shaffer, MS, MBA, ACC, Chief Operations Officer, both at Arudia

“Are You Positive It’s Positive?” - Understanding How to Interpret New Use in Urine Drug Testing Results, presented by Lisa Marzilli, PharmD, CDOE, Director of Applied Clinical Research and Education, Ammon Labs

Winter Wellness Planning, presented by Mary Catherine Lundquist, Program Coordinator of the COPSA (Comprehensive Services on Aging) Institute for Alzheimer’s Disease and Related Disorders, Rutgers Health, University Behavioral Health Care (UBHC); Peggy Swarbrick, PhD, FAOTA, Associate Professor and Director of Practice Innovation and Wellness, UBHC; and Monica Townsend, Training & Consultation Specialist at the COPSA Institute for Alzheimer’s Disease and Related Disorders, UBHC

Horizon Neighbors in Health: A Community Health Worker, Social Determinants of Health Program, presented by Valerie J. Harr, MA, Director, Community Health – Enterprise, Horizon Blue Cross Blue Shield of New Jersey

Unlocking the Power of your Data, presented by Elliot Massuda, Strategic Partnerships Manager, and Jim Butz, Account Executive, Foothold Technology

Strategies for Improving the Performance of your Health Benefits Program, presented by Stuart Klein, Vice President, Employee Benefits, CBIZ Employee Benefits

Financial Literacy: Becoming an Informed Investor, presented by Alessandra Masciandaro, Lauren Kouser, and Alexandra Petrullo, Student Advocates, Investor Advocacy Project, Seton Hall University School of Law

Personal Protective Equipment: Last Line of Defense in the Battle with COVID, presented by Lisa A. Bellis, ARM, CSM, CIC, CRIS, Director of Risk Management & Loss Control Services, Brown & Brown of Lehigh Valley, LP

What We Now Know about COVID-19, presented by Alejandro Amador, Chief Operating Officer, Ammon Labs

Reopening and Recovery, presented by Bridget DeFiccio, Senior Vice President, Integrated Health; Melissa Fox, MHA, FACMPE, FACHE, Chief Operating Officer; Gwen Houldsworth, Associate Vice President, Quality, Compliance & Risk; Kate Royal, Senior Vice President of Human Resources and Administrative Operations – all from Acenda Integrated Health

Improving Behavioral Health Outcomes: Addressing the Trauma of Social Injustice, presented by Nzinga A. Harrison, MD, Chief Medical Officer and Co-Founder of Eleanor Health

Crisis Communications Management: Creating a Strategy during the Crisis, presented by Rebecca Perkins, President and CEO, Perkins Partnership

In addition, NJAMHAA held membership-wide Zoom calls to address challenges and questions that arose during the pandemic. These calls focused on COVID-19 related issues:

Access and Distribution Plan, updates from Judith Persichilli, RN, BSN, MA, Commissioner, Department of Health

Explanation of the Safety of Vaccines and the Distribution Plan – presented by Debra L. Wentz, PhD, President and CEO of NJAMHAA, and Debbie Hart, President and CEO of BioNJ

Reimbursement Available through the Coronavirus Relief Fund – discussion with Valerie Mielke, MSW, Assistant Commissioner, and Morris Friedman, CFO, Division of Mental Health and Addiction Services

State and Federal Laws Concerning Staff’s Time Off due to COVID-19 – discussion with John Sarno, Esq., President, Employers Association of New Jersey

Telehealth: Members shared their experiences and recommendations for maximizing client engagement and achievement of outcomes

Discussion with Christine Norbut Beyer, MSW, Commissioner, Department of Children and Families, on guidelines for reopening facilities

Technical Assistance

Throughout the year, the IT Project provides technical assistance to establish and enhance networks, implement electronic health record systems and much more. Highlights of the IT Project’s achievements throughout the year begin on page 23.

Another type of technical assistance is provided by the NJAMHAA staff on an ongoing basis. They readily answer questions about policies, licensing, legislation, regulations, insurance and many other topics. For any information NJAMHAA does not have readily available, the staff contacts individuals in the appropriate state or federal departments to obtain answers and, when needed, arranges for meetings to address questions and concerns.
While the pandemic introduced many new challenges, including several that are technology centered, NJAMHAA’s Information Technology (IT) Project was constantly available to support staff and members. In addition to continuing its training series and presenting new webinars, the IT Project team assisted members with the transition from serving clients in-person to using telehealth. They also supported agencies by expanding NJAMHAA’s own and members’ IT systems for remote workers as it became apparent that the pandemic was going to be an issue for a longer period of time.

In addition, the Division of Mental Health and Addiction Services (DMHAS) sought the IT Project’s expertise when the COVID Relief Fund became available to reimburse providers for pandemic-related expenses. The IT Project worked with DMHAS to review agencies’ submissions for reimbursement for hardware and software purchases they had to make to support telehealth.

The IT Project staff reviewed submitted proposals to ensure they were HIPAA compliant and reasonably priced based on industry averages and reported their findings back to DMHAS who made the final determination on the funding requests.

Throughout the year, the IT Project continued to hold committee and practice group meetings utilizing the Zoom platform. In addition, the team rolled out Multi Factor Authentication (MFA) to enhance e-mail security, for members and staff, as this past year has seen a large rise in spam, phishing e-mails and attacks to hack e-mail addresses. MFA is another layer of protection to prevent login to e-mail accounts if any individuals’ passwords are compromised.

“This Project was unique in the nation then and the leadership that the project has provided and currently offers is still unparalleled within the 50 states.”

— June Noto, Vice President, Human Resources, IT and Administrative Services NJAMHAA
In addition to hosting virtual conferences in October and June, the IT Project continued the DMHAS training series with more than 24 workshops presented virtually. Two of the workshops highlighted billing issues: Preparing for 2021 E&M Guideline Changes for Mental Health and Substance Use Treatment Services and Coding and Billing for Mental Health and Substance Use Treatment Services, 2021 Coding Updates, CPT ICD-10, ICD-10, HCPCS Level 2 Changes. Due to the great demand, two sessions of each workshop were presented.

Other webinar topics included cybersecurity, various Microsoft software programs, information blocking rules, hosting and deployment models, and reducing costs and achieving financial sustainability. The full list can be viewed by visiting https://njamhha.org/free-trainings.

Meanwhile, the IT Project expanded its use of remote tools to provide support to members, including weekly maintenance for contracted agencies. This included implementing Windows server updates; reviewing server, quarantine and third party spam filter logs and correcting issues that were identified; providing security services; and reviewing antivirus and Malwarebytes cloud service logs, along with other services.

The IT Project also continued to assist agencies with recommendations for hardware, software and cloud service purchases and upgrades. Some hardware was delivered to the NJAMHAA office for configuration and was then shipped or personally delivered to agencies. Some agencies had hardware delivered to their offices and the IT Project engineers worked with staff at the agencies to start setup and enable remote software for setups to be completed from different locations. In addition, the IT Project assisted agencies with implementing the Avast AV managed cloud solution, which is available through TechSoup at a very reasonable cost.

While maintaining and expanding services, the IT Project also continued to assist DMHAS, the Department of Human Services, New Jersey Innovation Institute and other stakeholders with the Substance Use Disorder Promoting Interoperability Program. A three-agency collaborative has worked all year toward a go-live this summer. The IT Project has also assisted with provider outreach, surveys and analysis, and has been a resource for both members and nonmembers who are interested in the program.

The NJAMHAA IT Project partnered with AusCura, a communication automation company that specializes in secure text messaging, to offer all NJAMHAA members a discount on their Smart Contact platform for COVID screening.

In addition, the IT Project continued providing help desk services to support the following DMHAS applications: Universal Services Transaction Form, Quarterly Contract Monitoring Reports and the Contract Information Management System.

The IT Project has also been representing providers who are interested in the State Behavioral Health Consent Management workgroup, which enables individuals receiving substance use treatment services to opt in to have their clinical data shared with other providers. The IT Project has been asked to identify provider organizations that would be interested in participating in this pilot program.

“We continually strive to keep up with quickly changing technology and help agencies deal with rapid and continuous transformations. It’s a never ending cycle with technology.”

– Ron Gordon, IT Project Director
NJAMHAA
Bundled Services

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<td>Block of 75 Hours: $6,617.36</td>
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<td>($88.23 /hour)</td>
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Individual Services

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<td>Develop Strategic Technology Plan - Call us for details</td>
<td>$2,500 Flat Fee</td>
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<td>Special Projects (database development/report writing)</td>
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<td>Office 365 Implementation/Administration</td>
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The New Jersey Mental Health Institute (NJMHI) was established in 2000 to increase the recognition, understanding and acceptance of mental illness, and identify and seek the establishment of effective mental illness prevention and treatment services.

NJMHI's first initiative was the Changing Minds, Advancing Mental Health for Hispanics project, which aimed to enhance resources for New Jersey's Hispanic communities and the healthcare professionals who are uniquely able to serve them most effectively. The success of this project led to NJMHI's expanded focus on other minority populations, including Black Americans, Southeast Asians and the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) community.

Many of NJMHI's contributions have directly benefited NJAMHAA members. Examples include:

- Policy recommendations that led to the establishment of state-funded cultural competence training centers which are operated by NJAMHAA members, Center for Family Service and Family Connections; state funding for bilingual/bicultural clinicians at community-based mental health agencies; and mandatory training in diversity for mental health professionals.
- Public service announcements and materials to educate the Hispanic population about mental illnesses and bilingual services.
- Free and low-cost statewide conferences focused on cultural competence.

NJMHI also developed the Model Mental Health Program for Hispanics, which was adopted by mental health professionals across the nation and cited by the World Health Association as one of three best practices in 2004.

Further building on these successes, NJMHI did business as the National Resource Center for Hispanic Mental Health (NRCHMH) in 2006 to address the nationwide lack of availability, access and provision of quality mental health services for Hispanics. NRCHMH developed an online repository of resources for providers; hosted several national Latino mental health conferences; created opportunities for federally funded projects for NJMHI; and extended its reach nationwide and internationally by presenting on best practices for engaging, retaining and serving Hispanics in Argentina, Egypt and Greece, as well as the U.S.

NJMHI's second initiative was collaborating with the University of Medicine and Dentistry of New Jersey (now Rutgers University Behavioral Health Care) for nearly five years to provide training for New Jersey's more than 11,000 Children's System of Care partners. NJMHI provided logistical support, engaged speakers and performed back office functions.

Back on the international front, Dr. Wentz launched the Tsunami Mental Health Relief Project in 2005,
shortly after she survived the tsunami that claimed the lives of nearly 300,000 children and adults in Southeast Asia in December 2004. She immediately provided assistance to relieve workers and imparted her knowledge of mental health issues to citizens of Sri Lanka through communication with the Prime Minister’s Office and an interview on the country’s official television station. She also worked with members of NJAMHAA’s Pharmaceutical Advisory Council (now the Life Sciences and Innovation Council) to provide medications and supplies to the people of Sri Lanka.

Dr. Wentz worked with the Neurosurgery Development Foundation, a non-governmental charitable organization in Sri Lanka and experts in trauma from NJAMHAA to assemble a team, including an expert trainer on trauma treatment and a cultural ambassador, to develop a training program, which was delivered in Sri Lanka tri-lingually to more than 100 counselors, medical professionals, teachers, religious leaders and volunteers on recognizing symptoms of mental illnesses and substance use disorders (SUD) and, when appropriate, referring people to treatment. Through evaluations, it was determined that more than 200,000 people were positively impacted directly or indirectly from this training.

In 2012, NJMHI transitioned the project into the Sri Lanka Mental Health Relief Project to educate the people of Sri Lanka about the symptoms of mental illness and SUD and how to obtain help. As civil strife in Sri Lanka at that time prevented NJMHI from sending individuals to provide more training, NJMHI with Sri Lankans developed culturally sensitive, trilingual brochures about the symptoms of mental illness and self-care techniques that were printed, distributed in Sri Lanka and evaluated for their impact.

For the final phase of this project, NJMHI selected the Sri Lanka Center for Development Facilitation’s (SLCDF’s) proposal, Program for Community Leaders to Enhance their Capacity as Facilitators on Basic Mental Health Needs/Requirements, to provide training and follow-up to individuals from rural and remote areas of Sri Lanka, which do not have a consistent cohort of clinicians, in 2018 and 2019. According to the SLCDF, 50 families (250 individuals) directly benefited from this project and 1,500 families will benefit indirectly.

In November and December 2020, NJMHI began exploring the idea of establishing a Center of Excellence (COE) on Social Determinants of Health and Mental Illness and Substance Use Disorders. NJMHI conducted focus groups with more than 40 individuals from NJAMHAA member agencies, who expressed unanimous support for this plan. The purpose of the COE will be to assist New Jersey providers who serve individuals with mental illness and SUD in the places where they live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. Goals were identified in four areas: education and training; supports/resources and technical assistance; networking and partnerships; and policy development. Efforts are currently under way to secure initial funding to launch this important project.

In addition, NJMHI is working on reestablishing an Advisory Board to share their expertise and advice for the COE and other initiatives. Meanwhile, NJMHI is also exploring additional initiatives that will benefit NJAMHAA members and the individuals they serve.

While visiting the U.S. in 2019, the Venerable Dr. Ethkandawaka Saddhajeewa Thero from Sri Lanka met with Dr. Wentz to discuss the curriculum for the third and final phase of the Sri Lanka Mental Health Relief Project.

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Over the last quarter century, NJAMHAA has continued to invest in advocacy, communications and training to strengthen its membership base as it contends with ever increasing competition. During this period, the trade association has bolstered its financial position significantly with increased excess revenues, stability, investment in programs and expansion of staff and membership. This is a true testament to the value of NJAMHAA as perceived by its members and its ability to creatively develop new sources of revenue. NJAMHAA has achieved this growth and stability despite the nationwide trend of increased competition, and most recently, the COVID-19 pandemic that has adversely affected the financial positions of many companies worldwide.

At the end of Fiscal Year (FY) 2020, NJAMHAA’s net assets totaled $1,617,431. This represents a 2.6 percent increase over the prior year, and a 1,554 percent increase over 1995, at which time NJAMHAA’s net assets equaled $104,108.

In FY2020, NJAMHAA had net revenues of $40,520 at year end. Its primary revenue source was its membership dues. In addition to the regular membership, the Integrated Healthcare, Life Sciences and Innovation and Technology Councils continued to thrive. In FY2020, NJAMHAA’s dues revenues totaled $613,213, an 876 percent increase over the dues revenue of $69,968 in 1995.

The strong and stable membership base is evidence of NJAMHAA’s value in the mental healthcare and substance use treatment community.

Its conference revenues decreased by 65% over the prior year due to the need to postpone the annual conference in the spring of 2020 to a virtual format the following fall, as a result of the pandemic. However, NJAMHAA was able to offset this downturn with additional contracts, such as the Substance Use Disorder Promoting Interoperability Program (SUD PIP) funded by the New Jersey Department of Health and Department of Human Services, as well as from new and existing approved vendors and information technology (IT) support contracts.

The IT Project, which is a joint public/private venture of NJAMHAA, the New Jersey Division of Mental Health and Addiction Services (DMHAS) and the IT Project participants, remained stable in its funding from DMHAS, receiving $509,861 and another $222,257 in IT support contract revenue in FY2020. The IT Project assists providers of behavioral health care in the collection, processing, integration and interpretation of data through effective use of health information technologies. By investigating the application of new technologies, the IT Project strives to increase efficiency, enhance revenue, reduce costs and, in general, support the providers who provide high quality treatment to consumers of behavioral healthcare services.
We are proud of the many successes we achieved in collaboration with our members, other stakeholders and partners in the state and federal governments. We look forward to continuing our relentless advocacy on issues that are expected to continue, such as the needs for expanded access and increased funding, as well as any other challenges that may arise that affect delivery of essential services,” said Debra L. Wentz, PhD, President and CEO of NJAMHAA. “In addition, we will continue to support our members in the transition to the ‘new normal’ to help ensure their viability for many years to come.”

For FY2020, the unrestricted net asset balance for the New Jersey Mental Health Institute (NJMHI) was $8,083. Temporarily restricted net assets equaled $10,653, of which $10,000 represented a donation by Debra Wentz to be restricted for a reserve fund for NJMHI. This amount was received in 2009 from Eli Lilly and Company along with an award for Debra Wentz, and she chose NJMHI as the charitable organization for her donation.

Together, NJAMHAA and NJMHI provide insights and recommendations for strengthening the behavioral healthcare system, which in turn, strengthens the community in order to ensure timely access to the most appropriate, highest quality treatment and support services for all New Jersey residents. The continued financial growth of NJAMHAA and NJMHI enables this mission to be effectively carried out.

Looking ahead
More Members’ Testimonials Prove that NJAMHAA Achieves its Goals

“I HAVE WITNESSED NJAMHAA CHANGE THE COURSE OF THE FIELD IN THE MOST MEANINGFUL AND POWERFUL WAYS.”

- THERESA C. WILSON, MSW, LCSW
  PRESIDENT & CEO
  SOUTH JERSEY BEHAVIORAL HEALTH RESOURCES, INC.
  AND
  EXECUTIVE VICE PRESIDENT
  INPERIUM NJ

“NJAMHAA’S FOCUS ON CARING FOR THE WHOLE PERSON ALIGNS WITH THE BEST PRACTICES FOR INTEGRATED CARE.”

- JULIE DREW, LCGSW, MPA
  SYSTEM EXECUTIVE DIRECTOR
  ATLANTICARE BEHAVIORAL HEALTH
  AND NJAMHAA
  & NJMHI BOARD MEMBER

NJAMHAA HAS BEEN THE GO-TO ORGANIZATION FOR ADVOCACY, INFORMATION, STRATEGIC DIRECTION, TRAINING AND IT SUPPORT FOR DECADES.

- JAMES MCCREATH, PHD, LCGSW,
  VICE PRESIDENT BEHAVIORAL HEALTH/
  PSYCHIATRY, TRINITAS REGIONAL
  MEDICAL CENTER AND ST. JOSEPH’S
  HEALTH AND FORMER NJAMHAA BOARD MEMBER

WHAT I FOUND MOST IMPRESSIVE ABOUT NJAMHAA IS ITS TENACITY, LEGISLATIVE ADVOCACY AND VERY BROAD SCOPE.

- ROBERT N. DAVISON, MA, LPC,
  CHIEF EXECUTIVE OFFICER
  MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
  AND FORMER NJAMHAA BOARD MEMBER

FROM PANDEMIC TO POSSIBILITIES
FOLLOW NJAMHAA ON SOCIAL MEDIA!

We keep you informed of current affairs in mental health care and addiction treatment.

We provide updates on trainings, events and resources available.

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