

NJAMHAA NEWS

Spring 2020

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CFFS' RECOVERY CENTER FOSTERS MANY INSPIRING SUCCESS STORIES

When Linda Mur, PhD, LCADC, now Associate Vice President of Adult Behavioral Health and Substance Use Disorder Services, joined the Center for Family Services (CFFS) in 2005, peer recovery services did not exist at the agency. In 2012, CFFS hired John Thompson to serve as Director of the Living Proof Recovery Center, which has grown exponentially since then, along with other peer services, including the Support Team for Addiction Recovery (STAR) and the Opioid Overdose Recovery Program (OORP), which CFFS calls LifeLineED, and other programs under a

contract with the Department of Children and Families. In addition, CFFS recently received a contract to work with the Salem County Correctional Facility. With these services now Medicaid reimbursable, Dr. Mur anticipates even more growth in outpatient programs and an increase in hospitals hiring their own peer staff.

The Center began with five employees and three volunteers. Now there are 54 staff under Thompson, who was promoted to Senior Director and also oversees the opioid response programs.

The Living Proof Recovery Center provides assistance with accessing resources for treatment and developing recovery plans; wellness classes and support groups; peer mentoring and coaching; educational assistance; social and recreational activities; and a sense of community. The center also offers workshops on building self-esteem, preparation for obtaining graduate equivalency diplomas, developing job skills and building resumés.

Thompson is one of the many success stories at the Center. He is in his 27th year of recovery and

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NJAMHAA SENDS I f i n i t e Gratitude

TO ALL OF OUR MEMBERS FOR THEIR UNWAVERING
DEDICATION AND ADAPTABILITY DURING
THE CORONAVIRUS PANDEMIC.



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From the Desk of Debra L. Wentz, PhD President and CEO

While NJAMHAA members contend with multiple challenges year round, the current COVID-19 crisis far exceeds anything they previously encountered. Our members and their staff continue to inspire me – even more than they have over the years. I am truly awed by those on the frontlines and how they have been responding to this changed world and unprecedented crisis. All our members are staying in touch with their clients, whether it is through telephone, videoconferencing, or in person at facilities or in the community.

All are demonstrating their dedication to serving the most vulnerable individuals and their families. They are working incredibly long hours, placing themselves at risk and making personal sacrifices

– often without enough personal protective equipment (PPE), which is desperately needed to ensure safety. Not only is their physical health at risk, but also their mental health as their work can exact an emotional toll at any time and especially during this more intensely stressful and challenging time.

NJAMHAA knows how much of a challenge it has been to deliver services, remain solvent and address clients' and staff's fear and apprehension, which are normal reactions to an abnormal situation. The added stress of the coronavirus crisis is resulting in exacerbated mental illnesses, substance use disorders and

trauma, making our members' services and sustainability even more critical. NJAMHAA has taken the lead in advocating on the state and federal levels for funding, other resources including PPE and relaxation of telehealth and other regulations. NJAMHAA will continue to tackle these new challenges nonstop by advocating for, supporting and, most of all, applauding our members because they are our heroes.

I also applaud our own NJAMHAA staff members, who have been going far above and beyond to address members' concerns and needs, which include technical assistance and support relating to policies, advocacy, information technology and other issues.

Doing everything we can, and more, to support members during the coronavirus crisis, NJAMHAA is already looking to the future and is exploring strategies to continually strengthen our members. Always please remember that NJAMHAA, your trade association, is here for you during good times and not-so-good times!

Warmest wishes,

A handwritten signature in black ink that reads "Debra L. Wentz".

President and CEO, NJAMHAA

"I am truly awed by those on the frontlines. Always please remember that NJAMHAA is here for you."

Debra L. Wentz, PhD,
President and CEO, NJAMHAA



CFFS' RECOVERY CENTER FOSTERS MANY

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Pictured left to right: John Thompson, Linda Mur and Kim Govak

earned a Master of Science in Human Services and a Bachelor of Psychology degree. While building up the Center, he incorporated a focus not only on adults, but also on youth to address mental health challenges and help prevent substance use, as well as to offer support for those who were using drugs. He started a youth program, which he aimed to be co-ed; however, only girls participated consistently, so the program was named Girls Empowering Themselves. Thompson is still on a mission to create a similar group for male youth. "This will require me to work seven days a week and I can do that. It's a passion," he said.

Kim Govak, NCPRSS, CPRS, CRSP, Program Director at the Center, is another success story. In fact, she and Thompson received *Courage and Compassion Awards* from NJAMHAA within the past few years.

Govak was treated in CFFS' intensive outpatient program and in March 2020, she celebrated 14 years of recovery. "Our positive

experiences become our recovery toolkit. They give us motivation and confidence to achieve more, including earning college degrees. It's resilience and it's hope and we see it over and over again," said Govak, who became part of the CFFS staff in 2015.

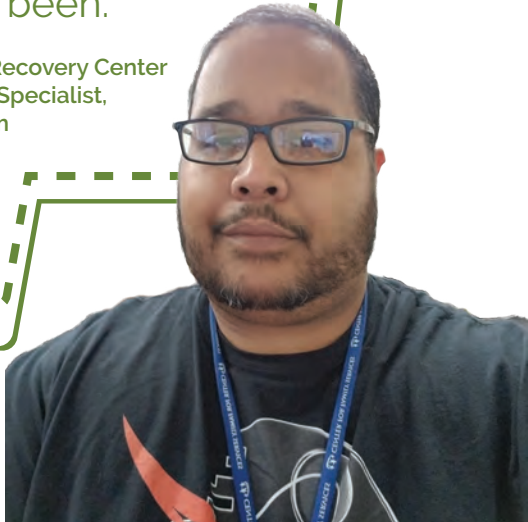
While they are inspiring examples in their own right, Govak and Thompson highlighted Lucius Stringfield and Elia Hopkins as two prime examples of the Center's success stories.

Now 34 years old, Stringfield started using lighter drugs such as pot when he was about 13. He stopped applying himself in school, just barely graduated high school and dropped out of college during the first week. He started using heroin at 20 and ultimately became "homeless, hopeless, helpless and suicidal." Eventually, he realized that heroin was "the catalyst" to all his problems and he went into rehab. "I gave myself 100% to never using again and used the resources I had available, such as my therapist, a psychiatrist, going to church regularly and seeking out a case manager. That's where the Center for Family Services stepped in," he said. After two years of abstinence, Stringfield learned about the Recovery Corps



"God has truly blessed me with the people who came into my life and offered the services I was given. Now I do the same every day and I am the happiest I've ever been."

– Lucius Stringfield, Living Proof Recovery Center Graduate and Peer Support Specialist, CFFS STAR Program



INSPIRING SUCCESS STORIES

program at CFFS and Americorps at the Living Proof Recovery Center. For the next six months, he spent five hours a week in a classroom setting and 10 hours a week volunteering at the Center.

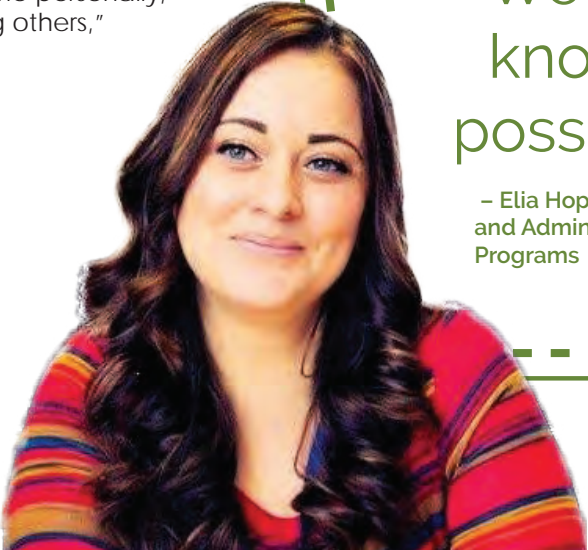
When Stringfield was two weeks away from graduation, he secured a job with CFFS' STAR program. "I help other addicts in the first year of recovery through daily life, offering emotional and moral support and guiding them through one of life's most difficult journeys. I am also back in college so that one day, I can be a drug and alcohol recovery counselor," he said. "God has truly blessed me with the people who came into my life and offered the services I was given. Now I do the same every day and I am the happiest I've ever been."

Although she was not aware of it during her youth, Hopkins had a mental illness back then and found relief by using marijuana beginning at age 13 and hard drugs at 15, which she used for 17 years.

"The idea of getting help never occurred to me. I was functional until I started using heroin. My life was out of control within six months," she said. Her mother took her to a support group, which encouraged her to get treatment, which she received for both mental illness and substance use. She has not used any drugs since October 13, 2015.

Hopkins learned about CFFS from her mother, who participated in a Families Anonymous group, and she began volunteering there.

"I fell in love with the concept of peer-to-peer recovery. I bought into the whole idea. I never thought it would lead to me personally, beyond helping others," Hopkins said.



"We make sure people know that recovery is possible for everybody."

– Elia Hopkins, Living Proof Recovery Center Graduate and Administrative Assistant for CFFS' Recovery Support Programs

She then received Connecticut Community for Addiction Recovery training and was subsequently hired by CFFS' OORP.

"I love being on the front lines. It's my passion," Hopkins said. However, she has two kids and the required hours presented a challenge, so she took a full-time position as the program's Administrative Assistant. Hopkins was ultimately promoted to Administrative Assistant for all of CFFS' 10 recovery support programs, and she looks forward to taking on clinical roles in the future. She recently earned an Associate's degree in Addictions Counseling and will soon start studies at Thomas Edison State College for a degree in Psychology.

"I am grateful for my job and my personal network, which helps me when I get overwhelmed. If I had peer services when I was younger and didn't even know recovery existed, my life would've been different. All the mistakes I made weren't in vain. I regret the stuff I did, but if I didn't go through it, I wouldn't be where I am and able to help others," Hopkins said. "To have someone there who knows what's happening when you wake up from an overdose makes all the difference. It helps people open up. We make sure people know that recovery is possible for everybody."

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PEERS STRENGTHEN ADDICTIONS TREATMENT WORKFORCE, BENEFIT THEMSELVES AND OTHERS

Peer services are provided by individuals in recovery from substance use disorders (SUDs) who guide clients towards a recovery pathway by sharing their similar experiences and demonstrating that recovery is possible. There is increasing evidence of the effectiveness of peer services for the individuals served, as well as the peers themselves. Providers look forward to seeing more and more clients benefit from peer services, which is likely thanks to Medicaid reimbursement now being available.

“Peers make connections and build trust, and they can help connect people to treatment programs and also support them during and after treatment,” according to Dan Renaldo, CEO of Eva’s Village. “People with substance use disorders will believe others who have had similar experiences and turned their lives around. Sharing these experiences

enables peers and clients to build bonds that can lead to someone’s decision to commit to treatment.”

By contrast, while clinicians are effective in guiding clients through treatment, they may not be able to connect like peers can because peers have been down the same road – for example, they may have experienced not only SUD, but also homelessness, low self-esteem and lost family, according to Renaldo.

“Some clients may not feel comfortable telling their counselors certain things, such as when they are struggling and considering using again. They may be more likely to open up with peers, who can then help them stay on track and connect to additional services if needed,” added Heather Thompson, Executive Vice President, External Relations and Development at Eva’s Village.

In addition to guiding individuals towards a recovery pathway and reinforcing their motivation and compliance, peers build clients’ sense of hope and empowerment, which in turn leads to motivation for setting and working toward other goals besides recovery. In fact, the peers can serve as role models – not only because they have achieved sobriety, but also because they are succeeding in their jobs. Many have obtained Bachelor’s and Master’s degrees, while others are progressing toward these goals. They set examples by modeling healthy lifestyles and demonstrating that recovery is possible, as described by Janine Fabrizio, LCSW, LCADC, CPS, Program Director, New Jersey Prevention Network (NJPN).

Peers gain many benefits as they help others. In addition to their employment, they have a sense of purpose and they build their self-esteem, which is essential for their own ongoing recovery, Fabrizio added.

There are several versions of peer service programs and many peers throughout the state receive training from NJPN. This training and the certification it prepares peers for, as well as the diverse programs and their impact on individuals’ quality of life and their futures, are described on page 1 and in the following pages.



“Peers guide individuals towards a recovery pathway while strengthening their own recovery.”

– Dan Renaldo, CEO
Eva’s Village

PROVIDERS CONTINUE TO INSPIRE AND SUPPORT

While NJAMHAA member providers continue to demonstrate their dedication to serving clients during the coronavirus crisis, they are also adapting to new ways of delivering services, applying new guidelines and other information from the state and federal governments and contending with intensified fiscal limitations. Despite the stress that providers are experiencing during this unprecedented situation, many have participated on conference calls and responded to e-mails to share their effective practices for ensuring uninterrupted delivery and consistent high quality of services.

"I am truly awed by those on the frontlines and how they have been responding to this changed world and unprecedented crisis. They are working incredibly long hours, placing themselves at risk and making personal sacrifices," said Debra L. Wentz, PhD, President and CEO of NJAMHAA. She added that NJAMHAA has been advocating on the state and federal levels for providers to receive personal protective equipment (PPE) and additional funding, as well as relaxation of regulations, which has been achieved regarding provision of services via telehealth.

NJAMHAA is pleased to share with members what some of their colleagues are doing to help those they serve, their coworkers and themselves throughout these difficult times.

Strategies for Continuing to Provide Quality Care

The following strategies are used in addition to delivering services through telehealth when feasible; modifying schedules as needed; cleaning the offices of agencies more deeply and frequently than before the crisis; providing PPE when needed; and following guidelines, such as social distancing.

"To address ongoing basic food needs, our Consumer Support Services, working in conjunction with the Department of Children and Family Services and Mt. Carmel Guild, are providing 'Grab and Go' non-perishable food bags in Mercer and Burlington Counties," Lisa Lawson, LCSW, Director of Clinical & Integrated Health, Catholic Charities, Diocese of Trenton, shared.

At the Children's Hospital of Philadelphia, the staff helped families obtain Wi-Fi, e-mail addresses and iPads.

"We also sourced them with food and other necessities and we did drop-offs of supplies to the families. We dropped off everything from worksheets [used in counseling sessions], tension reduction items for the children and work supplies," said Carl J. Wolfarth, MA, LPC, ACS, Operations Manager, Children's Intensive Emotional and Behavioral Services, Department of Child and Adolescent Psychiatry and Behavioral Sciences.

Recommendations for Supporting Staff

The following strategies are used in addition to maintaining communication through e-mail, telephone, videoconferencing and texting, and encouraging staff to share "non-shop" talk during some of these interactions.

At the Center for Family Services, Linda Mur, PhD, LCADC, Associate Vice President, Adult Behavioral Health and Substance Use Disorder Services, provided staff with guidelines for telehealth, including setting up cameras and work spaces, and suggestions for being as productive as possible while also taking care of themselves. In addition, the agency's trauma response team offers support groups for the employees.

"At Mountainside Hospital, we are working closely with Pastoral Care to offer mindfulness and spirituality supports to our team members. Additionally, we created serenity space within the staff break rooms near their home units because the time is limited to go off the units while caring for the volume of patients with critical needs," said Shavonda Sumter, Director of Behavioral Health Services and New Jersey State Assemblywoman. "Finally, the community has established a food fund to send meals to the hospital for staff. This has been a tremendous act of kindness to help staff to keep their health and strength."

Anna Kline, MAE, Director, Integrated Case Management Services (ICMS) and Justice Involved Services, Preferred Behavioral Health Group (PBHG), strongly encourages her teams to take breaks throughout the day by going for safe walks, stopping to eat, making some tea or coffee, walking their dogs and participating in Employee Assistance Program webinars that address compassion fatigue and self-care. PBHG also sends weekly company-wide trauma-informed care e-mails, which provide tips, resources and inspiration, and posts a weekly trauma-informed COVID related blog," ac-

COLLEAGUES AND CLIENTS DURING PANDEMIC

cording to Tara Chalakani, MS, LPC, NCC, RN, Vice President, Youth and Family Mental Health Services.

Debbie Riddle, MSW, LCSW, CEO and Co-Founder of Total Family Solutions, shared that the agency initiated a Healthy Walk initiative. "Each employee is encouraged to take frequent breaks and go outside and walk. At the end of each week, they send their total accumulated minutes in via e-mail. Gift cards are awarded to the individuals with the most accumulated minutes. For the minutes to count, they have to be earned during the employees' regular work days," she explained.

Rutgers University Behavioral Health Care created a self-care webinar series with each topic featured twice each week throughout April. "Topics include breathe, pause, move, nourish the mind and the body, and sleep - all to reduce anxiety and stress, and improve mood," according to Peggy Swarbrick, PhD, FAOTA, Innovation Director.

In addition to business during check-ins with Oaks Integrated Care group team meetings, the staff shares "fun ideas, such as crock pot recipes, relaxation techniques, free online yoga videos, and just sharing how we are feeling," said Renee Carrillo, ICMS Team Leader. "Sharing success stories during this pandemic about our individuals served always helps keep our teams motivated! Staff-to-staff and staff-to-consumer, we are all trying to instill hope, wellness and empowerment!"

Acenda Integrated Health has implemented numerous initiatives, including the development of an internal app through which inspirational quotes are shared and staff members are featured, including employees sharing how their coworkers are doing a great job, according to Greg Speed, MSW, LCSW, Chief Integration Officer. Another internal app presents fitness challenges. Through the ZoomUnity software, uplifting backgrounds, such as the Grand Canyon and air balloons in New Mexico, are shown during check-in meetings, which are held once or twice each day. Some of the staff also use ZoomUnity to virtually meet for lunch and celebrate each other.

During daily calls involving the executive team and division leaders, work-life balance, as well as operational issues and strategies, are discussed. "Structure is critically important for staff and we provide tools to help them achieve this. We help them schedule time to help their children with school work and other time together with kids and other family members, and we reinforce this with staff," Speed said.

The New Jersey Prevention Network supports peer recovery specialists with a new safe space where they meet twice each week to discuss issues and strategies that can assist in their overall health and well-being, according to Janine Fabrizio, LCSW, LCADC, CPS, Program Director. "Similar to in-person meetings, the goals of these virtual sessions are to discuss universal recovery topics that will guide interactive solution-based discussions and assist in the promotion of self-care, health and wellness," she explained.

"I am truly awed by those on the frontlines and how they have been responding to this changed world and unprecedented crisis."

Debra L. Wentz, PhD,
President and CEO, NJAMHAA



PROVIDERS CONTINUE TO INSPIRE AND SUPPORT COLLEAGUES AND CLIENTS DURING PANDEMIC

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Techniques for Self-Care

Not having to drive to work has created opportunities to exercise and get fresh air. For example, Dr. Mur at the Center for Family Services, shared, "Without the hour I have lost in my commute, I've had the energy and time at the end of each day to go on a nice, de-stressing bicycle ride." Similarly, Speed has been using the extra time he gained to ride his treadmill and take walks. He also communicates with his grandchildren at least once a day and he now limits watching the news to once a day because excessive exposure to bad news can lead to depression or anxiety. "My wife and I used to watch the news during dinner. Now, we listen to music. Sleep is also very important," he said.

"I have tremendous faith and I know most of us will survive this. I accept that the world will look different and vow to adjust. I spend time with my family, journal my wish list for places to go and things to do when the pandemic has settled and enjoy brainless television," Kline noted.

Dr. Swarbrick shared the following tips in the most recent issue of Words of Wellness, a publication of Collaborative Support Programs of NJ, where she serves as Director, Institute for Wellness & Recovery Initiatives:

- Focus on what makes you feel grateful.
- Laugh whenever you can.
- Keep your mind occupied: Enjoy a virtual museum tour, concert or podcast online; engage in crafts and other creative activities; bake; and stay socially connected.
- Take frequent walks – outside if it is safe.
- Catch up on cleaning and organizing your home.
- Try breathing and moving strategies.

Looking Ahead

While the many challenges associated with the coronavirus crisis certainly keeps everyone extremely busy, the future, post-pandemic world is also on people's minds.

"This crisis provided an opportunity for staff to work innovatively and collaboratively. We need to build on this when things go 'back to normal'," Speed said. "We don't want to fall back on old ways of doing business. We need to continue new ways of supporting staff and clients, and avoid falling into silos."

"Doing everything we can and more to support members during the coronavirus crisis, NJAMHAA is already looking to the future and exploring strategies to continually strengthen our association and our members," Dr. Wentz said. "Always please remember that NJAMHAA, your trade association, is here for you during good times and not-so-good times!"



"This crisis provided an opportunity for staff to work innovatively and collaboratively. We need to build on this when things go 'back to normal'."

- Greg Speed, MSW, LCSW,
Chief Integration Officer,
Acenda Integrated Health



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NJPN TRAINS INDIVIDUALS TO BECOME

Many of the Certified Peer Recovery Specialists throughout the state receive training from the New Jersey Prevention Network (NJPN). Since NJPN took on this responsibility in 2016, nearly 1,000 individuals have completed multiple trainings that led to their earning certification, either from the state or NAADAC, a national association for addiction treatment professionals. The number of peers NJPN trained each year has doubled since the program was launched, according to Janine Fabrizio, LCSW, LCADC, CPS, Program Director, who oversees NJPN's peer training department.

Each peer needs either state or national certification and one is not more advanced than the other. "It's a personal or agency preference. They're equal, though the demands are different. One requires more education and the other requires more direct practice," Fabrizio explained. The national certification entails 60 hours of education, compared to the 48 hours that the NJ Certification Board requires and NJPN provides. The New Jersey Division of Mental Health and Addiction Services (DMHAS) provides funding for scholarships that NJPN allocates for peers to become members of NAADAC, so they can then take the additional required training through NAADAC webinars.

NJPN is funded by DMHAS to train peers who are working in DMHAS-funded initiatives and organizations, which include the Opioid Overdose Recovery, Support Team for Addiction Recovery and Maternal Wraparound Programs; the Intensive Recovery Treatment and Support program, which is Rutgers Health – University Behavioral Health Care's program for transitioning individuals from incarceration to the community; the State Targeted Opioid Response Initiative; and the Child Protection Substance Abuse Initiative, which is for individuals involved with the Division of Child Protection and Permanency. Other peers work in a variety of community settings, such as recovery

centers, law enforcement and family support centers, Fabrizio explained.

NJPN has provided the initial and specialty peer trainings in 18 of the 21 counties. Through funding provided by DMHAS, NJPN reimburses funded agencies and individuals working in those initiatives for their initial certification and testing fees. "The purpose of this is to reduce any barriers for individuals to become certified," Fabrizio said.

NJPN's 48-hour educational program includes a three-day ethics course and five-day training



"Certified Peer Recovery Specialists become part of integrated treatment teams."

- Janine Fabrizio, LCSW, LCADC, CPS, Program Director, New Jersey Prevention Network



CERTIFIED PEER RECOVERY SPECIALISTS

that follows the curriculum of the Connecticut Community for Addiction Recovery (CCAR) Recovery Coach Academy. Other specialty courses are Family Engagement Strategies, Medication Assisted Recovery, Self-Care and HIV/Blood Borne Pathogens. Peers also need to complete a certain number of supervised hours in direct service to become certified. In addition, NJPN is developing training on motivational interviewing, diversity and inclusion, and supervision. Mental Health First Aid training is also available.

NJPN holds annual Peer Recovery Support Summits, which, unfortunately, had to be canceled this year due to the coronavirus pandemic. This event is usually held the day before NJPN's annual addictions conference. This year's conference, which will be the 20th annual conference, will be held virtually on June 18, 2020. Both events have continued to grow. While the addictions conference now hosts more than 1,500 treatment providers and peers, the Peer Recovery Support Summit attracted more than 500 registered individuals last year.

"Certified Peer Recovery Specialists become part of integrated treatment teams and provide different perspectives on substance use disorder and recovery. It reaches beyond the clinical setting into the everyday environment for those seeking a sustained recovery process," Fabrizio stated.

The peers' perspective is also valuable for clinicians, who may not always recognize successes. "By working closely with individuals who are in recovery, clinicians gain a broader perspective, including the fact that there are multiple pathways to recovery," Fabrizio added. She noted that examples of recovery paths that clinicians become more aware and accepting of include medication-assisted treatment and participation in Narcotics and Alcohol Anonymous groups.

Employment Opportunities

With the many changes taking place in the behavioral healthcare environment and the reconfiguration of agencies, many staff openings are becoming available, and many staff members are seeking positions. As a result, NJAMHAA has been offering its members this service: Alerting members about openings or availability of staff via e-mail, on the website and in NJAMHAA News for a charge. Fees for e-mailing, posting and publishing ads are paid for by the organizations advertising these positions.

For information about placing classified ads, please contact Shauna Moses at smoses@njamhaa.org



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RUTGERS UBHC OFFERS A VARIETY OF PEER-RUN SERVICES



Pictured Above: Front row: (L to R) Peggy Swarbrick, Kalela Simmons, Stephen Kavalkovich and Jenna Bonstein; Back row: (L to R) Eden Richman; Cherie Castellano, Ryan Campbell, Chris Malalis, Crystal Worthington, Jass Pelland, Ramzy Yamisha, Yewande Ogunkoya, Robert Ward and Matthew Buragina

Over the past 20 years, Rutgers Health – University Behavioral Health Care (UBHC) launched several peer support programs. All of these programs focus on achieving not only recovery from substance use disorders (SUDs), but also wellness in all eight dimensions: emotional, spiritual, intellectual, physical, environmental, financial, occupational and social. These programs do not replace treatment; they provide an ongoing support system towards a recovery path that leads to and enhances treatment by community providers.

Intensive Recovery Treatment and Support Program

In her 36 years in the SUD treatment field, one of the most important things Mary-Catherine Bohan, MSW, Vice President of Outpatient Services, has been involved in is the Intensive Recovery Treatment

and Support (IRTS) Program. Since its launch in January 2018, the program has served 1,100 individuals. There are three teams, each of which has about 10 Peer Health Navigators and serves nearly 200 individuals.

"The program has been life changing for many people, not only those who are served, but also those serving as Peer Health Navigators. They have lived experience with SUD and/or incarceration," Bohan said. "We're creating a pathway for people to be employed – and they may not have thought they were employable," she added and shared the example of one person who had spent most of his life behind bars and received a scholarship to become a Peer Health Navigator.

This program is a collaborative effort with the Department of

Corrections (DOC), the Division of Mental Health and Addiction Services and University Corrections Health Care (UCHC). While the program is specifically for incarcerated individuals with opioid use disorder, UBHC plans to expand it for individuals with other types of SUDs and different populations, according to Bohan.

"From the beginning, we decided to build a learning collaborative to reinforce the adult learning model of ongoing learning," Bohan stated. Peer Health Navigators, case managers, nurses, program leadership and DOC representatives meet quarterly to share success stories and learn from each other. "They're the best feel-good afternoons you can spend," she said.

Engagement begins six months prior to an individual's anticipated date of release from prison. For

the first four months post-release, the IRTS team connects clients to treatment and other community resources and helps them build skills to prevent relapse and re-incarceration. Peer Health Navigators also educate individuals on recovery self-care, wellness and SUD treatment options; share their experiences related to recovery; and maintain communication and collaboration with other service providers to ensure clients have access to the treatment they need.

During the subsequent four months, the IRTS staff continues to help clients determine strategies for overcoming challenges; develop and strengthen their commitment to achieving meaningful goals and establish plans to achieve them; and foster use of community resources and supports. Around 14 to 15 months into the program, the IRTS team begins to transition clients out of the program.

NJ Peer Recovery Program

Telephonic peer support is available seven days a week from 8:00 a.m. to 8:00 p.m. through the NJ Peer Recovery Program, which Rutgers UBHC launched in collaboration with Horizon NJ Health on November 1, 2019. NJ Peer Recovery provides confidential peer support to meet the needs of members who are living with SUD or in recovery.

"We continually look at ways to improve the quality of our members' lives and health," said Shagun Malik, Manager, Medicaid Product & Transformation, Government Programs, Horizon NJ Health. "Our goal is to provide support for recovery and we collaborate with Rutgers UBHC on this program as they have years of experience operating peer support programs." Malik noted that although the program was created for qualified Horizon NJ Health

members, individuals with other insurance plans or no insurance would not be turned away.

The program follows the reciprocal peer support model, which has been proven to be highly effective through several peer phone support programs that UBHC developed over the past 20 years, beginning soon after 9/11 with Cop2Cop.

"It is positive and strengths based. People are often told all that's wrong with them, what's broken. We focus on what's right, such as when they're not sick 24 hours a day and when they are functioning," said Jacynth Pelland, LCSW, LCADC, Program Coordinator. "We're working with people who are actively using and others who want treatment. Peers are there at that crucial time to connect people with treatment when they're ready."

"At Rutgers National Center for Peer Support, we joined with the University of North Carolina Global Peers for Progress Institute for an independent program evaluation of the Reciprocal Peer Support (RPS) model. More than 50% of the time, callers reported engaging in treatment referrals provided within a six-month average episode of care with an average of 15 peer counseling contacts," noted Cherie Castellano, LPC, Rutgers National Center for Peer Support Program Director. "Our focused structure in RPS offers telephonic peer support with tasks such as connecting, resilience building, orienting and developing wellness

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"When 'I' is replaced with 'We,' even illness becomes wellness."

– Peggy Swarbrick, PhD, FAOTA, Innovation Director
Rutgers Health - University Behavioral Health Care,
quoting Malcolm X

RUTGERS UBHC OFFERS A VARIETY OF PEER-RUN SERVICES

[continued from page 15]

plans, and callers are offered peer support callbacks and agree 70% of the time to receive daily, weekly or monthly follow-up peer support calls. Our focus is to combat stigma, isolation and foster connection and wellness."

This program can be used alone or along with clinical treatment. "Everyone has a different path to recovery. Some will choose treatment, others also need peer support with basics, such as focusing on strengths, building their wellness habits so that they create a new lifestyle," said Peggy Swarbrick, PhD, FAOTA, Innovation Director.

"In rehabilitation, people can't bring counselors home with them. They need to make decisions on their own. We're always available. It helps people who don't know where to turn," stated Arielle Estes, Peer Support Specialist II.

"Callers are really feeling heard and they're calling back frequently. These services are meeting the basic human need of connection," added Matt Buragina, NJ Peer Recovery Supervisor. "Many feel they need to lose their networks of friends and start from scratch. We're the positive first contact to build new networks."

"Connecting through shared experience is a mutually beneficial feature of the program," Dr. Swarbrick said.

Support Team for Addiction Recovery Program

As the Program Coordinator, Outreach/Case Management Services at UBHC, Stephanie Evans, MS, has witnessed many successes through the Support Team for Addiction Recovery (STAR) program.

"The impact is two-fold. We've seen a lot of good come out of case management and had several successful housing placements for people who were homeless or precariously housed," Evans said. She shared an example of a man in his 70's who has been treated with methadone for decades. "He can no longer live independently. He receives health care and social work support at home and he's in a day program five days a week, all of which have enabled him to stay in his home that he's had for many years."

The STAR team's wellness coaches look at what each person wants help with on in their recovery journeys, such as going to school or getting a job. For example, they recently helped a woman in her late 50's apply for financial aid for college and secure permanent housing.

"It's so nice to hear about people doing well after they were in dire straits just a few weeks ago. This program gives them hope," Evans said.

STAR recently expanded from four to six staff in Mercer County. These additional staff will work with individuals who have been arrested and sent to the Mercer County Jail and have an addiction to opioids. During the 2018-2019 year, STAR staff worked with about 78 individuals. "We hope to increase that number by about 25% with the additional staff," Evans said.



"The Intensive Recovery Treatment and Support Program has been life-changing for many people."

— Mary-Catherine Bohan, MSW
Vice President, Outpatient Services
Rutgers Health - University Behavioral Health Care



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NJAMHAA NEWS
Spring 2020



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RWJBARNABAS' PEER PROGRAM FOCUSES ON

PREVENTION, AS WELL AS RECOVERY



Pictured left to right: Jennifer Luyster, Gina Zaccagnino, Ruth Palacio, Elliott Liebling, Angela Cicchino, Michael Litterer, Connie Greene, Eric McIntire, Dr. Christopher Freer, Dr. Petros Levounis, Suzanne Sernal and Michael Capko

RWJBarnabas HEALTH

Angela Cicchino, NCPRSS, and Eric McIntire, NCPRSS, are two inspiring successes. After achieving maintenance of their own recovery from substance use disorders (SUDs), they became Peer Recovery Specialists in 2016 at the RWJBarnabas Health (RWJBH) Institute for Prevention and Recovery (IFPR) and they moved up the ranks. Cicchino is a Program Supervisor at four sites and builds relationships with hospital staff. McIntire is Assistant Director of Recovery Support Services.

These positions are part of the Opioid Overdose Recovery Program, which RWJBarnabas Health calls the Peer Recovery Program (PRP).

It operates around the clock in Essex, Hudson, Middlesex, Monmouth, Ocean, Somerset and Union Counties. Cicchino's and McIntire's responsibilities have grown as the program has expanded. When they started in 2016, there were 10 per-diem PRP Recovery Specialists and today, there are more than 80 working full-time.

The program also expanded in its scope. It originally served only individuals revived from opioid overdoses in emergency rooms and now serves patients with all types of SUDs in all participating hospitals' emergency departments, as well as individuals with SUDs in RWJBH hospitals' inpatient units.

The teams also include Patient Navigators. After the PRP Recovery Specialists engage clients, the Patient Navigators determine the appropriate level of care for each client and make the connections.

The PRP Recovery Specialists provide bedside interventions in hospitals, sharing their experiences and encouraging the patients to accept connections to treatment. They provide intensive follow-up for eight weeks and then check in with the clients at three, six, nine and 12 months. PRP Recovery Specialists and Patient Navigators also screen every patient for social determinants of health, which include housing, transportation, education, employment, financial resources, access to health care and support systems.

All patients who accept recovery support services work with the PRP Recovery Specialists to develop structured care plans. This process

includes identifying each person's strengths, as well as long-term goals and short-term objectives and the types of support needed to achieve them.

"I love the concept that substance use disorder is being treated as the disease that it is and we're providing the resources that people need," Cicchino said.

"I learned a lot about medications and different pathways to recovery. We are helping thousands of people make positive changes in their lives," McIntire said.

"Our most meaningful platform is the All Recovery Meeting that we hold weekly. Clients and their families and friends discuss positive, motivational topics such as what we're grateful for and overcoming obstacles. The clients started to run these meetings regularly and some sites have 30 to 60 participants each week," Cicchino said.

"The All Recovery Meeting is where we get to see the magic firsthand," McIntire added. During the coronavirus crisis, these meetings are being held virtually and attracting even more attendees than the in-person meetings have done.

"Eric and Angela make the magic happen," said Elliott Liebling, MPH, Manager, Research and Development, who handles data collection for all IFPR programs.

In 2019, PRP Recovery Specialists made 18,586 bedside visits; this was more than twice the number of deployments as in 2018. In addition, the number of deployments in the second half of 2019 was 38% higher than in the first half of the year. As a result of 4,660 follow-up calls made at three, six, nine and 12 months in 2019, 240 patients reported being in recovery.

This number equates to nearly 5% of eligible clients and approximately 69% of individuals who were successfully contacted, according to the IFPR's annual report.

The significant increase in the second half of 2019 is attributed, in part, to the implementation of automatic referrals based on certain criteria in the electronic health records, as well as expansion of the substance use-related educational offerings available throughout RWJBH. "For example, over several months, 800 nurses at Community Medical Center in Toms River attended education sessions offered by PRP Recovery Support Educators to learn about PRP, substance use disorders, medications for opioid use disorder, social determinants of health, and recovery," as explained in the annual report.

Also in 2019, there were 116,698 instances of follow-up, including 14,002 face-to-face contacts.

In addition, of the 90% of patients available for services who accepted the bedside visits from PRP Recovery Specialists, 90% also agreed to various types of recovery support services. In addition, individuals accepted 3,179 referrals to levels of care, either during initial bedside visits or during follow-up.

In the first quarter of 2020, PRP Recovery Specialists made 4,506 bedside visits, which is an 18% increase over the first quarter of 2019.



"We are helping thousands of people make positive changes in their lives."

— Eric McIntire, NCPRSS
Assistant Director of Recovery Support Services

MANY SEEK FOOD AND SHELTER AT



Eva's Village started as a soup kitchen in the 1980s. Within two years, shelters were added, and the organization later expanded to help homeless individuals with employment, poverty, mental illnesses and substance use disorders (SUDs).

"Some people come to us just to get food, and they end up getting so much more. Some end up working with us. We watch them climb the ladder one step at a time. We watch their spirit and commitment grow. Some end up working or volunteering with us," said Dan Renaldo, CEO. "Our understanding of the complexity of SUD treatment is much deeper than it used to be. Our goal is sustained recovery. To support that, we do a lot of peer-based work, the non-clinical part of treatment."

"The peer and clinical services intersect," noted Leslie DeBlasio, LPC, LCADC, NCC, CCS, ACS, CCTP, Executive Vice President of Integrated Care, adding that Eva's Village serves a large criminal justice population in its intensive outpatient program. "The peer support enables clients to overcome their resistance to change."

"Clinicians need to maintain barriers that peers don't have to. This helps peers make the connection. We definitely need both approaches," DeBlasio explained.

"So much of it goes back to trust. Many people who come to us may have been turned away and let down in the past because of issues with capacity in treatment

programs or other issues. We can do so much here because we can meet people where they are, chip away at the armor and build trust," said Heather Thompson, Executive Vice President, External Relations and Development.

"Eva's Village has evolved over the years from a traditional 12-step, semi-confrontational approach in our treatment programs to a motivational one. As part of motivational enhancement techniques, we help clients identify the discrepancy between what they say their goals are and their expressed behaviors," DeBlasio added.

DeBlasio recalled seeing many people returning to various treatment agencies multiple times over the years. "I realized their needs weren't being met. There's so much trauma. We must help each person from the lens of their experience of trauma and get to the root of what led to their addiction," she said, adding that Eva's Village is partnering with The Center for Great Expectations, another NJAMHAA member, on training staff to use the Attachment, Regulation and Competency model of trauma-informed care. "It provides the tools for emotional regulation and lets people know they're not alone. Recovery in isolation doesn't work. Everyone needs the social aspect, which is peer support," DeBlasio stated.

"At the Recovery Center, we work on the social aspect. Ninety percent of the programs and meetings are peer driven;

EVA'S VILLAGE AND GAIN MUCH MORE

only 10% are run by staff or outside community partners. The peer driven programs build confidence – for the first time in a long time for many. I see a spark in their eyes when they are up there leading a group," said John Reagan, CCAR, Senior Peer Services Coordinator at Eva's Recovery Center.

"It builds leadership skills and a sense of accomplishment, along with empathy and connections," Renaldo added.

According to Reagan, many Recovery Center participants become volunteers and spend more time at the Center. Then, after a few months, many are ready to get jobs.

He stressed that the center is a Recovery Community Center, where a family is created through not only the support services, but also monthly social events.

"People who are in recovery with you become your family. Many people return to Eva's to give back after they have moved on in their lives," Reagan said, noting that some participants go to Eva's in the mornings to help others before going to their jobs. They provide additional encouragement for others to start treatment.

While the state requires Eva's Village to serve 200 people each month at the Recovery Center, the agency served between 800 and 1,000 individuals during each of the last three months of 2019. In January of this year, the center exceeded a total attendance record of 4,000 (roughly 1,000

people who went to an average of four events in the month) for the first time, according to Reagan.

"When people walk in the door, they're on fire. They're ready to be helped and they need help immediately. They may come here seeking shelter, but they also might be suffering from a mental health issue or SUD. So, we work to get them into a mental health program or a detox program. If a bed isn't available right away, we have them stay at the shelter overnight and drive them to the detox or mental health program the next day," Reagan explained. He shared an example of a young woman who came to the Center seeking shelter and detox. She and Reagan began discussing her childhood trauma and realizing that she needed additional help,

Reagan had a counselor from Eva's intensive outpatient program speak with the young woman while he went to arrange for detox services.

Another peer-based program at Eva's Village is the Opioid Overdose Recovery Program (OORP), which connects Certified Peer Recovery Specialists to patients in local hospitals who have overdosed or are struggling with SUD and need help accessing detox, treatment or other services. Eva's has an answering service 24/7/365 that is used by the hospital staff to contact the OORP, and once that call is placed, the on-call specialist goes to the hospital to meet with the patient in need.

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Pictured left to right: Leslie DeBlasio, Executive Vice President, Integrated Care; Daniel Renaldo, CEO; Heather Thompson, Executive Vice President, External Relations and Development

MANY SEEK FOOD AND SHELTER AT EVA’S VILLAGE AND GAIN MUCH MORE

[continued from page 21]

“We look at each person as a human, even though they may feel like they’re not at the time. Sometimes we get pushback. We leave our business cards. Many initially refuse help because they’re just not in a good state of mind at the time, but then they call days or even weeks later,” said Euclides Mateo, Patient Navigator for the OORP, who will soon become a Certified Peer Recovery Specialist. “Once we can connect them to some sort of help, we start to see the spark and then they’re building their lives back up.”

Thompson noted that the OORP was originally funded by the state to operate from Thursday evenings through Monday mornings and solely for individuals who had been reversed from opioid overdoses. With supplemental funds secured from public and private sources, this program has been expanded to operate around the clock, seven days a week for individuals with all types of SUDs. “We rely heavily on the hospitals and vice versa,” Thompson stated. “These partnerships are so critical. Together, we need to extend the safety net to every person who is ready to start treatment.”

Reagan worked in an OORP at another organization before joining Eva’s Village. He recalled going to a hospital to speak with a patient who had overdosed and would not talk to the medical staff at all. Reagan sat down to speak with the patient and shared his own experience of being in a hospital with family around

him. “I asked him how he ended up here and that opened the floodgates. We talked for more than an hour. Many people judge those who are struggling – even if they don’t mean to – but not the peers. There are many roads to recovery, and our job is to help create a road that best fits the needs of each individual.”

In Eva’s OORP, the vast majority of individuals become engaged in clinical treatment and/or recovery support services, according to Mateo. From August through December 2019, 80% of people who connected with an OORP specialist were referred to detox or treatment programs – or to Eva’s Recovery Community Center – within three months, and some of these connections happened within just a day or two. “We stay in contact with many individuals for months or even years, so they can get help again when they need it,” Mateo said.

“Every point of contact is a point where someone can demonstrate they’re there to help – It’s planting a seed,” Thompson emphasized.



“We need to extend the safety net to every person who is ready to start treatment.”

- Heather Thompson,
Executive Vice President,
External Relations and
Development



OAKS EMPLOYS HOUSING FIRST MODEL TO HELP CLIENTS ACHIEVE RECOVERY AND SELF-SUFFICIENCY



Pictured left to right: Sharon Pluck, Supervisor; Phillip Pratt, Kyle Stephens and Terence Carolan, Peer Recovery Specialists; and Kimberly Saich, Care Manager

Early in the journey to recovery from opioid use disorder (OUD), some individuals may need to be housed in sober living residences or short-term residential treatment, while others may have gone through such programs and are ready to be independent. Oaks Integrated Care provides support for being successful in this next step toward independence and self-sufficiency through its Safe at Home Program.

“It’s a Housing First model. Housing is the jumping off point to address broader issues,” said Michael D’Amico, MSW, LCSW, Vice President at Oaks. “Recovery involves not just treatment. It’s also addressing biopsychosocial needs in order to reduce relapse and decompensation, and to work toward self-sufficiency and sustained recovery.”

“The program is meant to meet the holistic needs of individuals and addresses their environmental, social and concrete resource needs. The general philosophy is that these core needs need to be met to ensure that individuals have the recovery capital needed to achieve and sustain recovery,” D’Amico explained.

Oaks was awarded a grant from the Division of Mental Health and Addiction Services (DMHAS) released in

the late spring last year, and the program opened in October.

Oaks was awarded 120 subsidies that are divided equally among Mercer, Burlington and Camden Counties. “On the first day we requested the vouchers, people came out of the woodwork, either through self-referrals or referrals from short-term residential and other programs. We have the slots filled in each county plus dozens more wanting this service,” D’Amico said. Eighty additional subsidies were awarded to agencies serving other counties throughout the state.

D’Amico explained that the model for this program is similar to supportive housing in mental health services. “Safe, stable housing is essential for recovery from anything. Then, we can engage individuals into treatment and identify their goals and any training they may need to start or re-enter careers. We also help get them involved in social, religious and other groups and activities.”

Oaks also helps clients obtain food stamps and develop skills, such as money management. D’Amico noted that clients are responsible for a percentage of the rent. “We conduct a screening process to ensure we’re not setting anyone up for failure,” he said.

Each team consists of a care manager and a peer who is either certified or working toward certification. They follow the philosophy of harm reduction, support medication-assisted treatment and implement individualized plans based on needs assessments.

“This program enables us to have a larger continuum of peer and care management services, along with clinical treatment, so we can provide more robust services,” D’Amico said. Partnerships further help expand the continuum. While Oaks has its own Opioid Overdose Recovery Program (OORP) and Support Team for Addiction Recovery (STAR) program in Burlington County, the agency is partnering with other organizations’ OORP, STAR and other programs in Mercer and Camden Counties.

“It’s great to have additional resources to meet such a major need. We need a full continuum of services and we need to maximize our collective resources,” D’Amico said.



Addressing social isolation, loneliness and determinants of health (e.g., housing, transportation, food security, employment) are a critical part of treatment plans for individuals with mental illnesses and substance use disorders. To help meet these goals and augment clinical treatment with a 24/7 resource, GoMo Health®, a new NJAMHAA Approved Vendor, has developed an evidence- and science-based remote engagement software that delivers resources to individuals in their lived environments – Concierge Care®.

Based on a proprietary science of human motivation, activation and resiliency, BehavioralRx® and its cloud-based mobile engagement system, Concierge Care, are important to behavioral health providers as they have proven to (1) increase attendance and retention; (2) reduce costly adverse events such as emergency department visits and readmissions; (3) integrate behavioral and physical care into remote care plans; and (4) collect the Patient Reported Activities and Outcomes needed for telehealth reimbursements and value-based payment models.

“What distinguishes us is addressing personal determinants,” said Gary Pollack, Senior Vice President, Government Affairs

& Health Equity, using GoMo Health’s preferred term for the environmental factors that account for 60% of each person’s health. “It’s challenging for people who are worried about satisfying basic needs like food and housing to concentrate on risks beyond them. Our program also helps providers as it reinforces the mental and physical therapies within the person’s lived environment,” Pollack added.

In addition, GoMo Health helps providers maximize their revenue potential. For example, Bridgeway Rehabilitation Services’ partial care program in Sussex County increased attendance from 60% to 90%, thereby increasing fee-for-service reimbursements while enabling higher utilization from its clinical and service staff. The GoMo Every Day Matters program has been demonstrated to build self-confidence and self-management skills outside of the day program.

“From our first meeting with Bob Gold and GoMo Health, we knew we were talking about a best practice for putting the tools of recovery in people’s hands. GoMo Health specializes in making patient engagement in their own journeys as easy and personal as an individually designed care message at the right time of the day,” said Cory Storch, MS, CPRP, President and CEO of Bridgeway,

referring to Bob Gold, GoMo Health’s Founder and Chief Behavioral Technologist. “Bob’s proven evidence-based methods provide a more personalized, disciplined and nurturing experience within the framework of a person’s lifestyle and typical day while improving satisfaction and adherence – especially for complex and chronic conditions that include co-morbidities and difficult to navigate mental health care,” Storch added.

“We turn partial care and other programs into lifestyle programs with 24/7 service availability. We must guide people in their environment of need,” Gold said. He developed the BehavioralRx engagement science, which is based on 25 Cognitive Activation Response Behavior algorithms for activation, motivation and resiliency. The algorithms were developed into a cloud-based digital therapeutic, Concierge Care®, which enables behavioral healthcare providers to focus on clients’ lifestyles as part of their services.

“We apply our BehavioralRx science to create personalized paths of engagement for program participants and deliver these crucial resources and directives through a sophisticated business rules-driven engine to communicate, engage people and individualize services,” Pollack added.

“At therapy sessions, all the recommendations from clinicians sound good. However, it’s different after appointments when the

clients are home and struggling to deal with stressors. Concierge Care helps people stay on their programs, be adherent with medications and build resiliency when their clinicians are not available,” Gold explained.

“The data gained from GoMo Health helps with medication and other clinical decision making, and it builds greater awareness of what consumers experience when they’re not with their clinicians,” according to Gold.

Gold further explained that the GoMo Health “bot” asks questions of clients like Siri and Alexa do. “We need to engage people differently based on their self-evaluations – for example, their outlook. We’re connecting with people in the context of their day-to-day lives, asking questions and adjusting information delivered based on the individuals’ answers. As a result, we have achieved five to 10 times the amount of individuals’ activation, compared to other apps and technology resources. Our goal is to be in harmony with people’s day-to-day lives versus telling them what to do every day, with no consideration for their individual environments,” he said.

“One of the values of working with us is that we provide a remote evidence-based system of care that can integrate with physical and behavioral healthcare plans. The system knows how to react based on diagnoses – mental and physical – and provide healthcare and wellness tips in one cohesive care plan,” Gold said. “We’ve dramatically changed outcomes across the U.S. and in other countries.”

In addition to augmenting clinical services, GoMo has been incorporated into the Mental Health Association in

New Jersey’s (MHANJ’s) work with individuals who call their three hotlines: The Peer Recovery Warmline, NJ Connect to Recovery and NJ Mental Health Cares. “MHANJ connects callers to GoMo’s Personal Concierge. MHANJ can also send video checklists to people they speak with as a way to provide a recap of what they discussed,” Gold explained.

“The Mental Health Association in New Jersey has worked with GoMo Health over the past two years integrating their unique texting, chatting and messaging technology into our call center. Our goal was to expand the level of support we could provide to peer families beyond the telephone call – providing crafted engagement and texts, on demand access to supportive wellness messages, access to resources and text access to our call specialists,” said Bob Kley, Chief Operating Officer and Vice President of MHANJ. “The impact has been felt across our multiple call lines – reducing repetitive

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“Technology is commonly divorced from the human aspect of care. We’ve found a way to seamlessly connect the two.”

– Bob Gold, Founder and Chief Behavioral Technologist
GOMO Health



GOMO HEALTH® EXTENDS BEHAVIORAL HEALTH PROVIDER IMPACT VIA DIGITAL THERAPEUTIC SERVICES

[continued from page 25]

calls to our peer lines, creating the capacity to text multiple referral information packets, and conducting a survey to gain feedback on service delivery. GoMo Health has provided MHANJ with excellent support, but most of all, with a creative partnership to address our individual needs to support our clients in new and exciting ways.”

The behavioral science and software are constantly being refined. For example, GoMo Health recently introduced a module to use as a buddy system, through which peers are matched based on their responses to questions. This module could also be used as a mentor program: alumni volunteers serve as mentors for current clients.


In addition, enhancements have been developed to help clients’ family members and friends support the individuals served by keeping them informed of their loved ones’ directives to strengthen their health – physical and psychological. The idea is to leverage and strengthen the circle of support to make sure these guidelines are being followed. “Caregivers don’t always know what to do and they don’t always have access to clinicians, so our software engages caregivers, regardless of their physical distance from

the clients. We also include messaging to help with caregivers’ fatigue,” Gold explained.

GoMo Health can also help strengthen providers’ proposals for services and funding. “Many grant opportunities are looking for innovation, which our digital therapeutic offers. We can help complete grant applications and potentially open up more funding opportunities for provider organizations,” Gold said. He noted that GoMo worked with Bridgeway on proposals to the Substance Abuse and Mental Health Services Administration and National Institutes of Health.

In fact, Bridgeway recently honored GoMo Health with the *Distinguished Life Impact Corporate Partner of the Year* award. Please visit www.bridgewayrehab.org for information.

“We’re trying to deepen our science and continuously apply it to build human resiliency for people to feel better about themselves and stay in therapy. NJAMHAA exposes us to people we can collaborate with. Our main interests are collaborating and sharing information,” Gold said.



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CORE SOLUTIONS' EHR SOFTWARE HELPS



core

EHR SOLUTIONS

To celebrate its 20th anniversary in 2019, Core Solutions, Inc. (Core), a member of NJAMHAA's Information Technology Council, launched a *Year of Change* campaign. Included in the campaign was the release of Version 7.2 of its flagship electronic health record (EHR) platform: Cx360. This latest release of Cx360 included updates in both system architecture, as well as a number of innovative features and functionality designed specifically for New Jersey providers. The new approach to enterprise EHR's includes preconfigured elements to make implementation quicker and easier and offers many options for end-users to configure the software to meet each provider's specific needs.

"Cx360 is a best-of-breed combination of a configurable platform that allows provider agencies to make changes to forms, fields and reports while also providing very high 'out of the box' functionality," said Brenda Berry, Vice President, Sales & Marketing. "Cx360 is architected to include a base product, as well as industry segment and state-specific product

extensions. The product extensions are designed to be more 'plug-and-play' and allow Core providers to have immediate access to the application. Product extensions include behavioral health, substance use disorders, intellectual/developmental disabilities, and child and family services, as well as state-specific extensions. They include national standards and assessments, such as for suicide risk

and criteria set by the American Society of Addiction Medicine, which are specific to each industry segment.

Cx360 also includes preconfigured forms, workflows, reports and other requirements so providers have immediate access to their new system. "This improves agency-wide adoption, shortens the learning curve and helps create new super users very quickly," according to Berry.



"Core's new approach makes implementation quicker and offers many configuration options."

- Brenda Berry
Vice President
Sales and Marketing



PROVIDERS SAVE TIME AND MONEY

Once staff and program names are entered into the system, the software is essentially ready to use. Providers can identify what Berry calls "superusers" of the software who will participate in the implementation and begin to receive software training at the start of the project. In addition, the Core team will work with users to identify any functionality gaps early on and work with Core on any modifications that are needed. "This also reduces the implementation timeline and improves provider adoption across the organization," Berry said.

While these features enable efficient implementation of the Cx360 software, they also help providers save money. "With this model, the first agency in a new state to adopt a new product

extension does not bear the burden of shouldering the initial costs of developing state-specific functionality. Core makes the initial investment for that state or industry segment and then makes that functionality commercially available to the marketplace," Berry explained. "Additionally, Core is willing to work with agencies that are willing to work together around training and implementation in order to create economies of scale for each agency involved."

Another innovative feature of Cx360 is the use of artificial intelligence (AI) and predictive analytics — features coming to Cx360 in 2020. "By analyzing the enormous amount of free text in clinical data, clinicians have access to information on the overall sentiment of the text in their

documentation," Berry said. She explained that the software alerts clinicians to the tone of clinical notes, giving them the opportunity to confirm that the tone was intended or to modify their writing so they would not be implying a client is at higher risk than what they meant to convey.

"Core is also testing several models of risk stratification in order to provide agencies with data on which of their clients may need advanced care and the corresponding potential costs associated with that specific population," Berry said.

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SEE PAGE 38 FOR DETAILS.

RUTGERS PROGRAM HELPS FULL-TIME WORKERS EARN MSW DEGREES



When Ericka Deglau, PhD, LSW, joined the Rutgers School of Social Work in February 2006, the new dean at the time was looking to expand the school and its programs. Child welfare was a major interest, as the system was in the process of reform to address systemic and practice issues that had raised public concern. The dean proposed a program to enable public child welfare workers to enhance their skills by pursuing MSW degrees, while they continued to work. This became the Public Child Welfare Intensive Weekend (PCWIW) program, which Dr. Deglau continues to direct as the Intensive Weekend (IW) program, in addition to being a member of the faculty as Teaching Professor.

The state accepted the proposal and renewed funding for the program through early 2010, permitting 152 public child welfare employees to obtain their MSWs. Most of the graduates have continued their work in public child welfare and a number have attained leadership positions. As the PCWIW program grew over the course of a few years, a number of executives from NJAMHAA member agencies approached the school about creating a similar program for behavioral health employees. Len Altamura, then CEO at Steiner, among others, had been impressed by the caliber of public child welfare workers who

had completed field internships at their agencies. They thought the program might be an excellent opportunity to offer their promising staff opportunities for professional education, and build resources within their agencies. Although funding was not available, the dean agreed to offer MSW education focused more broadly on human services employees and charged Dr. Deglau with developing the program.

Students were recruited from NJAMHAA member agencies and the program started in September 2010. "So, we built the program again from the ground up through a lot of outreach to NJAMHAA members," Dr. Deglau noted. Today, more than half of the student body are employed by agencies in



"Behavioral health providers thought the program might be an excellent opportunity to offer their promising staff opportunities for professional education, and build resources

- Ericka Deglau, PhD, LSW



the NJAMHAA membership. They fulfill all MSW course requirements and are exposed to a well-rounded body of policy, clinical practice and management expertise, enriched by the experience students bring to the classroom. For many, pursuing an MSW would never have been possible financially or without interrupting their careers. This program is designed for working students.

There has been a huge demand for the IW program from the beginning, with 20 students in Mays Landing the first year and almost as many in Bordentown. In 2011, the school announced a program expansion into North Jersey, where many social workers expressed interest. More than 40 additional students in the north enrolled, as well as a second cohort each in Mays Landing and Bordentown. Currently, the program is available at four off-campus locations: Parsippany, Bordentown and Mays Landing locations average 40 to 60 students each and Jersey City regularly has 80 to 100 students, according to Dr. Deglau. For the past four years, the student body has been steady with slightly more than 200 students, she added, noting that after the current school year, the IW program will have more than 600 graduates.

"Taking classes with a cohort is important. The groups of 15 to 20 students become support systems and offer a way to learn about what's happening in other areas, such as wraparound services for children with behavioral health issues and their families, child welfare services, and housing for individuals with mental illness, substance use disorders or other chronic illnesses," Dr. Deglau said. "The classroom becomes a laboratory to discuss these areas. The inter-professional

learning opportunities build on students' experiences by enabling them to see how other areas apply to each of the areas they work in," she explained.

The students take one course at a time, which helps them focus on the theory and practice content in each course, according to Dr. Deglau. Each eight-week course consists of two monthly in-person weekend sessions. In between these sessions, students complete online coursework and gain experience through field assignments that are in different areas than their regular jobs. Field internships comprise eight to 10 hours/week (10 to 12 for advanced standing students) and accompany course work year round. They may be either at each student's place of work, or at different locations. It takes just under three years to finish the program – generally less than if they went to school part-time. For students who have Bachelor's degrees in Social Work, it takes just under two years.

Dr. Deglau noted that the School of Social Work was founded in 1956 by order of the State Legislature, which is an unusual beginning. "This makes it an important part of our mission to be of service to the state and the state's population," she said.

"The IW program is partly inspired by the notion of making it possible for people doing this work to improve their skills and obtain MSW degrees to not only further their own career goals, but also to professionalize areas serving vulnerable populations."

Guest Instructors Wanted

Dr. Deglau invites NJAMHAA members to contact her if they would like to be considered for teaching classes on clinical and policy issues. She can be reached at (848) 932-4429 or edeglau@ssw.rutgers.edu.

NEW JERSEY'S NONPROFIT ORGANIZATIONS' IMMUNITY

ELIMINATED UNDER NEW CHILD VICTIMS ACT

BY LISA A. BELLIS, ARM, CSM, CIC, CRIS, DIRECTOR OF RISK MANAGEMENT & LOSS CONTROL
BROWN & BROWN OF LEHIGH VALLEY, LP, A NJAMHAA APPROVED VENDOR

New Jersey's Child Victims Act went into effect on December 1, 2019, creating a two-year window for victims of any age to file a civil suit alleging child sexual abuse. The bill, signed into law by Governor Phil Murphy, allows victims the ability to file suit, even if it would have previously been time-barred by the statute of limitations. According to the *National Law Review*, there were 46 new cases filed in the *first minute* of the look-back period. The underlying idea behind the Child Victims Act is that children often hide instances of abuse due to psychological and emotional trauma, and do not report them until later in life.

New Jersey follows other states' laws, which were enacted recently across the U.S. In California, the law opened up a three-year look-back period that began January 1, 2020. In New York, the Child Victims Act went into effect on August 14, 2019. According to an article written by Steve Orr in *USA Today*, it was reported that by 5 a.m., lawyers submitted 200 child sexual abuse lawsuits in New York, which rose to 385 lawsuits by noon. New Jersey's law is unusual in that it also extends the statute of limitations to allow adult victims to file suits alleging child abuse, up until age 55, or until seven years after the date of reasonable discovery of the injury, whichever is later.

Due to a carve-out in the New Jersey Tort Claims Act, N.J.S.A. 59:1-1, nonprofit organizations in New Jersey that were historically immune can now be held liable for negligent acts in sexual abuse claims. The consequences of this legislation for New Jersey nonprofits could be immense. To compound the issue, many attorneys are now seeking *immediate* settlements by encouraging nonprofits to avoid the

negative press or loss of donors' trust that would come as a result of litigation.

While every victim should have a voice, attempting to defend or sort through an allegation from 20, 30 or even 40 years ago can be particularly challenging. An accused abuser may no longer be employed at your organization or may be deceased. Evidence is difficult to unearth, memories have diminished, insurance policies have been archived or deleted, and witnesses can be impossible to locate. So, what can your organization do now to prepare for a potential lawsuit? Start by answering a few questions to determine your potential risk:



"Nonprofit organizations in New Jersey that were historically immune can now be held liable for negligent acts in sexual abuse claims."

Lisa A. Bellis, ARM, CSM, CIC, CRIS, Director of
Risk Management & Loss Control
Brown & Brown of Lehigh Valley, LP



- Has your organization reviewed historical complaints of abuse? Were the incidents thoroughly and promptly investigated?
 - Do you have a response team in place to immediately address allegations of sexual abuse? Are they qualified and experienced?
 - What sexual abuse lawsuits has your organization faced that were previously dismissed on the grounds they exceeded the statute of limitations? These should be brought to the top of the stack since they are most likely to resurface under the new law.
 - What insurance coverage was in place at the time that could provide defense? Can you locate copies of the policies?
 - If your organization is brought into a lawsuit, will you have access to relevant documents, witnesses and communication with the accused employee?
- Brown & Brown offers their insureds a single-source solution to prepare for and manage sexual abuse claims through a division called Procor. They coordinate responses to allegations of abuse and create solutions unique to each organization. Their goal is to reduce claims' resolution time while minimizing reputational harm. They provide industry-leading experts, including claims administrators, insurance archeologists and experienced consultants. Procor's defense team has experience in high-profile abuse claims, including Penn State's child abuse case. To learn more about how Brown & Brown can assist your organization, contact John Ehresman, AAI, Senior Vice President, Insurance and Risk Management Advisor, at (610) 694-1884 or jehresman@bbinslv.com

Welcome, New Members!

NJAMHAA welcomes the following new members, who joined over the past several months.

Provider Organizations:

- Education and Health Centers of America
- Family Resource Network
- High Focus Centers (Pyramid Healthcare Hammonton)
- Total Family Solutions

Integrated Healthcare Council:

- Acutis (diagnostic lab)
- Sobel Co. (accountants)

Information Technology Council:

- DATIS HR Cloud (human resources and payroll software)

Approved Vendors:

- CBIZ Employee Benefits
- GoMo Health – Learn about their innovative mental health app on page 24!

Many Thanks to our
2020 Partners in Advocacy

D i s t	Counties (Click here for municipalities)	Legislators (Click here for contact information)	Partners	Partner Organization
1	Atlantic, Cape May, Cumberland	Sen. Testa Jr. Asm. McClellan/ Asm. Simonsen	Greg Speed	Acenda Integrated Health
2	Atlantic	Sen. Brown Asm. Armato / Asm. Mazzeo	Cindy Herdman-Ivins Frank Blee Julie Drew Laura Rodgers	Center for Family Services AtlantiCare Behavioral Health AtlantiCare Behavioral Health JFS of Atlantic & Cape May Counties
3	Cumberland, Gloucester, Salem	Sen. Sweeney Asm. Burzichelli Asm. Taliaferro	Anthony DiFabio Elizabeth Verdi	Acenda Integrated Health Acenda Integrated Health
5	Camden	Sen. Cruz-Perez Asm. Moen, Jr./Asm. Spearman	Judyann McCarthy	Center for Family Services
8	Burlington, Camden	Sen. Addiego Asw. Stanfield/ Asm. Peters	Amanda Rodriguez Derry Holland	Legacy Treatment Services Oaks Integrated Care
9	Atlantic, Burlington, Ocean	Sen. Connors Asw. Gove / Asm. Rumpf	Jim Cooney Cindy Herdman Ivins	Ocean Mental Health Services Center for Family Services
10	Ocean	Sen. Holzapfel Asm. McGuckin / Asm. Catalano	Mary Jo Buchanan Jim Cooney	Ocean Partnership for Children Ocean Mental Health Services
12	Burlington, Middlesex, Monmouth, Ocean	Sen. Thompson Asm. Clifton / Asm. Dancer	James Marhold	Declarations Inc.
15	Hunterdon, Mercer	Sen. Turner Asw. Reynolds-Jackson Asm. Verrelli	Barrett Young	Rescue Mission of Trenton
16	Hunterdon, Mercer, Middlesex, Somerset	Sen. Bateman Asm. Freiman / Asm. Zwicker	David Harkness Barbara Schlichting	Hunterdon Medical Center Somerset Treatment Services
17	Middlesex, Somerset	Sen. Smith Asm. Danielsén / Asm. Egan	Suzanne Silverio Kreie	Coordinated Family Care
18	Middlesex	Sen. Diegnan, Jr. Asm. Karabinchak / Asw. Pinkin	Jacob Caplan	Easter Seals New Jersey
20	Union	Sen. Cryan Asm. Holley / Asw. Quijano	Marlyse Benson	Trinitas Regional Medical Center
25	Morris, Somerset	Sen. Bucco Asw. Dunn/Asm. Bergen	Jim Curtin	Daytop New Jersey, Inc.
26	Essex, Morris, Passaic	Sen. Pennacchio Asw. DeCroce / Asm. Webber	Lou Schwarcz	The Bridge
30	Monmouth, Ocean	Sen. Singer Asm. Kean / Asm. Thomson	Mary Pat Angelini Jim Cooney	Preferred Behavioral Health Group Ocean Mental Health Services
34	Essex, Passaic	Sen. Gill, Esq. Asm. Giblin / Asw. Timberlake	Robert Davison	Mental Health Association of Essex & Morris
38	Bergen, Passaic	Sen. Lagana Asw. Swain / Asm. Tully	Joe Masciandaro	CarePlus NJ, Inc.
40	Bergen, Essex, Morris, Passaic	Sen. Corrado Asm. DePhillips / Asm. Rooney	Karen Acker	West Bergen Mental Healthcare

Join NJAMHAA’s Partners in Advocacy Program

Help us have our voices heard in Trenton!

NJAMHAA’s Partners in Advocacy group is comprised of representatives from member agencies that have built, or are willing to build, relationships with their state representatives at their local offices, and occasionally join NJAMHAA staff at meetings either in Trenton or locally.

NJAMHAA provides its Partners (and all members) with advocacy resources that include an annual advocacy campaign document, policy papers, priority legislative and budgetary issues, advocacy training, data from survey results, legislative alerts and more!

Your advocacy at the local level supplements the advocacy NJAMHAA does directly with legislators each year, and serves to better educate legislators about the work our members do in their districts, as well as the importance of our member organizations to the communities the legislators represent.

Building these relationships at the local level opens the door to stronger commitments by a greater number of legislators – not just those who are already connected to our issues through their committee appointments or past experience, both personal and professional – and to greater advocacy success!

THE DISTRICTS IN THE CHART BELOW DO NOT YET HAVE DESIGNATED PARTNERS IN ADVOCACY!

Contact Kate Brace, Coordinator of Advocacy and Member Services, at 609.838.5488, ext. 225

or kbrace@njamhaa.org or Mary Abrams, Senior Health Policy Analyst, at 609-838-5488, ext. 221

or mabrams@njamhaa.org to become a Partner in Advocacy!

Dist.	Counties	Legislators
	Municipalities	(Click here for contact information)
4	Camden, Gloucester	Sen. Madden, Jr. / Asm. Moriarty / Asw. Mosquera
	Chesilhurst, Clementon, Gloucester Township, Laurel Springs, Lindenwold, Monroe (Gloucester), Pitman, Washington (Gloucester), Winslow	
6	Burlington, Camden	Sen. Beach / Asm. Greenwald / Asw. Lampitt
	Berlin Township, Cherry Hill, Collingswood, Gibbsboro, Haddon, Haddonfield, Hi-Nella, Maple Shade, Merchantville, Oaklyn, Pennsauken, Somerdale, Stratford, Tavistock, Voorhees	
7	Burlington	Sen. Singleton / Asm. Conaway, Jr. / Asw. Murphy
	Beverly, Bordentown, Bordentown Township, Burlington, Burlington Township, Cinnaminson, Delanco, Delran, Edgewater Park, Fieldsboro, Florence, Moorestown, Mount Laurel, Palmyra, Riverside, Riverton, Willingboro	
11	Monmouth	Sen. Gopal / Asw. Downey / Asm. Houghtaling
	Allenhurst, Asbury Park, Colts Neck, Deal, Eatontown, Freehold Borough, Freehold Township, Interlaken, Loch Arbour, Long Branch, Neptune, Neptune Township, Ocean Township (Monmouth), Red Bank, Shrewsbury Borough, Shrewsbury Township, Tinton Falls, West Long Branch	
13	Monmouth	Sen. O'Scanlon / Asw. DiMaso / Asw. Handlin
	Aberdeen, Atlantic Highlands, Fair Haven, Hazlet, Highlands, Holmdel, Keansburg, Keyport, Little Silver, Marlboro, Middletown, Monmouth Beach, Oceanport, Rumson, Sea Bright, Union Beach	

14	Mercer, Middlesex	Sen. Greenstein / Asm. Benson / Asm. DeAngelo
	Cranbury, East Windsor, Hamilton (Mercer), Hightstown, Jamesburg, Monroe (Middlesex), Plainsboro, Robbinsville, Spotswood	
19	Middlesex	Sen. Vitale / Asm. Coughlin / Asw. Lopez
	Carteret, Perth Amboy, Sayreville, South Amboy, Woodbridge	
21	Morris, Somerset, Union	Sen. Kean, Jr. / Asm. Bramnick / Asw. Munoz
	Berkeley Heights, Bernards, Chatham Borough, Cranford, Far Hills, Garwood, Kenilworth, Long Hill, Mountainside, New Providence, Roselle Park, Springfield (Union), Summit, Warren, Watchung, Westfield	
22	Middlesex, Somerset, Union	Sen. Scutari / Asw. Carter / Asm. Kennedy
	Clark, Dunellen, Fanwood, Green Brook, Linden, Middlesex, North Plainfield, Plainfield, Rahway, Scotch Plains, Winfield	
23	Hunterdon, Somerset, Warren	Sen. Doherty / Asm. DiMaio / Asm. Peterson
	Alexandria, Alpha, Bedminster, Bethlehem, Bloomsbury, Bound Brook, Bridgewater, Califon, Clinton, Clinton Township, Franklin (Hunterdon), Franklin (Warren), Frenchtown, Glen Gardner, Greenwich (Warren), Hackettstown, Hampton (Hunterdon), Harmony, High Bridge, Holland, Kingwood, Lebanon Borough, Lebanon Twnp, Lopatcong, Mansfield (Warren), Milford, Peapack-Gladstone, Phillipsburg, Pohatcong, Raritan (Somerset), South Bound Brook, Tewksbury, Union (Hunterdon), Washington Borough (Warren), Washington Twnp	
24	Morris, Sussex, Warren	Sen. Oroho / Asm. Space / Asm. Wirths
	Allamuchy, Andover Borough, Andover Township, Belvidere, Blairstown, Branchville, Byram, Frankford, Franklin (Sussex), Fredon, Frelinghuysen, Green, Hamburg, Hampton (Sussex), Hardwick, Hardyston, Hopatcong, Hope, Independence, Knowlton, Lafayette, Liberty, Montague, Mount Olive, Newton, Ogdensburg, Oxford, Sandyston, Sparta, Stanhope, Stillwater, Sussex, Vernon, Walpack, Wantage, White	
27	Essex, Morris	Sen. Codey / Asw. Jasey / Asm. McKeon
	Caldwell, Chatham Township, East Hanover, Essex Fells, Florham Park, Hanover, Harding, Livingston, Madison, Maplewood, Millburn, Roseland, South Orange, West Orange	
28	Essex	Sen. Rice / Asm. Caputo / Asw. Tucker
	Bloomfield, Glen Ridge, Irvington, Newark, Nutley	
29	Essex	Sen. Ruiz / Asw. Pintor Marin / Asw. Speight
	Belleville, Newark	
31	Hudson	Sen. Cunningham / Asm. Chiaravalloti / Asw. McKnight
	Bayonne, Jersey City	
32	Bergen, Hudson	Sen. Sacco / Asw. Jimenez / Asm. Mejia
	East Newark, Edgewater, Fairview, Guttenberg, Harrison (Hudson), Kearny, North Bergen, Secaucus, West New York	
33	Hudson	Sen. Stack / Asw. Chaparro / Asm. Mukherji
	Hoboken, Jersey City, Union City, Weehawken	
35	Bergen, Passaic	Sen. Pou / Asw. Sumter / Asm. Wimberly
	Elmwood Park, Garfield, Haledon, North Haledon, Paterson, Prospect Park	
36	Bergen, Passaic	Sen. Sarlo / Asm. Calabrese / Asm. Schaer
	Carlstadt, Cliffside Park, East Rutherford, Little Ferry, Lyndhurst, Moonachie, North Arlington, Passaic, Ridgely, Ridgely Park, Rutherford, South Hackensack, Teterboro, Wallington, Wood-Ridge	
37	Bergen	Sen. Weinberg / Asm. Johnson / Asw. Vainieri Huttie
	Alpine, Bogota, Cresskill, Englewood, Englewood Cliffs, Fort Lee, Hackensack, Leonia, Northvale, Palisades Park, Rockleigh, Teaneck, Tenafly	
39	Bergen, Passaic	Sen. Cardinale / Asm. Auth / Asw. Schepisi
	Bloomingdale, Closter, Demarest, Dumont, Emerson, Harrington Park, Haworth, Hillsdale, Mahwah, Montvale, Norwood, Oakland, Old Tappan, Park Ridge, Ramsey, Ringwood, River Vale, Saddle River, Upper Saddle River, Wanaque, Washington (Bergen), Westwood, Woodcliff Lake	

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Make the Most of your Membership by Participating in Membership Meetings, Practice Groups and Councils!

Share your insights to inform our advocacy on your behalf!
Network with and learn from other providers!

Unless otherwise indicated, all meetings will be held at NJAMHAA, 3635 Quakerbridge Road, Suite 35, Mercerville, NJ 08619.

Membership Meeting

Share your ideas and concerns with NJAMHAA Board, other members and the NJAMHAA staff!

- June 17, 2020 – 10 a.m. to 12 p.m. at Integrity House, Newark, NJ

Information Technology (IT) Groups

Future meetings are scheduled when these groups meet.

- Billing Supervisors Practice Group
- IT Professional Advisory Committee
- Compliance and Performance Improvement Committee
- Human Resources

Chief Financial Officers Practice Group

June 8, 2020 – 1:00 to 3:00 p.m. at NJAMHAA

Population-Focused Practice Groups:

Addictions, Adult Mental Health, Children's, ICMS, PACT

- Focus on policy issues, not clinical issues.
- Provide updates on budgets, legislation and regulations.
- Can establish ad hoc subgroups.
- Are encouraged to raise issues to the Board during the Board meetings that are open to all members.

New Practice Group: Evidence-Based Practices (EBP)

Upcoming Meetings:

Addictions
12:30 p.m. to 2:30 p.m.
TBD

Children's
10:00 a.m. to 12 p.m.
TBD

ICMS
10:30 a.m. to 12 p.m.
June 2, 2020

Adult Mental Health
1:00 p.m. to 3:00 p.m.
TBD

EBP
TBD

PACT
1:00 p.m. to 3:00 p.m.
May 29, 2020

Councils:

Hospital Community
Integration
1:00 p.m. to 3:00 p.m.
TBD

HMO
1:30 p.m. to 3:00 p.m.
TBD

Life Sciences and Innovation
10:00 a.m. to 12 p.m.
TBD

Meetings may be held solely through conference call,
depending on the status of the coronavirus crisis.

For more information or to join any groups, write to smoses@njamhaa.org

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- Annual Technology Conference presents the latest information on popular trends and emerging technologies; first-hand information about non-profit policy and funding issues and regulatory mandates; opportunity to network with top technology companies.
- Bits & Bytes newsletter highlights **IT Project** activities, product evaluations, industry surveys, vendor news, case studies, technology tips and techniques, grant information, and much more.
- Consultation services for EHR implementations
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- LAN/WAN/VPN, VoIP, Disk to Disk backups, Internet Monitoring solutions
- Managed Services for all your circuits, servers and desktops
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- Assistance in purchasing technology solutions
- Compliance assistance (federal and state, as related to privacy and security)
- Grant and product donation information
- Training, workshops and conferences
- Website development and maintenance at below market rates

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Spring 2020

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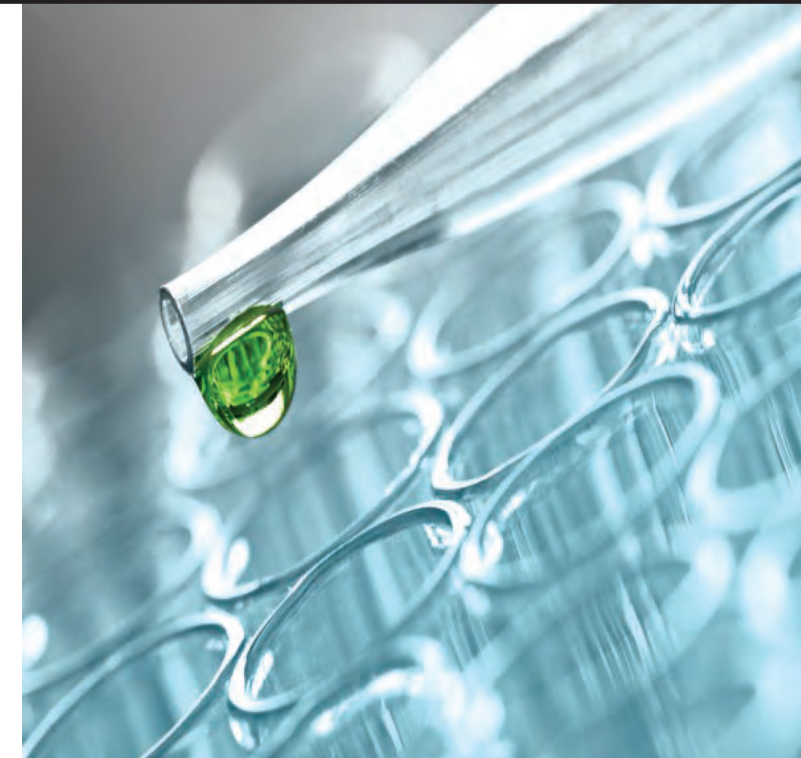


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NJAMHAA's Mission

To promote the value of its members as the highest quality behavioral healthcare providers for the residents of New Jersey through advocacy and professional development

Follow NJAMHAA on Social Media!

We keep you informed on mental health care and substance use policy, services and supports and NJAMHAA's advocacy. We provide updates on trainings, events and resources available.



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NJAMHAA News Journal

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



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