New Jersey Association of Mental Health and Addiction Agencies, Inc.

UNTOLD *Stories*

Why Access to Care
Must Be the Highest Priority

FY2026

Eileen grew up with an uninvolved mother who had a drug addiction and introduced Eileen to opiates when she was 12 years old. A year later, after Eileen found her mother's boyfriend dead from an overdose, she was taken away from her mother and brought to live with her father. "My father and his relatives introduced me to selling drugs. When I graduated, I was kicked out. So, I became homeless, lived in abandonment and ate out of dumpsters. I tried crack and heroin, and I was selling drugs," she shared.

After being in a physically abusive relationship, Eileen overdosed on heroin. Some time after the hospitalization, she was rescued from a suicide attempt by a police officer and moved into a sober living home. "That was when, for the first time that I can remember, I woke up without the desire to get high," she said. Then, she became pregnant and the father of her child "could not handle it, so he disappeared."

"I felt like a failure. I didn't know what to do. The last thing I wanted was to be in a shelter with my baby. I thought I had no way out. I was afraid I would revert to my old ways, taking drugs to escape. I was lost, afraid, alone, hopeless," Eileen shared.

A friend referred Eileen to the *For My Baby and Me* program, which is operated by Rescue Mission of Trenton, Catholic Charities, Diocese of Trenton, HomeFront and Trenton Health Team. She received housing, substance use treatment, and mental and medical health care. Today, Eileen is employed as the Ambassador for the *For My Baby and Me* program, and her one-year-old daughter Ellyanda is thriving.

"I like who I am today. Before, I just wanted to run away from myself. I now see a whole different future," Eileen said. "It is a blessing to be on the other side of all that turmoil. I get to be a woman of honor, dignity and grace, which I was not before. And my daughter gets to see that there is another way to live. While my daughter is truly a motivation, I didn't get sober for her. I had to get sober for myself, so we could have the life that we now have together. And together, I know we will create new possibilities."

Untold Stories...
of Those in Need and Those Who Serve Them

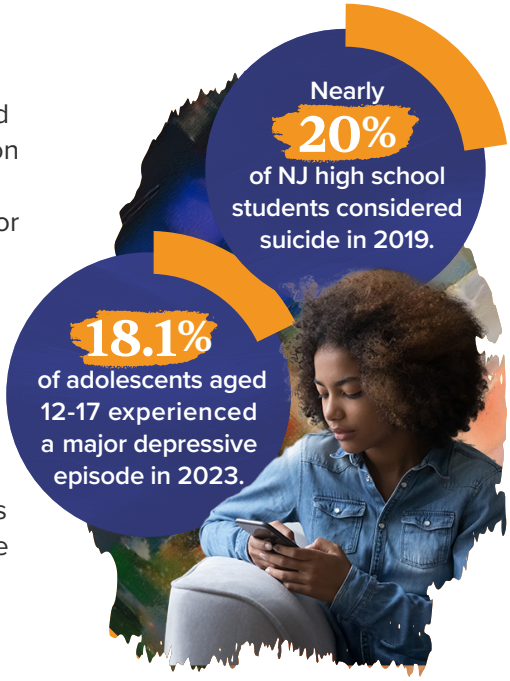
You will read several success stories within these pages. These successes were realized by individuals who were fortunate enough to access the appropriate mental health and/or substance use treatment and supports they needed to assist them in reaching their goals of healthier and more productive lives. There are, unfortunately, so many untold stories – stories of those who are unable to access such services. They are tragically often counted among the statistics on suicides, hospitalizations, imprisonment and overdoses.

A significant contributing factor to the difficulty so many have in accessing the care they need is the severe workforce crisis currently faced by the behavioral health field. The following pages will share the untold stories of the staff who are struggling to continue in this field because their own life goals and work/life balance are being negatively affected by the inadequate wages they receive for the life-saving services they provide.

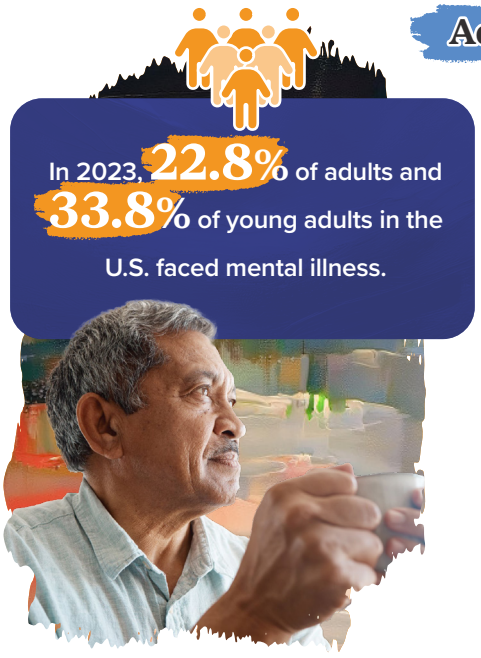
The Youth Mental Health Crisis

It was October of 2021 when leading experts in pediatric health declared a youth mental health crisis. In December of that year, the U.S. Surgeon General published a rare public health advisory on youth mental health that spoke of the unprecedented stressors affecting youth. The New Jersey Department of Education recently reported that nearly one in five New Jersey high school students seriously considered attempting suicide in 2019 and that 63% of students who needed mental health services did not receive them that year. Such statistics have continued to worsen with the ongoing impacts of the pandemic and social media with the Substance Abuse and Mental Health Services Administration (SAMHSA) reporting that 18.1% of adolescents aged 12 to 17 had a major depressive episode in 2023.

While a record number of youth are being served by the New Jersey Children's System of Care (CSOC) within the Department of Children and Families, too many in need still cannot access services. Many factors contribute to youth suicide, overdose and hospitalization – the inability to access appropriate, timely services should not be one of them.



Adult Mental Health and Substance Use



According to SAMHSA, the national prevalence rate for adult mental illness was 22.8% in 2023. For young adults age 18 to 25, the rate was 33.8%. This translates to hundreds of thousands of young New Jerseyans and more than 1.5 million New Jersey adults overall. In 2023, 17.1% of adults had a substance use disorder (SUD), with young adults age 18 to 25 having the highest rate of SUDs at 27.1%. So many of them, adults of all ages, are suffering in silence, suffering without access to the services they need and deserve, and carrying on with no one to hear their story and offer the care they need.

In these pages, we celebrate the powerful, positive effects behavioral health services have on individuals' lives, but it is the greater number of untold stories that need attention – that need action and funding.

In the following pages, the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) is pleased to share its recommendations for what those actions should be.

Recommendations:

- Provide **$43.2 million** in state funds to increase rates and contracts by 8% (garnering a federal match of $16.8 million).
- **Pass A1143/S1032** to ensure the State considers a cost-of-living adjustment for human services' rates and contracts each year.
- **Pass S2504/A3937** to set Medicaid rates for mental health services equal to Medicare rates for the same services.

Since he was in middle school, Michael had seen several friends struggle with mental health difficulties and as a result, he developed a passion for helping others with similar challenges. He became a licensed clinical social worker and for his first 20 years in the field, his career met his expectations of being immensely rewarding, and his dedication and determination to help individuals thrive became stronger throughout that time. His commitment is further demonstrated by his securing a second full-time job to supplement his finances, as the salary from the behavioral healthcare agency was insufficient for meeting higher expenses that resulted from inflation.

During the pandemic, Michael, along with many of his coworkers, experienced more than a doubling of his caseload with no increase in wages. The significant number of additional hours needed to serve his new and existing clients would have prevented him from being able to work his second job. The extra workload also made the social work/counseling role much more stressful than rewarding and led to depression, which also manifested as chronic headaches and stomach cramps, in addition to feelings of hopelessness.

To safeguard his physical and mental health, as well as to meet his fiscal responsibilities, Michael had to make the difficult decision to leave the behavioral healthcare agency. He feels bad about leaving his clients and is concerned about their wellbeing, as the staffing change means they will likely experience either difficulties adjusting to a new counselors, or have their care disrupted due to the clients' decisions to no longer receive services or staff's inability to keep up with their increasing caseloads.

New Jersey Community-based Behavioral Health Care: The Story of Inadequate Rates

Sustainability is Imperative

The sustainability of community-based mental health and substance use treatment services and supports is at risk at a time when investment should be ensuring expansion to better meet the immense unmet demand. After 15 years (FY2008 to FY2023) with no across-the-board cost of living adjustments to rates and contracts, there were 5% increases in both FY2023 and FY2024. These increases were greatly appreciated, but insufficient to bring reimbursement to a level that covers the actual costs of providing care, let alone enabling community-based providers to compete in the current labor market.

An 8% increase for FY2026 in New Jersey's Medicaid rates is necessary, as they are among the lowest in the nation.

Goals of the increase:

1. Make wages competitive.
2. Address additional burdens from managed care.
3. Fully cover operational costs.

With outpatient behavioral health programs being carved into Medicaid managed care effective January 1, 2025, there are also new and increased costs providers are facing. These include additional billing staff, new and/or updated electronic health record systems, and other administrative and clinical staff to provide the necessary effort for obtaining prior authorizations and claims reimbursement. Providers also anticipate an increase in denied claims, as has been the experience of providers serving the already carved-in special populations, which will reduce revenues.

It is imperative that rates and contracts be increased for sustainability and expansion. It is estimated that a 33% increase to New Jersey's Medicaid rates, currently among the lowest in the nation, is needed in order to: make wages competitive; support the additional burdens of managed care; and fully cover the cost of care, including all operational costs. Operations include a wide variety of costs, such as capital improvements, fleet maintenance, health insurance and more – all of which have increased exponentially over the time rates and contracts stagnated.

Recognizing that New Jersey's FY2026 budget is restrained by decreased revenues, NJAMHAA is recommending an initial FY2026 investment of **$43.2 million** (state funds) to provide an **8%** across-the-board increase to rates and contracts. Such an investment would be matched by $16.8 million in federal funds, for a total investment of $60 million. This amount reflects the minimum investment needed to sustain community-based providers, with additional increases needed in subsequent years to fully cover the costs incurred for the services they are contracted to deliver.

Recommendations:

- Invest **$5 million** for recruitment and retention bonuses for behavioral health staff.
- Invest **$5 million** in incentives for behavioral health organizations to become field placement sites and provide clinical supervision of interns.

Diane Richardson, LCSW, LCADC, CCS, from Mount Carmel Guild Behavioral Health, Catholic Charities of Newark, shared success stories from clients and the challenges that partial care programs have been facing.

"I have been the Director of Outpatient and Partial Care Programs in Union County, Essex County, Jersey City and Union City for approximately three years. During this time, I have observed a significant turnover rate among case managers, especially in the partial care programs. Since January 2024, I estimate that at least 20 partial care case managers have left their positions. Numerous employees have accepted this job, but quickly realize that the excessive paperwork and the intensity of dealing with high-risk clients make the job untenable. Some have not lasted even one week, with some leaving after just two days," Diane said.

"There are several factors contributing to the challenges faced by the partial care program. Case managers receive very low pay, facilitate five groups per day, and manage potentially violent and aggressive situations. Staff are underpaid and work in conditions where staff shortages have resulted in caseloads of nearly 30 clients. The excessive paperwork further reduces the quality time available for client interactions," she added.

Diane also shared the following letter from one of the partial care program clients.

"I attend the partial care program at Mt. Carmel Guild. I've been gradually weaning myself off the program for the past 3 1/2 years since I was discharged from Greystone Psychiatric Hospital. Mt. Carmel Guild has helped me in the transition from my 32 years in state hospitals to a semi-independent life. I may be graduating from the program soon as I seek full-time work. What I've learned at the Guild will be a foundation for me to build on as I seek to be a productive member of society.

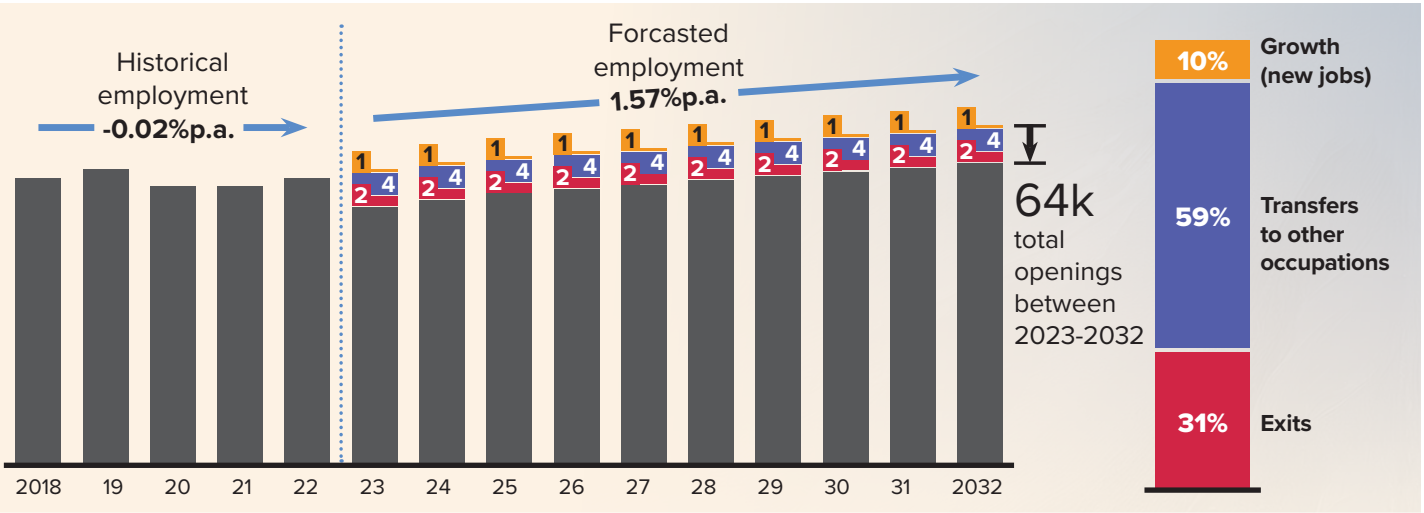
"Programs like Mt. Carmel Guild are indispensable for people like me. They are essential to help former psychiatric patients like me stay out of the hospital and live healthy, productive lives."

Untold Stories of New Jersey's Behavioral Healthcare Workforce

The capacity of community-based providers of mental health and substance use treatment and supports is limited by the workforce it employs, a workforce marked by unprecedented vacancies, high turnover and non-competitive wages. Staff continue to carry larger caseloads and more responsibilities due to workforce shortages while recruitment and retention at community-based programs remain most difficult because providers simply cannot compete in the current labor market.

One impact of the current shortages is that organizations find it extremely difficult to serve as field placement sites where students can intern to meet the requirements they need to graduate and/or obtain licensure. Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), Licensed Clinical Alcohol and Drug Counselors (LCADCs), and Licensed Marriage and Family Therapists (LMFTs) are among the most difficult professionals to recruit and retain, and, given the many critical roles these licensed staff have, organizations are reluctant to add supervision of interns to their responsibilities. The reasons are many, but two stand out. The clinical services of these professionals are in such great demand that allocating hours to supervision directly decreases access to care for those in need. Additionally, supervision is not reimbursed, thereby directly decreasing an organization's revenue. Providing incentives to providers to be a field placement site would support having clinical staff available for this critical purpose and support the workforce pipeline.

Over the next 10 years, demand for social services professions will grow 10% YOY on top of growth to replace exits and transfers



1. Growth are new jobs for workers entering the social services occupations, equal to the net occupation change after accounting for workforce exits and occupational transfers. Note that forecast could be impacted by unexpected macro-events (e.g., economic recession).
2. Transfers are jobs that will need to be filled due to existing workers leaving the occupation, either to the same industry or a different one.
3. Workforce exits are jobs that will need to be filled due to existing workers leaving the workforce.
4. Openings refer to the count of jobs, not a count of individual workers, at a given time period.
5. Analysis includes 10 occupations related to social assistance: Marriage and Family Therapists (21-1013); Rehabilitation Counselors (21-1015); Substance Abuse, Behavioral Disorder, and Mental Health Counselors (21-1018); Counselors, All Other (21-1019); Child, Family, and School Social Workers (21-1021); Mental Health and Substance Abuse Social Workers (21-1023); Social Workers, All Other (21-1029); Social and Human Service Assistants (21-1093); Community Health Workers (21-1094); Community and Social Service Specialists, All Other (21-1094).

Source: Lightcast™, Bureau of Labor Statistics

Recommendations:

- **Pass S3565/A2803** with amendments to:
  - Include Social Work Interns and Master of Social Work Alcohol and Drug Counselor students in the definition of healthcare provider for the purpose of providing telehealth services; and
  - Clarify that unlicensed and non-certified staff may provide telehealth services equivalent to those they are permitted to provide in person.
- **Pass S1761/A2805** to bring accountability to New Jersey's licensing Boards.

For many months, Juanita was experiencing symptoms of anxiety and depression, which made it difficult for her to go to her job and to socialize with her friends. When Juanita finally built the motivation and courage to seek help, she was added to a wait list and would not be able to have her first appointment at an outpatient mental healthcare center for at least three months. During this waiting period, her mental health further deteriorated and led to a drastic decline in her job performance because she struggled to concentrate and fell behind with her responsibilities. Ultimately, she lost her job.

The delay in receiving care not only worsened Juanita's mental state, but also impacted her physical health with insomnia and, not surprisingly, exhaustion. Her relationships with friends suffered as she withdrew socially because she felt isolated and ashamed, and this resulted in more intense depression.

Fortunately, Juanita was able to be stabilized with individual therapy and medication management from Catholic Charities, Diocese of Trenton's (CCT's) Early Intervention Support Services (EISS) program. With Juanita's consent, the EISS staff referred her to CCT's outpatient program to maintain her stability and ensure there would not be a gap in her care.

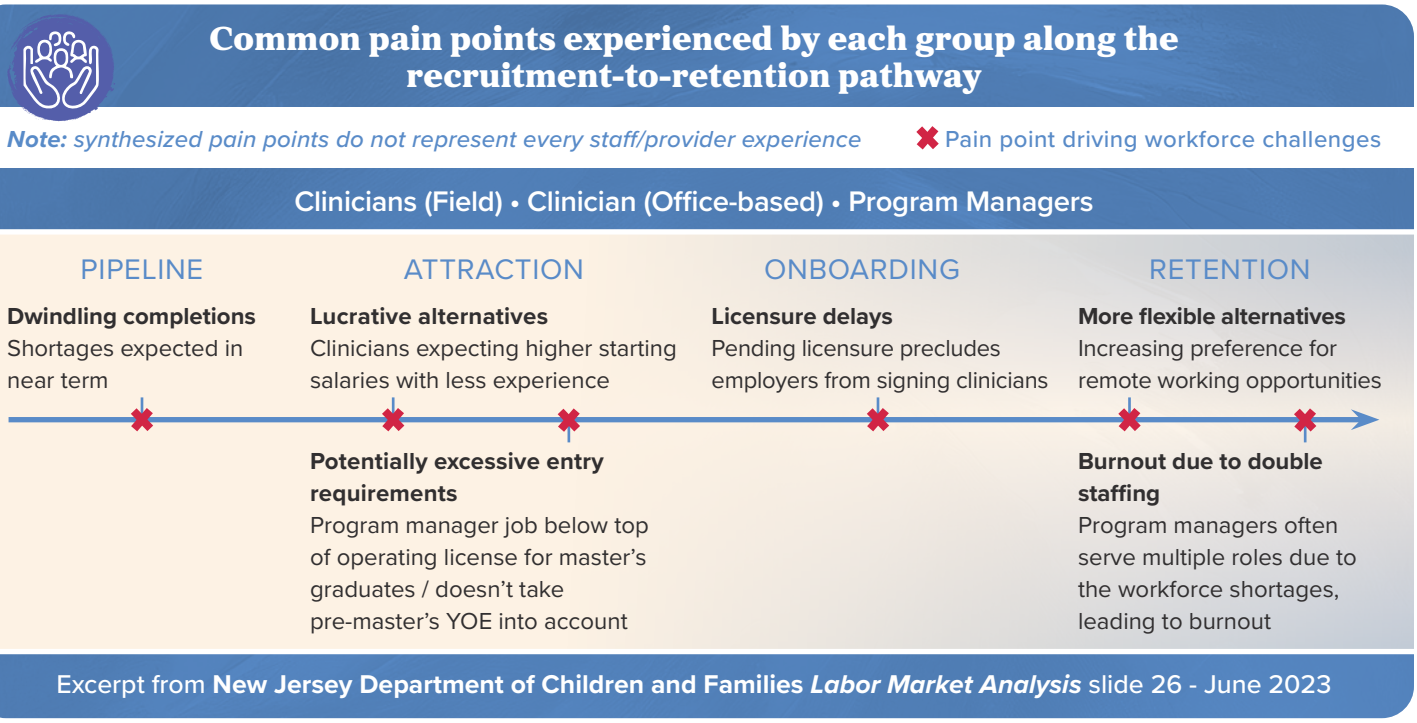
If Juanita were able to get into treatment much earlier, she would have been spared the torment of worsening depression and anxiety and the resulting impact on her relationships. In addition, she may not have ended up losing her job, which could have prevented further worsening of her mental health challenges, as well as stress resulting from financial constraints.

Legislation Can Positively Impact Behavioral Healthcare Stories

Telehealth restrictions are another factor limiting capacity and access to care. New Jersey's current telehealth statute has explicitly restricted the manner by which alcohol and drug counselor (ADC) interns, other graduates, and social work interns may deliver services. All are permitted to provide and bill for in-person clinical services (under supervision); however, they have all been prohibited from providing virtual services. This limits capacity, as many clients prefer counseling and other supports virtually as it is more convenient, with no time lost to travel and no need to overcome barriers, such as lack of transportation, childcare, illness and more.

Such restrictions also impact continuity of care when individuals who receive in-person services suddenly face a barrier to care or just acquire a preference for telehealth. Waivers were developed during the pandemic to allow ADC interns to obtain temporary certifications and other graduates to obtain temporary licenses in order to meet the standards within the telehealth statute. The provisions of both of these waivers have been incorporated into A2803/S3565, which NJAMHAA fully supports. Unfortunately, both the issuance of waivers and the text of the bill have overlooked social work interns, whom NJAMHAA recommends be added to the definition of healthcare provider in the telehealth statute.

The statute must also be amended to clarify that current provisions only apply to licensed and certified staff who provide telemedicine (in addition to other telehealth services, such as education, care management and skills training) and that unlicensed and non-certified staff may provide telehealth services equivalent to the in–person services they are qualified for, deliver and bill Medicaid for.



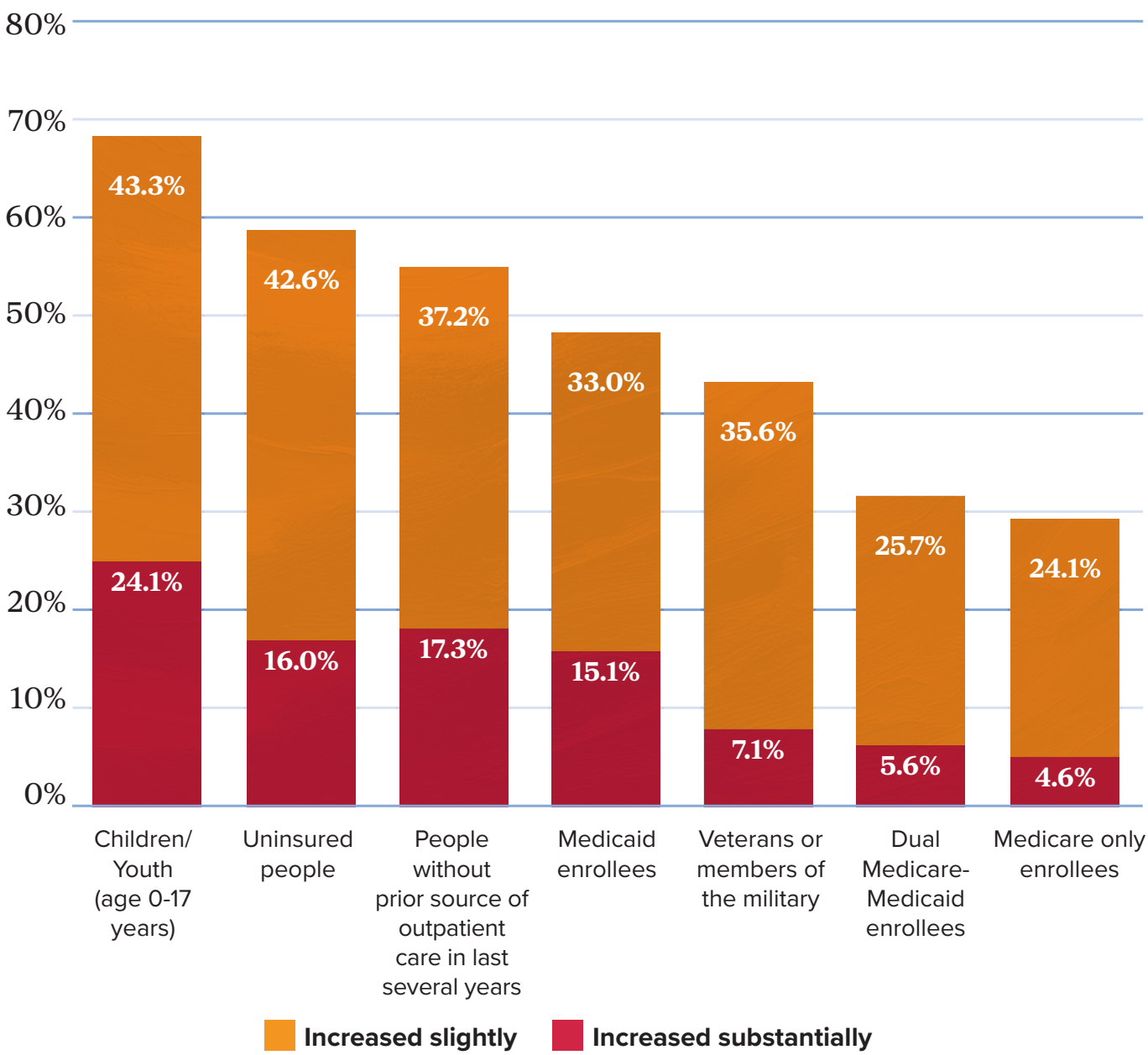
NJAMHAA also recommends passage of S1761/A2805 to bring accountability to New Jersey's licensing Boards. The workforce study commissioned by the Department of Children and Families, in collaboration with the Department of Human Services, in 2023 confirmed that licensing delays preclude the hiring of clinicians (see chart above). Hiring an individual who has a pending application for licensure would result in paying top level wages for staff who cannot work to the top of that potential license.

The legislation would require a report on the number of outstanding applications, the average time for approving an application, and a list of the most common errors on applications rendering them incomplete, among other data points, including staff costs, recruitment and retention initiatives and the status of Information Technology infrastructure. Such reporting requirements represent a first step toward improving the licensure process by clearly identifying where problems exist.

Recommendation:

- Provide **$10 million** in state funds to maintain New Jersey's Certified Community Behavioral Health Clinics.

CCBHCs reporting access expansions among key groups



Source: *National Council for Mental Wellbeing 2024 CCBHC Impact Report*

New Jersey's Certified Community Behavioral Health Clinics Enable Individuals to Change their Stories

When Certified Community Behavioral Health Clinics (CCBHCs) first were developed in 2017, they were hailed as the service delivery model of the future. They have lived up to the expectations, providing a full continuum of care that ranges from detox and mental health crisis services to care management assistance with social determinants of health and everything in between, including primary medical care. New Jersey now has 21 CCBHCs, but only seven of those are operating under the federal demonstration program (14 have been established under direct grants from the Substance Abuse and Mental Health Services Administration).

Individuals with serious mental health and substance use disorders have acute comorbidities that demand more case management and care coordination, integration of primary health care, more highly credentialed staff, direct treatment for co-occurring disorders, and more care that is ongoing. The CCBHCs, with enhanced electronic health record capabilities and extensive community collaborations, deliver all of this.

New Jersey's federal demonstration participation will end on September 30, 2025. In order to sustain the model, the Division of Medical Assistance and Health Services (DMAHS) sought to include the seven demonstration CCBHCs in its 1115 Comprehensive Waiver. This would have allowed the State to continue the unique funding approach for these CCHBCs, which is based on actual costs and which has permitted these programs to better recruit and retain staff, expand service lines and increase capacity. The Centers for Medicare and Medicaid Services (CMS) did not approve this approach and instead urged New Jersey to develop a State Plan Amendment (SPA) for its CCBHC program with fidelity to the national model, while providing New Jersey a waiver of state-wideness so that only the current seven demonstration CCBHCs would be under the domain of the SPA.

Investing in the workforce

The CCBHC model is alleviating the impact of the behavioral health workforce shortage by enabling clinics to increase hiring.

- Medicaid [demonstration] CCBHCs and established grantees hired **11,292** new staff positions, or a median of **15** new positions per clinic.
- Hiring was greatest among Medicaid CCBHCs, which reported a median of **22** new positions per clinic.
- Licensed clinicians, peer support specialists, care coordinators and nurses were among the most commonly hired staff.

Source: National Council for Mental Wellbeing 2024 CCBHC Impact Report

The end of the federal demonstration on September 30th means New Jersey will no longer receive an enhanced 65% federal match. Instead, the federal match for the seven CCBHCs will revert to the standard 50% match. This will result in the need for $10 million in state funds to cover the nine-month period in the FY2026 budget where this lower federal match will apply.

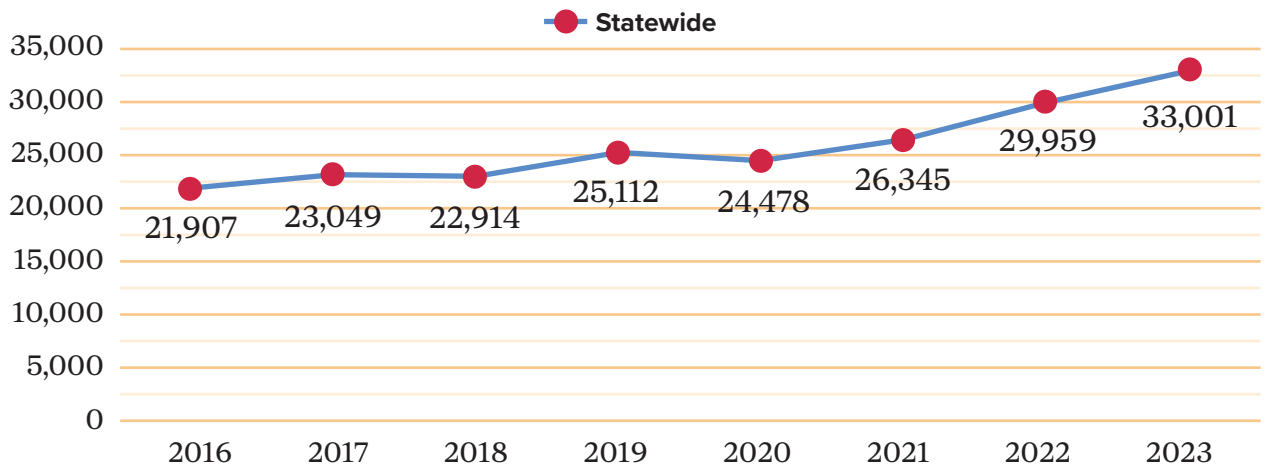
Once the SPA is finalized and funding secured for the current state-certified programs, the Department of Human Services must prepare to open the certification process to other organizations across New Jersey.

The CCBHC model is the most comprehensive, integrated, person-centered model of care and has a proven track record of successful outcomes along a myriad of measures. New Jersey must ensure this highly effective program model is sustained and expanded statewide.

Recommendations:

- **Provide $300,000 for training staff** who provide services to children with intellectual and developmental disabilities.
- **Increase the number of inpatient beds** for children with intellectual and developmental disabilities.
- Provide **$17 million in state funds** to increase Care Management Organizations' per member/per month rate to $1,200 (garnering a $17 million federal match).
- Provide a **$3 million** increase to School Based Youth Services Programs.

Youth Served by Care Management Organizations in the Year



Source: *Children's System of Care Data Portal, Rutgers University*

Care Management Organizations (CMOs) within the Children's System of Care have seen rising census numbers since the start of the pandemic, as well as increased acuity (substance use and suicidal behavior) and children as young as two years old needing services.

One CMO experienced a 40% increase in the number of employees who left the agency from 2020 to 2021 and a 100% increase from 2020 to 2022. Though the agency expanded as quickly as possible to meet the increased demands of the mental health crisis, turnover continued at a higher rate. The "veteran" care managers identified additional stressors to the job, including the growing severity of needs of incoming families and heightened periods of crisis.

Also, salaries are not keeping up with inflation and cost of living, and care managers are having to obtain second jobs, which further contribute to burnout.

In exit interviews, staff identified people leaving because the work was demanding and, in many cases, overwhelming and as a result, they had a hard time meeting the needs of the families they strived to serve. The lack of resources available has been difficult for staff as it leaves them with no potential solutions to provide support. In general, all these factors become burdensome and can lead to feelings of hopelessness in the helping professionals.

We Hear Too Many Heartbreaking Stories about New Jersey's Children and Youth

As a nation, the children's mental health crisis can no longer be ignored. There are stories told every day in the media and publications of all sorts about the tragic number of children and youth with anxiety, depression, other serious disorders and thoughts of suicide. New Jersey has developed a Children's System of Care (CSOC) that has been a model for the country, yet it, too, is falling short of meeting the needs of all of New Jersey's children.

New programs continue to be rolled out by CSOC and other Divisions in the Department of Children and Families (DCF) in an effort to fill the gaps in services. These range from the NJ Statewide Student Support Services (NJ4S) program to respite and intensive in-home services for youth with developmental disabilities to Assertive Community Treatment services for youth. These new programs are appreciated, but sustainability and expansion of existing programs are also critical.

Better Serve Youth with Intellectual and Developmental Disabilities

In particular, services for children and youth with intellectual and developmental disabilities (IDD) must be supported and expanded as this population has continued to grow in recent years. Funding should be made available to CSOC providers for specialized training focused on this population and to significantly increase the number of inpatient beds for children with IDD.

Strengthen Care Management Organizations

In 2023, 33,001 children and youth were enrolled with one of CSOC's Care Management Organizations (CMOs) – a record high and an increase of over 8,500 above the number served in 2020 (24,478). After receiving a 5% increase in FY2025, the CMO current per child/per month rate is $1,032, still just a couple dollars below the rate of $1,034 CMOs were reimbursed more than a decade ago. In order to recruit and retain the staff needed to meet current demand and cover inflationary increases to the cost of care, the per child/per month rate for CMOs should be raised to $1,200. Based on an average monthly census of 17,000 children, this would require additional funding of approximately $17 million state funds (garnering a federal match of $17 million).

Support School Based Youth Services Programs

One way New Jersey can address the urgency of the youth mental health crisis is to sustain, strengthen and expand the highly successful School Based Youth Services Programs (SBYSPs) and other School Linked Services programs. These in-school programs are the epitome of meeting youth "where they are" with prevention, treatment and crisis services.

SBYSPs simply cannot compete for qualified staff at their current contract levels. These long-established, valued programs continue to face recruitment and retention challenges as they try to compete for staff with other DCF community-based programs, state positions, educational institutions and many other entities, against which they simply cannot match the salaries being offered. A $3 million investment in SBYSP wages will help them do so.

Recommendation:

- Increase children's partial hospital rates to **$112.**

The Story of One Critical Children's Program

Invest in Children's Partial Hospital Programs

The services of children's Partial Hospital Programs (PHPs), although licensed in New Jersey the same as partial care services, are quite different. PHPs are hospital-based and offer acute services focused on stabilization and prevention of hospitalization. They provide a higher level of intensity and frequency of clinical interventions. These programs offer highly intensive mental health diagnosis and treatment to children ranging in age from three to 18 whose conditions, if not addressed, would require 24-hour care. All patients have a diagnosable mental health disorder and exhibit psychiatric, emotional and/or behavioral problems, putting them at risk for out-of-home placement and/or hospitalization.

The programs provide a step-down from inpatient units and accept direct referrals from crisis centers and residential facilities. Children attending PHPs require a highly structured treatment environment and an extraordinary high level of professional staff. All patients must receive a psychiatric evaluation by a Psychiatrist or Advanced Practice Nurse (APN) upon admission. A significant percentage of children in these programs are prescribed medication to treat their diagnosed condition. The children receive a complete, full nursing assessment and physicals. The Psychiatrists and APNs provide medication counseling and management to these children. All children are assigned a Master's level therapist, usually clinically licensed, who completes a comprehensive psycho-social assessment, treatment planning and discharge coordination.

In FY2024, children's PHPs received their first increase since 2008, from $73 per hour to $77.16 per hour. If the Consumer Price Index from 2008 to 2022 were applied, this rate would have increased to $112.69, and even more since. The continuation of this level of care is imperative to provide the children who need it the acute, specialized services they deserve. The current inadequate reimbursement rate must be significantly increased to sustain and strengthen children's PHPs.

Recommendations:

- Invest **$20 million** in capital funding for behavioral healthcare providers to see to necessary repairs and improvements at their aging facilities.
- **Pass S2723/A112** to reinstate the 70+ year exemption of vehicle registration fees for nonprofit organizations' vehicles.

The Stories Are Being Told *in Aging Vehicles and Facilities*

Capital Funding Must Be a Priority

Behavioral healthcare providers need capital investments in order to be able to bring primary medical care to the individuals they serve and make necessary repairs and improvements to their aging facilities.

Individuals with mental health and substance use disorders and those with intellectual and developmental disabilities experience an inordinate number of serious comorbidities. Outcomes for these "high utilizers", that small proportion of individuals using the greatest amount of health care and the most state fiscal resources, are positively impacted when primary health care can readily be coordinated and delivered by behavioral healthcare providers serving this population. It is imperative that providers have capital funding available to bring primary care to their sites in their ongoing efforts toward integrated, whole-person care.

Providers must also have flexibility with capital funding so they can maintain their facilities, grounds and fleets and provide a safe environment for staff and those served. With a majority of services having transitioned to fee-for-service, and now beginning the transition to managed care, the opportunity for providers to retain contract surpluses for capital expenses, such as a new roof and purchase of a new vehicle, has evaporated. Capital funding for these and other purposes must be made available if programs are to be able to continue services in their current facilities.

A Long Overdue Fix Is Needed to Reduce Costs

A great number of programs include transportation services to ensure individuals can keep their appointments. For more than 70 years, provider vehicles were exempt from registration fees. Following a reinterpretation of a long-standing statute, this exemption was taken away in 2017, which has resulted in unexpected costs, particularly for providers with large fleets. Correcting this costly mistake is long overdue.

In Closing

The need to cover all costs of care and to provide reimbursements to providers that support competitive wages as part of those costs, is necessary and critical if New Jersey is to achieve its goal of providing timely, quality mental health and substance use treatment services and supports to all its vulnerable populations. Doing so can reduce the number of untold stories that are behind the tragic suicide and overdose numbers tallied each year. Giving those served the opportunity to live healthier lives will also lead to reduced hospitalizations, emergency room visits, and criminal justice involvement, subsequently lowering New Jersey's bottom line. It is not only the smart thing to do, it is the right thing to do – it is what could provide all those in need of behavioral health services with a story they would want to tell.

NJAMHAA Is Grateful to the Sponsors of Untold Stories

Gold

CarePlus NEW JERSEY
Healthy minds, healthy bodies.

MHA
MENTAL HEALTH ASSOCIATION
INSPIRING HOPE AND HEALING

Bronze

NEW Hope
Integrated Behavioral Health Care

New Jersey Association of Mental Health and Addiction Agencies, Inc.
3635 Quakerbridge Road, Suite 35, Mercerville, NJ 08619
Phone: 609.838.5488 | Fax: 609.838.5489 | www.njamhaa.org