FOR 70 YEARS NOW...

BUILDING A BRIDGE TO A BRIGHTER FUTURE
Affiliation Without Concession

Inperium of New Jersey, Inc. is a NJ based non-profit corporation headquartered in Southern New Jersey. Inperium of New Jersey is the sole member of non-profit agencies that provide substance abuse, mental health, intellectual disability, and other health-related supports and services.

Founded on the belief that organizations need not to sacrifice their mission and culture to grow, the Inperium Affiliation model was established. When an organization affiliates with Inperium, it does not merge with Inperium. It remains the same legal entity that it was prior to the affiliation.

Check Out Our Website For Our Full Listing of Affiliates!

Helping Organizations Better Serve Their Communities & Mission

Apis Services, a wholly owned subsidiary of Inperium, Inc., provides shared service offerings to affiliates allowing them to advance their mission and vision. Apis Services allows affiliates to explore geographic program expansion and focus on quality outcome measures, creating cost savings that result in reinvestment into an organization's stakeholders by increasing capacity and improving employee compensation.

How We Help Non-Profit & For-Profit Organizations

Shared Service offerings include, but are not limited to: Fiscal Reporting, Payroll, Information Technology, Human Resources, Employee Recruiting, Employee Training, Risk Management Reporting and Analysis, and Time and Attendance.
Congratulations
to NJAMHAA
on its
70th
Anniversary
HAPPY 70TH ANNIVERSARY
TO OUR

Associates, Allies & Advocates
We thank you for your Partnership, Persistence, & Passion

WE WISH YOU MANY MORE TO COME!

True Care
Devoted to Community, Dedicated to Service
THANK YOU TO OUR SPONSORS

1950’s – THE BIRTH OF NJAMHAA SPONSORS:

1960’s – JFK SPONSORS:

1970’s – THE PRESIDENT JIMMY CARTER AND FIRST LADY ROSALYNN CARTER SPONSORSHIP:

1980’s – AMERICANS WITH DISABILITIES SPONSOR:
OAKS INTEGRATED CARE

1990’s – PARITY SPONSORS:
AMMON LABS

HACKENSACK MERIDIAN-CARRIER CLINIC

NEW JERSEY CENTER FOR TOURETTE SYNDROME AND ASSOCIATED DISORDERS

OCEAN MENTAL HEALTH SERVICES

MID-2010’s – CURES SPONSOR:
INTEGRITY HOUSE

LATE 2010’s – SUPPORT ACT SPONSORS:
COMMUNITY HOPE

NEW JERSEY INNOVATION INSTITUTE

2020’s – ADVOCACY LEADERSHIP SPONSORS:
CPC BEHAVIORAL HEALTHCARE

CPC FAMILY CONNECTIONS
NJAMHAA CELEBRATES 70 YEARS OF TRANSFORMING LIVES AND HEALTH SYSTEMS

Since its founding in 1951 as the New Jersey Association of Mental Hygiene Clinics, the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) has fought strongly and persistently on behalf of providers and the individuals they serve. The trade association has grown substantially in size and impact over the years, including advocacy that contributed greatly to the creation of laws and policies, as well as development of new and enhanced services, and increased access to them.

Even before Debra L. Wentz, PhD, took the helm of NJAMHAA and exponentially increased its visibility and sophistication in advocacy, many members had experienced, contributed to, and applauded the association’s solid reputation as a strong advocate.

For 70 Years Now...

- The first antipsychotic, Thorazine, was sold in the U.S.
- The Diagnostic and Statistical Manual was published.
- Deinstitutionalization of individuals with mental illness began. The discovery of antipsychotic medications made it possible to dramatically reduce state hospital populations, which totaled 560,000.
- Congress created the Commission on Mental Illness and Mental Health.
- The American Medical Association recognized alcoholism as a disease.
- New Jersey legislators enacted a law to fund community mental health services.
- The Veterans’ Administration began to create alcoholism treatment units.

Since its founding in 1951 as the New Jersey Association of Mental Hygiene Clinics, the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) has fought strongly and persistently on behalf of providers and the individuals they serve. The trade association has grown substantially in size and impact over the years, including advocacy that contributed greatly to the creation of laws and policies, as well as development of new and enhanced services, and increased access to them.

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Psychotropic medications were introduced.

Narcotics Anonymous was founded.

1955 - Deinstitutionalization of individuals with mental illness began. The discovery of antipsychotic medications made it possible to dramatically reduce state hospital populations, which totaled 560,000.

1956 - Congress created the Commission on Mental Illness and Mental Health.

1957 - The American Medical Association recognized alcoholism as a disease.

New Jersey legislators enacted a law to fund community mental health services.

The Veterans' Administration began to create alcoholism treatment units.

1958 - Synanon, the first self-directed therapeutic community, was founded.

1959 - Telehealth was used for the first time.

1960 - The American Medical Association and American Bar Association called for community-based treatment programs.

1961 - President John F. Kennedy passed the Mental Retardation Facilities and Community Mental Health Centers Construction Act.

1963 - Congress created the Commission on Mental Illness and Mental Health.

Better psychotropic drugs allowed more patients to leave mental hospitals.

E. Morton Jellinek, founder of alcoholism-focused research centers, published The Disease Concept of Alcoholism.

The concept of treatment communities was introduced, expanding some Alcoholics Anonymous (AA) tenets into residential communities.

Methadone maintenance was recognized as a viable treatment concept.

Outpatient clinics opened across the country.

Building a Bridge to a Better Future

NJAMHAA was always at the forefront of keeping services alive and always looking ahead because things changed all the time. But, the core was always the same: What NJAMHAA pushed for on behalf of clients never changed,” said Jerome Johnson, MSW, LSW, who joined NJAMHAA in 1985 when he was President and CEO of Family Service Association, which merged with Center for Family Services in 2018. Johnson also served on the NJAMHAA Board from 2003 through 2010.

Philip Wilson, LCSW, former CEO of West Bergen Mental Healthcare and a former NJAMHAA Board member, recalled NJAMHAA’s successful advocacy push for funding to increase salaries in the late 1980s. The association is also known for building camaraderie and support among members, which Wilson saw as one of the main benefits of membership, along with advocacy. “No one understands what we go through better than a group of peers. We have more advocacy power as a group,” he said.

Joe Masciandaro, MA, who learned about NJAMHAA in 1977 when he applied for his current role of President and CEO of CarePlus New Jersey, formerly known as the Mid-Bergen Community Mental Health Center, shared that one of NJAMHAA’s major victories was the doubling of per-capita funding from $1 to $2 in the 1980s. Masciandaro served on the NJAMHAA Board from the late 1970s,
The New Jersey Mental Health Act sought protection of rights for individuals with mental illnesses and addressed the legal commitment process.

Medicaid and Medicare were established, along with the groundwork for funding of community mental health care.

Criteria for the diagnosis of alcoholism were published.

Insurance payments led to a dramatic increase in substance use disorder (SUD) treatment.

The first federal block grants were created.

The American Medical Association adopted the position that alcoholism is a complex disease.

NJAMHAA was instrumental in having the per-capita allocation raised from 25 cents to 50 cents.

Federal agencies promoted new laws to require education, assessment, referral and treatment for individuals arrested for alcohol-impaired driving.

The Hughes Act for comprehensive alcohol abuse and alcoholism prevention was passed.

The National Institute on Alcohol Abuse and Alcoholism was founded.

Even 24 years after leaving New Jersey’s behavioral healthcare system, Steve Ramsland, currently CEO of Catalyst Health Resources LLC in the San Francisco Bay Area, remembers how visible NJAMHAA has always been. “NJAMHAA has been

“WHAT STRIKES ME IS THE VALUE AND INFLUENCE OF NJAMHAA AS A LEADER. I DON’T KNOW IF WE COULD’VE MADE THE MULTITUDE OF ADVANCES IN THE FIELD IF WE DIDN’T HAVE NJAMHAA.”

- Bob Pekar, Former NJAMHAA Board Member

“NJAMHAA COMBINES VERY NICELY POLICY AND PRACTICAL RESOURCES, AND MAKES A REAL CONCERTED EFFORT TO HELP MEMBERS SEE WHAT’S AROUND THEM SO THEY CAN PLAN STRATEGICALLY FOR CHANGE.”

- Steve Ramsland, Former NJAMHAA Board Chair

Masciandaro also served as Chair of the New Jersey Mental Health Institute (NJMHI) Board soon after NJAMHAA established NJMHI in 2000 to increase the recognition, understanding and acceptance of mental illness.

NJAMHAA combines very nicely policy and practical

“NJAMHAA was instrumental in having the per-capita allocation raised from 25 cents to 50 cents.”

- 1965 - The New Jersey Mental Health Act sought protection of rights for individuals with mental illnesses and addressed the legal commitment process.

- 1966 - The first federal block grants were created.

- 1967 - The American Medical Association adopted the position that alcoholism is a complex disease.

- 1969 - NJAMHAA was instrumental in having the per-capita allocation raised from 25 cents to 50 cents.

- 1970 - The Hughes Act for comprehensive alcohol abuse and alcoholism prevention was passed.

- 1971 - Criteria for the diagnosis of alcoholism were published.

- 1972 - State mental health funding was moved to Medicaid.

- 1973 - NJAMHAA successfully advocated for another doubling of the per-capita allocation to $1.

- 1974 - The first program to credential alcoholism counselors was launched.

- 1975 - Women for Sobriety was founded.

- 1975 - Nearly 75% of mental health care was provided in the community versus institutions (a complete turnaround from 1955).

- 1966 - The first federal block grants were created.

- 1964-1967 - Insurance payments led to a dramatic increase in substance use disorder (SUD) treatment.

- 1965 - The New Jersey Mental Health Act sought protection of rights for individuals with mental illnesses and addressed the legal commitment process.

- Medicaid and Medicare were established, along with the groundwork for funding of community mental health care.

8 NJAMHAA - 70th Anniversary Celebration
resources, and makes a real concerted effort to help members see what’s around them so they can strategically plan for change,” added Ramsland, who got involved with NJAMHAA in the early 1990s when he became CEO of SERV Behavioral Health System and served as NJAMHAA Board Chair in 1996 and 1997.

The praise and appreciation for NJAMHAA have certainly continued, as the following quotes from more recent members demonstrate:

**“I SEE A RECOGNITION BY THE MEMBERS OF NJAMHAA THAT EVERY ISSUE WE ADDRESS IS BIGGER THAN US INDIVIDUALLY AND WE ARE STRONGER TOGETHER. WE NEED TO COME TOGETHER, PRIORITIZE AND STRATEGIZE TO MOVE EVERYTHING FORWARD.”**

- Jacques Hryshko, Current NJAMHAA Board Vice Chair

- Women for Sobriety was founded.
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**“NO ONE UNDERSTANDS WHAT WE GO THROUGH BETTER THAN A GROUP OF PEERS. WE HAVE MORE ADVOCACY POWER AS A GROUP.”**

- Philip Wilson, Former NJAMHAA Board Member

- The association was renamed New Jersey Association of Mental Health Agencies.

Bob Pekar, LCSW, a former NJAMHAA Board member and former President and CEO of Oaks Integrated Care, said, “What strikes me is the value and influence of NJAMHAA as a leader. I don’t know if we could’ve made the multitude of advances in the field if we didn’t have NJAMHAA.”

Although NJAMHAA directly represents service providers, the association’s advocacy ultimately
benefits service recipients, a focus that had been sharpened since Dr. Wentz came aboard. “If you look at the core principles of NJAMHAA, we have always focused on clients – their care. Our advocacy always centered around client care,” said Greg Speed, MSW, LCSW, currently Chief Integration Officer at Acenda Integrated Health, who had served on the NJAMHAA Board, including as Vice Chair, and chaired the Children’s Committee for many years.

Commenting on NJAMHAA's impact and ongoing partnership with members, Jacques Hryshko, LPC, ACS, Chief Executive Officer of Family Connections and current Vice Chair of NJAMHAA's Board, said, “I see a recognition by the members of NJAMHAA that every issue we address is bigger than us individually and we are stronger together. We need to come together, prioritize and strategize to move everything forward,” he said.

Hryshko also acknowledged the efforts of the entire NJAMHAA staff. “They have a common mission to make NJAMHAA as impactful as it is. They’re always available, are so tuned into what’s happening and provide amazing information. They’re a tremendous asset at any time,” he said.
NJAMHAA EVOLVES ALONG WITH THE BEHAVIORAL HEALTHCARE SYSTEM

Over the years, NJAMHAA has proactively evolved in its internal structure and operations, as well as its strategic approaches in response to constant changes in the field. One thing that has remained the same is the relatively small staff, although it has grown: In the earliest years, there was technically no staff and it was run by a volunteer part-timer. The first paid staff member was hired in 1975. In 1990, the first full-time CEO came on board, followed by two employees, an assistant and one other who ran the Information Technology (IT) Project. Today, NJAMHAA has 13 staff members, five of whom are dedicated to the IT Project and four of whom focus on strategy, advocacy and member services.

Meanwhile, the number of members has consistently increased. The association started with five members. By 1981, it had 70 members and the membership reached 82 just a decade later. When Dr. Debra Wentz started as President and CEO in 1995, NJAMHAA had 98 member organizations, which represented the majority of New Jersey’s mental healthcare providers at the time. The association currently has more than 150 provider members.

This figure would be close to 185 if it were not for mergers and acquisitions that providers have undertaken. The steady membership is a testament to the association’s strength and value, and new members are joining on a regular basis. For example, 11 new provider organizations and six council members (business partners, described in detail later in this
publication) have joined in FY2021 as of press time. Growth has also been taking place in the number of requests from members as they realize more and more the value of the information, research, technical assistance and other services that NJAMHAA provides. Similarly, the number of webinars, workshops and other training events NJAMHAA offers has increased as members’ needs have expanded.

“I always thought NJAMHAA had a solid foundation, values and ethics. As we were moving forward and the field was moving forward, we thought there were ways we could modernize,” said Deborah Megaro, MBA, Chief Executive Officer of Capitol County Children’s Collaborative and a former NJAMHAA Board Chair, who earned NJAMHAA’s unique Organizational Guru Award in 2015 in recognition of her leadership in restructuring the association. “We streamlined by consolidating some practice groups. It gave the staff more resources to focus on what they needed to focus on,” Megaro said. “That’s a strong sign of an organization that has a real vision and real values.”

“It’s amazing how much work we’ve done collaboratively and all the changes we’ve been through together,” said Susan Loughery, MBA, Associate Executive Director of Catholic Charities, Diocese of Trenton and NJAMHAA’s current Board Chair. Loughery learned about NJAMHAA in 2000 when the New Jersey Division of Mental Health and Addiction Services (DMHAS) was implementing a process for agencies’ licensing inspections to be conducted every three years. “NJAMHAA was very involved, advocating on what this means to providers and the impact it would have on costs and services.”

Changes have been happening on both the state and national levels and will undoubtedly continue. Through it all, NJAMHAA has remained consistent, persistent and effective in its advocacy on behalf of providers and the individuals they serve.

“NJAMHAA WAS A LESS INCLUSIVE GROUP AND DEB OPENED IT UP TO BECOME MORE INVOLVED WITH AGENCIES. NJAMHAA BECAME MORE ENCOMPASSING UNDER DEBRA WENTZ’S LEADERSHIP.”
- SHEL GOLSTEIN, FORMER NJAMHAA BOARD MEMBER
For its first year, NJAMHAA “functioned as an arm of the Department of Institutions and Agencies [the predecessor to the Department of Human Services] until 1952 when it gave priority to the purpose of serving the needs of private, as well as public, clinics and began working toward improving mental health care standards,” as described in the association’s 30th anniversary newsletter (June 26, 1981).

Shel Goldstein, who served on the NJAMHAA Board in the early 1990s, shared that NJAMHAA was “a less inclusive group and Deb opened it up to become more involved with agencies. NJAMHAA became more encompassing under Deb’s leadership,” he said.

In addition to increasing communication and collaboration with providers, NJAMHAA engaged service recipients to ensure their needs were fully represented in its advocacy. “I changed NJAMHAA’s culture. We are about and think mostly of the end beneficiaries of services and supports. This drives everything. At the trade association, they’re always present in everything we do,” Dr. Wentz said. “While

NJAMHAA represents providers and focuses on creating an external environment so our providers – the heroes on the front lines – can effectively serve more individuals, having the human touch makes it more impactful in terms of meeting those goals. We put a human face on NJAMHAA that it didn’t have before,” she added.

“NJAMHAA has been an evolution in terms of brand, how we identify ourselves. We started as a reactive group responding to crises and changed our brand and focus to being proactive,” said John Monahan, ACSW, LCSW, Founder of Greater Trenton Behavioral HealthCare, which merged with Oaks Integrated Care in 2015, and a former NJAMHAA Board Chair. “Instead of fighting the inevitability of public policy, NJAMHAA came to the forefront of public policy to be the voice for how the mental healthcare system can best meet the needs of consumers and their families.”

1985
- NJAMHAA successfully advocated for funding to increase salaries for community mental health staff.

1989
- The New Jersey Psychiatric Screening Commitment Law was implemented.

1990
- President George H. W. Bush signed the Americans with Disabilities Act into law.

1991
- Len Altamura, DSW, LCSW, became NJAMHAA’s first full-time CEO. NJAMHAA had 81 members. Soon afterwards, mid-month mailings were created.

1991
- NJAMHAA staff rented office space instead of using a provider agency as previously done.
- NJAMHAA had 82 members.

1992
- NJAMHAA began a broadcast fax system to share important information with members.
- The Hospital-Based Committee was launched.

1994
- NJAMHAA convinced Governor Christine Todd Whitman not to include behavioral health in Medicaid Managed Care.
- NJAMHAA became a registered lobbyist, making its presence on legislative issues more prominent.
- The Children’s Committee was born.
- NJAMHAA created the current Board of Directors’ structure with members representing provider organizations.

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- DEBRA L. WENTZ, NJAMHAA PRESIDENT & CEO
“Over the years, NJAMHAA’s advocacy became more structured and more ingrained. NJAMHAA is the brand; it’s no longer individuals. NJAMHAA has a reputation in Trenton that’s going to outlast any individual participation,” added former Board member Bob Davison, MA, LPC, Chief Executive Officer of the Mental Health Association of Essex and Morris. “NJAMHAA will continue because of that brand.”

“We positioned NJAMHAA to look at policy issues that affected access to care and delivery of high-quality services and further expanded in having members valued as businesses, not viewed as nonprofits pleading for money,” Dr. Wentz said. A related change was expanding membership eligibility for providers to include for-profit organizations, as many of the legislative, policy and regulatory issues affect both non-profit and for-profit providers. “NJAMHAA recognized the value of encouraging all providers to contribute to the content and, therefore, effectiveness of its advocacy,” she explained.

All of this general progress and, of course, numerous specific achievements were accomplished while many changes were occurring in society and in behavioral health systems in the state and across the nation. Many of the positive changes resulted from advocacy efforts by NJAMHAA, either alone or in partnership with other stakeholders.

**“OVer the Years, NJAMHAA’S Advocacy Became More Structured and More Ingrained. NJAMHAA is the Brand; It’s No Longer Individuals. NJAMHAA Has a Reputation in Trenton That’s Going to Outlast Any Individual Participation.”**

- Bob Davison, Former NJAMHAA Board Member

**1995**

- NJAMHAA determined the need for an internal lobbyist and hired Debra L. Wentz, PhD.
- NJAMHAA had 98 members, which represented the majority of New Jersey’s mental healthcare providers.

**1996**

- Congress passed the Mental Health Parity Act, requiring large group health plans to have equal annual and lifetime dollar limits on mental health and medical/surgical benefits.
- The first integrated dual Medicare/Medicaid plan was implemented in Wisconsin.
- NJAMHAA created the Managed Health Care Council and Pharmaceutical Advisory Council (now the Life Sciences and Innovation Council).

**1998**

- NJAMHAA was a major force in the passage of the Mental Health Parity Act through strong advocacy to Congresswoman Marge Roukema (R-NJ).
- NJAMHAA initiated the Grassroots Advocacy Network (now called Partners in Advocacy).

**1999**

- In Olmstead v. L.C., the United States Supreme Court determined that unjustified segregation of individuals with disabilities is a violation of the Americans with Disabilities Act.
- Gov. Whitman signed into law the mental health parity bill, which went further than the federal law by requiring coverage for biologically-based mental illnesses and autism.
- President Bill Clinton held the first White House Conference on Mental Health.
- For the first time, the U.S. Surgeon General’s report focused on mental health.

**2000**

- NJAMHAA established the New Jersey Mental Health Institute (NJMHI) to promote quality mental health services and battle stigma.
- NJAMHAA conceptualized the plan outlined in the Safe Schools and Communities Violence Prevention and Response Act, which the Legislature passed and was implemented as a pilot program.
- The IT Council was created.

- Google was first used for online research, making information about health issues and providers readily available.
- President Clinton called on Congress to pass an enforceable Patients’ Bill of Rights to end discrimination in mental health insurance coverage.
HIGHLIGHTS OF NJAMHAA’S IMPACT THROUGHOUT THE HISTORY OF BEHAVIORAL HEALTH CARE

In the 1950s, psychotropic and antipsychotic medications were developed, making it possible to dramatically reduce the number of patients in state psychiatric hospitals. During the same decade, the first edition of the Diagnostic and Statistical Manual was published; the American Medical Association recognized alcoholism as a disease and the Veterans’ Administration began to create alcoholism treatment units; Synanon, the first self-directed therapeutic community, was founded; and Congress created the Commission on Mental Illness and Mental Health. In addition, New Jersey legislators enacted a law to fund community mental health services.

Additional significant advances occurred in the 1960s, including the introduction of treatment communities; recognition of methadone maintenance as a viable treatment concept; opening of outpatient clinics across the country; and the American Medical Association (AMA) and American Bar Association calling for community-based treatment programs. Most notable was President John F. Kennedy’s signing into law the Mental Retardation Facilities and Community Mental Health Centers Construction Act in 1963. “The law opened the door to a new era of recovery and hope for individuals with mental illnesses to move back into their communities, which has proven to be a meaningful contributor to progress. This has been demonstrated not only in health improvements, but also in the achievement of other important personal goals, such as pursuing education and careers and building relationships with families and friends,” Dr. Wentz said.

Later in that decade, methadone therapy was introduced; insurance payments led to a dramatic increase in substance use disorder (SUD) treatment; Medicaid and Medicare were established, along with the groundwork for funding of community mental health care; and the AMA adopted the position that alcoholism is a complex disease.

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- For the first time, the U.S. Surgeon General’s report focused on mental health.

1999
- The MIS Project held its first conference.

1999
- NJAMHAA was a major force in the passage of the Mental Health Parity Act through strong advocacy to Congresswoman Marge Roukema (R-NJ).
- NJAMHAA created the Managed Health Care Council and Pharmaceutical Advisory Council (now the Life Sciences and Innovation Council).

2000
- The federal Children’s Health Act of 2000 reauthorized the Substance Abuse and Mental Health Services Administration (SAMHSA) programs to improve mental health and SUD services for children and adolescents.
- NJAMHAA conceptualized the plan outlined in the Safe Schools and Communities Violence Prevention and Response Act, which the Legislature passed and was implemented as a pilot program.
- The IT Council was created.
- NJAMHAA established the New Jersey Mental Health Institute (NJMHI) to promote quality mental health services and battle stigma.
In the late 1960s and early 1970s, there was very little state contribution to the mental health system. Then, the Division of Mental Health and Hospitals (now the Division of Mental Health and Addiction Services [DMHAS]) in the New Jersey Department of Health (DOH) decided to contract for community services. NJAMHAA started its still ongoing advocacy to DOH, the Division, other state departments (which now include the Department of Human Services [DHS]) and legislators for additional funding as the demand for services continuously increases. Federal funding began in the 1970s and, of course, NJAMHAA has been equally active and effective in advocating to New Jersey's and other states' Congressional representatives.

In addition, the New Jersey Mental Health Act was enacted to protect the rights for individuals with mental illnesses and address the legal commitment process. In 1969, New Jersey doubled the per-capita allocation from 25 cents to 50 cents, which NJAMHAA's advocacy was instrumental in achieving. NJAMHAA successfully fought for additional increases in 1973 (doubled to $1) and the 1980s (doubled again to $2).

In the 1970s, federal agencies promoted new laws to require remedial education and assessment-referral-treatment services for individuals arrested for alcohol-impaired driving; the Hughes Act for comprehensive alcohol abuse and alcoholism prevention was passed; and the National Institute on Alcohol Abuse and Alcoholism was founded. In addition, criteria for the diagnosis of alcoholism were published; Fetal Alcohol Syndrome was first described; and the first program to credential alcoholism counselors was launched.

In 1974, NJAMHAA, which was originally called the New Jersey Association of Mental Hygiene Clinics, was renamed the New Jersey Association of Mental Health Agencies and in the following year, hired...
its first paid staff member - Dominic A. Colangelo, ACSW, Executive Director – on a part-time basis.

Also in 1975, nearly 75 percent of mental health care was provided in the community versus institutions. This was a complete turnaround from 1955.

Soon afterwards, A Manual for Reform of New Jersey’s Mental Health Care System was published, focusing on achieving dignity, self-determination and community integration for individuals with mental illness; Alcoholics Anonymous published the third edition of Big Book and reached a total circulation of 19.5 million; President Jimmy Carter established the President’s Commission on Mental Health, the first comprehensive survey of mental health care since the 1950s; and the National Alliance on Mental Illness was established. In 1978, Regional Children’s Crisis Intervention Service units were established in New Jersey.

In the 1980s, President Carter passed the Mental Health System Act, which is considered landmark legislation in mental healthcare policy even though President Ronald Reagan repealed most of the law. Unfortunately, during this decade, federal support for treatment began to decline and the number of incarcerated drug users began to increase. On a positive note, later in the 1980s, the Mental Health Block Grant was created under the enactment of the Federal Omnibus Reconciliation Act.

While these clinical and policy achievements were being made, NJAMHAA partnered with the State Division of Mental Health Services (DMHS) in 1984 to

"NJAMHAA leveraged relationships with legislators to elevate the voice of communities in need during the pandemic."

– Susan Loughery, Current NJAMHAA Board Chair

2005

- The Task Force’s recommendations resulted in the FY2006 State Budget including a $40 million increase in funding for many behavioral health services and the creation of the $200 million Special Needs Housing Trust Fund.
- The IT Project launched the Benchmarking for Best Practices Initiative and IT Hero awards program.

2006

- The Courage & Compassion Awards were created in 2006 as a component of the advocacy campaign with the same theme.
- First Lady of New Jersey Mary Jo Codey was instrumental in the passage of New Jersey’s Postpartum Depression Screening and Education Law.

2006

- Twitter was introduced and quickly grew in its use for sharing news, including behavioral health topics.

2005

- The National Suicide Prevention Lifeline was established.
create the Management Information Systems (MIS) Project to help providers maximize the effectiveness of their services and their efficiency in delivering them. The Project has also evolved over the years. It was renamed the Information Technology (IT) Project in 2003 to reflect the offering of a wider range of services incorporating new technologies. The Project has consistently expanded its support for members, including guidance on complying with confidentiality laws, reducing risk of cyberattacks and much more. Details are provided, beginning on page 60.

NJAMHAA successfully advocated to the state government for funding to increase salaries for community mental health staff.

On the national level, the “Just Say No” campaign was launched within a broader zero-tolerance campaign; Congress passed the Protection and Advocacy for the Mentally Ill Act of 1985 and the Anti-Drug Abuse Act of 1986. In New Jersey, DMHS Director Alan Kaufman initiated a major restructuring of the Division, which led to creation of the community support system; the Statewide Children’s Coordinating Council was developed to guide DHS’ children’s planning initiatives; and the New Jersey Psychiatric Screening Commitment Law was implemented. Also near the end of the decade, Prozac, the first of a new class of anti-depressant medications, was introduced in Belgium by Eli Lilly, followed by a launch in the U.S.

In 1990, President George H. W. Bush signed the Americans with Disabilities Act into law. During the same year, clozapine, one of a new generation of antipsychotic medications, was introduced.

“NJAMHAA HAS BEEN INVALUABLE TO ALL OF US, ESPECIALLY DURING THE CHALLENGING TIMES OF THE PANDEMIC.”

– BOB BUDSOCK, IMMEDIATE PAST CHAIR OF THE NJAMHAA BOARD

- NJAMHAA successfully advocated to the state for significant increases in the Medicaid rates for children’s outpatient and psychiatric services; waivers on the ban of therapeutic holds; and focus on new transportation staffing requirements and the impact of partial hospitalization rates and regulations.

- The federal Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into law. It extended parity requirements to SUD treatment and required that mental health and SUD services be included as Essential Health Benefits.

- The National Suicide Prevention Lifeline answered its one millionth call.

- Uber driving services became available for individuals, including those receiving behavioral health services.

- The Civil Rights Division launched an aggressive effort to enforce the Supreme Court’s decision in Olmstead v. L.C.

- Dr. Wentz and several members served on incoming Governor Chris Christie’s Transition Team. Dr. Wentz chaired the Subcommittee for the DHS, DMHS and the Division of Addiction Services.

- The IT Project developed electronic health record (EHR) system collaboratives.

- The first Medicaid Accountable Care Organizations were created.

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On the national level, the “Just Say No” campaign was launched within a broader zero-tolerance campaign; Congress passed the Protection and Advocacy for the Mentally Ill Act of 1985 and the Anti-Drug Abuse Act of 1986. In New Jersey, DMHS Director Alan Kaufman initiated a major restructuring of the Division, which led to creation of the community support system; the Statewide Children’s Coordinating Council was developed to guide DHS’ children’s planning initiatives; and the New Jersey Psychiatric Screening Commitment Law was implemented. Also near the end of the decade, Prozac, the first of a new class of anti-depressant medications, was introduced in Belgium by Eli Lilly, followed by a launch in the U.S.

In 1990, President George H. W. Bush signed the Americans with Disabilities Act into law. During the same year, clozapine, one of a new generation of antipsychotic medications, was introduced.
Meanwhile, at NJAMHAA, the first full-time CEO, Len Altamura, DSW, LCSW, was hired. NJAMHAA had office space at provider agencies and in a couple of cases, the CEOs worked at their homes. As the staff was growing in the early 1990s, the association secured a larger office in Manasquan. A major NJAMHAA advocacy accomplishment in 1994 was convincing Governor Christine Todd Whitman not to include behavioral health in Medicaid Managed Care. According to former NJAMHAA Board Chair Steve Ramsland, “The greatest achievement was getting people ready for managed care though it didn’t happen back then. Getting ready improved practice and increased members’ sophistication.”

During the same year, NJAMHAA became a registered lobbying organization, making its presence on legislative issues more prominent. Soon after, NJAMHAA determined the need for an internal lobbyist and hired Debra L. Wentz, PhD., in 1995.

“We had great leadership with Len and Deb. We were able to influence legislation and regulations, and see our impact,” said Vicki Sidrow, MPA, former NJAMHAA Board Chair and former President and CEO of Vantage Health System.

In 1996, NJAMHAA was a major force in Congress’ passage of the Mental Health Parity Act through strong advocacy to Congresswoman Marge Roukema (R-NJ). This law required large group health plans to have equal annual and lifetime dollar limits on mental health and medical/surgical benefits. In 1999, Governor Christine Whitman signed into law a state mental health parity bill, which went further than the federal law by requiring coverage for biologically based mental illnesses and autism. Also in 1999, the U.S. Surgeon General’s report focused on mental health for the first time ever.

NJAMHAA was renamed the New Jersey Association of Mental Health and Addiction Agencies.

2008
- The federal Mental Health Parity and Addiction Equity Act (MHPAEA) was signed into law. It extended parity requirements to SUD treatment and required that mental health and SUD services be included as Essential Benefits.

2010
- NJAMHAA was renamed the New Jersey Association of Mental Health and Addiction Agencies.
- The IT Project established a partnership with the New Jersey Health Information Technology Extension Center (HITEC) and EHR vendors.
- June Noto, Vice President, IT, Human Resources and Administrative Services, was selected to serve as a statewide HIT Champion.
- NJAMHAA successfully advocated for the elimination of proposed restrictions to Medicaid eligibility and copayments for non-emergent use of emergency rooms.

2011
- The first Medicaid Accountable Care Organizations were created.
- The first Medicaid Accountable Care Organizations were created.
- The first Medicaid Accountable Care Organizations were created.

2012
- NJAMHAA created the Health Maintenance Organization (HMO) Council.

NJAMHAA is crucial to our work every day.”
- Mary Gay Abbott-Young, Current NJAMHAA Board Member

Meanwhile, at NJAMHAA, the first full-time CEO, Len Altamura, DSW, LCSW, was hired. NJAMHAA had office space at provider agencies and in a couple of cases, the CEOs worked at their homes. As the staff was growing in the early 1990s, the association secured a larger office in Manasquan. A major NJAMHAA advocacy accomplishment in 1994 was convincing Governor Christine Todd Whitman not to include behavioral health in Medicaid Managed Care. According to former NJAMHAA Board Chair Steve Ramsland, “The greatest achievement was getting people ready for managed care though it didn’t happen back then. Getting ready improved practice and increased members’ sophistication.”

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In 1996, NJAMHAA was a major force in Congress’
In 2000, the Children’s System of Care Initiative was launched by the New Jersey Department of Human Services (DHS). That same year, on the national level, the Children’s Health Act of 2000 reauthorized the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) programs to improve mental health and substance use disorder (SUD) treatment services for children and adolescents.

Also in 2000, NJAMHAA established the New Jersey Mental Health Institute (NJMHI) to promote quality mental health services and battle stigma. Details on NJMHI and its initiatives and impact, which has reached nationally and internationally, begin on page 64.

Around the same time, NJAMHAA’s Chief Financial Officers Practice Group was created and in 2001, the participants’ advocacy resulted in contract reform to the state system, giving providers additional flexibility in the use of their funding. “We emphasized that mental health agencies are businesses and need to operate as businesses,” said Jim Cooney, MSW, LCSW, a former NJAMHAA Board Chair and currently CEO of Ocean Mental Health Services, who launched the CFO Practice Group. “In response to our advocacy, the state built flexibility into contracts and many of those provisions, particularly the ability to move money around in our budgets, live with us today. The Department of Children and Families (DCF) adopted these reforms when it was split off from DHS,” he added.

More information about this and other practice groups, which provide members with opportunities to network and contribute to NJAMHAA’s advocacy efforts, begins on page 38.

On the national front in 2001, President Bill Clinton ordered all health plans in the Federal Employees Health Benefits Program to begin parity coverage for treatment of mental illness. Later that year, the horrific events of 9/11 occurred and NJAMHAA took a leading role, communicating with media, with Debra Wentz appearing on The Today Show as a guest of Katie Couric, and serving as a referral and information source.

2014

- A dozen New Jersey state bills focusing on access to SUD treatment and including NJAMHAA’s recommendations were either signed into law or passed by one or both houses.
- NJMHI started to implement what would become a very successful three-year training series focused on evidence based practices for treating veterans, active military and their families.

2015

- New Jersey Governor Chris Christie signed into law a bill that requires the Department of Corrections and DHS to share the authority over prison-based treatment centers, and a bill to improve conditions in boarding homes and other shelters.
- NJAMHAA created the Hospital Community Integration Council.
- NJAMHAA helped ensure that a bill allowing individuals receiving medication assisted treatment to enroll in Drug Court was signed into law as a statewide program.
- NJAMHAA persuaded the Department of Children and Families (DCF) to rescind most of the provisions of the Social Service Language Amendments.
- NJAMHAA played a large role in shaping legislation for the expansion of Early Intervention Support Services and screening centers.
- President Barack Obama signed into law the Excellence in Mental Health Act, which created a Certified Community Behavioral Health Clinics (CCBHC) demonstration program.
- The rules regarding pre-existing conditions in the Affordable Care Act went into effect.
- Alexa was invented and provided many uses, including searching information on the Internet.
In 2002, it was clear that NJAMHAA was growing in size and recognition. The staff outgrew the Manasquan office and moved to a larger space in Mercerville to be closer to the state capital for its advocacy work. It was also the year Dr. Wentz first served on an incoming governor’s transition team – Governor James McGreevey’s Transition Team for DHS – which she was selected to do for the subsequent governors as well.

In regard to Governor Codey, Dr. Wentz said, “Never has there been a governor who has made mental health their number one priority for the tenure of their governorship more than Governor Richard J. Codey has done.” Governor Codey also recognized the value of NJAMHAA’s input and selected NJAMHAA Board member Bob Davison to chair the Governor’s Task Force on Mental Health, which was established in 2004. Several other members and Dr. Wentz served on the task force, whose recommendations closely paralleled those promoted in NJAMHAA’s Broken Promises, Shattered Lives advocacy campaign. The Task Force’s efforts resulted in the FY2006 State Budget including $40 million in new funding for many behavioral health services and the creation of the $200 million Special Needs Housing Trust Fund.

Nationally in 2004, the Garrett Lee Smith Memorial Act, the first legislation to provide funding specifically for youth suicide prevention programs, was signed into law and in 2005, the National Suicide Prevention Lifeline was created.

Also in 2006, First Lady of New Jersey Mary Jo Codey was instrumental in the passage of New Jersey’s Postpartum Depression Screening and Education Law, and NJAMHAA met with Congressmen Rush Holt and Patrick Kennedy to develop strategies for gaining passage of the federal Mental Health Parity and Addiction Equity Act (MHPAEA), which extended parity requirements to SUD treatment and was signed into law in 2008. The MHPAEA was enacted

- The Comprehensive Addiction and Recovery Act (CARA) and the 21st Century Cures Act were signed into law.
- The Excellence in Mental Health and Addiction Treatment Expansion Act continued funding for existing CCBHCs and creation of new CCBHCs.

2016

- Governor Chris Christie signed into law a telehealth bill.
- Governor Christie announced 25 initiatives to combat the opioid crisis.
- The National Certified Peer Specialist certification was created.

2017

- NJAMHAA persuaded the Division of Mental Health and Addiction Services (DMHAS) to postpone transitioning Community Support Services from contract-based funding to fee-for-service (FFS) reimbursement.
- NJAMHAA secured and saw passed into law a bill that established the Independent Fee-for-Service Transition Oversight Board and required study of the adequacy of FFS rates. Several NJAMHAA members were appointed to the FFS Oversight Board.

2016

- NJAMHAA’s advocacy led to DHS’ elimination of Social Service Language Amendments.
- NJAMHAA unveiled a report that demonstrated providers’ economic impact on the state.
- NJAMHAA created the Hospital Community Integration Council.
- NJAMHAA helped ensure that a bill allowing individuals receiving medication assisted treatment to enroll in Drug Court was signed into law as a statewide program.
- NJAMHAA persuaded the Department of Children and Families (DCF) to rescind most of the provisions of the Social Service Language Amendments.
- NJAMHAA played a large role in shaping legislation for the expansion of Early Intervention Support Services and screening centers.
in January 2010 as part of the Affordable Care Act, which added the requirement for mental health and SUD services to be included as Essential Health Benefits.

The following year, NJAMHAA successfully advocated for significant increases in the Medicaid rates for children’s outpatient and psychiatric services. The association also convinced the state to provide waivers on its ban of therapeutic holds, address new staffing requirements for transportation and closely examine the impact of partial hospitalization rates and regulations.

With a constant focus on strengthening providers’ fiscal strength to achieve sustainability, NJAMHAA not only continuously advocates for increased funding for behavioral healthcare services, but also seeks ways for members to save money. One strategy was the IT Project’s creation of electronic health record (EHR) collaboratives, which enable several providers to save money by sharing the initial setup cost.

In the 2000s, a state and nationwide focus on providing integrated healthcare services was gaining momentum. NJAMHAA made a strong statement about its support of this goal in 2010 when 30 SUD treatment providers were recruited and “Addictions” was added to the association’s name to reflect that it officially became the state trade group for these specialty treatment providers. A similar initiative took place on the state level in FY2011 as the budget formally merged the Division of Mental Health Services and the Division of Addiction Services into DMHAS.

“In response to our advocacy, the state built flexibility into contracts and many of those provisions, particularly the ability to move money around in our budgets, live with us today.”

- Jim Cooney, Former NJAMHAA Board Chair

“Early on, mental health care and substance use treatment were isolated. Now, they’re part of mainstream health and providers are also addressing social issues, such as housing, that go along with

- New Jersey Governor Phil Murphy signed into law S1339/A2031, which expanded coverage to include mental health conditions and SUD, strengthened enforcement and established a framework for transparency.
- The federal First Step Act reauthorized the Second Chance Act.
- The Medicaid Reentry Act was introduced.

2020
- NJAMHAA helped draft a bill to establish a grant program for screening centers.
- NJAMHAA received the Advocacy Leadership Award for Organizational Excellence by the National Council for Behavioral Health.
- NJAMHAA led the successful campaign to reinstate full funding to the School Based Youth Services Program in the Governor’s proposed Revised FY2021 budget.
- New Jersey Governor Phil Murphy signed into law S1339/A2031, which expanded coverage to include mental health conditions and SUD, strengthened enforcement and established a framework for transparency.
- The federal First Step Act reauthorized the Second Chance Act.
- The Medicaid Reentry Act was introduced.

2021
- NJAMHAA advocated to have legislation drafted that would tie rates and contracts to an inflationary index.
- NJAMHAA secured amendments to the telehealth bill that allows clients to receive services at any location and via audio-only.

2018
- CARA 2.0 of 2018 was signed into law.
- The Senate passed S.1732, the Improving Access to Behavioral Health Information Technology Act. The House companion bill, H.R. 3331, was adopted by the House Energy and Commerce Committee as part of the package of opiate crisis-related legislation, which was adopted.
- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018 was signed into law.

2019
- NJAMHAA’s advocacy contributed to the inclusion of several provisions in the SUPPORT Act.
health care. It’s critical to people’s well-being and being healthy mentally and physically,” said Mike Armstrong, MA, MBA, a former NJAMHAA Board Chair and former CEO of Community Hope. “We were always making progress no matter who was in charge at DHS and DMHAS.”

In fact, Armstrong and Manny Guantez, PsyD, LCADC, Consultant for Rutgers University Behavioral Health Care and a former NJAMHAA Board member, were two of the NJAMHAA members who championed for SUD treatment providers to join the association in 2010.

“NJAMHAA effectively addressed addiction treatment providers’ fear of the focus on SUD services being lost if they joined the association,” Dr. Guantez said. “We also saw SUD treatment providers represented in the media more than in earlier years. We felt that we got more exposure and this was before the opioid crisis,” he added.

As further evidence of its equal commitment to representing SUD treatment providers, NJAMHAA advocated for state legislation to increase access to these vital services, which the association continues

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NJAMHAA had several significant achievements in 2012. The IT Project established a partnership with the New Jersey Health Information Technology Extension Center (HITEC) and EHR vendors, and June Noto, Vice President, IT, Human Resources and Administrative Services, was selected to serve as a statewide HIT-Champion. On the policy side, NJAMHAA successfully advocated for the elimination of proposed restrictions to Medicaid eligibility and copayments for non-emergent use of emergency rooms.

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“We had great leadership with Len and Deb. We were able to influence legislation and regulations, and see our impact.”
- Vicki Sidrow, Former NJAMHAA Board Chair

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**2020**
- The National Suicide Hotline Designation Act was signed into law.
- Medicare expanded telehealth access.
- The Jim Ramstad Model State Parity Legislation was released by The Kennedy Forum.
- The Mental Health Services for Students Act of 2020 was enacted.
- Increased appropriations were invested in the SAMHSA Mental Health and SUD Block Grants as part of the Omnibus Appropriations and Coronavirus Relief Package.
- The Coronavirus Aid, Relief, and Economic Security Act was signed into law.

**2021**
- NJAMHAA helped draft a bill to establish a grant program for screening centers.
- NJAMHAA received the Advocacy Leadership Award for Organizational Excellence by the National Council for Behavioral Health.
- NJAMHAA led the successful campaign to reinstate full funding to the School Based Youth Services Program in the Governor’s proposed Revised FY2021 budget.
- NJAMHAA advocated to have legislation drafted that would tie rates and contracts to an inflationary index.
- NJAMHAA secured amendments to the telehealth bill that allows clients to receive services at any location and via audio-only.
- SAMHSA invested in the Mental Health and Substance Abuse Prevention and Treatment Block Grant funds in the American Rescue Plan.
to do. An early example of NJAMHAA’s impact is the passage of a dozen state bills in 2014 that included NJAMHAA’s recommendations and were either signed into law or passed by one or both houses. The goals of this legislation were to increase funding for SUD treatment, expand oversight of state facilities and physicians by state agencies, and reevaluate the state’s educational efforts to address prevention and recovery in the community.

Another prominent example of NJAMHAA’s effective advocacy was the enactment of the federal Excellence in Mental Health Act, which created a Certified Community Behavioral Health Clinics (CCBHC) demonstration program, in 2014. Seven NJAMHAA member agencies were selected for this initial project. Over the following eight years, eight more members received grant funding from the Substance Abuse and Mental Health Services Administration to create CCBHCs and several of the earlier selected agencies received expansion grants. Again, NJAMHAA played a significant role in securing this additional federal support.

Several advances occurred in New Jersey in 2015, all of which involved NJAMHAA’s advocacy. A bill allowing individuals receiving medication assisted treatment to enroll in Drug Court was signed into law as a statewide program. In addition, Governor Chris Christie signed into law a bill that requires the Department of Corrections and the Department of Human Services (DHS) to share the authority over prison-based treatment centers, as well as a bill that aims to improve conditions in boarding homes and other shelters. NJAMHAA persuaded the Department of Children and Families (DCF) to rescind most of the provisions of the Social Service Language Amendments, which DHS also agreed to do in 2016. These amendments restricted providers’ flexible use of their funds to provide staff training, purchase vehicles and meet other business needs. NJAMHAA also played a large role in shaping legislation for the expansion of Early Intervention Support Services and screening centers.

Also in 2016, the federal government enacted the Comprehensive Addiction and Recovery Act (CARA), the first major federal legislation in 40 years focused on SUD treatment and the most comprehensive effort undertaken to address the opioid crisis. The 21st Century Cures Act was also signed into law with numerous provisions for increasing access to mental illness and SUD prevention and treatment services. During the same year, the Excellence in Mental Health and Addiction Treatment Expansion Act brought providers $1.1 billion, the largest investment into the community behavioral health system in more than a generation, to continue operation of existing CCBHCs and create additional CCBHCs.

Additional significant examples of NJAMHAA’s impact came about in 2017. The association persuaded DMHAS to postpone transitioning Community Support Services from contract-based funding to fee-for-service (FFS) reimbursement. NJAMHAA’s advocacy strongly contributed to the passing of a law that established the Independent Fee-for-Service Transition Oversight Board, to which several NJAMHAA members were appointed, and required a study of the adequacy of FFS rates.
In 2017, Governor Christie signed a telehealth bill into law and announced 25 initiatives to combat the opioid crisis. During the same year, the National Certified Peer Specialist certification was created.

The following year, several state and federal bills related to the opioid crisis were signed into law. The federal government enacted CARA 2.0 of 2018 to expand resources to address the opioid crisis; the Improving Access to Behavioral Health Information Technology Act was enacted as part of a package of opiate crisis-related legislation; and the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018 was signed into law.

While NJAMHAA routinely advocates for resources to address the opioid crisis and other SUD treatment and mental health needs, the association continues its persistent advocacy for equally important, non-clinical services. For example, in 2018, NJAMHAA’s budget advocacy resulted in restoration of funding to Care Management Organizations. NJAMHAA also succeeded in having a budget line created for supplemental funds.

In 2019, New Jersey Governor Phil Murphy signed a new state parity bill (S1339/A2031) to expand coverage to include mental health conditions and SUD and strengthen enforcement of insurance companies’ compliance with parity requirements. During the same year, the federal First Step Act reauthorized the Second Chance Act, which supports state and local reentry programs in efforts to reduce recidivism and provide individuals with supportive services, including mental health and SUD treatment, following their release from prison.

In 2020, the National Action Alliance for Suicide Prevention launched its Mental Health & Suicide Prevention National Response to COVID-19; the National Suicide Hotline Designation Act was signed into law; and the Jim Ramstad Model State Parity Legislation was launched by The Kennedy Forum to hold health insurers accountable for wrongly denying coverage of care. In addition, the Mental Health Services for Students Act of 2020 (H.R.1109) amended the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs.

In New Jersey, NJAMHAA helped draft a bill to establish a grant program for screening centers to expand their mobile services, establish satellite offices and provide other outreach to the community, and it was signed into law. As further testament to NJAMHAA’s impact, the association received the Advocacy Leadership Award for Organizational Excellence from the National Council for Behavioral Health based on a steady stream of advocacy successes, including waivers that expanded access to Medication Assisted Treatment, an increased rate for long-term residential SUD treatment and telehealth guidance reducing partial care service requirements to meet each client’s needs rather than universally requiring a minimum number of hours.

NJAMHAA persevered and continued to succeed in its advocacy during the coronavirus pandemic, focusing equally on the new challenges the public health emergency introduced, existing difficulties that were exacerbated by the pandemic and other ongoing issues. Successes at both the state and federal levels include: reimbursement for services provided through telehealth and in alternate locations; having the Division of Mental Health and Addiction Services (DMHAS) rapidly respond to requests for emergency funding by issuing monthly retainer payments for state-funded contracts in lieu of having providers bill fee-for-

“WE SAW SUD TREATMENT PROVIDERS REPRESENTED IN THE MEDIA MORE THAN IN EARLIER YEARS.”
- MANNY GUANTEZ, FORMER NJAMHAA BOARD MEMBER
service (FFS); and having members recognized as priority providers to receive medical supplies and personal protective equipment. Meanwhile, the IT Project remained available to assist members with their transition to working remotely and serving clients through telehealth.

“NJAMHAA’s access to government leaders has never been more critical than during the pandemic. We leveraged our relationships with legislators to elevate the voice of communities in need,” said Susan Loughery, current NJAMHAA Board Chair.

“NJAMHAA has been invaluable to all of us, especially during the challenging times of the pandemic. Our world has been completely turned upside-down. Deb and the staff have done an amazing job supporting all of us,” said Bob Budsock, MS, LCADC, President and CEO of Integrity House and Immediate Past Chair of the NJAMHAA Board. “NJAMHAA collaborates with members to ensure, even while we’re in the midst of a pandemic, that we remain focused on our North Star, which is to provide essential services to many people in the State of New Jersey who are desperately in need of help.”

“As a long-standing provider of substance use disorder treatment and an emergency shelter in Trenton, NJ, we and many of our partners would not have been able to work in the COVID 19 environment without the information, contacts and advocacy of NJAMHAA,” said Mary Gay, LCADC, President, Rescue Mission of Trenton and a NJAMHAA Board member since 2017. “I acknowledge NJAMHAA is crucial to our work every day, but the effort at this time has been nothing short of vital and frankly amazing.”

Also in 2020, NJAMHAA led the successful campaign to reinstate funding for the School Based Youth Services Program after funding had been fully cut in the Governor’s proposed Revised FY2021 budget. NJAMHAA’s advocacy contributed to increased appropriations in the SAMHSA Mental Health and SUD Block Grants as part of the Omnibus Appropriations and Coronavirus Relief Package. In addition, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was signed into law to provide $2.2 trillion in economic stimulus nationwide in response to the pandemic. It included the Paycheck Protection Program that provided forgivable loans to small businesses and funds for states to reimburse service providers for pandemic-related expenses.

In 2021, NJAMHAA advocated to have legislation drafted that would tie rates and contracts to an inflationary index. The association also secured amendments to the telehealth bill that allows clients to receive services at any location and via audio only. On the federal level, SAMHSA further invested in the Block Grant funds in the American Rescue Plan.

Reflective of NJAMHAA’s credibility, dedication and effectiveness, numerous awards were received over the years. Most recently, in June 2020, NJAMHAA was honored with the Award for Organizational Achievement in Advocacy from the National Council for Behavioral Health. The National Council also recognized NJAMHAA in 2003 with an Award of Excellence – Public Policy Award. Other examples of recognition for NJAMHAA overall are the American Society of Association Executives’ (ASAE’s) Award of Excellence – Government Relations in 1997; national Telly Award for the Mugshots anti-stigma campaign in 1998; Lilly Reintegration Awards – First Place, Advocacy from Eli Lilly in 2001; and ASAE’s Communication GOLD Circle Award – Media Relations for the advocacy campaign, Bottom Line: Investing in Mental Health Saves Money and Lives in 2008 and again in 2009 for the Bankrupt Dreams, Battered Souls advocacy campaign. ASAE also presented the Award of Excellence for the Tsu-
nami Mental Health Relief Project in 2006 to the New Jersey Mental Health Institute.

In addition, Dr. Wentz received multiple awards, including the Golden Bell Leadership Award from the Mental Health Association in New Jersey in 2008; inaugural Gabriel M. Ambrosio Mental Health Humanitarian Award from Comprehensive Behavioral Healthcare, a NJAMHAA member, in 2014; Patient Advocacy Award from the HealthCare Institute of New Jersey, also in 2014; Citizen of the Year Award from the New Jersey Psychiatric Association during the same year; inaugural Codey Award from Hackensack Meridian Carrier Clinic, a NJAMHAA member, also in 2014; Partner in Hope Award from Attitudes In Reverse in 2016; ICON HONORS Award from NJBIZ in 2019; CEO of the Year award from ROI-NJ in 2020; and the Roger Manshel Lifetime Achievement Award from Family Connections, a NJAMHAA member, in 2021.

More achievements are being made and others are in the works at the time of publication. These successes are made possible through the strong, positive relationships NJAMHAA has established with leaders in the state and federal governments, as well as partnerships with other stakeholders, all of which are described in the following pages.
Congratulations

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Champions for Transforming Lives and Health Systems

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Bridgeway’s vision is that all persons experiencing a mental health condition will live happy, healthy, satisfying lives in the vocational, educational, social, and living environments of their choice. Bridgeway provides crisis intervention, psychiatric screening, housing support, short term and long term psychiatric rehabilitation services.

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Before Dr. Wentz joined NJAMHAA, the association did not have a presence in state or federal government. “I brought contacts I had from former roles in state government and previous advocacy work, and we expanded on them and became very effective in our advocacy,” she said. “I became the face of NJAMHAA. Whenever I walked into a room, everyone knew who I was representing. We gained entrée to all of the governors and their staff, commissioners of key departments and their teams, and New Jersey’s federal delegation. On occasion, we went beyond to other Congressional members throughout the nation on specific issues,” Dr. Wentz added.

“Advocacy and policy are at the heart of what NJAMHAA does. Our policy is very overarching and positively impacts all types of providers: mental health, substance use and social services; and peer-run agencies, organizations serving families and those serving the youngest to the oldest. We address both cross-cutting issues and service- and population-specific matters,” Dr. Wentz said. “NJAMHAA has such strength in policy advocacy that aspiring gubernatorial candidates, legislators and media representatives have reached out to us. We are a powerhouse of information.”

Both current and former Board members have reinforced the value of Dr. Wentz’s connections. “NJAMHAA brings the human side to government from the perspectives of providers and people served. It’s about sustainability for the communities of New Jersey and being able to provide quality services and systems that work for the people they’re designed to work for,” said Susan Loughery, current NJAMHAA Board Chair.

“NJAMHAA created good access to the decision makers – lawmakers, state agencies – and the advocacy is tremendous,” said Jim Lape, MA, MBA, FACHE, former Vice President, Behavioral Health and Senior Services, Trinitas Regional Medical Center and a former NJAMHAA Board Chair. “Membership is a great investment for any provider.”

In 1994, NJAMHAA convinced Governor Christine Whitman not to include behavioral health in Medicaid Managed Care and met with her in 1995.
Former NJAMHAA Board Vice Chair Greg Speed stated, “I admire NJAMHAA’s strength. Members were responsible at some level for reorganizing the system of mental healthcare delivery. It was spearheaded with NJAMHAA’s support,” he said, referring to NJAMHAA’s extensive representation and impact on the Governor’s Task Force on Mental Health in the early 2000s as a compelling example.

NJAMHAA also established and maintains relationships with individuals who previously worked at the state and created a lasting, positive impression. For example, Dennis Lafer remembers learning about NJAMHAA when he served as Deputy Director of what was then called the Division of Mental Health and Hospitals in the mid-1970s. “Great things have occurred between the Division and NJAMHAA. We had a very similar vision: to treat people humanely in the community and to use hospitals as a last resort and only when necessary,” said Lafer, who later served as a consultant and Board member for the Mental Health Association in New Jersey, a sister stakeholder group with which NJAMHAA collaborates on numerous advocacy issues.

In the 1970s, New Jersey’s behavioral healthcare system consisted of inpatient, outpatient, consultation and education, emergency, and partial hospitalization services. There was not a focus on drug or alcohol abuse or housing, according to Lafer. “Over time, we realized that more things, both clinical and nonclinical, were needed to improve quality of life. The Division tried to fund programs and organize systems of care. NJAMHAA and agencies took the lead in designing community services,” he recalled.

Current NJAMHAA Board member Theresa Wilson, MSW, LCSW, President and CEO of South Jersey Behavioral Health Resources and Executive Vice President of Inperium NJ, remembers first meeting Dr. Wentz when she was
advocating at the state, where Wilson worked with Lafer. “Deb rallied people in talking to the state. She always made powerful arguments and gave great input, and she still does,” Wilson said. “Everything about NJAMHAA is forward thinking, well thought out and backed with facts. NJAMHAA’s voice has always been very powerful.”

“If it weren’t for Deb’s leadership and team, we would not be where we are today. NJAMHAA has an abundance of efforts and services. I see them moving forward to endless possibilities,” Wilson added.

Bill Waldman, Executive in Residence, Rutgers School of Social Work, also first learned about NJAMHAA in the 1970s when he worked at the Department of Human Services (DHS), where he ultimately served as Commissioner. “At DHS, one significant part of my agenda was to reduce reliance on the state psychiatric hospitals, which presented many challenges and were difficult to run. So, one of my primary goals was to ensure people were able to live in the least restrictive environments,” Waldman said, noting that this goal was ultimately addressed by the Olmstead Supreme Court decision under the Americans with Disabilities Act. “This couldn’t be done without the leadership of community providers and NJAMHAA. Having NJAMHAA there gave me a good place to dialogue on issues, gain good ideas and get things moving,” he stated.

“The state had a comfort level working with us,” Lape said, sharing his perspective as a NJAMHAA provider member following his employment at the state. “Deb also has maintained this positive relationship and satisfied a diverse Board that was struggling through difficult economic times. She did a balancing act between the state and providers, which resulted in the state seeing NJAMHAA as a valuable resource.”
“I look for every opportunity possible to represent NJAMHAA,” Dr. Wentz said, noting that in addition to serving on every incoming governor’s transition team and chairing one of those teams’ mental health and SUD workgroups, she served on many state committees, including the Integrated Health Advisory Panel and the Task Force on Heroin and Other Opiate Use by New Jersey’s Youth and Young Adults.

Previous governors remember the impact that Dr. Wentz and NJAMHAA have had over the years and they continue to work with the association.

“Seemingly, NJAMHAA has always been part of my political world for ideas, advocacy and creating a context for mental health and substance use treatment services. There have been many collective efforts between NJAMHAA and the State Legislature,” said Governor James McGreevey, currently Chairman of New Jersey Reentry Corp. “Deb’s engagement with the State Legislature and providing substantial information dramatically shaped NJAMHAA as a nonpartisan source of information. When I was governor, NJAMHAA was very important for addressing budgetary issues, understanding reimbursement schedules and increasing access to drug treatment. NJAMHAA is still a great resource.”

“In the second half of my life, I’ve had a focus on reentry, and I’m grateful for NJAMHAA’s leadership. In the old school of reentry, if someone survived six weeks after release from jail or prison, it was a miracle because behavioral health wasn’t addressed. NJAMHAA was instrumental in reversing this,” Governor McGreevey added. “If it weren’t for NJAMHAA, many of our clients wouldn’t have a second chance. In many cases, NJAMHAA gave meaning to having a second chance.”

Governor Chris Christie, Founder of the Christie Institute for Public Policy, said, “The work NJAMHAA does day after day, year after year, and decade after decade has saved lives and continues to save lives every day. They’ve been an active partner with me and I’ll continue to be a partner with them.”

“NJAMHAA provided me with information that is necessary to make the case to change public opinions,” Governor Christie stated. “NJAMHAA didn’t care if I was Republican or Democrat, conservative or liberal, and stood with me if I was willing to do the right things. Their passion is for the people they serve and ensuring they get the treatment they need in a way that’s viewed as fair and just in our society.”

Governor Christie noted that NJAMHAA will continue to be very busy as the state’s focus shifts from COVID-19 to mental health and substance use dis-
orders. “In the COVID era, we lost focus on mental health and addiction issues as we’ve been almost exclusively focused on this virus. There are burgeoning addiction issues because of isolation and job loss. I’m glad NJAMHAA’s there with their 70 years of experience and passionate supporters,” Governor Christie said.

Another striking example of NJAMHAA’s connection with governors’ offices is Dr. Wentz’s successful communication with Governor Jon Corzine’s staff in 2006 during the one-week government shutdown. “We got our message through about mistakes we found in the budget language – just in time before the budget was signed,” she recalled.

Regarding his gubernatorial term, Governor Richard Codey said, “The number one issue people wanted to talk about was mental health. There was not a close second, if there was one at all. This was a seed change,” as he described it. NJAMHAA gives Governor Codey tremendous credit for progress in the mental health field by making it his top priority. This was an unprecedented policy shift in NJAMHAA’s history.

“When I was Governor, I put Debbie on the Task Force. That was the blueprint for how to move forward. Everyone felt they were listened to, and we were able to do many things for people with mental illness,” Governor Codey said. “NJAMHAA has always had my back on any issue on mental health. They’re the go-to agency – even before they come to me.”

“NJAMHAA has always been a strong organization. For the agency you want to go to, NJAMHAA is #1, #2 and #3,” Governor Codey added.

“The work NJAMHAA does day after day, year after year, and decade after decade has saved lives and continues to save lives every day. They’ve been an active partner with me and I’ll continue to be a partner with them.”

– Governor Chris Christie

“When I was Governor, I put Debbie on the Task Force. That was the blueprint for how to move forward. Everyone felt they were listened to, and we were able to do many things for people with mental illness. NJAMHAA has always had my back on any issue on mental health. They’re the go-to agency – even before they come to me.”

– Governor Richard Codey
“We are proud to celebrate NJAMHAA for their 70 Years in advocacy and support in the Behavioral & Mental Health Community. We look forward to supporting your efforts for many years to come.”

Stephen Haupt
Ammon Labs Founder & Chairman of the Board

A NEW TOMORROW BEGINS HERE.

Hackensack Meridian Health provides comprehensive addiction treatment services across New Jersey. Including Newsweek’s #1 ranked Addiction Treatment Center in New Jersey for 2020/2021, Blake Recovery Center located on the campus of Carrier Clinic.

Our addiction treatment network includes:
- Inpatient detox and rehab at Blake Recovery Center in Belle Mead
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- Outpatient and Intensive Outpatient services at our hospitals and care locations across New Jersey

Hackensack Meridian Health is committed to providing every level of mental health and substance use disorder care and treatment close to home, right here in New Jersey.

We are here to help. During COVID, and beyond. Visit CarrierClinic.org or call 800-933-3579.
Historically, there has never been enough funding. Since I came to NJAMHAA, I think we have made some amazing progress,” Dr. Wentz said.

There is a wealth of evidence of such progress, as funding for behavioral healthcare services has been preserved nearly every year and several increases were made, even during financially challenging times. “Every year, NJAMHAA’s budget advocacy for mental health and substance use services keeps our system funded and vibrant,” said Lou Schwarz, MA, Chief Executive Officer of The Bridge, who became involved with NJAMHAA in the late 1990s and has been serving on the Board since 2014.

“People might not have noticed this impact when there were no funding increases or regulatory relief. We were kept largely whole,” said Bob Davison, former NJAMHAA Board member. He noted that this was in comparison to other states where budgets were virtually decimated at times.

“NJAMHAA is a connector of organizations with state government, a way for people to come together and discuss relevant policy issues. As the years progressed, NJAMHAA has had more influence on decisions in Trenton that impact people’s day-to-day lives,” Schwarz said. “My consumers and their families have benefited. This is the place where people are heard and voices are lifted to the chambers of state government.”

Two of the most recent examples of NJAMHAA’s successful advocacy for funding are $108 million in Governor Phil Murphy’s proposed FY2022 budget to increase rates for children’s services and full restoration of a proposed 100% funding cut in Governor Murphy’s revised FY2021 budget for the School Based Youth Services Program (SBYSP).

According to current NJAMHAA Board Vice Chair Jacques Hryshko, reinstating funding for the SBYSP “was a magical moment. It came about because of the infrastructure that Deb and the staff have built, the connections they have with providers and the state. NJAMHAA is an expert in organizing campaigns and was ready at the drop of a hat. NJAMHAA had a toolkit that was ready to go,” he said.

“Without NJAMHAA’s advocacy, many children would have been deprived of these vital services,” said Al Bassetti, MA, LPC, Director, Employee Assistance Program and Emergency Services at Hunterdon Medical Center and current chair of the Mental Health Emergency Services Association. “NJAMHAA’s leadership and ability to organize and speak to legislators and the Governor’s Office means so much to most of the population around the entire state. NJAMHAA’s work vitally impacts the lives of real people every day,” Bassetti added.
“It’s always on NJAMHAA’s radar to advocate for and work with the State Treasury and other departments for providers to have flexibility within contract ceilings,” stated Susan Loughery, current NJAMHAA Board Chair.

“We spent a significant amount of time interacting with the state on improving the reimbursement system. It was great dialogue. NJAMHAA is an enormous conduit, so when the dialogue is re-created with new leaders, it has context,” said Don Parker, LCSW, a former NJAMHAA Board Chair and currently President of Hackensack Meridian Carrier Clinic and President of Hackensack Meridian Health Behavioral Health Care Transformation Services/Integrative Medicine. “In the most recent past, we made enormous progress in how we are paid for our work and people recognizing the importance of our work,” he added.

John Monahan, former NJAMHAA Board Chair, shared that in the 1980s, NJAMHAA launched a five-year salary upgrade project in partnership with the Mental Health Association in New Jersey. They worked with Rodney Frelinghuysen, who at the time was State Assemblyman and served on the Appropriations Committee. “Our advocacy resulted in an allocation of $11 million over four years to set salaries for BA-level staff at the same level as teachers’ salaries. BA-level staff saw a 40% to 50% salary increase because of this project, and the turnover problem disappeared during the years of the project,” he explained.

After several years of advocacy for a cost of living adjustment (COLA), a 3% COLA was implemented in January 2008. According to Bill Waldman, former Department of Human Services (DHS) Commissioner, this achievement was made possible because “NJAMHAA has a sophisticated style of advocacy with legislators and they educated legislators on the need for the COLA.”

Additional highlights of NJAMHAA’s effective budget advocacy included increased funding for mental health and substance use disorder (SUD) services in the FY2017 State Budget. Governor Christie announced the allocation of $127 million of new funding from state and federal sources to increase Medicaid reimbursement rates, expanded the state’s Recovery Coach Program, dedicated a facility for treating inmates with SUD, funded three regional Medicaid Accountable Care Organizations, and increased funding for DHS’ Olmstead initiatives and the Children’s System of Care.

In FY2019, Governor Christie and the State Legislature dedicated $100 million to fight the opioid crisis and significantly increased the rates for Care Management Organizations, mobile response and stabilization services, intensive in-home behavioral assistance services, charity care, intake assessments and psychiatric evaluations in adult outpatient mental health programs, all of which occurred as a result of advocacy led by NJAMHAA and echoed by other stakeholders.

In July 2021, the state increased reimbursement for long-term residential SUD treatment, despite fiscal challenges. “The long-term rate increase is a primary example of NJAMHAA’s ability to articulate a crucial pressure on providers, collect relevant data and present the case to the Division of Mental Health and Addiction Services. Adding to the capacity for quality services is the primary goal of all concerned,” said Mary Gay Abbott-Young, current NJAMHAA Board member.
SERVING A DIVERSE, STABLE AND GROWING MEMBERSHIP

NJAMHAA's core membership consists of provider organizations that range in size from those that have one or two programs to serve specific populations to agencies that serve individuals of all ages with a broad array of services in multiple counties.

“I’ve always been very impressed with the ability of NJAMHAA to serve multiple constituencies and to pivot,” said former NJAMHAA Board Chair Deborah Megaro. “NJAMHAA developed a unique capacity to respond to diverse members and make everyone feel included. There’s a unique environment with NJAMHAA that’s welcoming and supportive. Whether you’re a small or large agency, you get the same amount of attention.”

“Every issue that’s brought to NJAMHAA is viewed as a crucial matter and gets the highest priority attention,” current NJAMHAA Board member Mary Gay Abbott-Young emphasized.

NJAMHAA’s dedication to serving all members is clearly demonstrated not only in its advocacy on both systemic and service-specific issues, but also in the variety of practice groups and councils it facilitates to gain members’ insights into the challenges they face. Although limited resources led to the NJAMHAA Board’s decision to consolidate some of the 20+ practice groups in 2014, providers who previously had their own groups continued to have opportunities to address their issues through the newly created groups – Addictions and Adult Mental Health – in addition to those that stayed intact: Chief Financial Officers and Children’s, as well as several that are focused on information technology (IT).

To create even broader networking and information-sharing opportunities, NJAMHAA established the Health Maintenance Organization (HMO) Council in 2011 with the goal of ensuring continuity of medically necessary care for beneficiaries with chronic conditions and a robust network of providers and comprehensive formularies.

“I value the fact that NJAMHAA brings all the players together and does this in an unusually creative way. I don’t know of any other venue where we, the providers, are talking with managed care organizations, as well as to the state and each other,” said Linda Gochfeld, MD, former Medical Director for SERV Behavioral Health System and a former NJAMHAA Board member.
“The HMO Council is examining the payment and delivery system in New Jersey and what role HMOs take in ensuring access to integrated care. Going forward, innovative models will evolve as a result of the 1115 waiver renewal for 2022, and the HMO Council will continue discussions and identify advocacy needs for us all to work together for the benefit of service recipients,” Dr. Wentz said.

NJAMHAA created the Hospital Community Integration Council (HCIC) in 2015 when it recognized the need to promote collaboration among providers in order to reduce hospitalizations and healthcare costs and achieve more positive health outcomes.

With the state’s Quality Improvement Program, the next version of the Delivery System Reform Incentive Payment (DSRIP) program, set to start in July 2021, the HCIC is advocating for all providers to receive funding as an incentive to work together. The original DSRIP program only provided funding for the hospitals and, as a result, these important partnerships were not established as they needed to be.

“I’m hoping that even on a demonstration or pilot basis that a hospital can partner with a community-based provider in an integrated way and provide services that are coordinated and collaborative,” said Jim McCreath, PhD, LCSW, a former NJAMHAA Board member and currently Co-Chair of the HCIC and Vice President, Psychiatry, Behavioral Health and Long-Term Care, Trinitas Regional Medical Center. “NJAMHAA is the closest as an advocate to the needs of hospital-based mental health services because they have a great understanding of what takes place in the community and the needs of consumers,” he added.

In 2020, in response to members’ requests, NJAMHAA reactivated the Integrated Case Management Services (ICMS) and Programs for Assertive Community Treatment-(PACT) Practice Groups and created the Evidence Based Practices (EBP) Practice Group.

“Participants in the practice groups and councils are not just heads of organizations, but also the frontline heroes. They convey the needs of the workforce and of those they serve. We work hard to engage everyone because their observations, experiences, insights and recommendations are invaluable,” Dr. Wentz said.

“To benefit from all NJAMHAA has to offer, we have to have our entire agencies involved. I need the eyes and ears of all my staff. NJAMHAA is one of the high grounds where we can get perspective and vision of what’s out there,” said Jacques Hryshko, current NJAMHAA Board Vice Chair. Many of his staff participate on practice groups and councils, as well as membership meetings.

In fact, attending a membership meeting is the earliest memory of NJAMHAA that Karen Acker, Administrative Director at West Bergen Mental Healthcare, has. “I remember thinking to myself, ‘Wow! There is such a wealth of information being presented among agencies. This is the place to be!’ It was so encouraging to see that for myself and such an eye opener as I was new to the behavioral health field,” said Acker, who has been chairing the IT Project’s Compliance and Performance Improvement Committee for several years.
While the HMO Council and HCIC operate as practice groups, other councils are membership categories for business partners. In 1996, NJAMHAA created the Managed Health Care Council to initiate dialogue between behavioral healthcare providers and managed care companies. Since NJAMHAA succeeded in preventing behavioral healthcare from being carved into managed care, the group was transitioned into the Integrated Healthcare Council, which also includes businesses that offer a variety of products and services (e.g., furniture, insurance, staffing), as well as the HMOs.

“We are always looking to expand the Integrated Healthcare Council with more traditional players, such as specialty managed care, as well as other organizations that provide services to the industry and impact the workforce. As the field is definitely evolving to provide integrated care, including a focus on social determinants of health, Integrated Healthcare Council members will reflect the changing environment and continue to offer information and resources to service providers,” Dr. Wentz stated.

In 1996, NJAMHAA established the Pharmaceutical Advisory Council, which was later renamed the Life Sciences and Innovation Council (LSIC) to reflect the evolution of the field and the group’s growth with representation of a broader scope of companies and an expanded focus on the life sciences industry, as well as the pharmaceutical and pharmacy fields. While the official LSIC members are representatives from pharmaceutical and life sciences companies, many providers, as well as state representatives from the Division of Mental Health and Addiction Services and Medicaid, participate in the meetings to gain valuable information from a variety of guest presenters. For example, recent presentation topics were telehealth regulations; the legalization of recreational marijuana and its impacts on individuals’ health and workplaces; and addressing health disparities to achieve equity.

“There will always be a vital role for the life sciences and innovation fields as they develop new treatments for mental illness, substance use disorders and physical health conditions, as well as vaccines. The LSIC works against that backdrop,” Dr. Wentz said. “In the future, the LSIC will continue to explore ways to support and enhance integrated health care and address issues that impact people with behavioral health challenges. Then, we will go beyond to lead initiatives to improve quality of patient services and access to that integrated system of care.”

In 2000, the Technology Council was created to connect providers with vendors of products and services, such as electronic health record (EHR) systems; cybersecurity support and tools; and online training on a broad array of clinical and nonclinical topics. “Because NJAMHAA houses the IT Project and has leadership in that area, the Technology Council always reflects providers’ current and future needs for hardware, software and policy,” Dr. Wentz said. She cited Meaningful Use, EHR systems, reducing the risk of cyberattacks, and compliance with confidentiality laws and regulations as examples of policy issues with which Technology Council members, as well as NJAMHAA’s IT Project, assist providers. Technology Council members often present webinars and share their products and services at the NJAMHAA and IT Project conferences.

“Looking ahead, the Technology Council will take on new importance as the behavioral healthcare system continues to evolve toward operating in a more remote environment,” Dr. Wentz said.
Congratulations

Thank You for 70 Years of Advocacy and Dedicated Service!

From the Mental Health Association in New Jersey, Inc.
As NJAMHAA evolved over the years, so has its member communications – in content, as the changing times required, and in format and frequency as new technologies emerged and the amount of information grew.

In the 1970s, the trade association launched a newsletter and in 1990, member communication was completed primarily through mid-month mailings, which consisted of chronological updates. Just two years later, NJAMHAA began to send broadcast fax alerts.

“When I started, I realized there is a plethora of information and it took an inordinate amount of time to read through it. I envisioned a ‘Reader’s Digest’ that would encompass local, state and national reports, legislation, and clinical and member news, as well as practice group minutes. However, when NJAMHA News (News Journal Assisting Mental Health Agencies) reached 72 pages, it became unwieldy and I decided to restructure the different types of information,” Dr. Wentz said.

Fortunately, many people and organizations were using e-mail and the Internet by that time, and NJAMHAA has been using these tools to efficiently share a tremendous amount of information in a timely manner. Over time, e-mail communication increased so much that a further need to consolidate information was recognized. This reality inspired the creation of Newswire in 2013. Newswire shares news affecting the state and national behavioral health systems, as well as NJAMHAA’s advocacy efforts and successes, and training and funding opportunities from various sources.

“Hands down, Newswire is the most comprehensive association newsletter, not just in the state, but also in the nation. We compile facts, data and resources for members so they don’t have to go elsewhere,” Dr. Wentz said.

The larger NJAMHAA News became a quarterly publication that showcases members’ innovations, achievements and impact. State and federal government leaders also receive NJAMHAA News as part of the association’s strategy to secure and increase support for members’ programs.

“NJAMHAA provides invaluable advocacy on behalf of its membership, which gives individual organizations a louder, stronger and more encompassing voice.”

– Mary Pat Angelini, current NJAMHAA Board Secretary
The IT Project has been creating *Bits & Bytes* since 2010. “It changed from quarterly to biannually due to many more demands on the staff. Occasionally, an additional issue will be published when needed,” Dr. Wentz said. The publication provides technology news and information on cybersecurity, privacy and other IT-related laws, and has covered everything from Y2K to Meaningful Use for electronic health records to cybersecurity. “*Bits & Bytes* is written for a non-technical audience, so it’s easy to understand. I appreciate the value of technology and want to continue bringing members into the future, and I find *Bits & Bytes* to be very informative and educational,” Dr. Wentz said.

Both current and past NJAMHAA members shared plenty of positive feedback on the member communications:

“NJAMHAA has always been the best source for timely information about everything important for mental health services in New Jersey. Every word is interesting and relevant to our work,” said Linda Gochfeld, MD, former Medical Director for SERV Behavioral Health System and a former NJAMHAA Board member.

Looking back over his previous years with NJAMHAA, former Board member Jerome Johnson said, “NJAMHAA was always ahead of emerging trends, both state- and nationwide. NJAMHAA does so much research and shares information. It’s very helpful at the local level.”

“NJAMHAA provides a foundation for thinking in a visionary way,” said Nick Armenti, PhD, former Director of Managed Care Services and Interim Managing Entity, Rutgers University Behavioral Health Care and a former NJAMHAA Board member.

“NJAMHAA brings together information from disparate entities and summarizes everything in *Newswire*. Where else would we get all this information?” Dr. Armenti said.

“There are some people who think those with mental illness should be locked up and kept from society. Obviously, there is a flaw in that thinking.

Bipolarly, those with mental illness have made overwhelmingly important contributions to society. Sir Isaac Newton, Abraham Lincoln, Ludwig van Beethoven, Virginia Woolf, Michelangelo and Vincent van Gogh are just a few of those with mental illness who have helped shape society forever. Don’t hold people with mental illness back. Call 1-800-980-4662 for information on depression, schizophrenia, and bipolar disorder.”

NJ Association of Mental Health Agencies, Inc.

www.njamha.org, njamha@njpha.org, njamha@njaha.org

**“While I’m proud of the award we received for the Mugshots campaign, I’m more proud of the impact: helping people understand that there should be no stigma associated with mental illness.”**

Sharon Oddy, Former NJAMHAA Staff Member
NJAMHAA always keeps members apprised of what is happening on the state and national levels that impact providers and the individuals they serve. Sometimes, this entails going the extra mile, which the staff is always willing to do. For example, during the one-week shutdown of the state government in 2006, late on a Saturday night, Dr. Wentz slipped into the State House through an open back door when staffers were practically camping out to find out exactly which budget line items would be line-item vetoed by then Governor Corzine and called a staff member from her car to get the news on the finally signed budget out to members right away.

In August 2019, Dr. Wentz contacted staff member Shauna Moses during a weekend when she learned of a fire that occurred at Straight and Narrow. “We immediately got the word out about donations of supplies needed, and many of our members responded just as quickly,” she recalled.

In past years, NJAMHAA produced the Public Policy Platform, first quarterly and then annually, which Dr. Wentz used to write before the staff grew and those focused on policy took on the responsibility. “It was very useful as it provided details on the many diverse issues and on where NJAMHAA stood on them. As we transitioned to the Internet, staff started posting position papers and together, we created annual advocacy campaigns, which replaced the Platform,” Dr. Wentz recalled.

While all of NJAMHAA’s advocacy campaigns were effective and some even earned awards, one that truly stands out is Broken Promises, Shattered Lives. In addition to the compelling document, NJAMHAA created a full-page print ad and a public service announcement that was broadcast on radio stations throughout New Jersey. Many of the recommendations in this campaign were promoted by Governor
Codey’s Task Force on Mental Health and resulted in significant funding increases in the FY2005 State Budget.

The policy staff also previously published the Bill Room, a summary of all bills they track that impact members. “With the transition to the electronic age, we now have links on our website to legislative websites. We still track relevant bills and share information regularly,” Dr. Wentz said.

“NJAMHAA provides invaluable advocacy on behalf of its membership, which gives individual organizations a louder, stronger and more encompassing voice,” said Mary Pat Angelini, MPA, CPS, President and CEO of Preferred Behavioral Health Group and current NJAMHAA Board Secretary.

To further bolster its advocacy, NJAMHAA launched the Partners in Advocacy program in 1997. The staff uses the annual advocacy campaigns to develop template letters to help members write correspondence to local legislators and talking points to use when they testify at state departments’ and legislative committees’ hearings on budgets and legislation. NJAMHAA also sends legislative alerts to all members.

According to Dr. Wentz, this is a “key communicator technique” to maximize NJAMHAA’s collective impact. Information and specific experiences from providers and the individuals they serve resonate with local legislators. “Advocacy from members and others in the community is essential to get a strong, unified voice on particularly critical issues, such as the proposed cut to funding for the School Based Youth Services Program. NJAMHAA, other stakeholders and providers, as well as school staff, parents and students, were heard more loudly on this issue than any other I can remember in my 26 years at NJAMHAA. When there is a resounding outcry, that’s the way issues are turned around,” Dr. Wentz stressed.

Educating the Public and Reinforcing Advocacy through the Media

“From day one, I have been committed to increasing visibility, helping improve NJAMHAA members’ fiscal situation and increasing access to services. We take a diversified portfolio approach to public policy: the legislative route, media communications and special events, which have included rallies,” Dr. Wentz said.

NJAMHAA has been using every kind of media to educate the public, as well as legislators and policy
makers, in addition to meetings and correspondence with government representatives. The media include local, state and national news and trade publications; TV and radio stations; and, beginning five years ago, social media. “This diversified approach is comprehensive and puts different pressure points on the system. We use themes and campaigns to convey our message in ways that are understandable, engaging and memorable,” Dr. Wentz said, emphasizing the importance and impact of the human element – specifically, illustrating how funding, legislation and regulations affect individuals who need services that NJAMHAA members provide.

In 1996, NJAMHAA developed an especially compelling multimedia campaign, Mugshots, which media outlets, including major networks, released multiple times over three years – an unprecedented long life for a public service announcement that had millions of dollars of value of publicity.

“When I first came to NJAMHAA, I was very struck by how stigmatized mental illness and addictions were. I didn’t know if I had any direct experience with anyone with serious mental illness because they didn’t reveal it, due to stigma. I later learned that I did have such experience. The Mugshots campaign was one of the most exciting projects to raise visibility and it was wildly successful,” Dr. Wentz said. NJAMHAA received pro bono creative services from Gillespie Advertising and other support from some of the then Pharmaceutical Advisory Council members. “The campaign aimed to change the public perception of people with mental illness and it helped lead to a lot of policy achievements,” said Dr. Wentz, citing the 1996 New Jersey parity law and federal parity law in 2008 as examples.

“The Mugshots campaign was impactful because of its simple, compelling design – it stopped people in their tracks – and the timing – there was a lot of stigma associated with people seeking help, so it resonated with many people. There’s a major advantage to living between New York and Philadelphia, two of the nation’s most major media outlets. There was a snowball effect nationwide. It was the equivalent of going viral today,” recalled Sharon Oddy, who was NJAMHAA’s Marketing and Public Policy Manager from 1996 to 1998. The campaign was recognized with the national Telly Award, which has thousands of nominations every year and small trade associations typically don’t win, according to Oddy. “While I’m proud of the award, I’m more proud of the impact: helping people understand that there should
be no stigma associated with mental illness.” One of the highest profile television interviews NJAMHAA has secured occurred soon after the horrific events of 9/11 in 2001. Katie Couric, host of The Today Show, had the show’s producers contact Dr. Wentz after learning of her interview with the Star-Ledger’s pharmaceutical industry reporter about the increased use of anti-anxiety and anti-depressant medications in the days following the fall of the towers.

To stay in the front of reporters’ minds, NJAMHAA frequently sends press releases and opinion-editorial pieces and is always available to speak with reporters. “We became a resource that the media can count on,” Dr. Wentz said.

While many press releases are written to reinforce advocacy and anti-stigma messages, often tied to behavioral related observances such as Mental Health Month and Recovery Month, NJAMHAA capitalized on a different opportunity in 2016. Recognizing the need to promote behavioral healthcare providers as businesses and significant contributors to the state, NJAMHAA unveiled a report that demonstrated providers’ economic impact. NJAMHAA commissioned a study from Rutgers University’s Edward J. Bloustein School of Planning and Public Policy, which illustrated community mental healthcare and substance use treatment providers’ direct contributions to the state’s economy through nearly 61,000 direct and indirect jobs, gross domestic product purchases, and state and local government taxes and fees. NJAMHAA sent a press release and invited media representatives to a press conference to gain media coverage on this aspect of the behavioral healthcare system’s value.

Another testament to NJAMHAA’s visibility and positive reputation was the unexpected opportunity to place a full-page ad at no cost in a special section on behavioral healthcare and substance use services in the Star-Ledger, Times of Trenton and South Jersey Times on January 24, 2021. Capitalizing on NJAMHAA’s priority budget requests, the ad appeared in another special section about opioid use disorder and treatment options in all three newspapers.

NJAMHAA also uses its annual advocacy campaigns to inform government staff and the general public of its budgetary and legislative recommendations and gain support for them, and to prepare members to advocate to their local legislators. Additionally, these documents are shared with the media and serve as the basis for many opinion-editorial pieces and press releases, which have gained significant attention by newspapers, trade publications, and TV and radio stations.

“Using in-house marketing and public relations, we made attractive and thematic publications. We stand out with creative, eye-catching designs, along with compelling information in a world with much competition for attention,” Dr. Wentz stated.

The NJAMHAA staff’s tracking of media coverage shows that from 2010 through 2020, NJAMHAA has averaged 55 media placements per year. Most notably, these include 288 interviews for news articles in print publications, 94 opinion-editorial pieces and 43 letters to editors, many of which are also published online. In addition, NJAMHAA was contacted for reports in online-only publications 70 times and was interviewed 92 times by TV and radio reporters. The trend is clearly continuing in 2021 with 11 instances of coverage as of April 26th.
Among children and adults diagnosed with Tourette Syndrome, 86% also have been diagnosed with at least one additional mental health, behavioral, or developmental disorder. NJCTS provides answers for these individuals and their families through: referrals to programs and services; education and training so that families, peers and professionals will be better qualified to help those with TS; and support of research programs so that we can find better treatments and a cure.
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New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA)

We commemorate you and the important work you do to support us and other members as they strive to transform health systems and improve the lives of vulnerable children and adults across the state of New Jersey.

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Our Mission
NJAMHAA’s mission is 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.
MEMBERS ALSO BENEFIT FROM TRAINING, NETWORKING AND TECHNICAL EXPERTISE

Professional Development
In the 1980s, NJAMHAA’s main focus was holding four conferences each year, and each event had 40 to 50 attendees.

“NJAMHAA’s initial contributions were the conferences. They allowed us to establish the brand of NJAMHAA as a professional development entity and provide opportunities for people to get to know us,” said Joe Masciandaro, MA, President and CEO of CarePlus NJ and a former NJAMHAA Board Chair. “Professional development continues to be a great contribution that NJAMHAA makes annually.”

From the mid- to late-1990s until 2019, NJAMHAA had been holding three conferences that attract triple the number of attendees compared to the early days. Two-day spring conferences and one-day fall conferences each year have featured diverse experts who presented on policy, operational, fiscal and clinical topics, and annual IT conferences hosted by the IT Project have provided tools to ensure data security, clients’ confidentiality and organizations’ protection from cyberattacks.

In addition, multiple series of workshops were created and presented as training needs arose. For example, billing and management trainings were offered to assist providers with the transition from contract funding to fee-for-service reimbursement, and workshops were held to prepare providers for working with managed care organizations. The IT Project has been offering webinars throughout the year on numerous technology-related topics, ranging from new software options, such as Microsoft Power BI and SharePoint, to privacy laws and regulations, as well as billing.

In 2020, the pandemic required that the spring conferences be postponed to the fall and presented virtually. NJAMHAA not only made the transition.
but also added to its offerings many webinars on important topics related to the pandemic, such as personal protective equipment and strategies for reopening and implementing hybrid schedules. Other subjects were associated with societal issues affecting mental health, including the impact of racism and insights into vaccine hesitancy. In addition, NJAMHAA hosted numerous conference calls, some of which gave members opportunities to hear first-hand updates from the Department of Human Services and the Department of Health. One of the calls provided details on state and federal laws relating to COVID-19 employee benefits and worker protections, and another gave members opportunities to share and learn telehealth best practices.

Award Programs
In 1996, NJAMHAA launched a member awards program as part of the annual conferences to give member agency leaders and frontline providers opportunities to receive well-deserved recognition for the essential and highly impactful work they do every day. It was renamed the Courage & Compassion awards program in 2006 to tie into that year's advocacy campaign theme. NJAMHAA also honors state and federal leaders for their contributions to the mental healthcare and substance use treatment system during these annual events. “The Courage & Compassion awards reception is a special highlight of the annual conference. I always feel tremendously inspired by the amazing work our members do and this is a wonderful occasion to give accolades that make people feel valued and appreciated,” Dr. Wentz said.

A few years later, in 2011, the IT Project introduced the IT Hero awards to highlight excellence in the implementation and use of technology to improve business and/or clinical operations. “This is a great opportunity to recognize individuals who are behind the scenes, doing critical work that provider organizations rely on to deliver services most efficiently and effectively,” said June Noto, Vice President of IT, Human Resources and Administrative Services.

Technical Assistance
Throughout the year, the IT Project provides technical assistance to establish and enhance networks, implement electronic health record systems and much more. Details on the IT Project begin on page 60.

Another type of technical assistance is provided by the NJAMHAA staff on an ongoing basis. They readily answer questions about policies, licensing, legislation, regulations, insurance and many other topics.

“It’s a whole new aspect of the valuable services NJAMHAA brings to individual providers and their businesses,” current NJAMHAA Board Chair Susan Loughery said. “NJAMHAA brings so much for small and large behavioral healthcare businesses.”

For any information NJAMHAA does not have readily available, the staff contacts individuals in the appropriate state or federal departments to obtain answers and, when needed, arranges for meetings to address questions and concerns. For example, the Addictions Practice Group recently informed the NJAMHAA staff about potential safety and other issues that could result from a new Medicaid policy about billing for drug screenings and definitive testing. NJAMHAA was able to quickly schedule a meeting with Medicaid staff, who clarified issues and agreed to modify the policy with some of the providers’ recommendations.
NJAMHAA's practice groups, as well as councils and membership meetings, are effective forums for providers to raise questions and concerns. Many of these issues are incorporated into NJAMHAA’s advocacy as part of its year-round advocacy for increased funding. In addition, the NJAMHAA staff is always willing to write letters to state and federal policymakers, as well as legislators, to have time-sensitive matters addressed. For example, when the Programs for Assertive Community Treatment Practice Group expressed the need for substantially revised regulations, NJAMHAA used the group’s feedback to create a letter to Medicaid, the Division of Mental Health and Addiction Services and the Department of Health and held a meeting for further discussion. The state staff were open to receiving feedback both during this meeting and through a formal process they will undertake to develop the new regulations. Similarly, NJAMHAA staff is working with the Integrated Case Management Services Practice Group to develop detailed recommendations for these programs’ regulations that will be presented to the state prior to their next proposed adoption.

The various meetings and conferences also provide excellent opportunities to network with colleagues from throughout the state and gain valuable information on a broad range of topics from guest presenters.

Peggy Swarbrick, PhD, FAOTA, summed it up saying, “You get access to information, networking and advocacy to help deliver better services and have an impact on people’s lives.” Dr. Swarbrick is Associate Director, Center of Alcohol & Substance Use Studies, and Research Professor, Graduate School of Applied and Professional Psychology at Rutgers University, and Director of the Wellness Institute at Collaborative Support Programs of New Jersey.
Actor Rod Steiger (top and third photos) and Nobel Prize winner Dr. John Nash were honored at NJAMHAA conferences.

**CONFERENCES FEATURE HIGH-PROFILE, INSPIRATIONAL PRESENTERS**

In addition to securing experts on policy, business strategy and clinical care from the state and across the nation for the conferences, NJAMHAA occasionally has the exciting opportunity to host celebrities and other highly visible individuals, who give presentations during these events, which makes them even more inspiring.

“While NJAMHAA really was not seeking star presence, we ended up having high-profile people at conferences. That was because of our commitment to educate that mental illness and substance use impact all social, racial and other groups,” Dr. Wentz said. “The celebrities’ presence demonstrates that mental illnesses affect everyone, regardless of fame and fortune.”

In 1997, Dr. Wentz was pleasantly surprised to receive a voicemail directly from actor Rod Steiger (*On the Waterfront, Dr. Zhivago*), accepting NJAMHAA’s invitation to appear at the conference in May 1998. “He did an amazing re-enactment of when he was depressed, demonstrating it as waves pulling him into the water. He was a powerful actor,” Dr. Wentz said.

Also in 1998, *A Beautiful Mind*, a book about Dr. John Nash’s struggles with schizophrenia and his professional achievements despite having this illness, was published. Before the movie of the same name was released in 2001, NJAMHAA honored Dr. Nash and his wife Alicia for their efforts to eliminate stigma during a conference that was held in Atlantic City.

“We offered a car service and much to my surprise, they asked me to drive them. I was nervous and I didn’t know what I would talk about during the long ride with a Nobel Prize winner,” Dr. Wentz recalled. “They were so down to earth, the quintessential family who dealt with mental illness and were very committed to using their story to fight stigma and discrimination. I felt such an instant affinity with them and we became and remained close friends, almost like family, until their tragic deaths.”

“Because the Nash’s lent their life story and we see the world from the eyes of someone with schizophrenia, *A Beautiful Mind* humanized people with the disease and destigmatized mental illness more than any other movie or effort,” Dr. Wentz added. “They fought alongside us and on their own for the system in which their son participated. They used their visibility to help us gain funding to help everyone.”
Congratulations, NJAMHAA!

70 Years

Under the leadership of Debra Wentz, Ph.D.,
may you continue to lead the way
in advocacy and professional development
for New Jersey’s highest quality behavioral healthcare providers.

Rescue Mission of Trenton
NJAMHAA

CONGRATULATIONS ON YOUR
70 YEAR ANNIVERSARY

“As we express our gratitude, we must never forget that the highest appreciation
is not to utter the words, but to live by them.”
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EXTENDING IMPACT AND REACH THROUGH PARTNERSHIPS WITH OTHER STAKEHOLDERS

Dr. Wentz initially reached out to numerous stakeholders, as well as members, right after starting her position at NJAMHAA to learn about New Jersey’s and the nation’s mental health-care and substance use disorder (SUD) treatment systems and the challenges affecting access to care. Over the years, she has developed relationships with many stakeholders throughout the state and country – and even internationally – to partner with them in advocating on issues of mutual concern.

“What makes NJAMHAA unique in New Jersey and the nation is that NJAMHAA has far reach into stakeholders. We belong to various coalitions and we’ve looked beyond the specific industry to bring in innovative thinking and keep NJAMHAA positioned as a business,” Dr. Wentz said.

Currently, NJAMHAA is a member of 10 New Jersey organizations and 10 national associations. Examples in the state are the Center for Non-Profits, Employers Association of New Jersey, the Goals of Care Coalition, the Mental Health Coalition, the New Jersey chapter of the National Alliance on Mental Illness (NAMI-NJ), the New Jersey Business and Industry Association and the Supportive Housing Association of NJ. On the national level, NJAMHAA’s memberships include the National Council for Mental Wellbeing (formerly the National Council for Behavioral Health), the National Association of County Behavioral Health and Developmental Disability Directors, the National Association of Behavioral Healthcare, NAMI and Mental Health America. In addition, NJAMHAA has established strategic alliances with 55 other state organizations, including the Arc of New Jersey, the Advocates for Children of New Jersey, the Association for the Treatment of Opioid Dependence-New Jersey, Attitudes In Reverse’ (AIR™), the Mental Health Association in New Jersey, the New Jersey Association of Community Providers and the New Jersey Mental Health Emergency Services Association, among others. NJAMHAA’s national strategic alliances include the Addiction Technology Transfer Center Network and the Legal Action Center. Also on the state level, Dr. Wentz was appointed to serve on the Governor’s Council on Mental Health Stigma at its inception, and NJAMHAA participates regularly in meetings of the Governor’s Council on Alcoholism and Drug Abuse, the Division of Medical Assistance and Health Services’ Medical Assistance Advisory Council and the Division of Mental Health and Addiction Services’ New Jersey Behavioral Health Planning Council. Through the New Jersey Mental Health Institute (NJMHI), which NJAMHAA established in 2000, collaborative initiatives were undertaken with the Neurosurgery Development Foundation in Sri Lanka and the Sri Lanka Centre for Development Facilitation. Details on this and other NJMHI projects are described beginning on page 64.

“When I was learning the landscape of New Jersey, NJAMHAA’s name came up many times as a valuable resource.”
- Meredith Blount, NAMI-NJ
“We don’t wait for the national organizations to tell us what to think and say in our advocacy. They offer valuable resources and we collaborate with them, but we are also directly involved in policy development,” Dr. Wentz stated.

**Fighting Stigma and Discrimination**

From working together first on the 1998 state parity bill and then on the Governor’s Council on Mental Health Stigma, NAMI-NJ, then under the leadership of Sylvia Axelrod, and NJAMHAA often took the lead in what would be significant progress toward eliminating stigma. “We brought on an executive director for the Council and achieved many advances, most notably through broader state and federal parity legislation. However, stigma and discrimination still exist and we have more work to do,” Dr. Wentz said.

Years ago, NJAMHAA and NAMI-NJ presented a series of conferences focused on serving individuals with mental illness who were involved with the criminal justice system and established a committee. They also worked together to expand Crisis Intervention Training (CIT) throughout New Jersey after NAMI member Elaine Goodman introduced it here. “When law enforcement personnel have an understanding of mental illness, there is less trauma for consumers during their interactions with police officers,” Dr. Wentz said.

“NAMI-NJ and NJAMHAA have a long history of collaboration and mutual support. We look forward to working with NJAMHAA to expand CIT even farther across the state, as well as to strengthen the Children’s System of Care,” said Meredith Blount, NAMI-NJ’s current Executive Director, who first heard of NJAMHAA when she started in this position three years ago. “I was learning about the landscape of New Jersey and NJAMHAA’s name came up many times as a valuable resource,” she recalled.

“NAMI and NJAMHAA have been coordinating our advocacy efforts to improve the lives of individuals across the state. Understanding the need for family members to be part of conversations is very important to NAMI. NJAMHAA understands this and is a great advocate,” Blount added.

**Building the Behavioral Healthcare Workforce**

In early 2010, NJAMHAA approached Professor Emeritus William Waldman, then Executive in Residence at the Rutgers School of Social Work (SSW) and former New Jersey Commissioner of Human Services, and Ericka Deglau, PhD, LSW, Director of SSW’s Intensive Weekend (IW) program. This program was originally designed nearly 15 years ago for child welfare workers to earn the Master of Social Work degree, and NJAMHAA was interested in creating a similar program for behavioral healthcare staff. The new program was launched in September 2010 and currently, more than half of the student body are employed by NJAMHAA member agencies, according to Dr. Deglau. These agencies also provide internship opportunities for SSW’s undergraduate and graduate social work students and field placements for IW program participants.

“There is a great symbiosis between NJAMHAA agencies and the Intensive Weekend program. The NJAMHAA members support their full-time staff through the program, which provides them with opportunities to expand their knowledge and efficacy, and to advance in their careers to clinical,
supervisory and other leadership positions. Students gain excellent training and develop a lifelong network of professional relationships through their participation in the program: the experience is truly transformative,” Dr. Deglau said.

In addition, NJAMHAA members and staff have been guest presenters at some of the SSW’s classes over the years. “NJAMHAA also helps me know what is going on in the field – important information that I think would otherwise be impossible for me to obtain. I share this information with my students. It brings reality into the classroom,” Dr. Deglau added.

Supporting Peers and Everyone’s Wellness and Recovery
“During the past 25 years, the New Jersey mental health and addiction service industry has slowly and steadily become more person centered, and recovery and wellness focused, and embraced the peer provider workforce. This has resulted in effective prevention, treatment and support programs available for numerous New Jersey citizens, helping them to live a better quality of life so they can realize their full potential and become contributing members of society. I strongly believe that NJAMHAA has played a significant lead role in this historic transformation, and I thank the leadership for being proactive in effecting this change,” Dr. Swarbrick said.

“I applaud and thank NJAMHAA for its consistent focus on disseminating resources and creating forums to show providers how and why person-centered, wellness and recovery focused treatment, support and prevention programs work,” she added. In fact, Dr. Swarbrick created the Eight Dimensions of Wellness model based on her personal experience, and it has been adopted by the federal Substance Abuse and Mental Health Services Administration and providers throughout the nation.

“There’s been much progress in the expansion of peer support specialist roles and ensuring the workforce is trained to effectively work with people served. Stigma still exists, even in the system. NJAMHAA plays a role in changing this,” Dr. Swarbrick stated. “NJAMHAA partners with people in recovery, particularly supporting integration of the peer provider role in the mental health and substance use prevention, treatment and recovery support service delivery system. A big marker is NJAMHAA’s Outstanding Peer Provider Award.”

Saving Lives through Suicide Prevention Education
NJAMHAA learned about Attitudes In Reverse (AIR) from an AIR Board member at a conference in 2012, who asked for AIR’s annual event to be promoted to NJAMHAA members. Intrigued by AIR, Shauna Moses, NJAMHAA’s Vice President of Public Affairs and Member Services, interviewed Tricia and Kurt Baker, Co-Founders of AIR, for a

“The New Jersey Mental Health and Addiction Service Industry has become more recovery and wellness focused, and embraced the peer provider workforce. NJAMHAA has played a significant lead role in this historic transformation.”

– Peggy Swarbrick, Rutgers University and Collaborative Support Programs of NJ
feature in NJAMHAA News. A partnership between NJAMHAA and AIR was a natural next step. Beginning in 2013, the organizations have collaborated on presenting annual suicide prevention conferences, and NJAMHAA honored AIR with the *Inspiring and Innovative Partners Award* in 2014.

“Twas immediately impressed with and inspired by Tricia and Kurt. They founded AIR soon after losing their son to suicide, embarking on a mission to eliminate stigma through education. I’m proud to be working with them and NJAMHAA as our missions align and are so vital,” said Moses, who has been volunteering as an AIR Board member since January 2013.

“We greatly appreciate our partnership with NJAMHAA. Deb saw qualities in our programs and has supported us, and we are grateful that Shauna joined our Board. We’re a small nonprofit and we accomplish a lot. Much of this is due to our partnership with NJAMHAA on the suicide prevention conference, which has led to many educators reaching out to AIR for presentations,” Tricia Baker said. She has developed mental health education programs for students in kindergarten through college. The programs are tailored for the different age groups, and suicide risk factors and prevention strategies are part of the programs for older students.

“AIR was only a few years old in 2013. NJAMHAA connected us with organizations of all sizes in the mental health world, and we followed up and built relationships with them. The conferences open a lot of doors for us,” Kurt Baker said.

“I’m so grateful for the opportunity to learn about AIR and support its efforts to save lives by providing mental-health and suicide-prevention education, and I’m very proud of AIR’s impact,” said Dr. Wentz, who was honored by AIR with a *Mover & Shaker* award in 2013 and a *Partner in Hope* award in 2016.

“Our partnership with NJAMHAA allowed many people to trust our program, to know we’ll bring value to their students. We’re small and NJAMHAA made us bigger in impact. There is a lot of trust put into our nonprofit because of our partnership with NJAMHAA,” Tricia added.

AIR is a member of NJAMHAA’s Integrated Healthcare Council, and NJAMHAA recently expanded its partnership network specifically for suicide prevention by welcoming the Society for the Prevention of Teen Suicide to this Council.
Back in the mid-1980’s, as the personal computer market was slowly unfolding, the New Jersey Division of Mental Health Services (DMHS, now the Division of Mental Health and Addiction Services [DMHAS]) recognized that treatment providers were going to need assistance to best use technology and wanted to provide a resource that could advise on hardware and software applications, so that providers could fully focus on the mission of delivering services to the most vulnerable people in the state, those with mental illness and substance use disorders (SUD). Personal computers were just coming of age and contract administrators were receiving requests for several thousands of dollars for computer equipment and had no expertise to determine if the equipment was fairly priced or needed for the purposes indicated. DMHAS worked with a third-party vendor for equipment and other technical expertise; however, DMHAS still lacked an intermediary that had an outstanding reputation with providers, could provide guidance on the proper use of technology and could act as a liaison between DMHAS and the provider community.

The state wanted to be in direct contact with providers to better understand their technical obstacles, control technology expenses, ensure providers met federal and state regulations, and partner with them to produce a more efficient delivery system utilizing technology. NJAMHAA launched the Community Management Information Services (MIS) Project as a private/public venture among the trade association, providers and the state in 1984.

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

– JUNE NOTO, NJAMHAA
“This Project was unique in the nation then, and the leadership that the Project has provided and currently offers is still unparalleled within the 50 states,” said June Noto, Vice President of Information Technology (IT), Human Resources and Administrative Services.

“We are humbled that DMHAS has valued our partnership and continues to reach out to us for new initiatives. It is a testament to our ability to perform well,” Noto said. “We take great pride in working with members on important statewide projects and finding solutions for individual agencies.”

As shared in a NJAMHAA newsletter from the 1980s, then-NJAMHAA Board Chair Joe Masciandaro, MA, Chief Executive Officer of CarePlus NJ, helped the association jump right into this new initiative by signing a purchase order for more than $1 million worth of personal computers for member agencies.

Over the years, the Project grew, added staff — from 1.5 full-time equivalent technicians to a team of three engineers and a full-time help desk representative — changed its name to the IT Project to better reflect where technology was heading, and expanded services to meet providers’ increasing needs. The early adopters of technology were swiftly moving forward, while slow adopters were struggling with equipment that was not used to the extent it should to glean data for decision support.

“We continually strive to keep up with quickly changing technology and help agencies deal with rapid and continuous transformations. It’s a never ending cycle with technology,” said Ron Gordon, IT Project Director.

The IT Project set about its mission to assist providers with the collection, processing, integration and interpretation of data through automation. By facilitating the sharing of technical expertise, future trends and the management of outcome, performance and financial data, the Project investigated new applications and tested new technologies that would contribute to increased efficiency, enhanced revenue and reduction in costs and, in general, support high-quality treatment for individuals in need of behavioral health treatment and support services. The IT Project was the first in the nation to conduct a statewide benchmarking project, which enabled providers to compare their fiscal, clinical and operational benchmarks with peers throughout New Jersey.

In the 37 years that NJAMHAA has collaborated with DMHAS, advocacy efforts on behalf of its members have only been strengthened through this partnership. DMHAS values NJAMHAA’s contributions and opinions, and recognizes the IT Project as a valuable expert resource to them as it is to NJAMHAA members and other IT Project clients. The Project meets quarterly with DMHAS and the provider community and advocates directly to DMHAS for improvements and changes.

“It has been a successful partnership and an excellent resource to all Project stakeholders,” Noto said.

For several retired members who were involved with NJAMHAA for many years, the Project stands out as one of the association’s most significant accomplishments. “If the MIS Project didn’t bring mental health agencies into the computer age, where would agencies be today, especially with COVID and telehealth?” said Pete Scerbo, MSW, LCSW, former Executive Director of Comprehensive Behavioral Health Care and a former NJAMHAA Board member. “The Project pushed providers to use technology, and it expanded over the years.”
Similarly, former NJAMHAA Board member Jerome Johnson said, "I don’t know where we would’ve been without the IT Project. We would’ve been in the Dark Ages. We didn’t know about the intricacies of computers and software systems. The IT Project trained our staff and provided support and technical assistance. They’ve always been outstanding, very responsive and very knowledgeable."

There are a number of providers who choose to engage technology support services from the IT Project, as they have no other affordable choice and completely rely on the IT Project to meet their IT needs. In some cases, the IT Project team serves as agencies’ technical support staff. Not impeded by vacations or sick time of internal staffers, these agencies know that the IT Project is available to support them every day. In addition, the IT Project can offer discounted rates for these services, largely because of the contract with DMHAS.

Below are examples of services the IT Project offers:
- Hands-on technical assistance and support services at discounted rates.
  - The IT Project supports hundreds of servers and thousands of end users at provider organizations at savings of more than $200,000 annually to providers.
  - The IT Project hosts a low-cost annual IT/Health IT conference that is the only event of its kind in New Jersey, specifically targeted to mental healthcare and SUD treatment organizations.
- **FREE** workshops to prepare providers for proposed changes to the treatment system, including billing and coding changes, Meaningful Use for electronic health records (EHRs), telehealth, disaster recovery and business continuity, and compliance with IT-related laws
- Guidance on technology purchases and implementations in order to save money and achieve greater efficiency
- Help Desk support on various applications, such as Unified Services Transaction Forms (USTFs) and the Contract Information Management System, and contributions to the development of user manuals
- Investigation of new technologies and services, and product demonstrations and webinars
- Development of surveys and analysis of responses on various assessment instruments as requested by DMHAS.

Regarding the USTFs and data reporting requirements, NJAMHAA Board Chair Susan Loughery said, “NJAMHAA was a huge advocate about how USTFs were being used and bridging the data divide. This led to further evolution of the IT Project.”

“NJAMHAA was the glue among providers for the first collaborative purchase of an electronic health record system. Providers pooled together human capital and fiscal resources. NJAMHAA moved the momentum forward to deploy EHRs,” Loughery added.

“Of the many highlights of the IT Project, one that stands out in my mind was the team’s availability throughout the night on December 31, 1999 as we were heading toward Y2K. The IT Project remains just as dedicated and accessible to all its clients through day-to-day challenges and major difficult situations, with the pandemic being the most recent and notable,” Dr. Wentz said.

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**“IF THE MIS PROJECT DIDN’T BRING MENTAL HEALTH AGENCIES INTO THE COMPUTER AGE, WHERE WOULD AGENCIES BE TODAY, ESPECIALLY WITH COVID AND TELEHEALTH? THE PROJECT PUSHED PROVIDERS TO USE TECHNOLOGY AND IT EXPANDED OVER THE YEARS.”**

– Pete Scerbo, Former NJAMHAA Board Member
NJCDC Congratulates
\textbf{NJAMHAA} on 70 years of impactful advocacy and salutes
\textbf{Debra Wentz} on her incredible leadership over the years.

\textbf{Robert Guarasci}
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During his term as NJAMHAA Board Chair in 2000, Jim Lape helped launch the New Jersey Mental Health Institute (NJMHI), a 501(c)(3) of which NJAMHAA is the sole member. NJMHI’s mission is to increase the recognition, understanding and acceptance of mental illness, and identify and seek the establishment of effective mental illness prevention and treatment services.

“NJMHI has also responded to situations that were not given much attention. Its initiatives are more specialized,” according to Deborah Megaro, who has served as Vice Chair of the NJMHI Board for several years.

NJMHI’s first initiative was the Changing Minds, Advancing Mental Health for Hispanics project, which aimed to enhance resources for New Jersey’s Hispanic communities and the healthcare professionals who are uniquely able to serve them most effectively. As a result of this initiative’s success, NJMHI expanded its focus to ensure availability of, access to and delivery of culturally competent services to a variety of minority populations, including Black Americans and Southeast Asians, as well as the lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) community.

“Through its Changing Minds, Advancing Mental Health for Hispanics program, NJMHI has been able to expand resources available to the Hispanic communities in New Jersey and the providers who serve those communities. This initiative was recognized not only in New Jersey, but also throughout the world,” said Bill Sette, who served as the NJMHI Board Chair for several years while also serving on the NJAMHAA Board. “NJMHI also has brought new opportunities for mental health professionals to develop cultural awareness and sensitivity, which are essential for providing the most effective care for all minority populations,” he added.

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

- Policy recommendations that led to the establishment of state-funded cultural competence training centers, two of which are still operated by NJAMHAA members, Center for Family Services and Family Connections; state funding for bilingual/bicultural clinicians at community-based mental health agencies; and mandatory training in social and cultural diversity for mental health professionals.

Further Expanding Training, Resources and Impact Through NJMHI
certified and licensed mental health professionals.

- Brochures, newsletters, videos and public service announcements to educate the Hispanic population about mental illnesses and bilingual services.
- Free and low-cost statewide conferences focused on cultural competence to improve the quality of mental health services for individuals of diverse racial and ethnic minority groups, as well as the LGBTQ community.

“NJMHI’s training evolved over the years into a NJAMHAA University and provided a wealth of information on a variety of topics,” said Joe Masciandaro, who chaired the NJMHI Board for several years after Sette held that position.

NJMHI has also extended its efforts and influence beyond state borders, yet resources developed through these initiatives have profound local benefits. One example is the Model Mental Health Program for Hispanics. “This invaluable resource was adopted by mental health professionals across the nation and cited by the World Health Organization as one of three best practices in 2004,” said Dr. Wentz, who also serves as NJMHI’s Executive Director.

Building on the success of its Changing Minds program, NJMHI did business as and launched the National Resource Center for Hispanic Mental Health (NRCHMH) in 2006 to address the nationwide lack of availability, access and provision of quality mental health services for Hispanics. NRCHMH developed an online repository of resources for providers, hosted several national Latino mental health conferences and created opportunities for federally funded projects for NJMHI.

Through partnerships with educational institutions, private industry, government agencies, advocacy organizations and family support groups, NRCHMH extended its reach nationwide and internationally. For example, presentations on best practices for engaging, retaining and serving Hispanics were given across the U.S. and in Argentina, Egypt and Greece.

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

Back on the international front, Dr. Wentz launched the Tsunami Mental Health Relief Project in 2005, shortly after she survived the tsunami that claimed the lives of nearly 300,000 children and adults in Southeast Asia in December 2004.

As Dr. Wentz understood both the immediate and long-term mental health impacts of the tsunami, she immediately provided whatever help she could to relieve workers and impart her knowledge of mental health issues to citizens of Sri Lanka through communication with the Prime Minister’s Office and an interview on the country’s official television station. She also worked with members of NJAMHAA’s Pharmaceutical Advisory Council (now the Life Sciences and Innovation Council) to provide medications and supplies to the people of Sri Lanka.

Dr. Wentz worked with the Neurosurgery Development Foundation, a local, non-governmental Sri Lankan charitable organization and experts in trauma from NJAMHAA and assembled a NJMHI team, including an expert trainer with extensive experience in trauma treatment following disasters and a cultural ambassador to develop a training program. The team traveled to Sri Lanka for two weeks to provide trilingual, culturally appropriate training to more than 100 counselors, medical professionals, teachers, religious leaders and volunteers on recognizing the symptoms of mental illnesses and substance use.
While many individuals deserve credit for the establishment, growth and impact of NJAMHAA and the New Jersey Mental Health Institute (NJMHI) over the years, three in particular stand out for their longevity with the organizations: Bill Sette, MSW, LCSW, Jeanne Wurmser, PhD, and Joe Masciandaro, MA, all of whom had served numerous terms as NJAMHAA Board Chair, as well as NJMHI Board Chairs.

Early on, Sette, Dr. Wurmser and Masciandaro were also active members of the National Council for Behavioral Health and Mental Health Corporations of America (MHCA), and in fact, Dr. Wurmser was one of the founders who established MHCA in 1985. MHCA’s mission is to advance “innovation and entrepreneurship in behavioral healthcare by enhancing leadership and strategic connections. MHCA exists to equip and empower behavioral health leaders to rise to the challenges presented by a transforming healthcare delivery system,” as described on the association’s website.

The trio’s involvement in both associations made NJAMHAA more visible nationally, and they brought national issues to NJAMHAA to augment advocacy with federal legislators, according to Debra L. Wentz, PhD, President and CEO of NJAMHAA and Executive Director of NJMHI.

“We are eternally grateful for Bill, Jeanne and Joe’s personal investments in developing NJAMHAA and NJMHI and the tremendous contributions and impact they made over the years. They have taken the lead not only in New Jersey, but also nationally,” said Dr. Wentz.

Having joined NJAMHAA in 1969, Sette played a large role in NJAMHAA’s early successful advocacy, which included the doubling of the state’s per-capita allocation for mental health care three times: in 1969, in 1973 and in the 1980’s. Dr. Wurmser and Masciandaro also deserve some of the credit for the second and third times this funding was doubled as they became involved with NJAMHAA within a few years of Sette. The triumvirate was also instrumental in NJAMHAA’s effective advocacy for passage of the screening law in 1989; contract reform and the creation of a bond pool that enabled providers to build housing, both of which were achieved in the 1990s; and many other accomplishments over the years, as well as the growth of NJMHI and its impactful initiatives.
on Basic Mental Health Needs/Requirements, to provide training and follow-up to individuals from rural and remote areas of Sri Lanka, which do not have a consistent cohort of clinicians. This course provided theoretical knowledge and practical skills for individual counseling. The training was provided in 2018 and 2019. According to the SLCDF, 50 families (250 individuals) directly benefited from this project, and 1,500 families will benefit indirectly.

Back at home, NJMHI provided administrative support for the Turn-a-Frown-Around (TAFA) Foundation from 2006 through 2011. This organization was dedicated to assisting those who have lost hope due to loneliness, isolation and abuse, as well as multiple disorders. In recent years, Smile Stations were created, which are still operated at Collaborative Support Programs of NJ’s Wellness Centers.

“TAFA was founded by Drew Horn, an endearing, inspirational person who brought happiness and hope to thousands of people along with a team of volunteers he recruited. He is amazing, channeling his traumatic past – he survived a number of mental health challenges, including suicide attempts – to help people in institutions, many of whom would never receive a visitor otherwise,” Dr. Wentz said.

In 2014, NJMHI implemented what would become a very successful multi-year training series focused on evidence-based practices for treating veterans, active military and their families. Participation in the series in 2016 and 2017 doubled over the attendance in the first two years, and the number of participating agencies and their clinicians consistently increased, as well.

In September 2017, NJMHI had the honor of hosting the Japan Psychiatric Association for International Partnership (KAISEIKAI), which was founded in 1984 and consists of hospital executives and psychiatrists. One of the main objectives of KAISEIKAI is to strengthen the Japanese psychiatric medical field through international partnership.

“It was quite an honor to be selected, as KAISEIKAI had been hosted by a number of notable organizations around the world, including Hôpital de la Pitié-Salpetrière in Paris, France; C.G. Jung Institut in Zurich in Switzerland; the West London Mental Health National Health Service Trust in London; and the Medical University of Vienna in Austria,” Dr. Wentz said.

NJAMHAA AND NJMHI PAY TRIBUTE TO LONG-TIME LEADERS

Bill Sette

Sette has the distinction of being a NJAMHAA member for the longest time and serving in leadership roles for nearly his entire tenure from 1969 until 2013, when he retired from Preferred Behavioral Health Group, which he founded. He served as NJAMHAA’s Bylaws expert in the 1970s, then Secretary/Treasurer and Chair beginning later in the decade. Sette also served on the Board of the Employers Association of New Jersey and was President of MHCA Enterprises, a for-profit subsidiary of this national organization.

“Always on the cutting edge, Bill is an innovator and forward thinker. He has been a major force – in fact, he served as the foundation, as well as the historian, and always offered great foresight – for NJAMHAA literally for decades,” Dr. Wentz said when she presented the Legendary Contribution to Behavioral Health award to Sette during NJAMHAA’s Annual Conference in 2013. Sette was also honored in 2007 with the Visionary Award from NJMHI, when he was appointed as Chair of the NJMHI Board of Trustees. He had served on the Board since its inception in 2000.

“Throughout his 50+ year career, Bill was dedicated to expanding and enhancing behavioral healthcare services through many important leadership roles. He contributed to maintaining NJAMHAA’s vitality and continuous growth in importance, as well as to keeping issues in the forefront,” Dr. Wentz added.
“The fact that the Japan Psychiatric Association asked to meet with NJMHI to learn about effectiveness of the U.S. mental healthcare system is a real testament to NJMHI,” said Bob Davison, a former NJAMHAA Board member who presented with a translator during this event. “It was a remarkable experience. The Japanese psychiatrists appreciated our expertise and being on the forefront.”

With more than 20 years of significant accomplishments, NJMHI looks forward to undertaking new initiatives that bring additional value to NJAMHAA members, as well as the general public. For example, in 2020, NJMHI began exploring the idea of establishing a Center of Excellence for Social Determinants of Health and Mental Illness and Substance Use Disorders. NJMHI conducted focus groups with more than 40 individuals from NJAMHAA member agencies, who expressed unanimous support for this plan. Efforts are currently underway to secure initial funding to launch this important project.

Bob Davison, former NJAMHAA Board member (right), and a representative from the Japanese Psychiatric Association during the group’s visit to New Jersey to learn about the state’s mental healthcare system in September 2017

NJAMHAA AND NJMHI PAY TRIBUTE TO LONG-TIME LEADERS

Jeanne Wurmser

“Jeanne was a strong visionary and brilliant leader. She was always ahead of the curve, a relentless advocate and a force to contend with in a positive way. She looked beyond the immediate; not only did she see the future potential, but she also often was the first to be innovative, leading the way,” Dr. Wentz said.

Dr. Wurmser came to CPC Behavioral Healthcare as an intern out of Columbia University and moved up the ranks to executive roles from 1979 to 2002. She served on the NJAMHAA Board, including several terms as Chair, from 1982 to 2002 and NJMHI Board Chair from 2004 to 2006, in addition to being Board President for MHCA and a Board member for several other mental healthcare and educational organizations. For many years, she remained active with MHCA.

In addition, Dr. Wurmser provided technical assistance in program management for community mental health centers in New Jersey and the Virgin Islands through a contract with the National Public Health Service.
NJAMHAA AND NJMHI PAY TRIBUTE TO LONG-TIME LEADERS

Joe Masciandaro

Joe Masciandaro joined NJAMHAA in 1978 soon after he began working at CarePlus NJ, which was called Mid-Bergen Community Mental Health Center at the time. He served on the NJAMHAA Board from 1980 to 2014, including multiple terms as Chair, and he served as the NJMHI Board Chair for several years.

Throughout his career of 45+ years, Masciandaro has held a variety of leadership positions in substance use disorder (SUD) treatment, state hospital operations and community mental health care.

“Joe has always been a pioneer in the field and extremely determined to make positive changes in individuals’ lives, at his agency and throughout the state’s and nation’s behavioral healthcare system. Despite being soft spoken and always even-keeled, he is a powerful advocate,” Dr. Wentz said.

In July 2012, under Masciandaro’s leadership, CarePlus NJ launched a formal partnership with Turning Point to ensure individuals with mental illnesses and SUDs received treatment for both conditions. Additional partnerships with Integrity House and Rutgers Medical School led to the creation of Bergen New Bridge Medical Center, the largest hospital in New Jersey and fourth largest public hospital in the nation, in 2017. Some of the CarePlus staff have been working at the hospital to provide seamless, integrated care.

“It has been a tremendous pleasure and profound honor to work with Bill, Jeanne and Joe. They have inspired and mentored countless NJAMHAA members and other individuals – including myself, for sure – and continuously propelled the association forward, keeping it in the lead as the behavioral healthcare system was transformed many times over during the years,” noted Dr. Wentz.
LOOKING AHEAD TO CONTINUED AND NEW INITIATIVES WITH A FOCUS ON INTEGRATION

In the months and years to come, NJAMHAA will persevere in its advocacy on issues that are expected to continue – namely, the need for expanded access and increased reimbursement – and explore new projects to increase its support for members.

“We will continue to seek new ways to enhance integrated health care and achieve even greater impact on individuals’ access to behavioral health services. We will also go far beyond, focusing not only on treatment itself, but also fortifying providers’ ongoing sustainability,” Dr. Wentz said.

Several current and former Board members reinforced NJAMHAA’s goals regarding integrated health care. “I’d like to see NJAMHAA become more involved in integrated care and have members be the integrated care providers and not farm this out,” John Monahan, former NJAMHAA Board Chair said.

“NJAMHAA must focus on integration, not only of health care, but also of behavioral healthcare providers into the larger healthcare system,” said Joe Masciandaro, former NJAMHAA and NJMHI Board Chair and President/CEO of CarePlus NJ. “NJAMHAA should focus on larger systems. Home rule will become more difficult and behavioral healthcare providers will find it difficult to continue as freestanding agencies.”

“We need to achieve broader integration of community services and of allied health coming together in the community setting,” added Susan Loughery, current NJAMHAA Board Chair and Associate Executive Director of Catholic Charities, Diocese of Trenton. “A focus on the broader systems architecture is needed, and we must examine meaningful data and use it to improve outcomes.”

Regarding data, Loughery recommended that NJAMHAA establish a research component. “We have so much raw data about different types of services that members provide. We need to bring the information together in a holistic way,” she said.

Related to the issue of integrated services, Manny Guantez, Consultant for Rutgers University Behavioral Health Care and a former NJAMHAA Board member, recommended that NJAMHAA continue to focus on issues that are critical to substance use disorder treatment providers. “NJAMHAA needs to keep communicating that addiction is a chronic disease, and we need to do a lot for both mental health care and substance use treatment,” Dr. Guantez said. “We need to emphasize that the association also focuses on the need for housing and advocates for parity,” he added.

Integration is also associated with consolidation of provider organizations to strengthen their businesses and, therefore, their ongoing viability. “We’re living in a world of mergers and acquisitions. NJAMHAA needs to continue to provide training and education on this to help providers come to terms with where they’re going to end up in this field,” said Mary Gay Abbott-Young, LCADC, current NJAMHAA Board member and President of Rescue Mission of Trenton.

“All services are needed,” Abbott-Young emphasized. “The system is complex and NJAMHAA will need to shepherd mega providers while continuing to serve small providers. It will be a challenge and I know NJAMHAA is up to it.”
“Over NJAMHAA’s 70 years, hundreds of thousands of lives have been improved and even saved because of the incredible efforts of our members. In expressing sincere gratitude to all our members, leaders, staff and partners, past and present, I exhort you to always remember that the larger the number of us who speak with one voice, the greater our success will be,” Dr. Wentz said.

“And what does success look like? It’s when we see a child, a youth, an adult or family who is living a healthy, meaningful life. Being part of NJAMHAA and making that happen is a gift worth celebrating.”

- Debra L. Wentz, PhD
NJAMHAA President and CEO
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Thank you NJAMHAA for your advocacy on behalf of our youth and families!
And congratulations to our member Mary Jo Buchanan for her election to the position of Board Secretary!