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# NJAMHAA NEWS

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SUMMER 2022

## “Boldness Is Needed”:

### A Message from NJAMHAA Board Chair Jacques Hryshko

From the time Jacques Hryshko, LPC, ACS, Chair of NJAMHAA’s Board of Directors and Chief Executive Officer of Family Connections, was a young student, he realized he had a calling to work in the human services field. Since then, he has made bold moves to become a leader in the field and continually strengthen his skills and impact, both on the agency and statewide levels. In an interview with *NJAMHAA News*, Hryshko shared the path he followed in his career and his vision for NJAMHAA, emphasizing

the need for boldness in advocacy to build on the association’s impact and strengthen the state’s behavioral healthcare system.

#### Unique Path to Current Roles

In the mid-1980s, Hryshko began his human services career working with victims and offenders of sexual assault, which was an emerging field at the time. He did this extremely intense work for four years and decided to take a break, which led to a seven-year stint in the carpentry industry. Then, his original

calling made its presence known again and he joined Family Connections 29 years ago.

Hryshko’s construction work benefited him with valuable lessons about teamwork. “In carpentry and home renovations, you can’t do the work by yourself. You must build a team that works well with each other and teams of other professionals, such as plumbers and electricians. This team-building

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### NJAMHAA’s Fall Conference Features Vital Strategies for Addressing the Workforce Crisis

As the workforce crisis weighs heavily on everyone’s mind, NJAMHAA has selected the keynote presenter and several workshops to provide key strategies during the Fall Conference, *Opportunity Meets Innovation, Behavioral Health Today and Tomorrow*, which will be held virtually on September 22, 2022. NJAMHAA thanks the conference sponsors: New Jersey

Innovation Institute, Mutual of America Financial Group, PerformCare, Integrity House, Netsmart, Oaks Integrated Care, Ocean Partnership for Children, Streamline Healthcare Solutions, Butler Human Services, Brown & Brown Insurance, Hackensack Meridian Health, Qualifacts, Mercadien and CPC Behavioral Healthcare.

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For the communities you serve.  
For the difference you make.  
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# From the Desk of Debra L. Wentz, PhD President and CEO

Do you remember the “dolce far niente” (pleasant idleness) days of summer long past? Today, in most, if not all, workplaces, it is even more important than usual to use the summer and other times of the year to focus on self-care and wellness because the demands and pace are so accelerated. Although providers of mental healthcare, substance use and support services undoubtedly reinforce these needs with the individuals they serve, they commonly do not “practice what they preach” because they are so focused on helping their clients. While this is admirable, it is not recommended. Good health is necessary for being most effective in our work and relationships. I finally heeded my own advice and took a long overdue break the second half of August to recharge and renew.

As part of our mission to support individual providers and strengthen the organizations in which they work, NJAMHAA has been sharing resources to foster self-care practices. For example, we have been promoting the Rutgers Center of Alcohol & Substance Use Studies’ (CAS’) Wellness Training Learning Collaborative. This initiative includes online resources and interactive sessions that provide education and practical strategies for individuals to use for their personal benefit and for organization leaders to foster self-care and wellness with all of their staff.

To help further build awareness of the importance of self-care and available resources, NJAMHAA hosts related presentations as webinars and conference workshops. For example, our Fall Conference, *Opportunity Meets Innovation: Behavioral Health Today and Tomorrow*, will feature *Be A Best Place to Work: Here’s How!* and *A Culture of Wellness? Yes, You Can Create It!* While the titles of these workshops clearly indicate

their focus, one other presentation, *Reimagine, Re-Engage, Retain, Recruit: 4Rs Overview to Deal with the Staffing Crisis*, is also relevant, as the presenters will share proprietary tools for reducing stress and preventing burnout. This event will be held virtually on September 22, 2022.

In addition, the Integrated Case Management Services Conference, *The Way Forward*, will feature a keynote presentation, *Wellness in 8D: A Model for Personal and Professional Self-Care*, by Peggy Swarbrick, PhD, FAOTA, Associate Director of Rutgers’ CAS and Director of Collaborative Support Programs of NJ’s Wellness Institute. The conference will also include a workshop, *Flourishing in a Changing World through Positive Relationships and Meaning*, in which Andreea DiLorenzo, MS, Psychology Professor and Diversity Trainer, Family Connections, will apply the scientific study of human strengths to optimism, engagement, resilience, and the importance of social connection. This event will be held virtually on November 17, 2022.

With ongoing efforts to enhance our physical and mental well-being, we will feel renewed with more energy and positivity that will enable us to enjoy both the professional and personal aspects of our lives. All of us at NJAMHAA look forward to continuing to support our members through many initiatives to strengthen everyone’s health and the behavioral healthcare system.

With warmest wishes,



Debra L. Wentz, PhD  
President and CEO



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on self-care because the  
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# “Boldness Is Needed”: A Message from NJAMHAA Board Chair Jacques Hryshko

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experience certainly helped me with my management style at Family Connections,” he said.

“When I came to Family Connections, I saw the need for the services and the impact a single agency can make on a community when the agency chooses to be creative in responding to community needs. It was an opportunity to implement and develop innovative programs during a time of great change,” Hryshko shared. In addition to expanding and reinforcing the agency’s impact on individuals throughout Essex County and northern New Jersey, Hryshko is leading efforts to strengthen New Jersey’s entire behavioral healthcare system through his involvement with NJAMHAA. He has been actively involved with the association since 2016, has served on the Board since July 2017 and was elected to Officer positions: Treasurer in July 2019; Vice Chair in July 2020; and Chair in July 2022.

## Highlights of NJAMHAA’s Impact

Looking back over the years, three of NJAMHAA’s achievements stand out for Hryshko. One was preparing members for and advocating

on issues associated with the transition of deficit-funded contracts to fee-for-service reimbursement. “Agencies had fear about what this huge transition would mean for them. I remember NJAMHAA taking on a huge responsibility, both in advocacy and in support and education for agencies,” he said.

The second major accomplishment was advocacy for restoration of and increases in funding for the School-Based Youth Services Program. “Though the scope of this victory didn’t touch as many programs as much as NJAMHAA’s other accomplishments, the advocacy was very significant because of the groundswell of support that was mobilized and the dramatic change it achieved. NJAMHAA built an advocacy network to

accomplish a reversal of a cut in state funding. It stands out as a highlight in the stakeholder engagement advocacy model,” Hryshko stated.

According to Hryshko, NJAMHAA’s initiatives and impact during the COVID pandemic are also quite distinctive among its many achievements. “COVID wasn’t on anyone’s radar, so we couldn’t predict it or prepare in advance. NJAMHAA quickly reprioritized its advocacy to ensure ongoing service delivery. The association’s response and support to agencies—in both advocating for the need and being a communication hub for agencies—were tremendous. The association has shared what was happening with COVID and its impact, and demonstrated how we can support one

another,” he said.

“Our member agencies collectively provide a safety net for the entire community. The challenges that each agency faces are greater than what can be addressed by each agency individually. NJAMHAA has become a critical place where we can work together to support and advance a common mission,” Hryshko added.

## Boldness Is Needed to Build on NJAMHAA’s Impact

“It has been said that the past two years catapulted our industry ahead 10 years. That surge forward is continuing,” Hryshko stated and identified the issues as:

- The demand that our services be excellent, and continue to strive for cultural competence
- Workforce challenges: the need to offer competitive salaries to address the shortage of clinicians and a model, including flexibility

“NJAMHAA has become a critical place where we can work together to support and advance a common mission.”

- Jacques Hryshko, LPC, ACS,  
NJAMHAA Board Chair





and benefits, that supports the workforce better

- The need for continued reimbursement increases in both contracts and fee-for-service rates
- Implementation of the 988 Crisis Response System
- The value of telehealth and the need for ongoing access, which requires flexibility with use of technology
- Implementation of the 1115 Waiver/ carve-in of behavioral healthcare services into Medicaid Managed Care
- The need for providers to prepare for the value-based payment model
- The need to strengthen substance-use treatment capacity through optimal utilization of the opioid settlement funds.

“This is very daunting and it is a time when boldness is needed,” Hryshko

stressed. “As the dust is settling from the catapult effect of the past two years, we need to boldly surge our advocacy 10 years ahead to keep up with developments so that we can continue to shape the future. NJAMHAA is very well positioned for this work. We know that the current Administration will be in place for the next several years and we have some predictability there.”

NJAMHAA will be building on its Diverse Faces campaign, which Hryshko said was enormously successful for the association’s FY2023 State Budget advocacy. “We need to build on its message to make clear that the core of our work is about health equity – access to quality care for all. Health equity is a social justice issue. It will be important to continue promoting the impact and the complexity of our work,” he said. The next version of the campaign will illustrate the dedication, inspiration and

commitment of the staff who provide our services, along with the impact of the workers and programs have on the clients.

NJAMHAA will continue to meet with members of the State Legislature and state department staff, which has always been a core part of its advocacy. “Ongoing education and advocacy are needed so that both legislators and our funding departments understand the challenges and needs of community providers and the individuals they serve. We must continue to educate them on our impact,” Hryshko stressed.

“We will need to do this together and include the voices of all,” Hryshko stated, urging all members to be actively involved. Please see details below.

## GET INVOLVED TO MAXIMIZE NJAMHAA’S ADVOCACY IMPACT!

### **Join NJAMHAA’s Partners in Advocacy Program!**

It is critical to successful advocacy to be heard by legislators and the Administration in large numbers. Whenever possible and appropriate, staff from member organizations are encouraged to involve other stakeholders, including clients and their family members, as well as others in their communities, to be involved in advocacy.

NJAMHAA provides advocacy resources that include an annual advocacy campaign document, policy papers, details on priority legislative and budgetary issues, advocacy training, data from survey results and legislative alerts.

Visit NJAMHAA’s website at [www.njamhaa.org](http://www.njamhaa.org) for more information about Partners in Advocacy and contact Mary Abrams, Senior Health Policy Analyst, at [mabrams@njamhaa.org](mailto:mabrams@njamhaa.org) to participate in this program.

### **Participate in Practice Groups!**

NJAMHAA facilitates a number of practice groups that provide opportunities to contribute to advocacy and its impact, as well as to network, and share and gain information from providers and guest presenters.

For descriptions and schedules of these groups and to join any of interest, contact Shauna Moses, Vice President, Public Affairs and Member Services, at [smoses@njamhaa.org](mailto:smoses@njamhaa.org).



# NJAMHAA's Fall Conference Features Vital Strategies for Addressing the Workforce Crisis [continued from page 1]

The conference will kick off with a keynote presentation, *Strategies for Addressing the Workforce Emergency in Behavioral Health*, by Michael Hoge, PhD, Professor of Psychiatry, Yale School of Medicine; Director, Yale Behavioral Health; and Senior Science and Policy Advisor, The Annapolis Coalition on the Behavioral Health Workforce.

Dr. Hoge will share his expertise that he built from addressing the workforce challenges in the behavioral healthcare field for more than 20 years. He will also share innovative strategies that several states have implemented and recommendations to help provider agencies' leaders, managers and supervisors to recruit and retain a highly skilled workforce.



In between the morning and afternoon blocks of workshops will be a plenary session, *America's Drug Control Strategy*, with Rahul Gupta, MD, MPH, MBA, FACP, Director, Office of National Drug Control Policy (ONDCP), Executive Office of the President, and Beth Connolly, Assistant Director, Office of Public Health and U.S. Demand Reduction Coordinator, ONDCP.



Additional tactics for attracting and keeping staff will be presented during one of the workshops, *Reimagine, Re-Engage, Retain, Recruit: 4Rs Overview to Deal with the Staffing Crisis*. Christopher D'Marco, BA, LSS, KLSC, DEI, CT, CEA, PMEC, Managing Member, Change and Response Strategies, and Lorna F. M. Runkle, BS, MBA, Founder, President and CEO, Act-Cess USA, Inc. will describe these four strategies, as well as proprietary tools, which are the focus of a much longer training program.

Anne E. Collier, MPP, JD, Professional Certified Coach and CEO of Arudia, along with her Practice Group Chair, Healthcare and Chief of Operations Cynthia Shaffer, MS, MBA, ACC, will present two workshops related to staff retention: *Be a Best Place to Work: Here's How!*, to be presented along with Lisa Donnarumma, BS, Founder and Principal, PunchThirty; and *Culture of Wellness? Yes, You Can Create It!*

Also related to staff retention are *Nine Competencies Today's Nonprofit Leaders Need for Success*, which will be described in a workshop presentation by Dennis C. Miller, MPP, Founder and Chairman, DCM Associates Inc. Effective leadership is essential for all aspects of an organization's impact and keeping a strong, motivated staff is a major part of such leadership. Miller will focus on visionary thinking, collaboration, succession planning and being motivational.

A highly driven and well-trained staff will be most effective in enabling clients to achieve better health outcomes. This conference will also feature several workshops focused on enhancing quality of care. These workshops are:

- *Project SAVE—Evidence Based Innovation in the Municipal Courts That Provide Linkages to Care!* by John Pellicane, MBA, DRCC, Director, Camden County Office of Mental Health & Addiction, and Colleen Snow, MSW, CADCI, Assistant Mental Health Administrator/OFRT Program Manager-Camden County
- *Improving Clinical Outcomes through Integrated Care: A Payer-Provider Partnership Model* by Chris Barton, LCSW, Director, Integrated Systems of Care & Network Innovation, Horizon Blue Cross Blue Shield of New Jersey; Michael D'Amico, LCSW, Vice President, Oaks Integrated Care; and Vera Sansone, LCSW, President & CEO, CPC Behavioral Healthcare
- *Zero to Five: Helping Families Thrive* by Ben Magnussen, MPA, Supervisor, Community-based Provider Network Oversight, Children's System of Care, New Jersey Department of Children and Families
- *Understanding Islam: Considerations for Providers, Educators & System Partners* by Areefah Saheb, MSW, LCSW, Care Manager Supervisor, Ocean Partnership for Children
- *Enhancing Care Management Services through Mobile Technology* by Vera Sansone, LCSW, President & CEO, CPC Behavioral Healthcare; Daehan Kwak, PhD, Assistant Professor, School of Computer Science and Technology, Kean University; and Kenneth Pecoraro, LCSW, LCADC, Director of Addiction and Co-Occurring Services, CPC Behavioral Healthcare
- *Crisis Response to Trauma in Schools after the Homicide of a Classmate* by Margaret O'Donoghue, LCSW, PhD, Assistant Professor of Professional Practice, Rutgers University School of Social Work

Please visit [www.njamhaa.org/events](http://www.njamhaa.org/events) to register!





# NJAMHAA and NJMHI Welcome New Board Members



**N**JAMHAA is pleased to announce that the Board of Directors now includes two new members: Kristine Pendy, LCSW, Chief Clinical Officer of Behavioral Health, Bergen New Bridge Medical Center (BNBMC); and Kathy White-Thomas, MS, Chief Operating Officer, Volunteers of America-Delaware Valley (VOADV).

Two other individuals were appointed to serve on the Board of Trustees of the New Jersey Mental Health Institute (NJMHI), a charitable organization NJAMHAA established to promote quality mental health and substance use services through training, technical assistance, research and policy development. The new NJMHI Board members are Brigitte Johnson, Esq., Executive Senior Vice President, Corporate Affairs, In-House Counsel, CarePlus NJ; and Becky Wong, PharmD, MBA, NJ Senior Clinical & Scientific Liaison, Otsuka Pharmaceutical Development and Commercialization, Inc.

**Kristine Pendy** has more than 35 years of behavioral health experience. After serving for many years as Senior Vice President of CarePlus New Jersey, she was integral in the development of the management proposal that created CarePlus Bergen, the current managing entity for BNBMC. She was also instrumental in implementing evidence-based treatment modalities and led the transformation of behavioral health services to an integrated services model at BNBMC. Pendy is directing BNBMC's internal efforts for the Quality Improvement Program (QIP-NJ), formerly the Delivery System Reform Incentive Payment (DSRIP) Program, and she was integral in BNBMC's receiving the Joint Commission Disease Specific Certification for Behavioral Health in December 2021. In addition, Pendy is certified by the Zero Suicide Academy for New Jersey. She and



her leadership team developed and led services for BNBMC's behavioral health response to the COVID-19 crisis in Bergen County.

**NJAMHAA News:** What inspired you to join the behavioral healthcare field?

Kristine Pendy: Very early in my youth, I was drawn to the health field and saw my personality to help and assist people in school and in my home life as a positive. My career aspirations were to be an attorney or in the healthcare arena, providing assistance and support. Once in school, I was quickly drawn to the social services/psychology field and changed my major. I immediately plotted my course and knew very early on that I wanted to make a difference and effect change, so I geared my Master's degree towards Policy, Planning and Supervision.

**NJAMHAA News:** What are your thoughts about NJAMHAA?

Kristine Pendy: I think that it is crucial to be part of an organization that has a larger vision of the care and services that we as providers do each and every day. The advocacy on behalf of the rich and talented organizations is crucial in making a difference in policy and legislation at the state and national levels. We are stronger together with a collective voice. The educational and training components also allow us to enhance our workforce and network with colleagues. Sharing our wisdom and educating are key on a larger scope.

**NJAMHAA News:** What inspired you to run for election to the NJAMHAA Board and how do you feel about being elected?

Kristine Pendy: The opportunity to join the NJAMHAA Board is something that I have been working towards for some time. I am truly honored to join these talented professionals throughout the state to be able to be a bigger part of the evolution of mental health and addiction services. I have been a longtime supporter of NJAMHAA and have benefitted from

the meetings, work groups and educational opportunities, and I have seen the collective power that NJAMHAA's advocacy can have on issues that we are challenged by day to day. I am very excited to be able to provide my skills to this Board and enhance the next steps in this role.

**NJAMHAA News:** How do you see your experience and expertise benefiting the trade association, its members and the individuals they serve?

**Kristine Pandy:** I have a unique opportunity to represent NJAMHAA as a longstanding member with more than 35 years of experience in mental health and addiction services. I have been a key point person on many state Initiatives — DSRIP, QIP-NJ, Certified Community Behavioral Health Clinics, Zero Suicide, Acute Care and so many more — that I hope I can participate in the next steps for the future in our state and nationally. I also have the unique view in my current role to be able to present as both a community and hospital-based mental healthcare provider. Being the behavioral health lead at the largest acute care medical center in the state and the fourth largest public hospital in the nation offers me a wealth of knowledge and experience that I hope will be beneficial to our trade association and the members we serve. I also hope to expand my own knowledge base serving in this role for our members and through our advocacy and initiatives.

Since 2004, **Kathy White-Thomas** has focused on upholding VOADV's mission of providing high-quality assistance programs to vulnerable individuals within the local community and throughout the region. Programs include reentry, substance abuse, mental health, affordable housing and specialized services, such as traumatic brain injury and veterans' services, providing direct, immediate services to those who need it most.



White-Thomas earned her undergraduate degree from Thomas Edison State University and a Master's degree in Human Services, Social and Community Services from Capella University. In addition, she is certified by the Society for Human Resource Management.

**NJAMHAA News:** What sparked your interest in a behavioral healthcare career and what do you see as highlights of VOADV's services?

**Kathy White-Thomas:** Family members have had mental health issues. My interest in the field started with my mom, who was the biggest proponent of doing something for others. She was very involved with the Civil Rights movement. My interest in behavioral health was strengthened when I came to Volunteers of America 18 years ago. My sister worked here and unbeknownst to me, she put in my résumé and I received a call about a position that was being created in a halfway house for women.

My passion is our parole program, called Promise, for men and women. We connect individuals to psychiatric services and provide transitional housing, which can become permanent. We also provide case management. People are never discharged. All of this is critical for their success after incarceration.

VOADV also developed the Impact program, which partners with 18 or 19 police departments to help them work better with people who have mental illnesses. I hope to expand this program.

We also collaborate with Legacy Treatment Services to guide clients through the court process and figure out the core issues that need to be addressed.

**NJAMHAA News:** What prompted you to run for the Board?

**Kathy White-Thomas:** NJAMHAA has been a great partner with us by providing training and legislative advocacy alerts. I absolutely love the tenacity this organization brings in its advocacy to legislators and policymakers.

I want to be a part of what NJAMHAA tries to do for the state, to help in any way I can. Serving on the Board also provides me with the opportunity to link with other providers and the state and discuss the work that VOA does.

**NJAMHAA News:** How do you anticipate contributing?

**Kathy White-Thomas:** I look forward to talking about the programs we run for individuals with mental illnesses and/or substance use disorders, and to submitting to legislators white papers on issues impacting our community. I am eager to help make sure we are on point and on trend with what services are needed in all our advocacy.

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# NJAMHAA and NJMHI Welcome New Board Members

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**Brigitte Johnson** is a licensed attorney with multiple years of experience, in the areas of criminal law, health care, employment, corporate compliance and privacy. As a member of CarePlus NJ's Executive Management team, she provides input and oversight on major operational decisions of the agency. As a member of the CarePlus Board of Trustees' Governance Committee, she has led the establishment and incorporation of several subsidiary corporations and development of corporate strategies, including potential mergers and affiliations. As such, Johnson has served as lead counsel on the establishment of three nonprofit subsidiary corporations, including a private school for students with emotional disabilities, and a stand-alone nonprofit management entity for one of the state's largest county psychiatric hospitals. Johnson is also Executive Director of CarePlus Workforce Solutions, a subsidiary corporation that provides work opportunities to individuals with disabilities and disadvantages through the sale of office supplies, and commercial laundry and janitorial services.



Johnson currently is a member of the Board of the National Council for Mental Wellbeing and chairs its Nominating Committee. She also sits on the Bergen County Workforce Development Board and serves as an Executive Committee member of the ACCSES-NJ Board. ACCSES-NJ provides leadership and support to members who advocate for and serve persons with disabilities through community-based programs throughout New Jersey. Johnson is a graduate of Howard University School of Law and a cum laude graduate of Virginia State University.

**NJAMHAA News:** What led you to pursue a career in the legal field with a focus on behavioral health?

**Brigitte Johnson:** I always wanted to be an attorney. However, my initial focus was not behavioral health. In the earlier part of my legal career, I was a criminal defense trial and appellate attorney. As such, I had a number of clients who were in need

of mental health and/or substance use treatment. Some of these clients had histories of homelessness, psychiatric hospitalizations, childhood trauma, unemployment, poverty and undiagnosed underlying mental health issues. Unfortunately, this was also at a time when drug-related crimes were on the rise in our cities and punishment rather than alternative treatment/services was often the initial approach. When I came to work at CarePlus, it was a learning process for me. I saw many of our consumers had similar profiles to those I had represented. At CarePlus, I've had the chance to develop programs that addressed poverty, work, housing and benefit entitlements, and yes, some of these consumers had criminal backgrounds, but the goal was making every effort to improve the quality of life for those served.

**NJAMHAA News:** What are your thoughts about NJAMHAA and NJMHI?

**Brigitte Johnson:** NJAMHAA's advocacy work for changes in policy and funding is immeasurable. The staff are subject matter experts. I have learned so much on how to present to legislators and the importance of pulling accurate data, along with the impact of telling our clients' stories.

I am new to NJMHI and excited to be part of this Board. I support the overall mission and focus and I support the efforts to grow leaders within the field.

**NJAMHAA News:** What inspired you to accept the opportunity to serve on the NJMHI Board?

**Brigitte Johnson:** Honestly, I was inspired by Debra Wentz, Executive Director of NJMHI and President/CEO of NJAMHAA, and her compassion for the work of both organizations. The work NJMHI has done to train professionals, especially in the treatment of the BIPOC (Black, Indigenous and People of Color) community is an ongoing mission towards health equity that I can embrace. Also, efforts to build diversity on the Boards from a leadership standpoint is another important initiative.

**NJAMHAA News:** How do you see your experience and expertise benefiting NJMHI and, through its initiatives, NJAMHAA members and the individuals they serve?



**Brigitte Johnson:** I serve as a Board member for the National Council for Mental Wellbeing, which has been working on advocacy with the NJAMHAA team for years. I hope to continue those efforts and work with NJAMHAA to ensure that our state's needs, challenges and accomplishments are represented at the national level.

I also look forward to serving as a mentor for NJMHI's Leadership Academy for Behavioral Healthcare Professionals in the future.

**NJAMHAA News:** What is your vision for NJMHI?

**Brigitte Johnson:** At CarePlus, we have used the term "Who's got next". It's our way of identifying the next group of leaders for the organization. My vision/hope is that through concerted organized efforts for leadership development, we identify and produce the next generation of leaders who will continuously work to improve the quality of mental health and substance use care for agencies operating throughout our state and beyond. We need to develop subject matter experts who create new initiatives to address the ongoing challenges in the field.

Recently, I had one of our supportive administrators, who is not a clinical person, ask about opportunities to grow and further her career. After seeing her take the initiative, noting her enthusiasm and knowing her work ethic, I had her enroll in the NJMHI Leadership Academy for Behavioral Healthcare Professionals. I hope to inspire other leaders to have the same type of conversations, so we build the enrollment in the Leadership Academy to answer the question, "Who's got next?".

**Dr. Becky Wong** earned her Bachelor's degree in Biology and Doctor of Pharmacy degree from the University of the Sciences in Philadelphia and a Master of Business in Healthcare Administration degree from Drexel University LeBow College of Business. She is an accomplished Registered Pharmacist in Delaware and Pennsylvania with more than 15 years of experience in the community pharmacy setting, eight years in the clinical and hospital settings and six years of experience in the pharmaceutical industry. She had direct experience with patients, patient-care providers, managed care companies and medical affairs operations.



At Otsuka, Dr. Wong also serves as the Lead for the Stigma and the Diversity, Equity and Inclusion Sections of PsychU, a community of more than 70,000 mental healthcare professionals dedicated to improving mental health care.

**NJAMHAA News:** What inspired you to join the pharmaceutical field with specialties in pharmacy practice and neuroscience?

**Dr. Wong:** I always believed people deserve opportunities and choices for treatment. Before joining the pharmaceutical industry, I was a pharmacist and a pharmacy director, and I always encouraged patients to consider other treatment modalities. Medications, such as long-lasting injections, improve lives for patients and their caregivers. However, medications have been dictated by prescribers; different options have not been presented for patients to consider.

In my career, I grew up in a treatment team environment. In pharmacy education and training, we didn't discuss mental health. We had just a one-hour session on psychopharmacology. When my peers and I did our rotations, none of us were encouraged to go into mental health. However, in my rotation, I knew behavioral health care was for me because there weren't enough of us around to help. Many stop behavioral health medications because of side effects. With more of us, maybe we can take away the fear of medications by running an anti-stigma campaign. It takes time and knowledge. I'm in the field to share the education and knowledge and destigmatize mental illness among not only caregivers, but also my own colleagues.

I hope to be in a position to encourage other pharmacists and young professionals — especially women, people of color and Asians — to be part of good organizations to make a change.

**NJAMHAA News:** What are your thoughts about NJAMHAA and NJMHI?

**Dr. Wong:** I have known NJAMHAA for seven years. NJAMHAA has always been a warm and welcoming team. That's so important because I'm interested in trends in the healthcare landscape, which is always changing. By participating on NJAMHAA's Health Maintenance Organization and Life Sciences and Innovation Councils, I have a pulse on what's going on in New Jersey and its behavioral healthcare system.

I love that NJAMHAA is so inclusive and collaborative, and promotes unity. They focus on all types of mental healthcare delivery and involve frontline, administrative and pharmaceutical workers. We're all one unit when we talk

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about mental healthcare needs, versus being isolated, which leads to the conversation getting diluted.

**NJAMHAA News:** What inspired you to accept the opportunity to serve on the NJMHI Board?

**Dr. Wong:** I'm drawn by the NJMHI leadership and the mission of increasing acceptance of mental health conditions.

People with mental illnesses can have a good quality of life once they get where they need to be. NJMHI has a big vision. We are piloting the Leadership Academy in New Jersey and plan to grow it nationwide. It's great to be a pioneer. Once we invent the wheel, let's share the wheel.

I am eager to share my insights from what I see from a different lens and help drive the vision and membership to another level.

**NJAMHAA News:** How do you see your experience and expertise benefiting NJMHI and, through its initiatives, NJAMHAA members and the individuals they serve?

**Dr. Wong:** Since I've been in academia and different clinical positions, I can contribute to the Center of Excellence (COE) for Social Determinants of Health and Leadership Academy. My career journey is atypical. My uniqueness will bring more assets to the Board and members. I also hope to open more opportunities for the members.

**NJAMHAA News:** What is your vision for NJMHI?

**Dr. Wong:** I see NJMHI playing an integral role in addressing inequalities and building inclusiveness in mental healthcare access. Each person needs to be treated as a whole, and the COE will help meet this need.

With the COE, I hope we'll also look at other issues, such as those affecting the lesbian, gay, bisexual, transgender and queer community. Many in this population face barriers to transitioning, which could lead to mental health conditions. So, we must think about how to increase access to health care and help decrease mental health conditions.

How can someone be healthy without the proper housing? How can someone have a job if they can't get there? Collaboration with other organizations is necessary to

think about these issues, as well as health challenges, and determine what we can do to enhance wellbeing. It sounds grand and it's hard to implement. We need to determine what's achievable.

I want to be a role model for younger clinicians for them to be leaders in areas they're passionate about. I look forward to being a mentor in the Leadership Academy program.

The doors are always open; it's whether or not you want to step in. We all fear the unknown. NJAMHAA and NJMHI are the perfect place to be for people who want to invest in mental health and expand their knowledge and careers.

## Congratulations to Long-Term Board Members on their Election for FY2023

NJAMHAA congratulates the following Board members for their election:

### Officers:

- **Chair:** Jacques Hryshko, LPC, ACS, Chief Executive Officer of Family Connections (previous Vice Chair)
- **Vice Chair:** Anthony Comerford, PhD, President and Chief Executive Officer of New Hope Integrated Behavioral Health Care (previous Treasurer)
- **Treasurer:** Theresa Wilson, MSW, LCSW, President and CEO of South Jersey Behavioral Health Resources, Inc. and Executive Vice President of Inperium NJ (previous At-large Board Member)
- **Secretary** (re-elected for a second term): Mary Jo Buchanan, LCSW, MPA, Chief Executive Officer and Executive Director of Ocean Partnership for Children

### At-Large Members:

- Bob Budsock, MS, LCADC, President and CEO of Integrity House, Past Board Chair newly elected to At-large
- Alan DeStefano, MSW, Executive Director of Cape Atlantic Integrated Network for Kids - Re-elected
- Deborah Megaro, MBA, Chief Executive Officer of Capitol County Children's Collaborative - Re-elected
- Lou Schwarcz, MA, Chief Executive Officer of Family and Children's Service of Monmouth County - Re-elected

NJAMHAA is also pleased that Susan Loughery, MBA, Associate Executive Director of Catholic Charities, Diocese of Trenton, will serve as Immediate Past Chair.



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# Clinical and Training Experts Promote Implementation Science to Maximize Impact of Evidence-Based Practices

**A**s former Secretary of State James Baker said, “Proper planning prevents poor performance.” This phrase has become known as “The Five P’s of Success”

and has served as the foundation of important and impactful work focused upon by two behavioral healthcare leaders at Rutgers University Behavioral Health Care’s (UBHC’s) Behavioral Research and Training Institute: Anna Marie Toto, EdM, Program Analyst, and Elizabeth O’Callaghan, BA, CADC, Training and Consultation Specialist. Collectively, through their respective clinical and training roles, they understand the value and importance of implementation science (IS) in helping organizations successfully adopt evidence-based practices (EBPs).

“It can take 17 years for research to become part of routine clinical practice. Many great treatments have been identified and how are we using them?” asked Toto. “With IS, we have an opportunity to better bridge the translation gap between research and practice. The reward creates an organizational system recovery process that raises the standard of care toward improved client outcomes and workforce advancement in clinical skills. IS brings a plethora of opportunities that reveal the power of implementation interventions that improve clinical interventions and more,” she stressed.

“If organizations take the time to plan effectively for EBP implementation, it benefits those staff trained in the EBP, the clients who ultimately receive the EBP and the organizational system as a whole. IS guides us to consider implementation frameworks and strategies to help deliver better care. From my experience, effective and ongoing EBP implementation planning and strong leadership support are staples for positive clinical outcomes,” Toto stated.

“Currently, behavioral health care is at a critical crossroad as a result of the pandemic. We have the opportunity to make real change happen. If we use the foundational elements of IS right now, we will come out with a stronger workforce,” O’Callaghan stated. “Some of the stark data challenging behavioral health care is showing a 38% staff turnover rate and a need for approximately 6,000 behavioral health

**If we use the foundational elements of IS right now, we will come out with a stronger workforce.**

**— Elizabeth O’Callaghan, BA, CADC, Training and Consultation Specialist, Behavioral Research and Training Institute, Rutgers University Behavioral Health Care**



providers nationally to fill a workforce gap. Implementing EBPs effectively can address this gap and change the trajectory,” she emphasized.

### **IS Fosters Long-Term Use and Effectiveness of EBPs**

Both Toto and O’Callaghan, collectively, have 30 years of clinical experience with Illness Management and Recovery (IMR) delivery, and reference their expertise as they speak to the value of IS. “Eighteen years ago, Rutgers UBHC was charged to develop a statewide IMR ‘pilot’ implementation and a core component included implementation planning. Funded by the New Jersey Division of Mental Health and Addiction Services, this effort was supported by their vision for IMR to become more than a training platform. They understood IMR as a fundamental practice that could be implemented across the behavioral health continuum of care, and that integrates well with other EBPs, such as motivational interviewing and dialectical behavior therapy,” Toto stated.

For the IMR pilot, Rutgers UBHC used a “Champion Team” model that brought together select senior leadership, supervisors, direct care staff and individuals served to collaborate and complete their agency-based IMR implementation plans. “We learned over time that a committed champion team was necessary to troubleshoot and overcome any implementation obstacles, allowing IMR to have its known impact and continue to evolve in each agency’s adoption efforts,” Toto added.

“After numerous IMR consultations, I began to see the operational value of this EBP to help mitigate organizational vulnerabilities, such as staff turnover and limited supervision that can impact any implementation. For example, we developed an agency-based IMR training model to help agencies build an infrastructure of IMR expertise. This both supported EBP sustainability and addressed operational disruptions, such as a transfer to telehealth during the pandemic. IS highlights implementation outcomes, such as adoption, fidelity and sustainability, that are necessary to keep in the forefront when preparing staff to deliver an EBP,” Toto stated.

O’Callaghan and some of her colleagues were trained in IMR early in their careers at Rutgers UBHC. “In my experience with IMR delivery, I quickly realized the power of this EBP. It is not a one-size-fits-all intervention and offers personalized tailoring for each recipient. When we saw some of the client outcomes, it allowed us to become curious about key performance indicators for data collection, such as achieved individual

recovery goals. This type of data helps strengthen both IMR’s presence among treatment options and its common threads with other EBPs,” she explained.

“When an organization’s EBP implementation is going well, the leadership and practitioners generally are able to name an implementation strategy that is driving the improved outcomes. It can be anything from a systemic schedule change to support better attendance for specific EBPs to implementing, for example, a staff mentorship program to cultivate skill development in clinicians. Whatever it is, if it improves implementation, service system or clinical outcomes, they are on the right track,” Toto said.

“I can recall a client in IMR who had a meaningful goal of having a car, which translated to independence for him. In our work together, he identified quitting smoking as a catalyst to save money towards purchasing his own car. Having a car meant the world to him because he attached it to ‘freedom.’ A year after graduating from the acute partial program, he returned to show me his car that was purchased with his savings from not smoking,” O’Callaghan shared.

“The connection between IS and working with a recoveree appeared to be a parallel process for me. We are facilitating change through the use of an EBP to achieve better outcomes,” O’Callaghan stressed. “And those outcomes benefit not only the client, but also the practitioner and organization.”

“EBP training and implementation efforts often have poor or disconnected results unless the EBP value can be demonstrated over time,” Toto emphasized. “You want both clients and clinicians to see change happening. Make sure the goals are clear and keep communication open and ongoing, so the EBP fits. Never stop learning and providing staff opportunities to brag about the difference they’re making,” Toto advised.

“With IS, we have the opportunity to elevate workforce motivation to deliver practices,” Toto added. “It’s not just one person’s job to implement a practice. We’re all agents of change in the workplace and collectively, our actions have a ripple effect. The synergistic value of improving client outcomes is clear when staff have dedicated time to collaborate about EBP implementations — for example, learning communities — at their programs.”

*[continued on page 16]*

# Clinical and Training Experts Promote Implementation Science to Maximize Impact of Evidence-Based Practices *[continued from page 15]*

“It is important to note that supervisors are key to EBP implementation efforts. Implementation research teaches us that any solid implementation effort requires ongoing clinical supervision. IS can help us consider the supervisory methods ‘in place’ and needed to support EBP practices—so as not to let administrative supervision override clinical supervision,” according to Toto.

## **EBP Practice Group Teaches and Reinforces IS**

“A tangible translation of research to practice is important and it is happening in the EBP Practice Group. We created this group at the recommendation of the New Jersey Division of Mental Health and Addiction Services, who, from IMR’s inception in New Jersey, has trusted and supported the efforts of the Rutgers UBHC IMR team,” Toto said. “Members of this practice group collaborate on the value their implementation efforts bring and where certain outcomes, from implementation to service to clinical, can be sharpened. They gain more understanding about IS theory and insights about strategies from members and guest speakers. Each meeting ends with an action step to consider before the next meeting,” she added.

As co-chairs of the practice group, Toto and O’Callaghan benefit along with the participants. “What I learn from the EBP Practice Group has bolstered my clinical and training skills. There’s give and take, and I gain so much from hearing

others’ experiences. Our vision for this group is to expand its reach so that members can learn more to benefit their programs,” O’Callaghan said.

“It’s exciting to see what members bring to the table. By the time members leave the group, I hope they are able to see the mastery in their EBP implementation efforts and organically watch change happen,” Toto said.

“Moving forward, it would be wonderful to have the EBP Practice Group partner with another practice group for a joint session. It is only through evolving partnerships that we get better in the work we are called to do with EBPs and more,” Toto added.

This article leaves readers with a question to reflect upon: “Think about one EBP implemented at your organization...how do you know it is alive and working well?”

For details about the EBP and other Practice Groups, please contact Shauna Moses, Vice President, Public Affairs and Member Services, at [smoses@njmhaa.org](mailto:smoses@njmhaa.org).

**“It is only through evolving partnerships that we get better in the work we are called to do with EBPs and more.”**

**- Anna Marie Toto, EdM, Program Analyst, Behavioral Research and Training Institute, Rutgers University Behavioral Health Care**







# REDEFINING EHR

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Signs of Intoxication	Yes	Medical Condition	Yes
Signs and Symptoms of Withdrawal	No	Prescribed Medication	Yes
History of Withdrawal	No	Takes Medications as Prescribed	Yes
Level of Care Determined*	II-D	History of Head Injury	No
Evidenced By*	Medical Examination	Vision Problems	No
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# High Focus Centers Demonstrates Pioneer Spirit in Offering Broad Spectrum of Services



## Pyramid Healthcare

AN INTEGRATED BEHAVIORAL HEALTHCARE SYSTEM



**A**t High Focus Centers Pyramid Healthcare Hammonton, teens and adults have access to a broad range of treatment programs, including outpatient (OP), intensive outpatient (IOP), partial care and residential, for mental illnesses and substance use disorders (SUDs).

Throughout the 25-plus years that High Focus has been in New Jersey, much innovation has taken place. For example, in 1994, the state's first adolescent IOP program for SUDs was created at this organization and in 2001, the agency was the first in New Jersey to integrate an adolescent psychiatric partial day program and an after-school psychiatric IOP program. In 2008, a specialized IOP protocol for opiate addiction — also a first in New Jersey — was developed.

High Focus' services are organized along three tracks: primary mental health, primary SUD and co-occurring disorders. "In every program, we respond to each client's needs and tailor their treatment plans," said Tom Fowler, PsyD, Executive Vice President of Operations. "All our counselors are trained in a multidisciplinary approach. Multidisciplinary teams include psychiatrists, nurses and Master's level counselors. This allows for diversity in individual, family and group interventions."

In 2012, High Focus Centers joined the Pyramid Healthcare system, giving their clients easy access to higher levels of outpatient care, including a program primarily focused on eating disorders, when needed. In addition to seven locations in New Jersey, Pyramid Healthcare has facilities throughout the eastern United States.

The Hammonton location's residential services, which were expanded to 194 residential beds this year, include detox, and short- and long-term care for adults. As the demand for residential treatment is high and increasing, especially

among Medicaid beneficiaries, the agency is planning further expansion in Hammonton, according to Vice President of Operations Dominic Barone.

"We have been experiencing staffing challenges, especially in residential. So, we invested a lot of resources into recruiting to ensure staff feel supported and we retain them, and to live up to our goals and maintain our reputation in the community," said Barone, who co-chairs NJAMHAA's Residential Providers Practice Group.

"We never closed during the pandemic. Staff work at home only if they have COVID or are exposed to the virus. That's given a lot of strength and cohesion to the team," Barone added.

### Striving to Prevent the Need for Treatment

High Focus also offers SUD education and prevention programs.

The weekly Promoting Education, Awareness and Knowledge program teaches adolescents about substance use, abuse and dependency. "Participants get urine drug screens done and if any of them present with any level of substance use, they are put on treatment plans, which are discussed in family sessions," Dr. Fowler explained.

A similar program for adults, called Fortitude and Focus, is also available.

Click [here](#) to learn more about High Focus Centers Pyramid Healthcare Hammonton.



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# NJ Association of Health Plans President Ward Sanders Offers his Perspective on Transitioning to Medicaid Managed Care

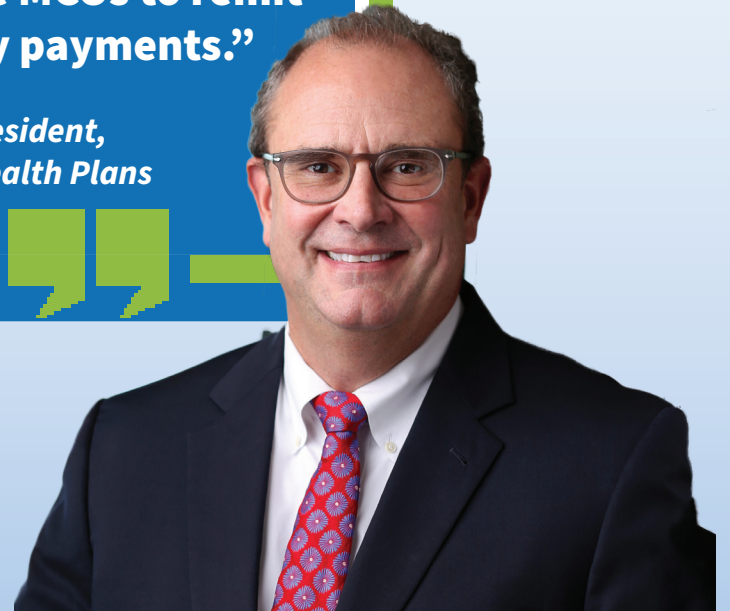
**A**s behavioral healthcare providers are anticipating and striving to prepare for the possible carve-in of all mental health and substance use treatment services into Medicaid Managed Care, many concerns and questions have been raised. To help address these issues, NJAMHAA News spoke with Ward Sanders, Esq., President, New Jersey Association of Health Plans (NJAHHP), which represents the managed care organizations (MCOs).

*NJAMHAA News: How are NJAHP and the MCOs preparing for the possible gradual carve-in of all other behavioral health services into Medicaid Managed Care?*

**Ward Sanders:** The New Jersey Association of Health Plans strongly supports the Department of Human Services' efforts to eliminate the current silos of care that exist in the NJ FamilyCare program related to behavioral health. Towards that end, NJAHP member MCOs are preparing for the carve-in of behavioral healthcare services into managed care largely by building on the existing operations, provider networks and integrated care management processes that already exist for members enrolled in Managed Long-Term Services and Supports (MLTSS) and members with intellectual and developmental disabilities (IDD), as well as members in Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs). For the MCOs, the focus is on scaling up

**“Having the behavioral healthcare benefit completely carved in for all populations will create certainty for providers to bill the correct entities and full accountability for the MCOs to remit appropriate and timely payments.”**

*— Ward Sanders, Esq., President,  
New Jersey Association of Health Plans*



current operations to serve more members. In order to do that effectively, we are identifying internal staffing and resource needs; recruiting additional providers in order to expand our networks; and reviewing and addressing any additional system configurations or edits that may be necessary to process claims and authorization requests. In addition, we are reviewing how best to integrate the current behavioral health and substance use disorder benefits we are managing to serve more members effectively. We understand that for some healthcare providers, insurance and managed care may be a new experience, so we are also considering any transitional flexibilities that may be needed to accommodate new providers into our networks and to ensure members get the care that they need.

The MCOs continue to work closely with our partners in government and the provider community to prepare for a to-be-announced “go live” date. NJAHP appreciates its partnership with NJAMHAA in helping in the anticipated transition to managed care. Ultimately, we understand that our members receive services and our providers get paid, and we are hard at work now to prepare for this future “go-live” date.

**NJAMHAA News:** What message would you like to share with behavioral healthcare providers about this transition?

**Ward Sanders:** It seems like every day, we read in the news about the increased demand for behavioral health and substance use disorder care. Far too many people either find themselves or their family members unable to deal with a behavioral health or substance abuse issue. The MCOs believe that the integration of behavioral health into managed care is an opportunity to help address this crisis for the more than two million members enrolled in NJ FamilyCare. The carve-in will break down silos of care by integrating care delivery and will enhance health outcomes for members across the healthcare continuum. By having all services within the plans, care managers can coordinate care more quickly and easily. Often times with services not included in the same plan, it is difficult for care managers to assist members with making appointments, reviewing information received, and more. Clinical integration works hand-in-hand with payment integration to provide a seamless care delivery process for patients and providers alike. The MCOs will now have a full view of all a member’s needs: physical, behavioral, pharmacy, and long-term services and supports, as well as social drivers of health. The type of integration will go a long way towards closing not only gaps in care, but also gaps in other service

needs for NJ FamilyCare members. This carve-in to managed care builds upon the success of prior integration of these services for other populations (MLTSS, IDD and FIDE-SNP).

In addition to clinical integration, managed care promotes a primary care model to ensure members receive necessary care, at the right times and in the most appropriate clinical settings. MCO care managers refer members to in-network providers to encourage outpatient care as a means to deliver care to a member, the goal of which is to prevent emergency room visits and admissions to inpatient behavioral health facilities. All the while, MCOs integrate preventative care services from primary care providers, such as access to screenings and treatments for other chronic conditions that can interplay with behavioral health, to keep members from suffering more serious health episodes.

MCOs offer assistance to providers to support members’ needs in a variety of ways. Care managers are available to assist with discharge planning and make sure that members are connected to outpatient care. Also, with the integration of services with pharmacy benefits, care managers will have a sightline into the prescription history of each member to encourage prescription drug adherence. The MCOs are partnering with providers through value-based payment arrangements, bundled payments, and other payment programs that support high-quality healthcare outcomes.

Further, the transition will eliminate the often-seen confusion around where to submit claims — either to an MCO or to Medicaid for fee-for-service reimbursement. Often times, providers and/or members may not be aware they are FIDE-SNP, MLTSS or IDD. Claims submissions to the wrong entities result in frustration and lost time and revenue to the providers. Certain benefits, such as psychiatric testing, may also be covered under the medical benefit in select circumstances. Without awareness of these coverage nuances regarding the correct payers, claim submission errors may occur. Having the behavioral healthcare benefit completely carved in for all populations will create certainty for providers to bill the correct entities and full accountability for the MCOs to remit appropriate and timely payments.

The COVID-19 pandemic has highlighted the pent-up behavioral and physical healthcare needs of New Jersey residents. The MCOs are ready to support our members and provider partners to ensure that the transition to managed care is seamless and produces improved health outcomes.





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*- BOB BUDSOCK, MS, LCADC  
PRESIDENT AND CEO  
INTEGRITY HOUSE AND MEMBER OF THE  
NJAMHAA AND NEW JERSEY MENTAL  
HEALTH INSTITUTE BOARDS*



# AdvancedMD Helps Enhance Efficiency, Clinicians' Quality of Life and Organizations' Sustainability



As stated on its website, AdvancedMD is “the only medical office software built on a 100% cloud platform” and provides “the highest levels of reliability, security, and performance.” In addition to these valuable technical features, the software offers many benefits for clients, clinicians and provider organizations, as District Sales Managers Sean Bennion and Joshua Williamson shared with *NJAMHAA News*.

## Technical Highlights

AdvancedMD offers a comprehensive platform that includes “flexible scheduling, simple charting, legendary billing, accurate reporting and easy-to-use patient engagement tools”, as described on its website.

The company is among the first electronic health records vendors in New Jersey whose billing solutions have been tested and certified by the federal Office of the National Coordinator for Health Information Technology. This means that practices using AdvancedMD are

eligible to attest for Meaningful Use for Merit Based Incentive Payments System/Medicare Access and CHIP Reauthorization Act of 2015 (MIPS/MACRA); can submit claims directly to NJ FamilyCare without needing a separate system; and are qualified to receive funds from the New Jersey Division of Mental Health and Addiction Services' Substance Use Disorder Promoting Interoperability Program.

The AdvancedMD platform is interoperable with many other systems, meaning it supports the leading Application Programming Interface (API) connections so information sharing and communication can occur seamlessly, regardless of the systems other providers have. This is accomplished through fully-fledged Clinical Information Exchange, a mid-tier API, and Open Database Connectivity functionality.

AdvancedMD enables providers to build protocols for managing mental health through a HealthWatcher feature. Providers can establish systematic protocols including reminders, questionnaires, appointments, lab orders, and prescriptions based on various triggers. “Through our dashboard, providers can make data actionable and develop client-centric treatment,” Williamson explained.

All these features translate into significant benefits for clients, their clinicians, and the practice.

## Benefits for Clients

AdvancedMD offers a robust online patient engagement platform that supports various features, such as paperless intake, self-scheduling for both new and existing patients, and automatic reminders through email, text, and voice. The secure patient portal, through which clients can communicate with their clinicians and access educational resources, allows for continued easy documentation and maintenance of client engagement.

The software is highly beneficial for clients, as well. “Our clinical software doesn’t just hold data. It actively identifies patients in needs and sends alerts,” Williamson said, referencing HealthWatcher. “For example, high measures could indicate a possible suicide risk and prompt the clinician to complete the corresponding safety plan. It’s a tool and asset. Agencies might not have enough staff to monitor, and AdvancedMD helps behavioral healthcare providers assist their patients when they most need intervention.”

All of these features enable clients to feel more connected with their providers and receive higher quality services. Naturally, they will experience greater satisfaction, which they will be eager to express in post-visit surveys, which AdvancedMD sends automatically with options to share feedback on the company’s social media pages.

## Advantages for Clinicians

“We want to help behavioral health companies not only serve their communities, but also have work-life balance and more time for self-care. Many providers don’t because of their giving nature. The infrastructure of AdvancedMD software makes this vision possible,” Williamson added.

As AdvancedMD alleviates administrative tasks, staff will gain a sense of ease with lighter workloads and more time to invest in their clients’ care. For example, information that clients provide on electronic intake and consent forms is automatically recorded in their charts.

In addition, AdvancedMD guarantees a 95% first-pass clean claim acceptance, as stated on its website. With significantly fewer claims being denied, staff will reclaim hours by not having to revise and resubmit claims, and the provider organizations will receive payments more quickly. Additional agency-wide benefits are detailed in the next section.

Greater efficiency and better use of time also contribute to clinicians’ job satisfaction and work-life balance and, therefore, their well-being and overall quality of life. These positive factors are important for retaining staff.

## Positives for Organizations

In addition to facilitating prompt payments, AdvancedMD helps organizations increase revenue by leveraging the Optum Insight claim scrubber within the claims center. Some of the AdvancedMD staff are billers who support their RCM (revenue cycle management) clients. In fact, billers founded the company in 1999. “Before claims are submitted, we ensure all codes are accurate and all possible codes are included,” Williamson said. “We do this at no extra cost to our clients because we found this approach is a more efficient and effective billing process.”

As efficiency increases, so do revenue and providers’ abilities to scale their practices and increase salaries for their staff. Employee and client satisfaction helps drive stronger feedback as evidenced in online reputation scores and sustainability.

## Even More Enhancements to Come

“We want the best solution for each behavioral health organization,” Bennion emphasized.

According to Bennion, 24% of profits are reinvested into research and development, which is informed by AdvancedMD customers’ feedback. “We’ll flip over backwards to get input from NJAMHAA members. We’re actively looking for input to facilitate our research and further build our software to offer maximum benefits for clinicians and the individuals they serve,” Bennion said. “Right now, about a quarter of our small and mid-market clients, as well as the majority of our enterprise clients, are in the behavioral health space. It only makes sense that we would put the majority of our focus there.”

“As we partner with NJAMHAA members, we’ll continuously strive to improve communication and connectivity to foster health and healing for everyone involved. We do this by developing relationships and learning with one another,” Williamson added.





# Mutual of America Offers not only Retirement Plans, but also Valuable Financial Education



## Mutual of America Financial Group <sup>SM</sup>



When Thomas Moller, Account Executive, joined Mutual of America Financial Group, he realized that he enjoys helping people reach their financial goals. It is no surprise that he has been with the company for nearly 21 years, as financial education is ingrained in the company's focus as a leading provider of retirement services and investments to employers, employees and other individuals nationwide.

future. However, even making small contributions through their payroll on a consistent basis could make a significant difference in the amount of savings they accumulate over time," Moller added. "Education is our area of expertise, so we want to make sure people can understand and take advantage of their retirement savings opportunities, either on their own or through an employer-sponsored plan."

situations build their retirement savings. "We provide education on financial literacy and wellness that includes a focus on retirement, as well as instruction on creating budgets, and credit and debt management, to help individuals address their financial obligations," Moller explained.

"Retirement is a foreign word when you're first out of college," Moller said. In fact, it is very common for retirement to not be on individuals' radar across many age groups. Moller pointed out that according to the U.S. Bureau of Labor Statistics, although 68% of non-government workers had access to retirement plans in 2021, only 51% chose to participate. "The country is experiencing a retirement crisis, and one of the biggest obstacles is a lack of financial education," he said.

**We want to make sure people can understand and take advantage of their retirement savings opportunities.**  
— *Thomas Moller, Account Executive*

Among the many resources that Mutual of America provides through its website are helpful articles about saving for retirement, and other insights on financial literacy and wellness. There are also calculators that show how savings can grow over the course of years and help individuals determine how to meet specific goals, such as saving a

"Many individuals believe they don't earn enough to save and invest for their

Mutual of America offers educational programs and online resources to help individuals in different financial

particular amount of money within a certain time frame.

“Our enrollment program makes it easy for individuals to start saving in a retirement plan, such as a 401(k) and 403(b),” Moller said, noting that all of the company’s account representatives are education specialists. “We provide education about investments to individuals so that they can make informed decisions. We are high-tech and also high-touch, and we’ll never lose that,” he added.

According to Moller, one of Mutual of America’s key benefits is its business model as a bundled retirement provider. “We handle all aspects of each client’s retirement plan. There’s one point of contact for each client. There are no brokers and no need for a third-party administrator, like other companies have,” he explained.

“This efficient approach enables us to stay true to our mission of helping both nonprofit and for-profit employers and their employees,” Moller noted. In fact, the company was created by a nonprofit, the United Way, when Social Security started, and nonprofit workers were not eligible for retirement plans.

As a member of NJAMHAA’s Integrated Healthcare Council, Mutual of America works with many member organizations.

“It’s a privilege to learn more about the behavioral health industry from the inside perspective, including what providers are going through. We’ve participated on many NJAMHAA calls and gained a lot of valuable information about providers’ daily concerns, which helps us determine how to best help them,” Moller said. In addition to its core business, Mutual of America also has a deep commitment to the communities it serves. For example, during the COVID pandemic, they donated personal protective equipment to some NJAMHAA organizations, as well as to other organizations across the country.

The Mutual of America team is also helping to address the workforce crisis. For example, they presented to the Chief Financial Officers Practice Group on positioning a retirement plan and retaining top talent. “We look forward to continuing to inform and educate our clients and their employees, and prospective clients, as the retirement plan landscape continues to evolve,” Moller stated.

To learn more about Mutual of America and see the resources available, visit [mutualofamerica.com](https://mutualofamerica.com)



Family Connections thanks NJAMHAA for their work in nurturing Diverse Faces.



# IT Project Helps Providers with Cybersecurity and Insurance



## Do you have cyber-insurance? If not, here is why you should!

Cybersecurity issues are growing at an enormous rate. Organizations and businesses should and will need to dedicate more resources to protect themselves. This has become an issue of great concern on a national level and the federal government has released new regulations and laws to address it. Over the past year, NJAMHAA's Information Technology (IT) Project has been asked by agencies it manages IT for to look at new application forms they are receiving from their insurance carriers for cyber-insurance coverage. These forms are asking much more detailed questions about agencies' IT systems and what protections have been put in place.

The IT Project has seen several applications from different carriers, each with its own format; however, they all ask the same exact questions. Many of the questions are open to interpretation. Some of the questions are appropriate for large organizations and may not fit for smaller agencies. For example, larger agencies may have or need security operations centers, though this may not be necessary for smaller organizations. The IT Project staff have found that if there is a specific question about one of the items on the form and the agency goes back to its carrier, the insurance company's staff are not sure of an answer and need to kick the question up to a higher level or even an outside advisor, which delays the processing of the application. To help with this, the NJAMHAA IT Project is in the planning stages for a cyber-insurance webinar. The date will be determined soon and the membership will be notified. The IT Project is also available for questions if any members are concerned about their agencies' cybersecurity solutions and

are looking for recommendations on solutions to help protect their agencies.

As mentioned, all the applications have the same questions. Here is just a sampling of questions to anticipate.

- Please provide the approximate number of unique individuals from whom you collect, store and/or process personally identifiable information, whether on your own systems or with third parties. This includes sensitive data, such as medical records, passport details, Social Security numbers and credit cards.
- Please describe your approach towards protecting sensitive and confidential information (e.g., access controls, encryption, network segmentation).
- Please provide details on how you store your backups of critical data (e.g., online backups stored on your organization's live environment; offline backups stored on



removable storage devices that are fully disconnected and inaccessible from the live environment; backups stored with online cloud storage providers).

- Please provide details on how you secure your backups (e.g., backups are disconnected and inaccessible from the live environment; multi-factor authentication is required for access to cloud backups).
- Do you use an endpoint detection and response (EDR) product on your network? Which one?
- Please confirm whether multi-factor authentication is required for all remote access to your network and to all company e-mail accounts.
- Do you have next-generation firewalls deployed at all network ingress/egress points?
- How often do you conduct vulnerability scanning of your network perimeter?
- Do you simulate phishing attacks to test employees at least annually?
- Do you use e-mail filtering software to scan all inbound and outbound e-mail messages in order to filter out spam and malicious content?
- Please provide details on how you protect privileged user accounts (e.g., using privileged access management solutions, restricting privileged user accounts to specific devices, implementing enhanced monitoring of accounts for anomalous usage, having multifactor authentication enabled for remote access).
- Do you use a network monitoring solution to alert your organization to suspicious activity or malicious behavior on your network?
- Please describe your patch management process and how you ensure that all critical patches are applied in a timely fashion,

including a timeframe of how quickly you would implement patches for zero day vulnerabilities after they have been released by the vendor.

- Please provide details on whether you have a security operations center that is responsible for event monitoring and detection, vulnerability management and incident response. Please include details on the hours of operation and whether this is an internal function or outsourced to a third party.

Stay tuned for details on the webinar and contact Ron Gordon, Director of the IT Project, at [rgordon@njamhaa.org](mailto:rgordon@njamhaa.org) with any questions.



**Cybersecurity issues are growing at an enormous rate. Organizations need to dedicate more resources to protect themselves.**

*— Ron Gordon, Director, IT Project*



## DID YOU KNOW?

### What to know about CarePlus Workforce Solutions *A subsidiary corporation of Care Plus NJ*

Over 75% of individuals w/ disabilities, including those who experience substance abuse & mental health issues, as well as legally blind consumers, are employed by CPWS

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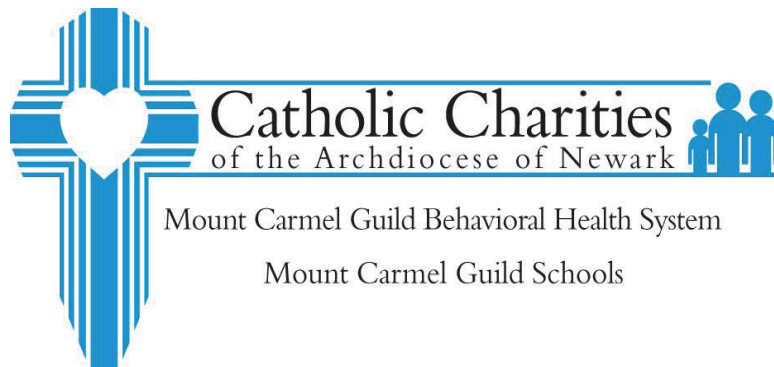


# **NJAMHAA**

## **2022 Membership Call**

***Special Thanks to NJAMHAA & Don Holford for presenting:***

***“Unit Costs Boot Camp and other Fiscal Points in Preparation for the Carve-in”***



Catholic Charities of the Archdiocese of Newark has 84 programs and 26 sites in Bergen, Essex, Hudson and Union Counties.

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# All Our Voices Must Be Heard

to Reinforce the Behavioral Health System  
and Protect the Lives of  
New Jerseyans Who Rely on It.

Join NJAMHAA's **Partners in Advocacy** Program  
to gain everything you need to be the most effective advocate  
and strengthen your organization by achieving our goals:

- Training on written and verbal advocacy strategies and skills
  - Talking points on our priority issues
- Template letters for requesting meetings with legislators and follow-up letters
  - Position papers
  - Timely legislative alerts

Contact Mary Abrams, Senior Health Policy Analyst, at 609-838-5488, ext. 221  
or [mabrams@njamhaa.org](mailto:mabrams@njamhaa.org) for more details, including how to become a Partners in Advocacy Leader!





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# Family Guidance Center of Warren County

*Prevention, Treatment, and Recovery*  
Help for Today, Hope for Tomorrow

The Family Guidance Center is dedicated to improving the quality of life of children and adults affected by problems related to mental illness, substance use, family conflict, or emotional adjustment.

## Services Offered

- Outpatient counseling, psychiatric and specialized therapy for children, adults, and families
- Wellness and recovery-based rehabilitation and relapse prevention programs
- Emergency crisis intervention
- School-based youth service programs
- Family support and consumer self-help programs
- Substance use prevention and education programs



"After years of struggling I found the Family Guidance Center. I was given compassionate care, was taken seriously, and was respected. I am whole again and able to be there for my daughters." -Brenda W.

24-Hour Crisis Hotline  
(908) 454-5141

[fgcwc.org](http://fgcwc.org)

(908) 689-1000  
Main Location: 492 NJ-57  
Washington, NJ

Stay connected with Family Guidance Center of  
Warren County on social media!



# Make the Most of your Membership!

Participate in NJAMHAA's Practice Groups, Councils and Membership Meetings!

All staff from all member organizations are encouraged to participate!

All meetings will be virtual until further notice.



**Membership Meeting**  
Share your ideas and concerns with NJAMHAA Board, other members and the NJAMHAA staff!  
10:30 a.m. to 12:00 p.m.  
September 28, 2022

Additional Membership Meetings are held throughout the year. These meetings often feature guests, including state legislators and policymakers, and leaders in the mental healthcare and substance use treatment fields. They also offer opportunities for members to share concerns with the NJAMHAA Board and staff.

Practice Groups and Councils develop strategies for advocacy to ensure access to high-quality, integrated healthcare services; prepare providers to succeed with value-based purchasing and managed care; improve staff recruitment and retention; and much more.

**Addictions**  
10:30 a.m. to 12:00 p.m.  
September 29, 2022

**Adult Mental Health**  
10:00 a.m. to 11:30 a.m.  
September 19, 2022

**Children's**  
10:00 a.m. to 11:30 a.m.  
September 27, 2022

**Evidence-Based Practices**  
10:00 a.m. to 11:30 a.m.  
November 21, 2022

**ICMS**  
10:30 a.m. to 12:00 p.m.  
October 11, 2022

**PACT**  
1:00 p.m. to 2:00 p.m.  
September 30, 2022

**Residential Providers**  
11:00 a.m. to 12:00 p.m.  
September 15, 2022

**Chief Financial Officers Practice Group**  
1:00 p.m. to 2:30 p.m.  
September 12, 2022

**Education Council**  
2:00 p.m. to 3:00 p.m.  
October 4, 2022

**Hospital Community Integration Council**  
10:30 a.m. to 11:30 a.m.  
October 7, 2022

**HMO Council**  
1:30 p.m. to 3:00 p.m.  
September 9, 2022

**Life Sciences and Innovation Council**  
10:30 a.m. to 12:00 p.m.  
October 14, 2022

**Information Technology (IT) Groups:**  
Billing Supervisors Practice Group  
TBD

Compliance and Performance Improvement Committee:  
TBD

Human Resources  
10:00 a.m. - 11:30 a.m.  
TBD

IT Professional Advisory Committee  
TBD



# Rate Card

FY2023

<b>Bundled Services</b>
Block of 500 Hours: \$40,160.00 (\$80.32/hour)
Block of 100 Hours: \$8,720.00 (\$87.20/hour)
Block of 75 Hours: \$7,020.00 (\$93.61/hour)
Block of 50 Hours: \$5,106.00 (\$102.11/hour)

## Individual Services

On-site Network Support (LAN/WAN): (Troubleshooting and/or new installations, configurations, backup software support)	\$165/hour
Asset Inventory Management - Call us for details.	\$20/unit (one PC setup-1 Unit)
Develop Strategic Technology Plan - Call us for details.	\$2,500 Flat Fee
Special Projects (database development/report writing)	Call us for pricing.
HIPPA Compliance E-Book	\$450
HIPPA Compliance Information Security Risk Audit	\$3,250
HIPPA Compliance Mobile Application	\$990
Penetration Testing	Call us for pricing.
Electronic Record Selection/Implementation Assistance	\$150/hr
Office 365 Implementation/Administration	Call us for pricing.
Cyber Security Audits	Call us for pricing.
Infrastructure as A Service (Azure IoAS)	Call us for pricing.
Security As a Service (SoAS)	Call us for pricing.
Free Trainings	See website.
Annual IT Conference	Low Cost



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 Mercerville, NJ 08619  
 609-838-5488  
 jnoto@njamhaa.org

# NJAMHAA's Mission

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

## Follow NJAMHAA on Social Media!

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



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## NJAMHAA News Journal

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



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