



# ANNUAL REPORT 2022

[WWW.NCAAR.ORG](http://WWW.NCAAR.ORG)

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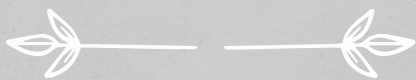
# FAREWELL MESSAGE FROM THE CEO

It has been my good fortune and privilege to work on behalf of the mission of NCAAR for 34 years. I have seen it grow from 1.5 staff to 150 employees. It has assisted over one hundred thousand welfare recipients obtain behavioral health services and has impacted numerous legislative and policy issues during the course of that time.

Upon my retirement, I was extremely fortunate to identify an individual from within our own staff to take the torch and carry on our vital mission, Summer Brancoccio. Summer started as a Care Coordinator in the SAI/BHI program in 2012, and demonstrated outstanding leadership skills from the very start of her tenure with NCAAR. She rose through multiple promotions and eventually led the statewide clinical staff as Clinical Director of SAI/BHI.

Now, she is taking on the crucial role of President/CEO. There is no question she will excel and is undoubtedly dedicated to the advocacy mission of the organization. I know NCAAR is in good hands and that Summer will successfully lead NCAAR to actualize its vision.

Sincerely,  
Wayne Wirta, President & CEO 1989-2022



## A WARM GREETING FROM SUMMER BRANCOCCIO

It has been an honor to share the work of NCAAR's mission with our incredibly talented staff and equally passionate partners. I step into my new role at NCAAR with humility and gratitude for the path already forged by so many before me. We will continue the necessary work of education and advocacy to reduce the stigma associated with addictive illness and to realize a full and accessible system of care that champions connection and community for everyone, wherever they are on their journey to recovery.

Many thanks to the tireless advocacy work of so many of you who share this vision. It is only through collaboration and shared effort we can usher this in at every level, from legislative policy to individuals and families. To Wayne and our esteemed Board of Directors, thank you for this opportunity and trusting me to lead the work of NCAAR into this new chapter.

With gratitude,  
Summer B. Brancoccio, President & CEO

# BOARD OF DIRECTORS

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Naomi Hubbard, Secretary  
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**Ciara Guile**  
*Director, Work  
First NJ Family  
Violence Option*



**Andora Hightower**  
*Communications  
& Development  
Manager*

## LEADERSHIP





NCAAR supports a comprehensive, evidence-based public health response to addiction, that serves and supports those affected throughout their journey to recovery.

Our response must be integrated, multidisciplinary, and collaborative across multiple sectors to best serve the need with empathy and compassion. Such an approach will greatly improve outcomes for the individual, family members, allies, and communities.

## POLICY HIGHLIGHTS

Testimonies Given- 5

Blogs Published- 6

Position Papers Published- 3

Legislative Reports - 5

Calls to Action- 3

Recovery Laws Enacted- 14

Supporting policies that embrace the above facts is the purpose of the Policy Analyst. That includes monitoring pending legislation that impacts people with substance use disorder (SUD) in areas such as **treatment access, treatment funding, decriminalization, harm reduction, and reducing stigma**. It also includes identifying areas where policies are needed to address barriers to recovery by either creating or updating existing legislation.

Encompassed in the purpose is also providing policy makers, leaders, and the general public with education and awareness related to all facets of SUD through position papers, media engagement, and direct outreach in unison with the NCAAR Advocacy Program.

Once such policies are created or identified, the Policy Analyst will promote them using position papers, calls-to-action, and testimony to support such legislation until it becomes law.





## LEGISLATIVE VICTORIES

This year has brought great change in the Public Policy Department. Policy Analyst Ed Martone retired after dedicating a decade of service to help move vital legislation. The Parity Enforcement Bill that NCAAR championed was accomplished in great part by Ed's expertise.

Ed authored prolific Blogs, with the final blog calling attention to the 14 recovery related bills that were enacted in 2021. The full list can be found at:  
<https://ncaar-bh.blogspot.com/>.

Here are a few examples of the legislation:

**S.3491** Permits any person to acquire, furnish or administer to another individual opioid antidotes, and allows a pharmacist to dispense an opioid antidote without a prescription.

**S.3491** Authorizes paramedics to administer buprenorphine.

**S.3493** Decriminalizes the possession of syringes.



**Nikki Tierney, JD, LAC**  
**Policy Analyst**  
**[policy@ncaarbh.org](mailto:policy@ncaarbh.org)**



**[www.ncaarinfo.org/Legislative Reports](http://www.ncaarinfo.org/LegislativeReports)**



In April of 2022, Nikki Tierney joined the NCAAR Public Policy team bringing with her extensive professional experience in law and clinical training. Nikki has hit the ground running publishing two Legislative Reports, authoring three position papers, and providing written and in-person testimony at the State House.



## RECOVERY RESILIENCY

As the premier Advocacy Organization regarding addiction and recovery, NCAAR prides itself on listening to the needs of the community and working to assist in the most pressing problems facing those with addiction and mental health concerns. As the nation continues to grapple with the aftermath of COVID-19, NCAAR continues to support, educate, and organize grassroots advocates and partner organizations to improve the possibility of recovery for all.

During the last fiscal year, there were over **100 advocate meetings** held either virtually or in-person.

For more information or to get involved, email: [advocacy@ncaarbh.org](mailto:advocacy@ncaarbh.org)

## TRAINING TOPICS

Advocacy 101

Understanding Harm Reduction

Addressing Stigma

Language in Behavioral Health

Multiple Pathways to Recovery

Recovery Oriented System of Care

**28**

TRAININGS  
HELD





## ADVOCACY CAMPAIGNS

The Advocacy Coordinator, Tonia Ahern, developed the *Our Stories Have Power Postcard Campaign* over the Summer. Advocates are trained to develop and tell their story, delivering a powerful message to state lawmakers about their personal experiences. The postcards will feature parts of the advocate stories and their picture to raise awareness to current issues, policies, and legislation.

The *Road to Recovery Campaign* was also updated over the Summer. This campaign is determined by advocates and allows them to focus on issues that are important to them. The Road to Recovery flyer addresses the following areas:

***Treating Addiction as a Health Condition***

***Harm Reduction Strategies and Philosophy***

***Recovery Support***

## RECOVERY CENTERS ACROSS NJ

Over the past decade, recovery centers have been expanding throughout the state. In 2012 there were only two centers. Now, there are **over 20 recovery centers, one in every county across NJ**. Many of these centers have active NCAAR Advocacy Leaders. The information for all Community Recovery Support Centers can be found online.

[https://ncaarinfo.org/  
Resources/Resources  
Recovery.html](https://ncaarinfo.org/Resources/ResourcesRecovery.html)





# COMMUNICATIONS & DEVELOPMENT

## AGENCY PUBLICATIONS

NCAAR has long held a vision that includes a comprehensive Recovery-Oriented System of Care (ROSC). Inspired by this, a two-part brochure series was developed and published. The first one defines a ROSC and the second one describes steps to implementation.

In an effort to highlight the negative impacts of criminalizing Substance Use Disorder, a Decriminalization Primer was researched, designed, and published. All NCAAR publications are available online and in print.

## SOCIAL MEDIA CAMPAIGNS

During the month of April, NCAAR recognizes Alcohol Awareness Month. This year a virtual walk was held to raise awareness on social media.

The event generated **over 5000 impressions** and expanded the organization's social media reach.

**+15K**

WEBSITE  
VIEWS

**+6K**

TWITTER  
IMPRESSIONS

**+125**

FACEBOOK  
POSTS



WALK / RUN/ BIKE  
WELCOME VIDEO



# PUBLICATIONS

[WWW.NCAARINFO.ORG/DECRIM/DECRIM-PRIMER-2021 WEB.PDF](http://WWW.NCAARINFO.ORG/DECRIM/DECRIM-PRIMER-2021_WEB.PDF)



*Promoting Recovery Through Advocacy & Education*



*Promoting Recovery Through Advocacy & Education*

NORTHERN REGIONAL STAFF

# CARE COORDINATION

## WORK FIRST NJ SUBSTANCE ABUSE INITIATIVE & BEHAVIORAL HEALTH INITIATIVE

The WFNJ SAI/BHI model offers a single-point of care coordination model incorporating assessment measures that consider the clinical and case management needs of each client. Since 1998, SAI/BHI has served over 151,000 individuals receiving public assistance. SAI/BHI staff serve as advocates for the client across multiple systems: social services, child protection, the legal system, treatment, etc. This model recognizes the strengths of the client to achieve optimal outcomes, emphasizing recovery, wellness, and self-sufficiency as the guiding principles.

QUALITY SINCE  
1998

OVER  
151,000 PEOPLE  
SERVED

Through the steadfast efforts of the WFNJ SAI/BHI in every NJ county, we have developed an accountable behavioral health system to help reach the State's goals for quality care, accessibility, eliminating gaps in service, and moving clients cost-effectively along the continuum of care.



## ABUSE DISCLOSED AT ASSESSMENT - FY22

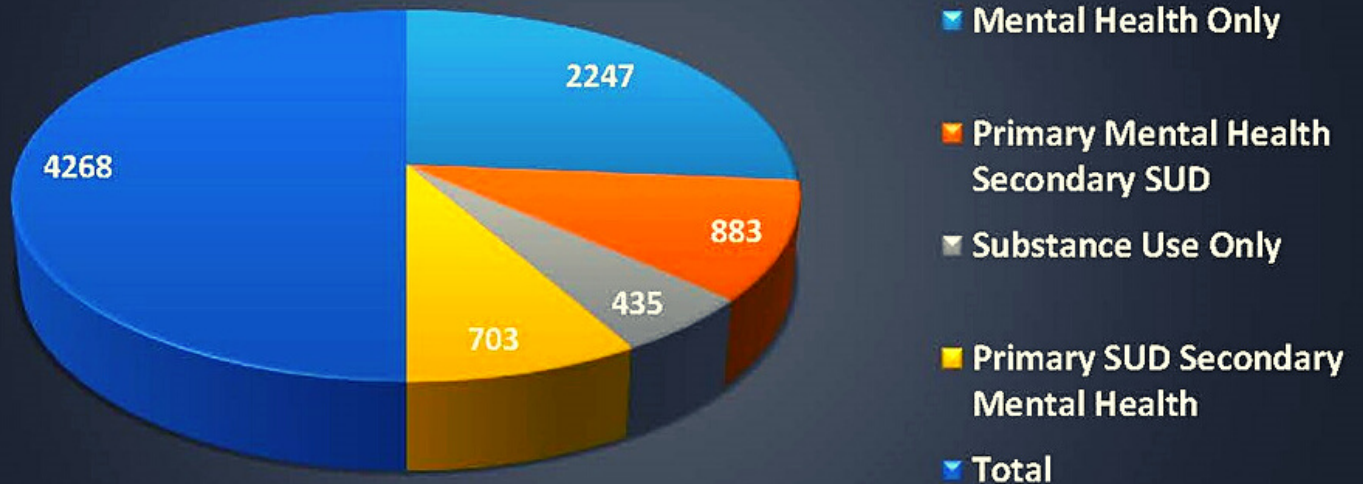


## CARE COORDINATION CONTINUED

Trauma, abuse, and family violence are prevalent within the population we serve. Many WFNJ SAI/BHI clients have a history of trauma or current experiences of harmful relationships. At the time of assessment, **58%** disclosed current or historical emotional abuse, **48%** had experiences of physical abuse, **37%** disclosed sexual abuse, and **26%** all three. The Care Coordinators use a trauma-informed approach to address these sensitive areas and refer for services to promote healing.

In fiscal year 2022, 7% of clients were placed in residential treatment, which includes 2% residential withdrawal management, 2% short-term residential, 2% halfway house, and 1% long-term residential. The remaining 93% of clients were comprised of 64% outpatient, 16% intensive outpatient, 5% partial care, and 8% methadone maintenance.

## DIAGNOSTIC CATEGORY AT ASSESSMENT 2021-2022



## CARE COORDINATION CONTINUED

The COVID-19 global pandemic greatly affected referrals to the WFNJ-SAI/BHI as the County Welfare Agencies closed to the public in March 2020. As NJ recovers, some county agencies have re-opened their doors and SAI/BHI is available for in-person meetings. To better serve those counties with greater restrictions and ensure the safety of our staff and clients, interactions may also be conducted virtually.

In fiscal year 2022, in addition to substance use and/or mental health disorders, 67% of clients self-disclosed they had been diagnosed with chronic comorbid medical conditions at the time of assessment. If a client discloses an untreated medical condition, the SAI/BHI Care Coordinators ensure the clients obtain necessary medical follow up or will refer to medical care for those in need.

**10%**

SUBSTANCE USE  
DISORDER ONLY

**37%**

CO-OCCURRING DISORDER

**53%**

MENTAL HEALTH ONLY







FVO STAFF

## FAMILY VIOLENCE OPTION (FVO)

The NCAAR Family Violence Option (FVO) Initiative was implemented on January 1, 2018. In fiscal year 2021-2022, the FVO received **644 active referrals**.

The FVO assists applicants or recipients of Temporary Assistance for Needy Families (TANF) and General Assistance (GA) who are victims of family violence with achieving independence and economic self-sufficiency.

The FVO program promotes the goals of Work First New Jersey by ensuring family violence survivors are given the opportunity to safely comply with employment-directed opportunities, work participation, child support, and time limit requirements.

The statewide county and municipal welfare agencies screen TANF and GA applicants or recipients for potential family violence at the time of application for benefit eligibility, benefit redetermination, and the work activity process. TANF and GA individuals who self-disclose family violence are referred for the FVO Risk Assessment, safety planning, and a service plan.



A grayscale photograph of two hands shaking, symbolizing agreement or support. The hands are positioned centrally, with one hand slightly above the other. The background is a soft, out-of-focus light gray. Blue geometric shapes, resembling triangles, are in the top-left and bottom-right corners.

# JUVENILE JUSTICE COMMISSION (JJC)

In 2003, NCAAR was awarded a grant through the Juvenile Justice Commission (JJC). Licensed clinicians provide comprehensive biopsychosocial assessments for adolescents under the supervision of the Department of Law and Public Safety-New Jersey Juvenile Justice Commission (JJC). A clear and comprehensive assessment summary with specific recommendations for substance use treatment and services assists with linkages to care so youth offenders may achieve wellness and successful reentry back to their communities.

During the 2021-2022 fiscal year, NCAAR staff **received 52 referrals and performed 52 assessments.**

A circular badge with a gold border and a dark gray center. The text '100%' is large and white, with 'SHOW RATE' in smaller white capital letters below it.

**100%**

**SHOW  
RATE**



# ACTIVITIES STATEMENT

## Statements of Activities For the years ended June 30, 2022 and 2021

	2022	2021
<b>Support and Revenue:</b>		
Federal and state grants-direct funding	\$ 10,207,013	\$ 10,294,239
Other grants	49,225	23,492
Miscellaneous fees	1,402	11,493
Fundraising revenue	1,935	-
Interest income	633	269
Contributions	-	26,753
<b>Total support and revenue</b>	<b>10,260,208</b>	<b>10,356,246</b>
<b>Expenses:</b>		
Program services		
Public affairs	270,388	273,899
Advocacy	44,483	21,282
SAI/BHI	8,086,420	8,221,164
FVO	854,954	851,126
JJC	10,118	8,413
<b>Total program services</b>	<b>9,266,363</b>	<b>9,375,884</b>
Management and general	1,007,127	961,008
Fundraising	198	-
<b>Total expenses</b>	<b>10,273,688</b>	<b>10,336,892</b>
<b>Changes in net assets without donor restrictions</b>	<b>(13,480)</b>	<b>19,354</b>
Net assets without donor restrictions, July 1	152,038	132,684
Net assets without donor restrictions, June 30	\$ 138,558	\$ 152,038



## ***VISION***

Lead efforts to ensure the establishment of an integrated recovery-oriented system of care that provides needed evidence-based behavioral health prevention and recovery services.

## ***MISSION***

Be a center of excellence addressing recovery and wellness for behavioral health issues, and to serve as the premier advocacy organization with and on behalf of individuals, families, and communities within this continuum.

**WWW.NCAAR.ORG**

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**Major Funding Sources:** N.J. Dept. of Human Services-Div. of Family Development N.J. Dept. of Human Services-Div. of Mental Health and Addiction Services N.J. Dept. of Law and Public Safety-Juvenile Justice Commission, Open Society Foundations

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