ABOUT THE MENTAL HEALTH ASSOCIATION IN NEW JERSEY (MHANJ)

MHANJ is a statewide private non-profit organization dedicated to improving the lives of adults and children living with mental and substance use conditions. The MHANJ’s Government Affairs Department works in the public and private sectors to improve treatment access and safeguard the rights of all individuals in New Jersey living with mental health and substance use disorders.

Proudly, this year the MHANJ is celebrating 75 years of leadership, innovation and social justice; serving individuals with behavioral health conditions and their families.

AREAS OF FOCUS

The Mental Health Association in New Jersey (MHANJ) will focus its efforts in 2018-2019 on providing statewide leadership in addressing critical policy issues surrounding the changing Medicaid system; the future of the behavioral health system of care in New Jersey; the integration of mental health, substance use disorder and physical health care; strengthening the peer movement and focusing on the importance of social determinants of health in achieving wellness. As the behavioral health system of care in New Jersey changes, there needs to be a monitoring process to assure people in both the public and private sectors are receiving timely access to quality treatment.

The MHANJ will develop recommendations to improve the ability of the behavioral health system to meet the needs of New Jersey residents and provide a public framework for our policy development and advocacy work.

2019 PRIORITY PUBLIC POLICY GOALS

★ Medicaid:
  o Payment reform that allows for sustainability of public behavioral health services
  o Gero-Psychiatric population access to behavioral healthcare
    ▪ Managed Long Term Support Services (MLTSS) must include behavioral health screening and access to quality behavioral healthcare for all utilizers
    ▪ Provide support and education to Nursing Home staff working with individuals living with behavioral health conditions
  o Address rates to provide quality behavioral health community treatment and supports

★ Address Barriers to Accessing Behavioral Health Care Services:
  o Mental health services in the public system of care, including crisis intervention, in-patient, outpatient, etc.
  o Treatment for substance use disorders including withdrawal management, in-patient and outpatient rehabilitation services and Medication Assisted Treatment (MAT)
Physical and Behavioral Health Care Integration:
- Support FQHC’s as models to integrate physical and behavioral health care
- Support physical and behavioral health care across treatment settings
  - Integrate behavioral health treatment into physical health settings
  - Integrate physical health treatment into both mental health and substance use settings
  - Include care for co-occurring mental health and substance use disorders across settings

Peer Recovery Support:
- Further integrate peer support into behavioral health care settings on all levels
- Strengthen the peer movement through grassroots advocacy and education
- Expand peer training to include co-occurring mental health and substance use disorders
- Improve clinical peer supervision

Social Determinants of Health:
- Seek opportunities for Medicaid to include social determinants in the waiver (e.g., increased housing supports, legal assistance, transportation, engagement)

Continued Work with Ongoing Issues: MHANJ will work on the areas outlined below and will be prioritized to areas in which advocacy will be most effective. MHANJ will continue to monitor these areas and be prepared to react to legislative or administrative actions as needed.

Ensure Adequate Range of Services for:
- Mental Health Care
  - Crisis care management
  - Emergency Department wait times
  - Screening Services
  - In-patient, outpatient and community services
- Substance Use Care
  - Withdrawal management
  - Residential
  - Medication Assisted Treatment (MAT)
  - Housing
- Co-occurring Mental Health and Substance Use Disorders

Support for Families of Adult Children with Behavioral Health Conditions:
- Systems change is needed to include families’ input
- Support, education and engagement for parents and caregivers
- Assistance in facilitating the growth and health of their family member

Psychiatric Hospitalizations:
- Children’s’ commitment bill/review and respond
- Mental Health and Drug courts
- Substance Use commitment
MHANJ’S RECENT WORK AND ACCOMPLISHMENTS

✓ The MHANJ’s Call Center, consisting of NJMentalHealthCares, the Peer Recovery Warm-Line, NJ Connect for Recovery, and the NJ Self-Help Clearing House, answers over 35,000 calls annually, integrating professional and peer services to offer counseling, information and referrals and emotional support to callers
✓ Our Consumer Connections Program offers training to aspiring mental health peer support providers. With 75 graduates per year, this program fulfills one of the important requirements that lead to credentialing as a Certified Recovery Support Specialist
✓ In 2017, Mental Health First Aid for New Jersey, an initiative led by the MHANJ and a coalition of 16 stakeholder organizations, earned the Excellence in Mental Health First Aid Community Impact Award from the National Council for Behavioral Health
✓ Since 2014, MHANJ has trained over 8,000 people in Mental Health First Aid
✓ MHANJ’s Mental Health Players help break the stigma of behavioral health issues through interactive theatre, reaching more than 4,000 people in 2017

Together, with our county affiliates and national organization — Mental Health America — and in partnership with other disability groups, we strive to influence policy and funding decisions that will advance behavioral health treatment at the local, state and federal levels. We do this as a non-profit 501(c)3 corporation.

MHANJ Government Affairs Department:
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