



NCAAR

*National Center for Advocacy and Recovery
for behavioral health*

ANNUAL REPORT



2025



A MESSAGE FROM OUR PRESIDENT/CEO, SUMMER B. BRANCOCCIO

Some people say history moves in a spiral, not the line we have come to expect. We travel through time in a circular trajectory, our distance increasing from the epicenter only to return again, one circle removed.

-Ocean Vuong, On Earth We're Briefly Gorgeous

Storytelling is one of our most defining human abilities. Through stories, we interpret our shared history, build understanding, and create foundations for education, culture, and community. Yet, throughout history, narratives have been manipulated to control perception, fuel stigma, inflict harm, or reap rewards. Advocacy is the intentional contrast to those distortions. At its heart, advocacy is storytelling with purpose—sharing the truth about our story or the story of someone else whose voice has been silenced. Listening deeply to those stories fosters connection and conversation, and the best conversations are not those that reaffirm what we already know, but those where we realize we can know even more. It requires an openness rooted not in ignorance, but intellectual and moral humility, and it is where progress begins.

This year, NCAAR continued to elevate the real stories of people impacted by substance use disorder and the marginalization that often comes along with it. Through speaking engagements, community events, Advocate Spotlights, The Bill Club, and NCAAR's monthly advocate meetings, we created spaces for authentic voices to inform and inspire change. The NCAAR Newsletter further deepened this dialogue, offering policy analysis and insights into how legislative and funding decisions could either help or harm New Jersey's efforts to build a recovery-oriented system of care. Meanwhile, the SAI/BHI and the FVO continued their statewide initiatives to prioritize access to lifesaving services and support for individuals on their journey to wellness.

In FY25, together with collaborative partners, we continued the brave work of advocacy with a focus not just on New Jersey, but on the nation. During an unprecedented shift in our political and funding system, our collective mission has never been more urgent. Successes in advocacy are best measured not by isolated victories, but by the trajectory of our collective progress. The past year was a reminder that progress, like a pendulum, rarely moves in a straight line—it arcs and shifts, but always returns with momentum. Even as the behavioral health field faces emerging challenges, NCAAR remains steadfast in its role: advancing evidence-based policies, improving access to care and support, nurturing collaboration, and ensuring that the authentic stories continue to guide the path forward.

Summer B. Brancoccio, LPC, LCADC, ACS, CCS
President/CEO

OUR PURPOSE

The National Center for Advocacy and Recovery, Inc. promotes recovery and wellness through advocacy, education, and progressive policy initiatives that identify addiction as a public health concern, reduce stigma and its related harms, and fosters macro and micro-level systems change.

BOARD OF DIRECTORS

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PUBLIC AFFAIRS

Summer Brancoccio, CEO/Director of Public Policy

Tonia Ahern, Community Coordinator

Nikki Tierney, Policy Analyst

Heather Ogden, Field Trainer

Ryane Gouveia, Executive Support and Communications Coordinator

PUBLIC POLICY and
ADVOCACY

Legislative Movement

Testimonies Given: 4
Legislative Newsletters: 3
Recovery Laws Enacted: 6

LEGISLATIVE MOVEMENT

Fiscal Year 2025 saw significant movement advancing recovery and behavioral health advocacy in New Jersey as several key bills were signed into law by Governor Phil Murphy:

A4661/S3235, which establishes standards for the production and sale of certain intoxicating hemp products, ensuring consumer safety and compliance.

Signed: September 12, 2024

A3881/S2513, which requires the State Police to establish an online portal allowing individuals to obtain the status of their expungement orders.

Signed: March 31, 2025

A4970/S3611, which provides grants to study and map mental health care resources for children to strengthen early intervention strategies.

Signed: December 12, 2024

A4535/S2952, which establishes state oversight for cooperative sober living residences and boarding houses, appropriating \$100,000 to support the implementation and safety standards.

Signed: June 3, 2025

A2813/S2688, which authorizes New Jersey to join the interstate Social Work Licensure Compact, expanding access to qualified professionals.

Signed: May 8, 2025

A3517/S2331, the "Equitable Outcomes in Child Support Collection Act," creates procedures for collecting child support for children in custody of DCPP and mandates New Jersey FamilyCare reimbursement for covered services provided by clinical social workers, professional counselors, and marriage and family therapists under certain circumstances.

Signed: January 30, 2025

PUBLIC POLICY and ADVOCACY

Legislative Victories

Legislative Testimony

L E G I S L A T I V E T E S T I M O N Y

NCAAR provided written and in-person testimony at the New Jersey State House on various pieces of legislation impacting substance use, mental health, and recovery in New Jersey. Additionally, the Public Affairs team provided education, support, and mobilizing efforts to its grassroots advocate network so the stories and experiences of those with lived experience remain at the forefront of policy development and implementation.



NCAAR's Policy Analyst, Nikki Tierney, at the New Jersey Statehouse, Trenton, NJ

NCAAR also collaborated with advocates and partner organizations to raise awareness regarding the last-minute allocation of \$45 million in opioid settlement funds to four hospital systems in the state budget. NCAAR educated lawmakers about the purpose of the opioid settlement funds, the role of the state's Opioid Recovery and Remediation Fund Advisory Council, and the importance of the equitable distribution of opioid settlement funding to community-based services. NCAAR will continue to advocate for legislation that ensures this landmark settlement funding will be properly allocated in the future.

PUBLIC POLICY and ADVOCACY

Notable Legislative Testimony

Other notable legislative testimony included:

[A3517/S2331](#), the “Equitable Outcomes in Child Support Collection Act” which establishes procedures for collecting child support on behalf of children in the custody of DCPP and expands New Jersey FamilyCare reimbursement for services provided by licensed behavioral health professions. This legislation went on to be signed by Governor Murphy on January 30, 2025.

[A3974/S3955](#), which protects individuals seeking care by banning misleading advertising practices in substance use disorder treatment. This legislation went on to be signed by Acting Governor Tahesha Way on August 11, 2025 (FY26).

[A3973/S3952](#), which revises laws governing referrals to treatment facilities, recovery residences, and clinical laboratories to ensure ethical practices and patient safety. This legislation went on to be signed by Acting Governor Way on August 11, 2025 (FY26).

[A3909/S2818](#), the “Fentanyl and Xylazine Poisoning Awareness Act,” also known as “Max’s Law,” which would require school districts to educate students on the dangers of fentanyl and xylazine.



Left to right: Patrice Lenowitz, Senator Schepisi, Primary Sponsor of S2818, and Nikki Tierney

PUBLIC POLICY and ADVOCACY

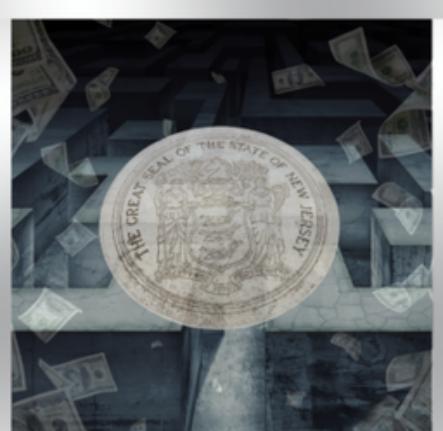
LEGISLATIVE NEWSLETTERS

NCAAR Policy Analyst, Nikki Tierney, authored three legislative newsletters to educate the public and inform policymakers about critical issues surrounding substance use disorder and mental health, including:



Nikki Tierney, JD, LPC, LCADC, CPRS
NCAAR Policy Analyst

- **"Transformative Change Through Small Wins,"** which examines New Jersey's evidence-based public health strategies in addressing the drug epidemic.
- **"Reexamining New Jersey's Opioid Settlement Fund Allocation: Progress and Challenges,"** which revisited how opioid settlement funds have been distributed across New Jersey, assessing successes and identifying areas for improvement.
- **"A Flight to Nowhere?"** which analyzes Senate Bill **S4154** which establishes penalties for selling or purchasing marijuana from unlicensed businesses, and examines its implications for public safety and regulatory enforcement.



PUBLIC POLICY and ADVOCACY

SPEAKING ENGAGEMENTS

In Fiscal Year 2025, the NCAAR Public Affairs team continued to advance conversations on substance use disorder, recovery, and mental health through speaking engagements, media appearances, and collaborative forums:

NIKKI TIERNEY, POLICY ANALYST

- Delivered remarks as an advocate speaker at the Long Branch Overdose Awareness Day event which featured comments by Assemblywoman Luanne Peterpaul, Esq.
- Served as a closing keynote speaker at the virtual DMHAS Opioid Summit.
- Presented "My Advocacy Journey" a look into opioid overdose deaths and personal advocacy experiences, at the *No More Dead Ends on the Road to Recovery* Opioid and Overdose Prevention Conference sponsored by the Passaic County Opioid Overdose Task Force.
- Presented "Enhancing and Uplifting the Client's Voice and Dignity" for the Public Defender's Office of Parental Representation.



Nikki Tierney and Assemblywoman Peterpaul at the Overdose Awareness Day event in Long Branch, NJ

- Appeared on WBAI Pacifica Radio NYC in collaboration with New Jersey Harm Reduction Coalition, Newark Community Street Team, and Black Lives Matter Paterson to raise awareness about the allocation of \$45 million in opioid settlement funds to four hospital systems in the state budget.
- Served as a featured speaker at the National Community Organizing Forum hosted by Indivisible.

PUBLIC POLICY and ADVOCACY

SPEAKING ENGAGEMENTS

NIKKI TIERNEY, POLICY ANALYST (CONTINUED)

- Served as a panelist for the Monmouth Regional Chamber of Commerce Program, "Healthy Weight Loss and Nutrition" which explored the intersection of weight management, the use of weight loss medications, and their implications for substance use disorders.
- Presented "Supporting Mothers, Supporting Our Children: Fetal Health, Mental Health, Substance Use" at the 2025 Annual Children in Court and Race Equity Conference hosted by the Office of Administrative Law, highlighting strategies to improve maternal and child health outcomes through integrated care and advocacy.
- Participated in the "Start with Hope" national storytelling campaign, a public service initiative led by the Ad Council, in partnership with the CDC, National Council for Mental Wellbeing, and Shatterproof, designed to inspire individuals to share their recovery journeys through personal stories of hope and healing.

- Presented "Innovations in Substance Use Treatment at CCBHC's" at NatCon, a behavioral healthcare and substance use education event hosted by The National Council for Mental Wellbeing. The session highlighted the critical role of Peer Recovery Specialists and emphasized the need for broader adoption of evidence-based treatment models to improve outcomes.

- Served as a panelist for "The Wellness Sessions: Five Minutes to Thrive" at the New Jersey State Bar Association Meeting and Convention, sharing practical strategies to promote mental health, support recovery, and build resilience.



Nikki Tierney,
Photo Courtesy of Start with Hope

PUBLIC POLICY and ADVOCACY

SPEAKING ENGAGEMENTS

TONIA AHERN, COMMUNITY COORDINATOR

- Spoke at the Cape May County Chamber of Commerce luncheon as part of a community leadership program. The luncheon provided an opportunity for participants to hear stories from individuals in the community who have been impacted by substance use or who provide support. This annual event aims to address stigma in the county.
- Featured speaker at the Not One More monthly meeting to educate members about families impacted by substance use and advocacy.
- Alongside NCAAR President/CEO, Summer Brancoccio, Tonia served as a panelist for NCADD National's first webinar on the importance of using positive, person-first language when speaking about substance use disorder and mental health.



Tonia Ahern
NCAAR Community Coordinator



NCAAR and Advocates at the
New Jersey Statehouse, Trenton, NJ

PUBLIC POLICY and ADVOCACY

Advocacy Meetings: 37
Public Awareness Events: 20
Trainings: 29

In Fiscal Year 25 NCAAR continued ***The Bill Club***, a place for advocates to meet and discuss policies and pending legislation in New Jersey. The Bill Club focuses on a specific Senate and/or Assembly bill and is designed to teach attendees to understand and analyze the language, and showcase how they can advocate for change within the legislative landscape.



THE BILL CLUB

Key topics of The Bill Club included:

- An overview of recent state and national legislative developments, led by NCAAR Board Vice Chair Bob Trojan, highlighting trends and advocacy priorities.
- Legislative Bill A3881/S513 which requires the State Police to establish an online portal for individuals to check the status of expungement orders; and S3846, which amends expungement statutes to reduce filing burdens and expand eligibility.
- Legislative Bills A3230/S2315 and A4535/S2952, which both address state regulations for sober living residences and recovery housing.
- Reviewed the purpose and progress of "Max's Law" which mandates education on the dangers of synthetic drugs such as fentanyl and xylazine.

PUBLIC POLICY and ADVOCACY

WEBINARS

In FY 25 NCAAR hosted two webinars designed to educate the public and stakeholders on relevant advocacy and public policy initiatives:

- *Let's Talk About...The Wounded Approach to Wound Care in New Jersey* which examined the barriers faced by those seeking medical care for substance use related wounds. In partnership with Dr. Alexis LaPietra (RWJBarnabas Institute for Prevention and Recovery), Mike Santillo (Prevention Links), and the New Jersey Coalition for Addiction Recovery Support (NJ-CARS), the discussion focused on challenges in delivering integrated care and highlighted state initiatives to revise regulations and licensing to improve access and outcomes.
- *Introducing the New Jersey Opioid Settlement funding Road Map*. Hosted in collaboration with the Opioid Settlement Advocacy Group, this webinar provided a comprehensive overview of the state's opioid settlement fund allocation process, offering guidance on advocacy strategies to ensure equitable distribution of resources.



Alexis LaPietra



Mike Santillo

PUBLIC POLICY and ADVOCACY

COLLABORATION

In Fiscal Year 2025, the NCAAR Public Affairs team strengthened partnerships and advanced conversation on substance use disorder, recovery, and mental health through strategic engagement:

Grassroots and Student Engagement

- Collaborated with the Not One More organization to address body brokering.
- Worked with Vinayak Menton, founder of Princeton Overdose Prevention, to develop a statewide coalition of student advocacy groups.

Recovery Housing and Standards

- Engaged with the Garden State Affiliate of Recovery Residences (GSARR) advisory council to discuss licensing legislation and inclusion of National Alliance of Recovery Residences (NARR) standards in New Jersey.

Community and State-Level Collaboration

- Attended the Atlantic County Overdose Fatality Team quarterly meeting, providing updates on legislation and opioid settlement funding.
- Partnered with the Drug Policy Alliance, Win Without War, and parents impacted by loss to organize a national response to harmful federal policies that increase barriers for people who use or have used drugs.

Mental Health Parity Advocacy

- Resumed leadership with the Mental Health Association in New Jersey (MHA-NJ) and met with Justin Zimmerman, Commissioner of the Department of Banking and Insurance to reconvene the parity coalition which is examining the implementation and oversight of the Mental Health Parity Law signed by Governor Murphy in 2019.
- NCAAR and MHA-NJ met with the New Jersey Association for Health Plans to address the need for network accuracy and access.

PUBLIC POLICY and ADVOCACY

COLLABORATION & EVENTS

Youth and Awareness Initiatives

- Partnered with the Opioid Response Team, Jan Brown of SpiritWorks, and SOAR Church to plan the Youth Summit, *"Addiction is Real: and So Am I."*
- Coordinated with Song for Charlie and student advocate Vinayak Menon to host a webinar for Fentanyl Awareness Day.

Academic and Professional Training

- Met with Dr. Schenike Massey-Lambert, Assistant Director of the Children's Center for Resilience and Trauma Recovery (CCRT) and Assistant Professor at Rowan University, to develop a training program for second-year medical students on substance use disorder and treatment.

In Fiscal Year 2025, the NCAAR Public Affairs team participated in several events to educate the public, and support colleagues in the substance use and mental health landscape:

- Represented NCAAR in advocacy workshops at the NCARR-MD Tuerk Conference.



Left to right: Tonia Ahern, Dr. Chekesha Ellis, Founder of the Chase No More Recovery Group at the Tuerk Conference

PUBLIC POLICY and ADVOCACY

EVENTS

- Attended a Book Event and Panel on Harm Reduction in Action hosted by Rutgers University Press in New Brunswick in conversation with Patricia A Roos, author of *Surviving Alex: A Mother's Story of Love, Loss, and Addiction*.

- Attended and sponsored an ice cream truck at the Camden County International Overdose Awareness Event at Joseph's House of Camden.
- Attended the NJ-CARS *Solutions Not Silos, Advancing Collaboration in New Jersey's Recovery Landscape* workshop.



Ryanne Gouveia, Patricia Roos, and Summer Brancoccio at Book Event & Panel on Harm Reduction



Tonia Ahern and Summer Brancoccio at the NJ-CARS *Solutions Not Silos, Advancing Collaboration in New Jersey's Recovery Landscape*.

PUBLIC POLICY and ADVOCACY

EVENTS



Ryane Gouveia, NJ-CARS Recovery Ecosystems Conference

- Tabled the annual NJ-CARS Recovery Ecosystems Conference.
- Tabled the Creative Change Counseling First Annual Peer Recovery Community Picnic and Wellness Event.
- Tabled the Mercer County International Overdose Awareness Day Event at Veteran's Park in Hamilton through the Mercer Council on Alcoholism and Drug Addiction.
- Attended Community in Connection's 2nd Annual Harm Reduction for Substance Use Conference.



Summer Brancoccio, Assemblywoman Reynolds-Jackson and
Ryane Gouveia, Overdose Awareness Day Event



Michelle White, Ryane Gouveia, Peer Recovery Picnic

PUBLIC POLICY AND ADVOCACY

Social Media Posts: 334

Advocacy Emails: 43

Advocate Spotlights: 5

ADVOCATE SPOTLIGHT

During fiscal year 25, NCAAR featured several advocates including:

- Cindymarie Dix, the Director of Recovery Support for Prevention Links, and Co-chair of NJ-CARS for the Advocate Spotlight.
- Tim Rich, a longtime recovery advocate was featured on the NCAAR Memorial Wall.
- Joel Pomales, RCPF, CPRS, NCPRSS, the Chief Executive Officer of Mainstream Recovery.
- Sarah Popa, a Peer Specialist and Supervisor at Community in Connection.
- Seamus, Certified Therapy Dog, and his work with Community in Crisis' monthly Canines for Recovery meetings.



Photos

Top left to right: Cindymarie Dix; Tim Rich
Middle left to right: Joel Pomales; Sarah Popa
Bottom: Seamus

THE HEART OF RECOVERY

The [HeArt of Recovery](#) podcast, hosted by NCAAR's Community Coordinator, Tonia Ahern, welcomed Princeton University student, Vinayak Menon, who began his advocacy work in high school in Atlanta, GA. There, he educated his school and community about naloxone and worked to reduce stigma. At Princeton, Vinayak expanded his efforts, now leading a team of 80 students who educate faculty, students, and volunteer in the community. His goal is to form a coalition of colleges and universities across the state to combat stigma and promote education regarding effective approaches to substance use disorder on campus.

In FY25, NCAAR presented 29 trainings to diverse audiences across New Jersey and the East Coast, including:

- Advocacy 101
- Understanding Harm Reduction
- Advocacy 101 for BIPOC Communities
- SBIRT

In addition, NCAAR's Field Trainer, Heather Ogden presented *The Basics: An Overview of People Who Use Drugs*, to the CentraState Healthcare Security Staff; and alongside NCAAR Board of Director Member, Sandy Gibson, PhD, LCSW, LCADC, Heather presented *Integrating Harm Reduction Strategies into Peer Work* at the NAADAC Annual Conference and Hill Day in Washington D.C.



Left to right: Heather Ogden, Sandy Gibson at the NAADAC Annual Conference and Hill Day

WORK FIRST NEW JERSEY SUBSTANCE ABUSE INITIATIVE BEHAVIORAL HEALTH INITIATIVE

Stacey Wolff, Director of Care Coordination Services
Gina Wilkins, Clinical Director, SAI/BHI

CARE COORDINATION

Since its inception in 1998, the Work First New Jersey (WFNJ) Substance Abuse Initiative and Behavioral Health Initiative (SAI/BHI) has delivered comprehensive substance use and mental health assessment, treatment referral, and care coordination services. These services are provided to recipients of General Assistance (GA) and Temporary Assistance to Needy Families (TANF) across New Jersey.

As a contracted vendor for the Department of Human Services – Division of Family Development, the SAI/BHI is strategically designed for client-centered service delivery, treatment accessibility, and cost-effective movement along the continuum of care. The SAI/BHI plays a critical role in facilitating treatment entry and engagement, with the primary goals of promoting improved health outcomes, self-sufficiency, and work readiness.

- In Fiscal Year 2025, the SAI/BHI processed 7,646 referrals. The client population was characterized by the following distribution:
- 5,408 (71%) were recipients of GA.
- 2,238 (29%) were recipients of TANF.
- 707 (9%) of all clients were actively involved with child protection services through the Division of Child Protection and Permanency (DCP&P)

Scope of Treatment Placement

Using standardized assessment tools, the SAI/BHI's licensed or certified clinical staff ensure clients are placed at the most clinically appropriate level of care, with 95% in outpatient services and 5% in residential placement.



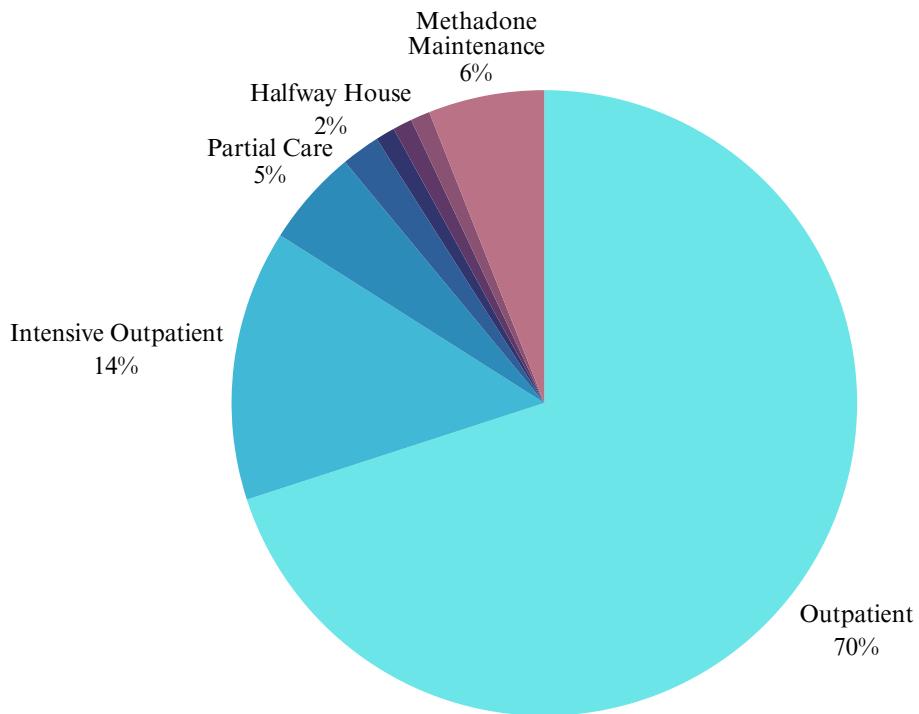
Referrals: 7,646

Assessments: 4,868

Assessed to Need Treatment: 3,285

Entered Treatment: 1,958

For the WFNJ population, outpatient treatment allows the individual to continue living at home while maintaining their daily responsibilities. This provides the opportunity to seek or maintain employment around their treatment hours and prevents a loss of income that would occur with a full-time residential stay. Outpatient programs, such as Partial Hospitalization Programs (PHP) or Intensive Outpatient Programs (IOP), are often used as a more cost-effective option for individuals who have completed a residential stay but still need structured care.



Outpatient/Residential Treatment	Percentage of Clients	Breakdown
Outpatient	95%	70% Outpatient (OP); 14% Intensive Outpatient (IOP); 5% Partial Hospitalization Programs (PHP); 6% Methadone Maintenance Program; 7% Other Medication Assisted Treatment.
Residential	5%	1% Residential Withdrawal Management; 1% Short-Term Residential; 2% Residential Substance Abuse Halfway House; 1% Long-Term Residential.

IMPEDING FACTORS AS BARRIERS

A combination of medical, legal, and trauma/abuse-related barriers creates significant obstacles for individuals trying to enter treatment.

- Chronic Medical Conditions: 66% of clients self-disclosed having been diagnosed with chronic medical conditions in addition to their substance use and/or mental health disorders.
- Legal involvement: 11% of clients reported being on probation or parole at the time of the assessment;
- Trauma exposure: A high prevalence of trauma was documented, with a substantial portion of clients disclosing lifetime exposure to emotional, physical, and/or sexual abuse; 66% reported in their lifetime emotional abuse, 55% physical abuse, 38% sexual abuse, and 29% all three forms of abuse.

Recognizing that repeated or chronic trauma can impact treatment engagement and outcomes, SAI/BHI staff is committed to a trauma-informed approach when addressing these sensitive areas. The clinical team provides coordinated and integrated services to promote healing, which enhances client engagement and fosters trusting relationships with providers for optimal results.

SAI/BHI staff actively addresses barriers to treatment engagement, including untreated medical conditions. By ensuring clients obtain necessary resources and care, the Initiative facilitates success within less intense levels of care, allowing individuals to remain in their communities for service.

**WORK FIRST NEW JERSEY
SUBSTANCE ABUSE INITIATIVE
BEHAVIORAL HEALTH INITIATIVE**

INTENSIVE CASE MANAGEMENT

The data suggests that while many people are referred to the SAI/BHI and are assessed to need treatment, a substantial portion never actually began the process. Staff at all levels consistently demonstrate an unwavering commitment to client engagement from numerous outreach attempts to schedule the assessment through outreach to conduct the assessment, to advocacy and outreach to enter treatment. Despite these significant efforts, system-wide challenges, such as lack of community support, lack of resources, such as transportation, safe housing, food, technology, etc., often create significant barriers to optimal service delivery and outcomes.

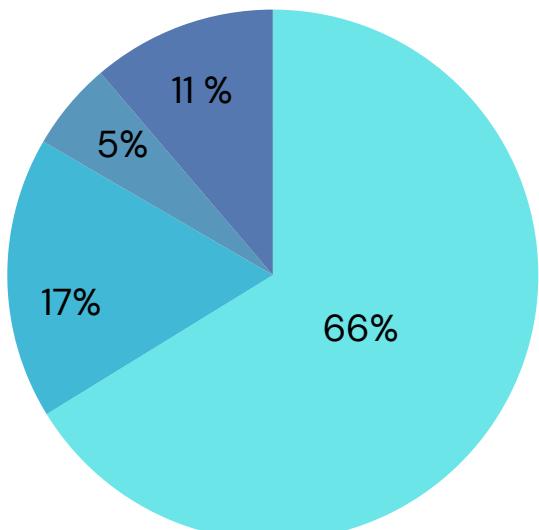
With the introduction of Intensive Case Management (ICM) in September 2024 to assist with seeking services and to eliminate some of these barriers, staff put forth a tremendous effort to engage clients for complementary service beyond the scope of substance use and/or mental health treatment. In this new service, 665 accepted the Intensive Case Management services and moving forward we expect this number to exponentially grow in FY 26.

Ultimately, the SAI/BHI's objective is to promote and improve the overall health and well-being of the WFNJ population. This is achieved by delivering client-centered services, providing robust support and advocacy, and striving to eliminate barriers for the attainment of successful life outcomes.

WORK FIRST NEW JERSEY SUBSTANCE ABUSE INITIATIVE BEHAVIORAL HEALTH INITIATIVE

In addition to substance use and/or mental health disorders disclosed at the time of assessment, 66% of clients self-disclosed they had been diagnosed with chronic medical conditions. If a client discloses an untreated medical condition or other barriers to treatment engagement, the SAI/BHI staff ensures the client obtains necessary resources or care. Providing comprehensive advocacy and access to resources allows individuals to thrive in a less intense level of care and remain in their communities for services.

- Mental Health Only
- Primary Mental Health Secondary Substance Use
- Substance Use Only
- Primary Substance Use Secondary Mental Health



TRAUMA-INFORMED APPROACH

Trauma, abuse, and family violence are prevalent within the population NCAAR serves. Many SAI/BHI clients have a history of trauma or traumatic life experiences. At the time of assessment, 66% disclosed current or historical emotional abuse; 55% had experiences of physical abuse; 38% disclosed sexual abuse; and 29% reported experiencing emotional, physical, and sexual abuse in their lifetime. While not all people exposed to trauma will develop symptoms that affect their daily functioning, individuals who have experienced repeated or chronic traumas are more likely to exhibit symptoms related to substance use and/or mental health and have trouble with engagement in treatment.



**WORK FIRST NEW JERSEY
SUBSTANCE ABUSE INITIATIVE
BEHAVIORAL HEALTH INITIATIVE**

TRAUMA-INFORMED APPROACH

Self-Disclosed at Assessment – History of Abuse (SAI/BHI, FY25)

(Based on 4,442 unduplicated assessments)

DIAGNOSTIC CATEGORY	EMOTIONAL	PHYSICAL	SEXUAL	ALL THREE
Mental Health Only	1,985	1,628	1,127	872
Primary Mental Health Secondary Substance Use	553	457	354	269
Substance Use Only	85	86	46	25
Primary Substance Use Secondary Mental Health	325	261	183	137
Total	2,948	2,427	1,709	1,303
Percentage	66%	55%	38%	29%

SAI/BHI Care Coordinators know trauma can have an impact on engagement and outcomes. The SAI/BHI clinical staff is committed to using a trauma-informed approach to address these sensitive areas and refer for coordinated and integrated services to promote healing. This helps individuals engage more in their care and develop trusting relationships with preferred service providers for optimal outcomes. Understanding and addressing each client's unique needs, while addressing their treatment needs, is essential for promoting and improving the overall health and well-being of the WFNJ population. The SAI/BHI strives to eliminate barriers, ensure safety, and enrich life experience by providing client-centered services with support and advocacy for achieving successful outcomes.



EIGHT YEARS OF COMPASSIONATE SUPPORT: WORK FIRST NEW JERSEY'S FAMILY VIOLENCE OPTION

FY 2025

Ciara Guile, Director	1,174 Referrals Received
Work First New Jersey	812 Risk Assessments
Family Violence Option	994 Recommended Waivers

The Work First New Jersey Family Violence Option (FVO) has marked its eighth anniversary (implemented on January 1, 2018) as a crucial component of the state's social service commitment to aiding survivors of domestic violence to seek independence.

NCAAR recognizes that for survivors of domestic violence, accessing vital social services often requires a sensitive and specialized approach. The FVO was established to provide caring, confidential risk assessments for individuals with a history of domestic violence. Our core mission is to prioritize safety, well-being, and respect while connecting survivors with the resources they need to move toward safety, stability, and independence.

In fiscal year 2025, the FVO program received 1,174 referrals, demonstrating the essential need for this specialized statewide service in New Jersey, with 812 (69%) risk assessments completed with this vulnerable population. These risk assessments are essential for ensuring survivor safety, identifying immediate needs, and tailoring recommendations to address the complex challenges that domestic violence presents.

FAMILY VIOLENCE OPTION

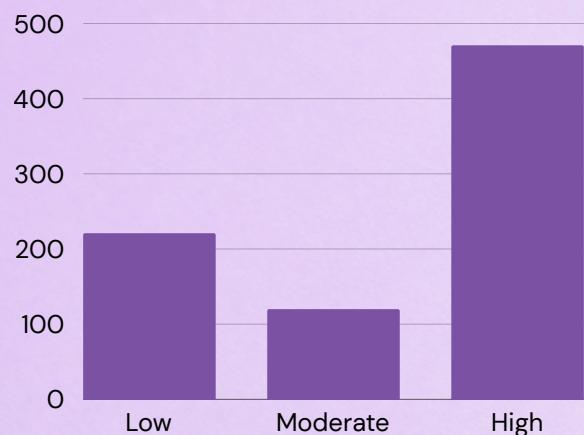
The FVO has six specialized FVO Risk Assessors who are a vital component of the state's commitment to protecting domestic violence survivors. Their work goes far beyond risk assessments; they serve as safety guardians and navigators for individuals and families in crisis. The importance of these six dedicated professionals rests on three key elements:

1. Prioritizing immediate and ongoing safety for the individual and their families
2. Specialized training - these assessors are certified or licensed clinical professionals, who are expertly trained to use a standardized, evidence-based risk assessment specifically designed for domestic violence. This allows them to identify the lethality risk and imminent danger factors.
3. Confidential and trauma-informed dialogue to obtain a full history. The Risk Assessors conduct confidential, trauma-informed interview-style assessments that prioritize the survivor's personal perception of danger and interpersonal relationships.

RISK ASSESSMENT

The Family Violence Option Risk Assessment process is a structured, evidence-based method used to quantify the level of risk or danger faced by Work First New Jersey General Assistance (GA) and Temporary Assistance to Needy Families (TANF) recipients. This professional evaluation translates complex trauma and danger into actionable safety measures, resulting in one of three safety classifications: Low Risk, Moderate Risk, or High Risk.

Level of Risk



FAMILY VIOLENCE OPTION

RISK ASSESSMENT

A total of 472 clients were classified as High Risk, representing the largest group. The implication for this group is that intervention should include the requested waivers to immediately protect them from the greatest dangers.

The table below illustrates the Risk Classification of all clients assessed in FY 25:

RISK CLASSIFICATION	NUMBER OF CLIENTS ASSESSED	IMPLICATIONS FOR INTERVENTION
HIGH RISK	472	Immediate and intensive intervention is likely required; focus on immediate safety planning, securing emergency housing, and waiving requirements that pose the greatest danger.
MODERATE RISK	112	Requires targeted support to mitigate potential danger; focus on connecting clients to counseling, legal advocacy, and flexible service plan adjustments.
LOW RISK	205	Provides necessary assurance while still offering access to domestic violence-informed services and education.

FAMILY VIOLENCE OPTION (FVO)

Four Primary Waivers for Recommendation

July 2024- June 2025

The Risk Assessors provide detailed, individualized recommendations to the County Social Services Agencies (CCSA) for up to four different 6-month waivers that serve as the foundation for creating a safe path to self-sufficiency. These recommendations are based on professional justification that serves to bridge the gap between continued financial assistance and specialized victim services, ensuring survivors are referred to counseling, legal aid, safe housing, and other critical community resources necessary for long-term healing and independence. The four primary waivers are:

Work Requirement: Temporarily exempts the client from mandatory work or job-training requirements if participation would endanger their safety (e.g., being in the community, providing contact information that the abuser could use to track them, etc.).

WORK
REQUIREMENT
WAIVERS
344

60-Month Time Limit: This waiver allows continuous benefits beyond the 60-month lifetime limit on GA and/or TANF benefits, providing the necessary time for a survivor to stabilize and heal without the pressure of an immediate financial loss.

60-MONTH
TIME LIMIT
WAIVERS
112

Child Support: Grants a "Good Cause Exception" from child support enforcement requirements when pursuing them would put the survivor or children at risk of physical or emotional harm from the abuser.

CHILD
SUPPORT
WAIVERS
423

Emergency Assistance Time Limit: Emergency Assistance (EA) provides housing or other emergency aid directly related to the family violence when all other EA services are exhausted.

EMERGENCY
ASSISTANCE
WAIVERS
115

FINANCIALS

Laura Videtti
Chief Financial Officer

MAJOR FUNDING SOURCES

Division of Family Development

Division of Mental Health and Addiction Services

	2025	2024
Support and revenues		
Federal and state grants-direct funding	9,980,747	\$ 9,675,258
Other Grants	-	29,556
Miscellaneous fees	10	555
Fundraising Revenue	17,687	3,692
Interest Income	36,685	44,692
Contributions	109	1,344
Total support and revenues	10,035,238	9,755,097
 Expenses		
Program Services		
Public Affairs	268,070	266,244
Advocacy	-	28,781
SAI/BHI	7,837,903	7,548,992
Family Violence Option	917,037	916,312
JJC	-	13,426
Total program services	9,023,010	8,773,755
Management and general	1,005,203	992,478
Fundraising	4,915	172
Total expenses	10,033,128	9,766,405
 Change in net assets without donor restrictions	2,110	(11,308)
 Net assets without donor restrictions, July 1	92,815	104,123
 Net assets without donor restrictions, June 30	\$ 94,925	\$ 92,815



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