



**Mental Health
Association in
New Jersey, Inc.**

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Agenda for Progress 2025

Mental Health Association in New Jersey

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Agenda for Progress 2025

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About the Mental Health Association in New Jersey

The Mental Health Association in New Jersey (MHANJ) is a statewide non-profit organization dedicated to improving access to treatment and expanding opportunities for individuals or families living with mental health, substance use, or co-occurring disorders. MHANJ works to serve all people impacted by behavioral health conditions through advocacy, education, training, and services. We operate under the core belief that wellness and recovery are attainable and strive to build communities free of stigma and other barriers to care.

MHANJ's Government Affairs team works in the public and private sectors to improve access to quality health services and safeguard the rights of people living with behavioral health conditions. This document offers a review of our focus areas, current state and federal public policy priorities, and ongoing legislative advocacy impacting the behavioral health care system in New Jersey.

Areas of Focus

As an organization we advocate for legislative initiatives aligned with accessible, compassionate, and evidence-based behavioral health care. We work on initiatives supporting models of care that facilitate low-threshold access and a no-wrong-door approach. The 988 Crisis Continuum of Care achieves that and is currently in development across the state of New Jersey. MHANJ has been monitoring the implementation of this continuum through our work with providing agencies and state departments governing the continuum. These partnerships will continue to be critical as other components of the continuum go live across the state.

Promoting integrated care and developing systems that support the practice is another long-term advocacy initiative for MHANJ. Integration between physical and behavioral health care lessens fragmentation in treatment and enables providers to pursue a whole-person approach in care delivery. Allowing providers to offer both behavioral and physical health services in one setting improves health outcomes and strengthens the patient-provider relationship.

Ongoing monitoring of the behavioral health care system in New Jersey, including wrap-around supports like housing, employment, and educational opportunities for individuals with behavioral health conditions is a vital component of our work. Our relationships with providers and community organizations enable us to be proactive and advocate for initiatives that improve the quality of services being delivered, create resilient health delivery systems, and strengthen the behavioral health workforce.

2025 Public Policy Priorities

The MHANJ Government Affairs team engages with state and federal policymakers to identify key behavioral health issues and contribute to policy addressing urgent needs. In New Jersey, we advocate for quality behavioral health care accessible to all residents and elevate the voices of people with lived experience in legislative settings. As an active affiliate of Mental Health America, we support their legislative advocacy on Capitol Hill by participating in national and regional policy initiatives and meeting with our New Jersey Congressional Delegation. MHANJ will continue our work in addressing critical state behavioral health policy issues and the ongoing shifts in federal policy that influence our entire health care system. Our public policy priorities for the year 2025 are the following:

1. Advocate for Medicaid Enrollees Following Unprecedented Federal Funding Cuts

- The Trump Administration has prioritized spending cuts in the passage of “The One Big Beautiful Bill Act” – effectively cutting Medicaid spending by \$800 billion over the next 10 years.
- This massive deduction in funding in conjunction with changes to the ACA Insurance Marketplace is projected to result in 17 million Americans losing health coverage.
- Medicaid enrollees are expected to face bureaucratic barriers that prevent eligible people from remaining enrolled and leave previously eligible enrollees without affordable alternatives.
- We are prioritizing advocacy for Medicaid enrollees across state and federal jurisdictions and urge legislators to act proactively and protect Medicaid enrollees before these changes go into effect.

2. Support Implementation of the 988 Crisis Continuum of Care

- The 988 Crisis Continuum of Care includes:
 - Someone to call: 988 Suicide and Crisis Lifeline Call Centers
 - Someone to respond: Mobile Crisis Outreach Response Teams
 - Somewhere to go: Crisis Receiving and Stabilization Centers and Crisis Diversion Homes
- This continuum is evidence-based and provides lifesaving care for individuals in crisis via call, chat, or text.
- Telecom fees to support statewide 988 programs have been legislated nationally and successfully implemented in 12 other states.
- We engage with state legislators and other advocacy organizations to move legislation (S4502/A5972) forward and introduce a statewide telecom fee to sustainably fund the 988 Crisis Continuum of Care.

3. Return Involuntary Psychiatric Hold Times to 72 hours

- State legislation (S4263/A5408) extends a 2023 pilot law increasing involuntary psychiatric hold times from 72 to 144 hours.
- People placed on these holds can be held in an inappropriate temporary crisis setting for up to 6 days without receiving treatment on par with the standard of care.
- The 144 hour hold greatly exceeds the national standard of care and contributes to the trauma experienced by individuals in involuntary holds.
- MHANJ strongly opposes this law and supports sunseting extended hold times.

4. Advocate for Families Caring for Adult Loved Ones Living with Behavioral Health Conditions

- Families caring for adult loved ones with behavioral health conditions face unique challenges when advocating for their loved one and themselves.
- MHANJ is holding forums across the state to hear and understand the underlying issues families face in this position.
- The insights from this dialogue will culminate in a final state forum where families speak directly with legislators to communicate their needs for responsive policy.

5. Promote Effective Use of Local Opioid Settlement Funds

- New Jersey is set to receive ~\$1 billion dollars over the course of 18 years from the Opioid Settlements. These funds are distributed in accordance to settlements reached in a national lawsuit against companies involved with the opioid crisis.
- Half of New Jersey's share of this money will be distributed directly to eligible local governments.
- The New Jersey Opioid Settlement Advocacy Group released a [roadmap](#) for counties and municipalities to use as a guide for spending this money effectively.
- MHANJ advocates for the principles and guidelines presented in this roadmap and encourages local government agencies to utilize the framework when allocating funds.

Ongoing Advocacy Efforts - See updates on ongoing advocacy initiatives below.

State Implementation of the 988 Crisis Continuum of Care

The NJ Department of Human Services is in the process of implementing all components of the 988 Crisis Continuum of Care:

Someone to call: 988 Suicide and Crisis Lifeline Call Centers

Somewhere to respond: Mobile Crisis Outreach Response Teams

Somewhere to go: Crisis Receiving and Stabilization Centers and Crisis Diversion Homes

MHANJ worked closely with the state legislature to establish this Crisis Continuum in 2022 (S311/A2036). We have continued to track the roll out of this continuum since the law's enactment. While the Call Centers, Mobile Crisis Outreach Response Teams, and Crisis Diversion Homes have launched, Crisis Receiving and Stabilization Centers remain in development. Implementation has been delayed due to ARPA funding cuts in early 2025. To sustainably fund this continuum going forward, we're advocating for the 988 telecom fee to be legislated in New Jersey as it has been in 12 other states.

Expansion of Crisis Intervention Training Across State Municipalities

Adoption and active utilization of Crisis-Intervention-Training (CIT) among police departments has greatly informed our advocacy for community responses in crisis intervention. CIT-trained police officers are equipped to support individuals in psychiatric crises by safely de-escalating dangerous situations and diverting people experiencing a behavioral health crisis from jails when possible. This training builds partnerships between law enforcement and resources in the community that can support someone experiencing a crisis. MHANJ encourages investment in and promotion of CIT for law enforcement communities on a municipal, county, and state level. We advocate for the continued expansion of CIT opportunities across the state.

Access to Behavioral Health Services and Medication

A consistent barrier reported by individuals and families impacted by behavioral health conditions is access care. MHANJ has advocated for expansion of access through parity initiatives, support for telehealth care delivery, wait time studies, and advocacy with state and private insurance agencies. Our legislative initiatives are frequently informed and enhanced by our ongoing surveillance of hospitals, short-term care facilities, and outpatient services. We are continuing our efforts to encourage innovative, evidence-based, and responsive treatment options for individuals and providers. We advocate for legislation that limits or prevents barriers to timely and person-centered treatment, including prior authorization and step therapy requirements.

Support for Peer Providers

MHANJ believes peers have an irreplaceable, invaluable role in recovery and wellness. We continue to support legislative initiatives that advance peers' opportunities for certification, strengthen ongoing programs, and uphold the principles of peer support across sectors of care. Our research team in coordination with Consumer Connections, our training program for peer providers, is currently conducting a survey designed to better understand the roles of peer providers and their experiences in the workplace. Once completed this survey will contribute to future policy discussions regarding the needs and strengths of peer providers and enrich programs currently providing or looking offer peer support.

Parity Implementation

Parity between physical and behavioral health care provides equal access to care for all diseases, meaning coverage for behavioral health conditions is equal to that of physical health conditions. As co-leaders of the State Parity Coalition, we are committed to monitoring and advancing the implementation of parity legislation signed into law by Governor Murphy in April 2019. This law is designed to hold managed care organizations accountable for inequities in non-quantitative treatment limits and requires annual usage reporting to the Department of Banking and Insurance. We are continuing to advocate for the complete implementation of this law and collaborate with stakeholders to address network adequacy, further improving access to care.

Safe Housing for Individuals with Behavioral Health Conditions

Safe and stable housing is a key indicator for health and wellbeing; many people with behavioral health conditions face challenges in accessing and maintaining housing. MHANJ recognizes the importance of housing security in recovery. We advocate for all people to have access to housing that is suitable for their needs and enables them to thrive. Amid broad stroke funding cuts to vital housing services across the country, MHANJ remains a strong supporter of housing first policy, supportive housing opportunities, recovery housing, and community support services for individuals with behavioral health conditions. We engage with private agencies providing these services, including Residential Health Care Facilities, and government departments overseeing housing operations. We advocate for the rights of individuals seeking services and living conditions aligned with facility regulations.

This document was released on September 30th, 2025. Our agenda will evolve as new priorities arise. Please assure you are viewing the most recent version at <https://www.mhanj.org/agenda-for-progress/>.

Please reach out to the MHANJ Government Affairs Team with any questions

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