

# Mental Health Association of Essex County



## 2017 Management Report

## **Mental Health Association of Essex County, Inc.**

### **Annual Management Report is developed and written by:**

- Robert Davison, Executive Director
- Nadine Venezia, Associate Executive Director
- Linda Dalla Riva, Chief Financial Officer
- Lisa Nobilione, Director of Operations and Human Resources
- Marvin Gorsky, Senior Director of Family and Children's Services
- Steve Ryan, Senior Director of Development
- Roshan Trambadiya, Chief Information Officer

### **Program Directors:**

- Femitchell Ashley - Integrated Case Management Services (ICMS)
- Beverly Clark - Prospect House (PH)
- Taisia Koeppel – Community Support Services (CSS)
- Deidra White - Collaborative Justice Services (CJS)
- Diane Travers - Center for Low Cost Psychotherapy (CLCP)
- Diane Travers - Riskin Children's Center (RCC)
- Femitchell Ashley - Supported Employment Services (SES)
- Ruby Sekhon – Assisted Outpatient Treatment Services (AOTS)

Beverly Clark – Corporate Compliance Officer

Ruby Sekhon – Chairperson of Cultural Competency

Nadine Venezia – Chairperson of Performance Improvement

Taisia Koeppel - Health & Safety Officer and Agency Ombudsperson

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## ***Introduction***

*The Mental Health Association of Essex County, Inc. (MHAEC) continued its strong focus on the recovery, safety and mental health needs of consumers and their families in fiscal year 2017. MHAEC exceeded its service and quality expectations while remaining in a strong financial position. The agency operated in a financially sound manner while advancing its mission of providing services to individuals and their families regardless of their ability to pay.*

*Strategically the agency advanced its mission by merging with the Mental Health Association of Morris County, Inc. to become the Mental Health Association of Essex and Morris, Inc. effective August 1, 2017. The merger ensures that the values, vision and mission of both organizations remain intact for years to come.*

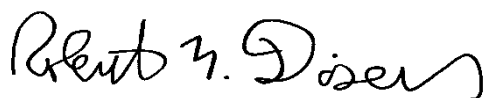
*MHAEC continued to focus on innovative service delivery, emphasizing wellness and recovery. The agency advanced its strategic plan, highlighted by the implementing of a \$500,000 annualized grant to provide homeless prevention and housing services to 500 individuals who are homeless or at significant risk of becoming homeless. The agency received and implemented a \$50,000 grant from Newark Educational Trust Fund to provide counseling services at an elementary school in Newark. MHAEC met the service needs of the community via its counseling, case management, partial hospitalization, supportive employment, criminal justice, educational, supportive housing, therapeutic jurisprudence, school-based family and children's programs. All services were provided in a culturally competent fashion to individuals from all walks of life. Proudly the agency became an accredited Health Home, a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral healthcare, and community and social support services.*

*The agency expanded service provision in numerous areas, including the implementation of a grant to provide housing and services to 40 people and a program with NJ LEEP to provide counseling and assessment to high school students in Newark preparing for college.*

*Raising mental health awareness was the centerpiece of MHAEC's performance for fiscal year 2017 with a concerted campaign of radio, bus and train ads. Press releases concerning mental health topics were published throughout Essex County. A guest columnist article and letters to the editor by the Executive Director were published in the Star Ledger. The Executive Director appeared on Caucus New Jersey with Steve Adubato to discuss the need for mental health in urban areas. Additional activities included a children's movie night at the Montclair Public Library and being a prime sponsor of the South Mountain International Blues Festival.*

*Advocacy on behalf of individuals with mental illness and their families was a continued focus in fiscal year 2017. MHAEC advanced its advocacy efforts with its 16<sup>th</sup> annual Legislative Breakfast attended by over 300 people, including numerous elected officials. Staff advocated in Newark, Trenton and Washington, DC for legislation, mental health funding and the care of individuals with mental illness.*

*The environment of care is in excellent condition, despite a difficult economy. The agency continues to replace vehicles as needed and appropriately maintain the physical plant. The agency completed construction on a new suite of clinical offices. Consumer, family and provider satisfaction surveys indicate a high level of satisfaction with MHAEC and its service.*



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Robert N. Davison, Executive Director

# **STRATEGIC PLAN**

## **MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.**

### **I. Values**

Any long-term plan must be consistent with the values of the organization. Those values determine the philosophy and guiding principles by which the organization operates. These are the core values to which MHA is committed:

- Promoting mental and physical health and the treatment of emotional and mental disorders.
- Removing the stigma associated with emotional and mental disorders.
- Providing quality mental health services in healthy and safe environments to the Essex County community without regard to ethnicity, race, age, sexual orientation or ability to pay.
- Treating individuals with mental illness with respect and dignity while encouraging their wellness and recovery. Understanding and supporting the important role that families and loved ones play in promoting wellness and recovery.
- Providing safe and affordable housing for individuals with mental illness.
- Providing a leadership role in advocating for the mental health needs of the community, fighting the corrosive effects of stigma and attacking barriers to treatment wherever they appear.
- Operating MHA in a fiscally and strategically sound manner, including periodic strategic reviews.
- Hiring superior quality staff, providing high quality professional development and training, and encouraging continuing education.
- Advocating for individuals with mental illness.
- Demonstrating to staff that they are valued by including them in appropriate decision making

## **II. Mission**

*THE MISSION OF THE MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
IS TO PROMOTE MENTAL HEALTH, WITH THE INTEGRATION OF PHYSICAL HEALTHCARE,  
TO IMPROVE THE CARE AND TREATMENT  
OF INDIVIDUALS WITH MENTAL ILLNESS, AND TO REMOVE THE STIGMA  
ASSOCIATED WITH EMOTIONAL AND MENTAL DISORDERS.  
AS A COMMUNITY ORGANIZATION, WE ACCOMPLISH OUR MISSION THROUGH  
ADVOCACY, EDUCATION, PREVENTION, EARLY INTERVENTION, TREATMENT AND SERVICE.*

## **III. Vision**

1. To become highly visible and widely recognized as a premier provider, independently or through partnerships (including potential affiliations and mergers), of a complete continuum of mental health and addiction services to adults, children and families. A complete continuum includes the integration of physical healthcare.
2. To continue to be the leading advocate for individuals with mental illness as well as for the general mental health needs of the community. MHA will be a leader in the campaign to remove the stigma associated with emotional and mental disorders.
3. To continue to provide services in a fiscally sound manner and have a more diverse and stable source of funding.
4. To thrive in a fee for service and managed care environment while maintaining the mission of the organization.

## **IV. Organizational Strengths, Weaknesses and Threats**

### **Organizational Strengths:**

- Provision of high quality services to individuals with severe and persistent mental illness

- Market leader in primary service area for community-based services for individuals with mental illness
- Strong and experienced administrative and Clinical leadership
- Quality staff throughout entire organization
- MHA is well prepared for the Fee for Service environment e.g. electronic clinical records, sound financial and clinical management
- MHA has a strong Information Technology infrastructure
- Strong and active Board of Directors
- Stable demand for services
- Focus on primary customer (i.e. mental health consumers)
- History and reputation as a quality provider and advocate within the mental health community
- Providing service without regard for ability to pay
- A highly qualified and culturally diverse staff
- A well-coordinated interdepartmental team approach to providing services
- MHA provides opportunity for significant career and clinical development.

### **Organizational Weaknesses**

- Lack of service breadth and depth in the area of children's services
- Competition for staff with governmental and private sectors.
- Limited Board diversity
- Development of Board leadership
- Limited workforce e.g. numerous staff perform multiple jobs
- Entry-level staff turnover
- Lack of substance abuse licensure

### **Organizational Threats**

- Dependence on state (DMHAS) and federal funding (i.e., Medicaid and Medicare)
- Entrepreneurial for-profit activity, e.g. for-profit partial cares, private therapists
- Dependence on limited funding sources, e.g. United Way, private funding

- Uncertain political and economic climate
- Stagnant reimbursement rates
- Change in funding environment from a contract based system to a fee for service model followed by a case/capitation rate model.
- Deteriorating Cash position

## **V. Opportunities**

- Paradoxically, while moving to a Fee for Service system is a threat, it is also an opportunity.
- Expansion of children's mental health services
- Mental health services in the schools
- Stigma busting
- Education/raising awareness through community education and programs such as mental health first aid
- Expansion of existing services that serve individuals with mental illness
- Mental Health services in the criminal justice system (education and services)
- Geriatric mental health services (education and services)
- Housing for individuals with mental illness
- Substance abuse services
- Expansion of counseling services
- Enhancing MHAEC's recognition
- Providing services to Armed Forces personnel returning from combat areas
- Incorporating more peer support into the provision of services. i.e. hiring more qualified individuals recovering from mental illness.

## **VI. Three Year Plan**

1. Continue to expand advocacy for individuals with mental illness.
2. Continue development of mental health services to at-risk children and adolescents, and individuals with mental illness.

3. Emphasize wellness, recovery and the integration of physical and mental health in all MHAEC services, while working with consumers to increase their independence.
4. Continue to increase awareness of the MHAEC and of mental health issues, eradicate stigma, and provide community education.
5. Enhance the financial strength of the agency by establishing programs, such as major gifts and planned giving, which will increase the agency's endowment. Diversify and increase fundraising resources by developing external relationships and partnerships with foundations, agencies, corporations and individuals.
6. Become a successful Fee for Service and managed care provider of mental health services.
7. Develop a Board of Directors that is more representative of the community MHA serves.

## **VII. Implementation**

The following criteria should be analyzed in determining what specific, new programs should be implemented. (Note that the criteria are intended to be applied in the order listed.)

- A. Vision and Mission: The program must be within the vision and mission of the MHAEC.
- B. Market: The program should meet the needs of the marketplace
- C. Effectiveness: The program must improve the circumstances of individuals with mental illnesses and emotional disorders.
- D. Financial: The program must be financially supportable.
- E. Agency Capability: MHA must have or be able to acquire the appropriate knowledge base and expertise to perform the work.
- F. Agency Infrastructure: MHA must be able to operate the program without undue burden to its personnel.
- G. Agency benefit: The program should enhance the stature and visibility of MHA in the community.
- H. Competition: Can MHA perform the service at a competitive level within a reasonable period of time?

This Strategic Plan was formulated with the input of internal and external stakeholders, including but not limited to; our consumers, their families, the Strategic Planning Committee, the Board of Directors, Staff, Public funding sources, Private funding sources, Public oversight entities and Community partners.

Reviewed and adopted by  
Board of Directors  
May 16, 2016

## **FINANCE**

During the fiscal year ended June 30, 2017 the Agency had the received a bequest for approximately \$1,182,000. This directly impacted the Agency's bottom line reflecting an overall surplus of \$1,166,000 for the fiscal year end. Financial highlights for the fiscal year ended June 30, 2017 are as follows:

- The Agency's property and casualty insurance renewal on July 1, 2017 reflected a minimal increase.
- The medical insurance was renewed with Horizon Blue Cross at a 6.75% increase.
- The Agency continues to be self-insured for unemployment claims. This is now the third year we have had minimal claims. The unemployment expense for 6-30-2017 is approximately \$35,000 in comparison to a payroll of \$5.1 million dollars or .7%. This ratio is consistent with prior years.
- The Agency remains a part of the State disability plan at a rate of .5% through 6-30-2018. The Agency will continue to monitor the rate to determine if the disability insurance rates remain reasonable.
- The Agency made a one-time 4.75% discretionary 401(k) contribution in the amount of \$144,000. In the prior year the Agency contributed at 3% and over a three year period this equates to an average of 3% per year.
- As of October 15, 2016 the Agency was awarded the PATH program totaling \$373,000. This was a new program for the Agency and is deficit funded from the state. The funding was for 8.5 months during the fiscal year ended June 30, 2017.
- As of January 1, 2017 four of the Agency's programs transitioned to fee for service while four programs remained deficit funded from the state. The deficit funded programs continued to receive monthly state contract payments.
- As of July 1, 2017 the Agency's housing program will transition to Community Support Services (CSS). This is a housing fee-for-service Medicaid program. The State is offering a two month contract advance to help with the transition.
- The Agency's line of credit for the fiscal year ended June 30, 2017 remained at \$750,000.
- The State approved the replacement of 1 vehicle and partially reimbursed for the replacement of 1 other vehicle during 6-30-2017. We continue to maintain and review our fleet of vehicles to keep the vehicles under ten years old.

With the effective date of the merger as of August 1, 2017 the agency is looking forward to positive changes and impacts while continuing to meet our mission.

## **CORPORATE COMPLIANCE**

***The Mental Health Association of Essex County is committed to the establishment, implementation and maintenance of a corporate compliance program which emphasizes prevention of wrong doing, whether intentional or unintentional, immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and timely correction of any situation which puts the organization, its leadership or staff, funding sources or consumers at risk.***

The corporate compliance committee meets quarterly to ensure that the agency's operations are compliant in regards to fiscal and clinical activities.

- All MHAEC employees received the annual Corporate Compliance training this year through Relias Learning web-based classes.
- Quarterly peer audits were completed. All areas of concern were addressed and corrections were made if needed.
- Quarterly billing and clinical program audits were completed and all areas of concern were addressed and corrected in a timely manner.
- Memos were distributed to staff in July 2016 and January 2017 from the Corporate Compliance Officer. This memo indicated that the Corporate Compliance Officer has direct access to the Board of Directors without needing to contact the Executive Director.
- Human Resources conducted criminal background checks upon hire and then every two years, thereafter. Driver's License checks were completed upon hire and yearly. Clinical license checks continue to be conducted annually. Conflict of Interest forms continues to be updated yearly. The agency is up to date in all areas as of 6/30/2017.
- There were no reports within our programs for fiscal year 2017 pertaining to malpractice, violation of the code of ethics or grievance.
- Senior Management, Directors and Supervisors received a training about compliance issues.
- An independent financial audit was conducted by Sobel and Company. All results indicated an unmodified opinion.

### **Program Activity**

Prospect House and ICMS were audited by Medicaid throughout the year. All reported no significant findings.

CSS had a successful external audited by the Essex CoC/CEAS committee.

### **Upcoming year plan**

- Employees to continue receiving the annual Corporate Compliance training through Relias Learning web-based classes
- Continue quarterly peer reviews
- Quality Assurance Coordinator will begin to lead the Corporate Compliance Committee as the CCO effective 9/5/17
- Quality Assurance Coordinator/CCO will conduct program and billing audits quarterly.

- QA Coordinator/Corporate Compliance Officer will distribute a memo to all staff in September 2017, informing all of the transition into the CCO position and will follow up with another memo January 2018 to explain the Corporate Compliance Officer's role.
- Provide the Board of Directors with an overview June 2018

## **DEVELOPMENT**

The Development efforts of the Mental Health Association of Essex County during the 2016-2017 fiscal year continued to mirror national trends and reflect continued improvement with regard to charitable fundraising.

Contributions from individuals, corporations and foundations totaled an estimated \$390.1 billion in 2016, setting a record for the third year in a row. In 2016, total giving grew only 1.4 percent in current dollars over 2015, compared to a 3.8% 15-16 growth rate and an 8.1% 14-15 growth rate according to "Giving USA," a report compiled by the Indiana University Lilly Family School of Philanthropy. The falling growth in giving rate mirrors a slowing economic growth rate, which declined from 4.2% in 2014 to 3.0% in 2016

In addition, 2015 marked the sixth year in a row that overall charitable giving increased.

Consistent with virtually every tracking mechanism ever employed to measure philanthropic giving, individuals were the overwhelmingly dominant source of charitable support, with 72% of total contributions, representing a 3.9% increase over 2015. The remaining 28% was also consistently represented with corporations at 5%, foundations at 15% and bequests at 8%.

There are a number of factors which cloud the coming year in uncertainty when it comes to charitable giving. Among those are the current Presidential administration's policies, potential changes to the tax code, geopolitical events, stock-market performance and the overall economy. Although the Lilly School and leading philanthropic consultants Marts & Lundy forecast at the beginning of this year that giving would jump 3.6% in 2017 and 3.8% in 2018, some experts say it's unclear whether those predictions are still solid.

What these insights mean to the Mental Health Association of Essex and Morris, Inc. as we continue to refine our fundraising strategies is fairly straight-forward and virtually unchanged from our last report to Management. We must, at all times, operate from a donor-centered point of view... we must employ technology to steward our existing donor base as well as to develop new support... and we must focus all of our appeals on the current needs of the individuals we serve and the vital importance of the programs we offer to the local community. New to the equation in light of the pending shift to Fee for Service, however, will be diligent monitoring of the need for financial resources for programs should that need arise, and messaging that at all times clearly conveys the importance of continued donor support. Integrating the donor constituencies of our expanded Morris County service area will present new and unique challenges and will require strategic outreach and engagement.

Also new to the Development dynamic has been a genuine embracing by the Board of their responsibilities with regards to fundraising and a strategic commitment to more aggressively seeking support. Last year, a Development Task Force was formed to examine all aspects of the MHAEC Development Plan and make recommendations for changes, improvements, etc. Of particular importance was developing new, sustainable sources of support for the Riskin Children's Center (RCC), which typically is faced with an annual funding gap of approximately \$50K. One of the first action steps to come out of the Development Task Force was the issuing of a Request for Proposals (RFP) from three outside consultants to begin exploring the possibility of launching a Major Gifts Campaign in support of RCC. That group continued to meet throughout the summer and their efforts produced one of many significant advances in our overall Development efforts this past year.

## **MAJOR GIFT FEASIBILITY STUDY**

After review and in-person interviews with three candidates, the Development Task Force recommended and the Board approved retaining consultant Lee Rosenfield to conduct a Major Gift Pre-Campaign Assessment on behalf of the Riskin Children's Center. Beginning in September of 2016 and continuing over a three-month period, Mr. Rosenfield interviewed more than 20 current and former Board members, as well as other key constituents and community influencers to assess their opinions with regard to the feasibility of our association launching a major gift initiative to raise a minimum of \$1 million dollars to sustain the Riskin Children's Center for an extended period of time. Mr. Rosenfield presented the results of his research at the February, 2017 Board meeting, indicating that the organization, with proper attention to issues such as branding, stewardship and strategic cultivation, had the potential to raise upwards of \$1.6 million, using the traditional Major Gift Donor Pyramid model. His report included a recommendation and timeline for moving forward, which would have resulted in a campaign designed to run from June, 2017 through May, 2018. The Board determined that, given the rapidly evolving merger discussions which were emerging at that time, this recommendation should be tabled until a future time when there was a clearer picture as to our overall objectives and appropriate time and attention could be devoted to the effort.

## **COLUMBIA UNIVERSITY GRADUATE SCHOOL CAPSTONE GROUP PROJECT**

Beginning in September, 2017, a group of four students from the Columbia University Graduate School of Social Work conducted a comprehensive assessment of all organizational fundraising activities as part of their final Capstone project. The students met with and interviewed members of the association's Senior Management team and Board of Trustees. They also toured agency program sites and reviewed public relations materials, calendar of events and fundraising solicitation reports. They presented their final report to the Board of Trustees at its December, 2017 meeting and to their classmates at a special Capstone Project Forum later that same month. Among their key findings/recommendations were the inclusion of giving opportunities at so-call 'non-fundraising' events, potentially conducting a Major Gift campaign to benefit the Riskin Children's Center, diversifying the Board of Trustees and investing an additional staff resources for the Office of Development. The result of their work was in-depth and well thought out and will be a valuable resource as the association moves forward in its new capacity.

## **BEQUESTS**

The association was the beneficiary of two significant bequests during the 2016-17 fiscal year. A gift of \$1.182 million was received from the estate of a longtime supporter of the agency who was particularly grateful for the services we provide. We received an additional legacy gift from another donor valued at \$255,527. Both of these bequests were unrestricted. While unexpected and much appreciated, they also point out a weakness identified in both the Pre-Campaign Assessment and the Columbia Capstone project with regards to the agency's lack of a formal Planned Giving program.

## **FUNDRAISING CHALLENGE**

An anonymous donor made a gift of \$50K with the promise of up to an additional \$200K which would be given as a matching contribution to new fundraising initiatives undertaken by the Board. The anonymous donor stipulated that dollars raised would only be 'match-eligible' if they resulted from activities above and beyond the Board's currently established activities. The challenge match monies are to be used for agency programs and activities as needed and deemed appropriate by the Executive Director.

A quick review of MHAEC's major fundraising activities during the past fiscal year reveals the following:

***Presidents Club*** – MHA's annual giving society for higher-end donors generated proceeds that were consistent with last year's strong performance. Of particular note, however, was more than \$20K in new money raised as a result of a new giving option included in the solicitation. In addition to standard Presidents Club membership at \$500 and Leadership levels beginning at \$1000, donors had the option of making an additional gift specifically to benefit the Riskin Children's Center. Response to this new option was overwhelmingly positive and all of the donations made as additional Presidents Club contributions qualify for the Anonymous Donor Match Challenge as this option had not been available prior to this year. Despite the success of this year's solicitation, it is important to note that members of *Presidents Club* represent a small, albeit extremely loyal and generous, group of donors. Their continued and remarkably consistent support is invaluable. However, the overall number of donors to the appeal remained flat... a dynamic which must be addressed moving forward. It is also important to note, as we have in the past, that the solicitation continues to be buoyed by one or two exceptional gifts, which still tends to skew the analysis significantly.

***Annual Appeal*** - This year end solicitation of lower-end annual donors performed extremely well and was consistent with last year's strong response. Again, donor loyalty and sensitivity are considered to be significant dynamics with this constituency. Also, overall revenue generated by this campaign is not significant, any increase in overall proceeds is negligible. However, the strength of the campaign indicates that this is an area with significant continued growth potential.

***2017 Spring Gala*** – While this year's gala event did not succeed in reaching its budgeted goal of \$105K net, it did successfully engage a number of new constituents and, once again, presented the agency in a positive, successful manner. A disappointing engagement with two corporate partners who received Special Recognition was a major factor in the final results and reinforced the importance of strong leadership and clearly articulated fundraising expectations.

In terms of involvement and support of the agency's advocacy efforts, staff coordinated an ongoing, multi-media awareness campaign that began with Main Stage sponsorship of the South Orange International Blues Festival in September, 2016. These efforts were followed by a return to our partnership with Seton Hall University's Men's Basketball program that commenced in November, 2016 and continued through March, 2016.

Some other areas of meaningful progress in the overall area of development include targeted efforts to expand our electronic universe, using events to augment our e-mail database and the continued design/distribution of our e-blast newsletter to raise awareness and visibility. Our subscriber base for this communication had more than doubled during the prior year and our open and click-thru rates continue to exceed industry standards. The association also participated in "Giving Tuesday" for the first time, which resulted in match eligible contributions.

Sources:

*"Giving USA," Report*

compiled by the Indiana University Lilly Family School of Philanthropy

*The Chronicle of Philanthropy*

July, 2017 Issue

## **HUMAN RESOURCES (HR)**

As of June 30, 2017, there were 127 active employees to fill 139 positions. For fiscal year 2017 the annual turnover rate was 3.1%.

Effective October 1, 2016 the Agency renewed its medical plan through Horizon Blue Cross Blue Shield. Effective in January of 2017, the Agency began offering our voluntary group dental insurance through a new carrier, Principal Dental. Horizon continues to offer competitive medical and dental plans that are cost-effective and meet the Agency's budgetary standards. In addition, the Agency continues to offer a comprehensive employee benefit package which includes the following:

- An Exclusive Provider Organization and Direct Access medical plan offered through Horizon Blue Cross Blue Shield. In addition, Horizon offers a voluntary cost-effective vision plan. MHAEC continues to pay the monthly premium for single enrollments on the medical plan. We continue to conduct open Enrollment meetings to provide thorough plan details and opportunities for staff to make changes to their current plan elections.
- Through Principal Dental, the Agency is able to offer our full-time employees 2 dental plan options.
- USABLE Life is the Agency's insurance provider which provides all full-time employees with a policy that is 1.5 times the annual salary to a maximum of \$175,000.
- The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 134 participants. The "Safe Harbor" plan requires MHAEC to make a safe harbor matching contribution equal to 100% of the salary deferrals that do not exceed 3% of the employee compensation plus 50% of salary deferrals between 3% and 5% of employee compensation. The safe harbor matching contribution is 100% vested.
- The Agency continues to offer a well-structured paid-time-off policy.
- The Agency offers supplemental income to employees on temporary disability according to their years of service. The administrative services for short-term disability is processed through the State of New Jersey Temporary Disability.
- Additional employee benefit options include: Aflac, Colonial Life, New York Life, Liberty Mutual and the College Bound Savings Fund.

The Agency continues to offer an Employee Assistance Program (EAP) through Barnabas Health "One Source". The Employee Assistance Program provides confidential assessment, counseling and referral services for family concerns, anxiety/depression, domestic violence, lifestyle changes, marital/couple issues, drug/alcohol abuse, work performance issues and grief bereavement. The program is at no cost to the employee and is offered to both part-time and full-time employees.

This marks the 4th year that MHAEC has conducted annual performance evaluations electronically through our vendor "Reviewsnap". The performance review process continues to operate in an efficient and effective manner.

MHAEC continues to implement an ongoing Health and Wellness Program to staff by offering a discounted fitness membership by the Montclair YMCA. In addition, there have been benefit presentations from both Aflac and Colonial Life introducing their portable benefits policies (life

insurance, disability, hospital, accident, etc.). Staff members are notified of the open enrollment period and given the opportunity to sign up if interested.

MHAEC continues to recruit interns on a spring and fall semester basis. Interns are able to have hands on experience within the mental health field.

MHAEC has a total of 37 vehicles that are insured by the Hanover Insurance Company. During Fiscal Year 2017 there were (10) vehicle incidents. In addition, MHAEC employees continue to comply with the guidelines of the Transportation Safety Manual which include safety instructions and precautions. The manual is reviewed annually and updated on an as needed basis. A copy of the manual is maintained in each vehicle for reference. The Agency continues to maintain a roadside assistance company that provides assistance during vehicle incidents.

AmTrust North America is the Agency's current Worker's Compensation provider. The Agency had (3) Workers Compensation claims for the FY 2017.

The following annual trainings were conducted this year:

- The "Safety in the Community" training was conducted, which focuses on safety strategies that are used in the community and in an Agency based setting.
- The "Psychopharmacology" training was conducted by the Advanced Practice Nurses on staff. There were two sessions provided at different locations for the convenience of our staff. The training provides an overview of mental disorders, medication and heat & sun-risk information.
- The Agency educates new staff on Trauma Informed Care on a regular basis. The training provides information and tactics on how to deal with individuals that have encountered traumatic situations.
- The Agency held its third "Mental Health First Aid" training. The training provides education on the mentally ill population and tactics on how to handle different situations.
- The CPR/First Aid training was provided for the 7<sup>th</sup> consecutive year by an ASHI certified instructor from the West Orange First Aid Squad. This year the Agency began offering CPR/First Aid certification classes more frequently in order to accommodate diverse staff schedules as well as new staff hired at various intervals.
- TB testing was conducted at MHAEC's Primary Health Care Facility by Certified RNs. The testing was offered to all employees at no cost.

Online trainings for all staff members are conducted through the Relias Learning Management System. Trainings are monitored by directors/supervisors and the HR Department. All training transcripts are maintained in the personnel files.

The HR department continues to conduct required compliance checks including: NJ State Criminal Background, Central Registry of Offenders Against Individuals with Developmental Disabilities (N.J.A.C. 10:44D), Motor Vehicle Abstracts, Degree and Professional License Verification. The Employee Opinion Survey was conducted in June of 2017. Results of the survey indicated an overall satisfaction rating of 90%. There were 50 respondents that participated in the survey. Suggestions and complaints are addressed by management and discussed with staff.

## **INFORMATION TECHNOLOGY (IT)**

### **Mission Statement**

*The mission of the Mental Health Association of Essex County (MHAEC) Information Technology (IT) department is to develop and maintain a reliable, secure, effective and efficient network system that supports the mission and goals of the agency. We strive to provide a system that will allow departments to share data and reduce the duplication of information. Our goal is to minimize time spent on administrative tasks and procedures while increasing time spent on direct care services to our consumers.*

### **Highlights from 2016-2017:**

- This year's Meaningful Use grant was more difficult than previous years. It took a lot of planning and effort in order to receive this grant. However, at the end, we were able to finish attestation and the Agency received the fifth year Meaningful Use grant payment successfully.
- IT department has worked with Foothold Technology in order to successfully implement all the changes required for 2016 Meaningful Use grant inside Awards. All agency doctors and APNs were trained in order to use updated Awards correctly for Meaningful Use.
- This year MHAEC has successfully implemented the new Medicaid billing codes and rates into Awards without any billing downtime.
- The agency has opened a new office for our new PATH program. The IT department has planned and finished the setup of the new office in a timely manner. MHAEC has installed a new server, firewalls and new phone system at PATH office. The PATH office is connected to all of our other offices.
- MHAEC is the first agency in the state that is using our own Awards database in order to complete all client documentations in Awards for the PATH program. We have successfully planned and implemented the new PATH program into Awards this year and connected our Awards database to HMIS state database.
- Successfully implemented and tested PATH Medicaid billing into Awards.
- This year we started moving from client paper-based chart to client's electronic chart for the entire agency. This project is ongoing and expected to finish in next few months. We have created all clients' paper-based forms into Awards so staff and client can fill all these forms online in Awards and client can sign them electronically.
- We have also implemented electronic signatures for all staff and clients into Awards this year. All staff can sign client's document electronically in Awards. This is also an ongoing project with client's electronic chart and will be finished in the next few months.
- This year we have also implemented more tablets into our work environment so staff can use them in the field.
- Successfully renegotiated all our copier contracts and upgraded all our copiers to the latest copiers.
- Starting January 1, 2017, our agency went fee-for-service for our ICMS, SES, PH and CLCP programs. This is a major change in the way our agency operates. The State of NJ has developed new payment portal in order to complete fee-for-service billing called NJMHAPP. MHAEC assisted DMHAS in order to complete testing of their new billing system NJMHAPP this year. While helping state, we have developed a very strong relationship with DMHAS staff in order to test and implement NJMHAPP fee for service portal for billing. Our agency was first in the State of NJ to go fee-for-service in NJMHAPP.
- Successfully created NJMHAPP insurance into the Awards. Successfully completed the testing and actual NJMHAPP billing from Awards. We have trained all billing and supervisor staff in the NJMHAPP portal in order to complete client admission and billing into NJMHAPP.
- State of NJ is moving all housing programs from case management billing to CSS billing starting July 1, 2017. CSS has many different requirements. With the help of MHAEC staff and Foothold staff, we were able to implement CSS requirements into the Awards for client documentation and billing. We also

finished all the billing procedures setup into Awards for all the CSS programs. Our agency is now ready to do test billing for CSS after we receive required information from state. This is an ongoing project, which is expected to finish next year.

- This year we have upgraded our accounting software to latest version of accounting software. IT Department was able to help the Accounting department in finishing this upgrade.
- This year IT department helped HR and Accounting in finishing the migration of agency payroll system from old provider to new provider.
- Successfully moved Medicare billing from old telephone-based billing to new web-based billing.
- CARF did the survey of IT department this year and IT department passed the survey without any issue.
- Successfully conducted quarterly staff training for Awards for entire agency.
- Successfully re-enrolled all of our medical providers into Medicaid system for Meaningful Use grant.
- This is a progress review of only major goals of the fiscal year 2016-2017. We have done many other minor and major changes and upgrades at each office throughout the year in order to help staff in using technology to finish their work.

## **PERFORMANCE ANALYSIS**

The Mental Health Association of Essex County, Inc. (MHAEC) strives to provide the highest quality behavioral health services to those who live or work in Essex County. Services are provided in a competent, respectful and timely manner which reduce risk and maximize outcomes. MHAEC is committed to continuously improving the performance of the activities and functions which are related to outcomes for individuals served.

The Performance Improvement Committee (PIC) provides oversight and monitoring to ensure agency and programmatic goals and objectives are met. PIC meets on a monthly basis and is chaired by the Associate Executive Director. The committee members consist of all MHAEC Program Directors and Coordinators, the Director of Operations and Human Resources and the Director of Information and Technology. The Medical Director serves as a consultant and the Executive Director is an ex officio.

MHAEC programs gather demographic, service and outcome data through our Management Information Systems department (MIS). This data is presented to PIC to review and analyze for quality issues, and to implement problem-solving measures. PIC monitors all quality assurance processes within MHAEC to ensure that programs address individual needs in a systematic manner. These procedures include: (1) monitoring of performance indicators; (2) updating indicators to include new ones as needed, to measure and track performance improvement; (3) **satisfaction surveys**: (a) consumer satisfaction with our services; (b) staff satisfaction with MHAEC employment, including the quality of work environment, supervisory and management support, and related employment factors; and (c) the satisfaction of referral sources and other community providers with MHAEC's responsiveness as a partner. In addition, internal financial audits are conducted on a quarterly basis as well as Quality Assurance Peer Reviews for **psychiatric records**, and monthly reviews of service problems and unusual incidents to analyze program problems, and then take corrective action. This may include tracking additional performance indicators, modifying service approaches, training/retraining staff, among other corrective action, to ensure compliance.

MHAEC believes complete and accurate data is essential, as only then can we improve service provisions for our consumers. Data and information flow into PIC through numerous sources: each program element funnels program specific data regarding thresholds and outcomes; input from MHAEC employees who have identified issues and problems; feedback including complaints and grievances from supervisory personnel; and suggestion boxes which are located at every MHAEC site. Data is also collected and analyzed for trends in areas of agency access, effectiveness, satisfaction and efficiency. Our comprehensive data collection begins at the time of an individual referral and continues through sixty days post discharge of programs.

Analyzed and summarized data flow from PIC to MHAEC's Executive Director, the MHAEC Board of Directors, senior management, staff, consumers and other stakeholders through meetings. Aggregated materials from PIC, Risk Management and Safety, and incident reporting are also posted in public areas of each program site.

PIC includes a Task Force which reviews and approves all policies and procedures, prepares for accreditation and licensing reviews and develops and revises documentation, forms and standards.

Sub-committees established for areas of oversight that also report to PIC:

- Risk Management and Safety Committee: includes clinical and non-clinical staff that review and monitor all issues related to the care of environment, accessibility, infection control, vehicle safety and maintenance, potential liability and loss control, incidents, complaints or grievances, and safety and security. This sub-committee meets six times per year.
- Cultural Competency Committee: composed of interested, designated multi-ethnic and bi-cultural staff members who reflect persons served and who represent all programs and all levels of employees. This committee is responsible to ensure cultural diversity, sensitivity and competence among staff, monitoring of trainings and education regarding cultural diversity, and updating the list of interpreters. This sub-committee meets four times per year.
- Member-Specific Performance Improvement Committee at Prospect House (MHAEC's day treatment program): the overall goal is to address programmatic areas of concern. PIC reviews suggestions from the suggestion box, safety issues and discusses ways to enhance services at Prospect House. This sub-committee meets six times per year.

### **Strengths of the Performance Improvement Plan**

- Staff involvement is consistent and committed,
- Staff membership represents all areas of programs and operations,
- Communication to staff, clients and stakeholders occur through the PIC bulletin board, staff meetings, Members meetings at Prospect House, year-end reports and satisfaction surveys. PIC Chairperson also reports findings to the Executive Director on a regular basis, the Board of Directors and to employees at quarterly staff meetings.
- Focused audits and data reporting in the areas of quality assurance/utilization.

### **Highlights of Performance Improvement**

- Supportive Living Services was inspected by the Office of Licensing in July, 2016 and received full licensure.
- MHAEC was surveyed by CARF in September, 2016 and received the highest accreditation of 3 years.
- MHAEC continues to find and implement technologies that assist consumers with their goals. At admission individuals are provided a patient portal which allows easy access to their records. All outreach case managers are provided an agency cell phone in order to increase communication and schedule/remind consumers of appointments via text messaging. iPads are utilized during in-vivo visits to assist with completing

treatment/service plans and enhancing services. In addition, MHAEC's website as well as social media sites such as Facebook and Twitter are easily accessible. MHAEC will continue to work with its Information and Technology department to improve services through the use of technology.

- There were zero grievances, complaints or suggestions in regards to performance during FY2016.
- MHAEC continues to provide care coordination ensuring a holistic service approach. All treatment is individualized to meet the needs of each person served. Individuals are encouraged to include a health goal in their treatment/service plan and are encouraged to schedule annual physicals.
- MHAEC continues to be committed in assisting individuals in applying for and receiving benefits. MHAEC has five staff trained as Presumptive Eligibility Counselors and is a Presumptive Eligibility site. The Presumptive Eligibility Counselors are able to provide quick access to temporary Medicaid for approximately one month while eligibility is being determined for NJ Family Care.
- MHAEC understands the importance of ongoing education and training. Therefore, in-services are conducted throughout the year, such trainings to include, but are not limited to: Ethics and Legal Issues, Psychopharmacology, Safety in the Community and CPR, First Aid and AED training. Other trainings which are program specific are provided through our Relias Learning which is a web-based training program.
- In September, 2016, the Mental Health Association of Essex County was accredited through CARF as a Health Home. In addition to this accreditation, housed within Prospect House is our Prospect Primary Healthcare, a full service medical treatment facility. Prospect Primary Healthcare continues to offer participants in all MHAEC's programs convenient access to a full spectrum of physical healthcare treatment and services. Prospect Primary Healthcare represents a tremendous enhancement to our ability to serve our consumers. Prospect Primary Healthcare currently provides services to approximately 200 individuals on an annual basis.
- MHAEC currently has three staff certified as Mental Health First Aid Instructors. The Mental Health First Aid instructors educate the public on risk factors and warning signs regarding mental health and addiction concerns. Participants are educated on strategies to help someone in both crisis and non-crisis situations, and provides community resources. This year, MHAEC trained individuals who included clinical and non-clinical mental health staff, graduate students, local deacons of worship, and transportation drivers.
- During this fiscal year, ICMS and PH had successful Medicaid audits.

- MHAEC continues to provide tuition reimbursement to eligible staff for courses which directly relate to the mission of the agency and the employee's job description.
- MHAEC's Annual Provider Survey indicated a 98% overall satisfaction rate.
- MHAEC's Strategic Plan ensures we remain strategically positioned to fulfill our mission. This plan is reviewed and revised by the Board of Directors with input from staff, consumer and family focus groups, Essex County Administrator and other stakeholders.
- MHAEC continues to utilize our electronic clinical records in AWARDS. The benefits of the electronic clinical records are: improved access to complete and accurate information. In addition, improved billing has resulted from progress notes documenting the services provided.
- MHAEC continues to participate in the Meaningful Use program which was established to improve health care quality, safety, and efficiency through the promotion of Health IT which includes electronic health records and the private and secure electronic health information exchange. The goal of the Meaningful Use program is to promote the spread of using electronic health records to improve health care in the United States.
- Quarterly staff meetings are held in order to provide staff with up to date information.
- MHAEC currently employs 27 employees who are fluent in fourteen different languages.

Mental Health Association Of Essex County															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2015 - 2016			2016						2017						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
CLCP															
TECHNICAL AUDITS	Quarterly	80%	100%			100%			100%			100%			100%
Technical Audits with remediation															
Focused:															
Service Plans	Monthly	80%	100%	80%	100%	100%	75%	75%	100%	75%	80%	100%	80%	85%	88%
Progress Notes	Monthly	80%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	98%
AIMS	Semi-Annual	80%						100%						100%	100%
Medication Sheet	Monthly	80%	100%	80%	88%	100%	100%	100%	100%	75%	100%	100%	100%	100%	95%
Justified Continued Stay	Quarterly	80%	100%			100%			100%			100%			100%
Closed Chart Audits	Quarterly	80%	100%			100%			100%			100%			100%
Medication Inventory	Quarterly	Completed	100%			100%			100%			100%			100%
Refer. to primary care physician	Quarterly	80%	100%			100%			100%			100%			100%
Service Access:															
Wait for Intake	Monthly	≤7 Days	5	6	7	6	7	6	5	2	3	6	0	4	5
Wait for Assignment	Monthly	≤5Days	1	2	1	2	2	1	0	1	1	0	0	0	1
Indicators:															
Patient Stress Questionnaire	Annual	↑functioning						88%						90%	89%
Discharge Follow Up	Semi-Annual	80%						100%						100%	100%
Satisfaction Survey	Annual	80%												98%	98%
Sun Risk Education	Annual	100%										100%			100%
AOT															
TECHNICAL AUDITS	Quarterly	80%	80%					80%			80%			100%	80%
Technical Audits with remediation															
Focused:															
Active Caseload	quarterly	80%	80%					100%			100%			100%	95%
Medication Inventory	quarterly	100%	100%					100%			100%			100%	100%
Service Access: (Referrals)															
Wait for service	monthly	baseline	3 day	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3days
Screening	monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient	monthly	7 consumers	7	7	9	2	3	8	7	5	10	6	7	9	7
Long Term Care (LTC)	monthly	3 consumers	3	3	3	6	5	7	1	1	2	4	2	3	4
# of transport orders	Monthly	3 orders	2	2	2	0	0	0	0	2	2	2	1	2	15
# of indiv. receiving physicals	Quarterly	2 consumers	2					3			2			3	
Indicators: (Active enrollees)															
ER (screening)	monthly	≤ 15 percent	10%	15%	24%	9%	4%	4%	13%	20%	18%	20%	10%	18%	14%
Voluntary admissions	monthly	≤ 7 percent	5%	7%	4%	5%	2%	0%	9%	6%	2%	5%	3%	9%	5%
Involuntary admissions	monthly	≤ 6 percent	5%	2%	6%	2%	4%	4%	11%	4%	9%	5%	0%	5%	5%
Long Term Care	monthly	≤ 8 percent	2%	0%	2%	2%	4%	0%	0%	0%	4%	3%	0%	0%	1%
Arrests	monthly	≤ 7 percent	2%	4%	2%	0%	4%	0%	0%	2%	2%	3.00%	0%	0%	2%
Incarceration	monthly	≤ 7 percent	0%	4%	2%	4%	4%	2%	1%	2%	2%	3%	0%	0%	2%
22															

Mental Health Association Of Essex County															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2015 - 2016			2016						2017						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AOT															
Homelessness	monthly	≤ 7 percent	12%	10%	2%	2%	2%	2%	2%	2%	2%	2%	4%	5%	4%
Satisfaction Survey	Annual	85%											100%		100%
Sun Risk Education	Annual	100%										100%			100%
IFSS															
IFSS TECHNICAL CHART AUDITS	Monthly	80%	89%	98%	96%	96%	92%	96%	88%	91%	84%	84%	85%	96%	91%
Technical Audits with remediation				100%				100%						100%	100%
Service Preference Form Complete	Monthly	90%	73%	90%	90%	100%	80%	90%	70%	80%	30%	40%	30%	100%	73%
Updated Contact-Attendance Grid	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	90%	80%	90%	100%	100%	97%
Closed Chart Audits	Quarterly	80%			100%			100%						100%	100%
Service Assess:															
Wait for Service	Quarterly	≤5 days			0.6			1.6			1.02			0.94	1.7
Wait for Intake	Quarterly	≤5 days			4.9			3.6			4.44			3.89	4.20
Family Feedback on Accessibility	Annual	80%												93%	93%
Indicators:															
Family Concerns Scale	Semi-Annual	↓ Reduction						-1%						-1%	-1%
IFSS Family Satisfaction Survey	Annual	85%												100%	100%
IFSS Discharge Follow Up	Semi-Annual	80%						100%						100%	100%
Project FERST-Satisfaction Survey	Annual	≥85%												91%	91%
Project FERST Discharge Follow Up	Semi-Annual	90%						100%						100%	100%
McFarlane MFG Recidivism	Annual	↓ Reduction												85%	85%
Sun Risk Education	Annual	100%												100%	100%
ICMIS															
TECHNICAL AUDITS															
Full Active Caseload	Quarterly	80%			82%			78%			80%			91%	83%
Technical Audits with remediation															
Focused:															
Quarterly Progress/w goal attainment	Quarterly	80%			77%			81%			82%			85%	81%
Med. Education	Monthly	80%	81%	86%	79%	81%	92%	96%	100%	100%	100%	91%	86%	81%	89%
Physical Assessments	Monthly	25 clients	2	1	0	0	0	0	0	2	1	0	0	0	6
physician's visits	Monthly	33	2	3	2	1	1	2	3	1	3	1	0	0	19
wait for service	monthly	baseline													
Safety Plans	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
60 D/C Follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Appropriate Admissions	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid Justification	Quarterly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
Co/st d/c seen: 72 hours	Monthly	80%	100%	98%	93%	90%	100%	99%	100%	100%	99%	100%	100%	100%	98%
STCF Recidivism	Monthly	≤20%	6%	4%	5%	3%	3%	2%	5%	2%	4%	3%	3%	2%	4%
Recidivism to County or	Monthly	≤20%	4%	4%	3%	5%	2%	2%	3%	2%	4%	2%	1%	1%	3%
State hospitals															
Voluntary Recidivism	Monthly	≤20%	3%	5%	2%	2%	6%	7%	5%	4%	5%	6%	5%	5%	5%
Client Employment	Quarterly	62 clients				23	14	16			20			14	64

Mental Health Association Of Essex County															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2015 - 2016			2016						2017						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
ICIMS															
Satisfaction Survey	Annual	80%												97%	97%
Sun Risk Education	Annual	100%										100%			100%
IT															
System Upgrades	Monthly	Completed	5	2	3	1	3	1	2	1	2	3	2	4	29
Trouble Ticket Response	Monthly	≤5 days	2	1	1	1	2	1	2	1	1	1	2	2	2
Trouble Ticket Received	Monthly	≤200	15	10	12	14	12	9	14	12	10	15	17	11	151
Hardware Inventory	Annual	90%										95%			95%
Software Inventory	Annual	90%											97%		97%
PROSPECT HOUSE															
TECHNICAL AUDITS	Monthly	85%	94%	93%	95%	93%	90%	90%	95%	90%	94%	93%	91%	94%	93%
Technical Audits with remediation			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	98%
Focused:															
Height, Weight, & BP	Monthly	85%	80%	100%	80%	87%	80%	73%	80%	71%	92%	87%	100%	93%	85%
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	93%	50%	66%	88%	82%	50%	25%	0%	100%	100%	30%	100%	65%
6 Month Psych	Monthly	100%	87%	100%	100%	100%	100%	100%	90%	75%	89%	100%	100%	80%	93%
Consent Forms	Monthly	85%	87%	100%	87%	80%	87%	87%	80%	100%	100%	100%	87%	93%	91%
Comprehensive Assessments completed within one month of acceptance into the program	Monthly	90%	100%	100%	100%	88%	90%	100%	33%	83%	100%	75%	100%	66%	86%
Consumer smoking status:															
Currently smoke	Quarterly	35%			35%			62%			65%			17%	45%
Quit smoking	Quarterly	10%			10%			19%			35%			10%	19%
AIMS	Quarterly	90%		87%			87%			100%			79%		88%
BMI	Quarterly	90%		93%			82%			73%			93%		85%
Informed Consent for meds	Quarterly	100%			100%			96%			100%			95%	98%
Medical office visits	Annual	200	27	15	34	18	16	18	17	6	20	24	18	23	236
Wait for service	Monthly	baseline	1	2	1	1	2	1	2	2	2	3	4	2	2
Indicators:															
Employment	Quarterly	20 consumers	5			8			5			4			22
Access	Annual	10 consumers	2	2	2	0	3	2	2	1	1	2	3	2	2
Sun Risk Education	Annual	100%												100%	100%
Client Satisfaction	Annual	80%											83%		83%
SES															
TECHNICAL AUDITS	Monthly	80%	89%	88%	71%	81%	85%	82%	88%	91%	96%	96%	98%	98%	89%
Technical Audits with remediation															
Full Active Caseload	Quarterly	80%			80%			86%			97%			91%	89%
Focused:															
CIA w/SNAP	Monthly	80%	100%	100%	100%	100%	86%	88%	94%	99%	100%	100%	100%	100%	97%
Tx. Plans: update/measurable	Monthly	80%	100%	100%	100%	100%	79%	76%	96%	100%	100%	100%	100%	100%	96%
Support Plan	Quarterly	80%			100%			100%			76%			100%	94%
Appropriate Admissions	Quarterly	80%			100%			100%			100%			100%	100%
Closed Chart Audits	Quarterly	80%			100%			100%			100%			100%	100%
Progress on Goal attainment	Quarterly	80%			88%			76%			75%			81%	80%
physician's visits	monthly	baseline	2	0	0	0	0	0	0	0	0	0	0	1	3
wait for service	Monthly	baseline	0	0	0	0	0	0	0	0	0	0	0	0	0

Mental Health Association Of Essex County															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2015 - 2016			2016						2017						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
SES															
Indicators:															
Linkages to Comm Service	Quarterly	80%			4%			2%			1%			4%	3%
Employee Satisfaction Surveys	Annually														
Employer Satisfaction Surveys	Annually														
Interviews	Quarterly	115	7	8	5	9	7	11	10	12	16	11	5	7	108
Placed within 4 months of admin.	Quarterly	30%													
D/C Follow Up 90 Days	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%
Job retention > 3 mths.	Quarterly	80%	78	88	81%	85	71	77%	90%	98	93%				
Client Satisfaction	Annual	80%											79%		79%
Sun Risk Education	Annual	100%										100%			100%
Riskin's Children Center (RCC)															
TECHNICAL AUDIT	Quarterly	80%	100%			100%			100%			100%			100%
Technical Audits with remediation															
Focused:															
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Sheet	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Progress Notes	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for intake	Monthly	≤5	2	3	5	4	3	5.5	4	0	6	5	4	0	3
Wait for assignment	Monthly	≤5	1	1	0	0	0	0	0	0	2	0	0	0	1
Informed Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%
Service Plans	Quarterly	80%	75%			100%			100%			100%			94%
Closed Chart Audits	Quarterly	80%	100%			100%			100%			100%			100%
# of indiv. Linked to pediatrician	Quarterly	80%	100%			100%			100%			100%			100%
Indicators:															
Child/Youth Symptom Check List	Semi-Annual	80%						85%							85%
Satisfaction Survey	Annually	80%												88%	88%
Sun Risk Education	Annually	100%										100%			100%
CJS															
TECHNICAL AUDIT	Monthly	85%	90%	84%		96%	81%		82%	94%		84%	92%		88%
Technical Audits with remediation															
Full Active Caseload	Quarterly	80%			91%			94%			98%			93%	94%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	80%	100%	87%	100%	100%	81%	80%	89%	96%	60%	100%	86%	88%
Financial Agreement	Monthly	baseline	71%	100%	100%	100%	100%	98%	80%	100%	100%	100%	100%	98%	96%
Medication Education	Monthly	80%	93%	75%	96%	100%	100%	96%	100%	100%	95%	100%	100%	90%	95%
D/C Follow Up 60 Days	Monthly	80%	100%	n/a	100%	100%	n/a	100%	100%	n/a	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	98%	98%	n/a	96%	95%	n/a	94%	95%	99%	n/a	91%	n/a	96%
physician's visits	monthly	25	3	5	1	2	2	1	1	5	400%	1	2	6	33
Indicators:															
Wait for services	Monthly	≤5 days	0	8	0	5	5	2	5	4	1	2	9	4	4
After hour calls	Monthly	≤150 calls	0	0	0	1	0	0	0	0	0	0	0	0	1
Employment	Monthly	40 clients	1	1	1	25	1	0	1	3	1	2	3	4	21

Mental Health Association Of Essex County															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2015 - 2016			2016						2017						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
CJS															
Community Linkages	Monthly	75	7	8	3	1	2	3	5	3	3	9	10	5	59
Recidivism to jail W/I 30	Monthly	≤25 clients	0	1	1	1	1	1	0	1	0	1	0	1	8
Recidivism to jail W/I 60	Monthly	≤50 clients	1	1	0	0	0	2	0	0	0	1	0	2	7
Recidivism to jail W/I 90	Monthly	≤25 clients	0	1	1	0	0	0	0	0	0	0	0	0	0
Recidivism to jail W/I 120	Monthly	≤50 clients	0	1	0	0	0	0	2	0	0	0	1	0	0
Satisfaction Survey	Annual	80%											93%		93%
Sun Risk Education	Annual	100%										97%			97%
MHA-AGENCY-WIDE															
Indicators:															
Staff Turnover	Monthly	≤30%	1.70%	2.6%	5.0%	4.0%	2.00%	6.0%	2.0%	0	4.0%	0	0	0	3.1%
Staff Satisfaction		↑satisfaction												90%	90%
	Annual	↑response												39%	39%
90 day New Hire Sur Sat	Quarterly	75% Satis			90.0%			79%			85%			61%	79%
Comm Prov Survey	Annual	80%												98%	98%
Safety First Calls	Monthly	<20	2	0	4	0	2	1	0	0	4	0	3	0	16
Suggestions	Monthly	NA	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievances	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Corporate Compliance	Quarterly	Completed			9/6			12/16			3/7			6/6	
External Financial Audit	Annual	Completed	7/20 SLS		9/7 PH 9/19 ICMS										
Medicaid Audit	Annual	Completed									3/7 PH 3/22 ICMS			6/12	
Psychiatrist Peer Review	Quarterly	Completed	7/28			10/16				2/17			5/17		
QA (PH, AOTS and CLCP)															
Internal Financial Audit	Annual	Completed	7/16			10/16			1/17						
Medication Errors	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adverse Reactions to Medications	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SLS															
TECHNICAL AUDIT	Monthly	80%	84%	89%	75%	75%	67%	100%	80%	78%	77%	88%	42%	74%	77%
Technical Audits with remediation															
Focused:															
Med. Education	Monthly	80%	100%	99%	97%	95%	94%	100%	95%	96%	97%	97%	95%	80%	95%
Client Consent	Monthly	80%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	88%	70%	96%
Psych. Advance Directives	Monthly	90%	100%	100%	100%	98%	88%	88%	92%	87%	83%	100%	95%	70%	92%
Linked to Medical Services	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	97%	100%
D/C Follow Up	Semi-Annual	80%											100%		100%
Goal Attainment	Quarterly	75%			80%			75%			77%		70%		76%
Closed Chart Audits	Quarterly	80%			100%	26	100%				100%		100%		100%

Mental Health Association Of Essex County															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2015 - 2016			2016						2017						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
<b>SLS</b>															
Recidivism to STCF	Monthly	≤20%	4%	1%	3%	4%	1%	2%	1%	3%	1%	3%	0%	1%	2%
Nursing Assessments	Monthly	≥90%	0%	97%	91%	78%	82%	91%	95%	90%	85%	75%	72%	51%	76%
Satisfaction Survey	Annual	80%											74%		74%
Sun Risk Education	Annual	100%											100%		100%
Permanent Housing	Quarterly	80%			96%			99%			99%		99%		98%
Linked to benefits	Monthly	90%	99%	100%	100%	100%	100%	100%	100%	100%	100%	96%	95%	97%	99%
Recovery Plans w/in 14 days of admission	Monthly	90%	100%	100%	98%	100%	98%	97%	100%	100%	100%	100%	88%	85%	97%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	86%	99%
<b>Prospect Primary Healthcare</b>															
BMI <27	Monthly	25%	22%	25%	20%	28%	33%	11%	29%	23%	24%	30%	37%	32%	26%
Vitamin D >30	Monthly	25%	33%	50%	55%	70%	40%	33%	27%	80%	46%	0%	80%	27%	45%
Glucose Level <100	Monthly	60%	64%	62%	73%	70%	60%	38%	64%	100%	50%	75%	0%	64%	60%
Blood Pressure < 140/90	Monthly	80%	100%	83%	90%	100%	92%	92%	93%	92%	100%	82%	82%	81%	91%
Number of clients seen	Monthly	300	32	20	40	21	16	19	28	6	25	33	29	29	298
Satisfaction Survey	Annual	80%											81%		81%
<b>PATH</b>															
<b>TECHNICAL AUDIT</b>	Monthly	80%													
<b>Technical Audits with remediation</b>															
<b>Focused:</b>															
Med. Education	Monthly	80%											83%	88%	86%
Client Consent	Monthly	80%											100%	100%	100%
Goal Attainment	Monthly	80%											100%	100%	100%
Number of outreaches	Monthly	333					0	0	14	32	86	19	40	61	252
Number of indiv. enrolled	Monthly	133					0	0	7	13	14	7	9	22	72
Linked to Community MH services	Monthly	88					0	0	5	10	8	9	7	16	55
Linked to financial benefits	Monthly	26					1	8	0	1	6	7	1	7	31
Linked to permanent housing	Monthly	26					1	1	5	4	6	3	4	8	32
Linked to temporary housing	Monthly	23					4	3	3	6	7	2	2	8	35
Linked to substance abuse treatment services	Monthly	10					0	1	3	5	2	1	3	3	18
Linked to medica/dental services	Monthly	20					0	0	1	2	1	2	2	1	9
Linked to vocational/educational services	Monthly	6					0	0	0	2	0	1	0	0	3
Sun Risk Education	Annual	100%										100%			100%
Satisfaction Survey	Annual	80%											100%		100%

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
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*Outcomes*

**PROGRAMS AND INDICATORS**

**AGENCY-WIDE INDICATORS: Mental Health Association of Essex County, Inc. (MHAEC)**

*Efficiency:* Staff turnover is monitored. The industry rate for turnover is 40%, resulting in frequent staff vacancies, compromised services, and additional effort to train. This agency is committed to reducing turnover through staff development, communication, organizational culture, and improvement of working conditions and benefits. The Director of Operations tracks turnover rates monthly per program and in the aggregate. *2016: 1.7% average annual turnover rate*

*Staff Satisfaction:* Annually, staff completes a Satisfaction Survey in September. We believe that staff satisfaction correlates to staff turnover. Expected measures of this indicator are increased number of respondents and continued or increased levels of satisfaction. *2016: 7.86% decrease in satisfaction; same rate of response*

*Community Agency Satisfaction:* Annually, this agency conducts a survey of community providers who refer clients or collaborate with us, or to whom we refer clients and collaborate. Results of this survey provide information regarding community needs, assessment of services and collaborative efforts, marketing needs, professional reputation and relationship to providers. *2016: 30% response rate; 94% overall satisfaction*

*Access:* MHAEC, Inc. has programs in both suburban and urban areas of Essex County. We provide residential services throughout Essex County. We are in schools in Montclair and the surrounding areas. We have offered Psycho-Ed sessions throughout Essex County. *2016: 2999 Consumers received services from MHAEC, Inc.*

*Effectiveness:* MHAEC, Inc. is contracted with the NJDMHAS to provide service commitments annually for each program with a 90% commitment achievement rate. *2016: 45% was the lowest number achieved for the SES program.*

2.5% annual turnover:  
*3.1% average annual turnover rate*

Increase in satisfaction and increased percentage of staff respondents  
*5% increase in satisfaction*  
*Response rate was 39%*

80% satisfaction and increased response rate: annual:  
*30% response rate*  
*98% overall satisfaction*

MHAEC, Inc. provides services to 3000 consumers annually  
*3005 consumers received services from MHAEC, Inc.*

90% commitment achievement rate for all programs contracted with NJDMHS: quarterly  
*39% was the lowest number achieved for the SES program. All other programs met 90% of commitments*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
**PERFORMANCE INDICATORS: FY 2017**  
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*Outcomes*

**PROGRAMS AND INDICATORS**

**HEALTH HOME (CARE COORDINATION)**

*Effectiveness:* Health: Research has shown that individuals diagnosed with a mental illness have a shortened life span due to untreated preventable diseases. Through care coordination, a holistic approach will be utilized to ensure that appropriate services are identified and appointments are scheduled and maintained. Through regular medical checkups individuals' physical health will improve as evidenced by BMI, Vitamin D, Glucose and Blood Pressure levels being within normal range.  
*2016: BMI- avg. of 30% within normal range; Vitamin D- avg. of 24% within normal range; Glucose level-avg. of 63% within normal range; Blood Pressure-avg. of 91% within normal range*

*Efficiency:* Service Utilization: Care Coordination promotes the integration of behavioral and physical health services through the use of MHAEC's on-site medical services and/or external services. Care Coordination will enhance the likelihood of individuals' utilizing medical attention.  
*2016: 391 visits were made to MHAEC's Prospect Primary Care; 493 visits were made to an external physician's office*

*Access:* Wait for service is a measure of efficiency and indicates standards of professionalism and operations. Access to MHAEC programs are monitored by the time taken to set a first or subsequent appointment once referral is made.  
*2016: 3.1 business days*

*Client Satisfaction:* Annually, MHAEC programs conduct a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services.  
*2016: 92% overall program satisfaction*

An increase of 20% of individuals will be within normal range in the areas of BMI, Vitamin D, Glucose level and blood pressure

*BMI- avg. of 29% within normal range*  
*Vitamin D- avg. of 45% within normal range*  
*Glucose level-avg. of 60% within normal range*  
*Blood Pressure-avg. of 91% within normal range*

Care coordination will increase physician visits by 20%  
*298 visits were made to MHAEC's Prospect Primary Care;*

≤5 business days: monthly  
*2 business days*

80% overall satisfaction rate: annually  
*81% overall program satisfaction*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
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**PROGRAMS AND INDICATORS**

**July 1, 2016 – June 30, 2017**  
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**CENTER FOR LOWCOST PSYCHOTHERAPY (CLCP)**

*Access:* Wait for service and wait for assignment are measures of efficiency, required by NJDMHAS. They are indicators of standards of professionalism and operations. Thresholds of performance are ≤5 business days between initial call and intake and between intake and assignment to service. *2016: 5 days wait for intake; 1 days wait for assignment*

*Effectiveness:* The Behavior and Symptom Identification Scale (BASIS-32) is completed by each client at time of intake and every three months during treatment. This scale is validated by McLean Hospital, Massachusetts, which publishes national baselines and benchmarks of performance. Using a scale of 0 to 4, clients self-report symptoms, presented at initial assessment. A baseline, established through monitoring in FY 2002, demonstrated that 79% of clients reported diminished symptoms and increased functioning during the first six months of service. Effective treatment is expected to yield decreased symptoms and increased functioning. Mid-year, the Center began using the Patient Stress Questionnaire which is an inventory that is adapted from the Patient Health Questionnaire 9 and measures depression, anxiety, traumatic stress reactions and substance use. *2016: Clients showed improvement in their self-reported functioning after three months of therapy in all areas of the Patient Stress Questionnaire. In addition, 85% showed a decrease in symptoms.*

*Client Satisfaction:* Annually, CLCP conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services. *2016: 98% satisfaction*

*Efficiency:* CLCP utilizes a unique administrative structure with only two full-time staff members. Much of CLCP's psychotherapy services are provided by private practitioners who have voluntarily agreed to accept referrals on a sliding scale. This results in a low operating cost and a uniquely efficient program. *2016: \$61.98*

≤5 business days: monthly  
*5 days wait for intake*  
*Days; 1 wait for assignment*

Clients reporting lessened symptoms and increased functioning: @ three months  
*Clients showed improvement in their self-reported functioning after three-six months of therapy in all areas of the Patient Stress Questionnaire. In addition, 88% showed a decrease in negative symptoms.*

80% satisfaction: annually  
*98% satisfaction*

Annual: Cost below average OPD in the state \$93.81  
*Cost per unit of service=\$77.85*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
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**PROGRAMS AND INDICATORS**

**INTEGRATED CASE MANAGEMENT SERVICES (ICMS)**

*Access:* Clients discharged from county and state psychiatric hospitals are seen within 72 hours of discharge. **2016: 99% of clients were seen within 72 hours of discharge.**

*Effectiveness:* Recidivism rates among ICMS clients are tracked and monitored as a benchmark of effective reduction in re-hospitalization rates at county and state psychiatric hospitals. Tracked monthly and aggregated annually, rates of recidivism are expected to occur for less than 20% of the active caseload, per year. **2016: 10% recidivism to all hospitals; 2% to state and county hospital; 4% to community hospitals; 4% short term care facilities**

*Effectiveness:* In reviewing employment rates, nationally and within New Jersey among PACT and ICMS clients, this program seeks to target 62 of its clients toward employment, including volunteer work, targeted and supportive employment, part-time and full-time. **2016: 56 consumers are employed**

*Client Satisfaction:* Clients are surveyed for satisfaction with staff responsiveness and availability, treatment participation and progress, and collaborative efforts. **2016: overall satisfaction was 96%**

*Efficiency:* In reviewing justified continued stay: Continue stay rates among ICMS clients are tracked and monitored as a benchmark of efficiency, reduction in clients remaining on the active case load. Rates are based on six and eighteen month's length of stay. This process saves time, money and gives clients a chance to be more independent. Tracked monthly and aggregated annually, rates of continued stay are expected to occur less than 10% of the active caseload, per year. **2016: 11% required continued stay; 100% were justified continued stay**

80%: monthly  
**98% of consumers were seen within 72 hours of discharge**

≤20% annually: monthly monitoring, annual aggregate  
**10% recidivism to all hospitals  
3% to state and county hospital  
5% to community hospitals  
4% to short term care facilities**

62 clients employed: yearly  
**64 consumers from the active caseload were employed**

80% satisfaction: annually  
**97% overall satisfaction**

10% of caseload will require continued stay: quarterly  
**14% required continued stay;  
100% Justified continued stay**

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
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*Outcomes*

**PROGRAMS AND INDICATORS**

**PROSPECT HOUSE (PH)**

*Effectiveness:* Recidivism to MICA services: partial care, in concert with successful integration to community living and needed social/MICA supports will result in low rates of readmissions to intensive MICA services. **2016:  $\leq 1\%$  of members were referred to intensive MICA services**

$\leq 1\%$ : quarterly  
 *$\leq 1\%$  of members were referred to intensive MICA services.*

*Effectiveness:* Employment: it is hypothesized that through partial care providing pre-vocational skills training, that members will gain skills needed to become employable. **2016: 0.7% of members became employed.**

$\geq 15\%$ : quarterly  
*5% of members became employed.*

*Efficiency:* Service Delivery: by utilizing two part time Advanced Practitioner Nurses and decreasing the consulting psychiatrist schedule, it will increase psychiatric time for less money per hour. In addition, we will be able to provide services to over 400 members. **2016: Medical staff onsite 4 days a week for seven months.**

Medical staff onsite: 4 days a week  
*Medical staff onsite 4 days a week for over nine months.*

*Access:* Admissions: when an admission is questionable during the intake process, medical staff will complete a preliminary psychiatric evaluation within 24 hours to determine if appropriate for admissions as opposed to an immediate denial. In the past, upon referral, many were denied admissions without consulting with medical staff. With focusing on wellness and recovery, we will be able to meet the needs of the consumers immediately therefore, having immediate access to services. **2016: 16 potential members were referred to medical staff regarding a questionable admission within 24 hours.**

24 hours: preliminary psychiatric evaluation by medical staff  
*19 potential members were referred to medical staff regarding a questionable admission within 24 hours.*

*Client Satisfaction:* Clients complete a survey that rates satisfaction with program and staff, perceived empowerment to manage illness, self-assessed improvement in activities of daily living **2016: 86% overall program satisfaction**

80% satisfaction: annually  
*83% overall program satisfaction*

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**PROGRAMS AND INDICATORS**

**July 1, 2016 – June 30, 2017**  
**THRESHOLD: CALENDAR**  
*Outcomes*

**SUPPORTED EMPLOYMENT SERVICES (SES)**

*Efficiency:* Expected speed of placement for clients is 50% placed in a job within four (4) months of entry to program. *2016: 8% of consumers were placed into employment within the targeted period*

50% in 4 months: quarterly  
*11% of consumers were placed into employment within the targeted period of time.*

*Efficiency:* 5,859 units of service are expected; staff productivity will continue to be monitored. *2016: 45% of units of service were achieved.*

4718 units of service are expected;  
 100%: Quarterly  
*35% of units of service were achieved.*

*Effectiveness:* An outcome of successful placement and job support is measured by retained employment of three (3) months or more. *2016: 91% of consumers placed retained employment for 3 months or more.*

60% retention: Quarterly  
*85% of consumers placed successfully retained employment*

*Effectiveness:* Client-oriented programs strive to place individuals in occupations of their choice. *2016: 100% of consumers placed were placed in occupations of their choice.*

80% placed in chosen jobs  
 Quarterly  
*100% of consumers were placed in jobs of their preference.*

*Client Satisfaction:* Annually, satisfaction with services, responsiveness of staff, and preparation for employment are surveyed. *2016: 89% of the consumers that responded were always or frequently satisfied with the level of service provided, and their responsiveness.*

80% satisfaction: annually  
*The rate of overall satisfaction with SES services is 79%*

*Employer Satisfaction:* Annually, employers with whom we place clients are surveyed for satisfaction with their collaboration with SEP staff. *2016: 98% of employers with whom we placed consumers were satisfied with their collaboration with SES.*

80% satisfaction: annually  
*95% of employers with whom we placed consumers were satisfied with their collaboration with SES.*

*Access:* Wait for Service: The target wait for intake is 10 days; and admission to the program is within 2 days. *2016: 60 new consumers were registered and referred. The average time for intake was 5 business days and enrollment into SE was 1 business day.*

Ten Days for intake, two days for admission: quarterly  
*54 new consumers were registered and referred. The average time for intake was 5 business days and enrollment into SE was 1 business day.*

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**PROGRAMS AND INDICATORS**

**COLLABORATIVE JUSTICE SERVICES (CJS)**

*Effectiveness:* Community linkages--It is hypothesized that clients' community reintegration can be measured by the number of linkages to local mental health programs and social organizations. *2016: 119 consumers were successfully linked to community providers*

*Effectiveness:* Recidivism to jail within 30 days  
Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 30 days. *2016: 2 consumers returned to jail within 30 days for the entire fiscal year*

*Effectiveness:* Recidivism to jail within 60 days  
Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 60 days. *2016: 4 consumers returned to jail within 60 days for the entire fiscal year*

*Efficiency:* Divert/Pre-adjudication-Consumers will be identified by UBHC/CJS and will either be diverted and/ or pre-adjudicated. *2016: 15 consumers were diverted of which 15 were diverted pre-booking, pre-adjudicated*

*Client Satisfaction:* Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers. *2016: 90% overall satisfaction*

*Access:* Clients referred to CJS in the community, Essex County Correctional Facility Staff, mental health providers as well as family members have 24 hours/7 days week access to Forensic Case Manager and or Program Director through the on call service. *2016: 0 calls during the fiscal year*

80%: monthly  
*59 consumers were successfully linked to community services as outlined in their Individualized Service Plan*

Less than 25 clients: monthly  
*8 consumers returned to jail within 30 days for the entire fiscal year*

Less than 50 clients monthly  
*7 consumers returned to jail within 60 days for the entire fiscal year*

150 clients: monthly  
*20 consumers were diverted of which 10 were diverted pre-booking, pre-adjudicated.*

80% satisfaction: annually  
*93% overall satisfaction*

Five calls per month: monthly  
*1 calls for the fiscal year*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
**PERFORMANCE INDICATORS: FY 2017**  
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**July 1, 2016 – June 30, 2017**  
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**PROGRAMS AND INDICATORS**

**COMMUNITY SUPPORT SERVICES (CSS)**

*Effectiveness:* Employment: SLS measures employment rates as an indicator of community integration for consumers receiving services. Employment includes full and part-time competitive work, volunteer positions and educational programs. The availability of affordable housing and supportive services maximize these employment opportunities. This rate is statistically related to increases in resources and greater self-determination.

*2016: 19% employment rates*

*Effectiveness:* Recidivism: SLS monitors recidivism rates to ensure quality of services and outcomes on a monthly basis; these statistics are then compounded annually. Recidivism is defined as any instance of hospitalization for psychiatric purposes to a state/county hospital or short term care facility. This rate is linked to quality of care. *2016: 0% recidivism rate to County/State hospitals, 2% recidivism to Short Term Care Facilities*

*Effectiveness:* Residential Stability: The main goal of a supportive housing program is to stabilize the residential circumstances of a vulnerable population. Mc-Kinney-Vento funded programs measure residential stability as one of three major goals. Effective services provided in appropriate housing opportunities correlate with tenant retention rates. *2016: 97% of individuals remained in housing for 12 months*

*Efficiency:* Clinical Data: The use of the Awards program clinical database for SLS documentation allows for efficient and orderly clinical records. Also, through multiple report modules, supervisory staff is better able to track staff interventions and potential crises. Awards are utilized by the State of NJ for collection of HMIS data. *2016: 95% of charts were complaint*

*Access:* SLS is available 24 hours a day, including holidays and weekends, with the use of an answering service. In order to meet the unique needs of the individuals served staff work a flexible schedule of Sunday through Saturday, with hours starting at 8am until 9pm. *2016: 90% of individuals were satisfied with staff availability*

≥10% employment: quarterly monitoring  
*12% employment rates*

≤ 20% recidivism rate to psychiatric hospitals: monitored monthly  
*0% recidivism rate to County/State hospitals*  
*2% recidivism rate to Short Term Care Facilities*

≥80% of tenants will maintain their housing for 12 months monitored through movement statistics: monitored monthly  
*98% of individuals remained in housing for 12 months*

≥80% chart compliance: monitored monthly  
*94% of charts were compliant*

≥80% client satisfaction: monitored yearly  
*74% of individuals were satisfied with staff availability*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
**PERFORMANCE INDICATORS: FY 2017**  
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**PROGRAMS AND INDICATORS**

**July 1, 2016 – June 30, 2017**  
**THRESHOLD: CALENDAR**  
*Outcomes*

**INTENSIVE FAMILY SUPPORT SERVICES (IFSS)**

**Access:** IFSS insures easy access of services for all family members by having professional staff on call 24 hours a day, 7 days a week, including holidays. Families can request services through phone calls or through the NAMI-IFSS or MHAEC website. The ease of a family's accessibility to IFSS services will be measured by their specific response to question #4 on the IFSS questionnaire which asked if families felt IFSS staff were accessible or readily available to meet their needs and question #1 which asked if it was easy to find out about the program. *2016: 97% rated services accessible*

Measured: Annually  
Baseline  $\geq$  to 90% felt IFSS services were accessible  
*93% rated IFSS services accessible*

**Efficiency:** IFSS insures that all services are provided in a highly efficient manner by tracking how fast families obtain services. Wait for Service is a state and agency-generated indicator, which is based on high standards of professional practice. The first indicator measures the time elapsed from when a referral is received to first clinical contact with client. The second indicator measures the time elapsed from that initial first contact to a scheduled intake date. This insures that all program services are provided in a highly efficient manner to meet the emergent needs of all program clients. *2016: 1.7 day wait for service; 3.8 days wait for intake*

Measured: Quarterly  
Baseline  $\leq$  5 business days  
*1.7 days wait for service*  
*4.2 days wait for intake*

**Effectiveness:** The Family Concerns Scale (formerly the Family Burden Scale) measures effectiveness and impact of services on family stress. This indicator is NJDMHS mandated; a 24 item standardized burden questionnaire is distributed to all IFSS families. There are no pre-established levels of burden. Expected outcome of successful service is a general reduction of family stress (burden) as reported by family-respondents. *2016: 62% of IFSS families reported reduced burden*

Measured: Semi-Annually through Pre and Post tests.  
Baseline:  $\geq$  80% of families show reduction in stress/burden:  
*80% of IFSS families reported reduced burden*

**Satisfaction:** An independent Family Advisory Committee records and analyzes response-data from annual family satisfaction questionnaires. The 10 item survey is standardized and mandated by NJDMHS for IFSS programs. *2016: 100% overall satisfaction rate*

Measured: Annually  
Baseline: threshold of achieving 85% satisfaction among respondents.  
*100% of families reported being satisfied with the services of IFSS*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
**PERFORMANCE INDICATORS: FY 2017**  
PLAN FOR OUTCOME MEASURES

**PROGRAMS AND INDICATORS**

**July 1, 2016 – June 30, 2017**  
**THRESHOLD: CALENDAR**  
*Outcomes*

**RISKIN CHILDREN'S CENTER (RCC)**

**Access:** Wait for service and wait for assignment are measures of efficiency, required by NJDMHAS. They are indicators of standards of professionalism and operations. Thresholds of performance are <5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services. *2016: 1 days wait for service, 0 days wait for assignment*

**Effectiveness:** The Child Behavior Checklist is distributed to all children upon intake and following six months of treatment. This tool measures aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints, and thought problems. Effective treatment is expected to decrease negative symptoms. *2016: 97% of all participants showed decreases in negative symptoms*

**Client Satisfaction:** RCC conducts a survey of satisfaction annually with the youth who are receiving services and their parents/guardians. This survey measures overall satisfaction with the therapist, services, and the child and adolescent psychiatrist. It also measures whether they felt they were treated with respect, whether the child made progress and whether the therapist included the parent in treatment and whether the child felt listened to by their therapist. *2016: 97% of all parents and children surveyed indicated satisfaction with RCC services*

**Efficiency:** The use of the Footholds/Awards program, the agency's electronic clinical database, for RCC documentation allows for efficient clinical record keeping. Also, through multiple report modules, the Program Director and Medical Director are better able to track staff interventions and potential crises. Using an electronic clinical record also allows for multi-disciplinary coordination of treatment between Medical Director and clinical staff. Awards is utilized by the State of NJ for collection of HMIS data. *2016: 99% of consumer records are compliant with agency standards*

<5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services. *3 days wait for service, 0 days wait for assignment*

80% of consumers will decrease negative symptoms of anger, depression, anxiety and conduct problems and to increase positive self-esteem. *85% of all participants showed decreases in aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints and thought problems.*

80% satisfaction rate: annually *85% of all parents and children surveyed indicated satisfaction with RCC services*

≥80% chart compliance: monitored monthly *99% of consumer electronic clinical records are compliant with agency standards.*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
**PERFORMANCE INDICATORS: FY 2017**  
PLAN FOR OUTCOME MEASURES

**July 1, 2016 – June 30, 2017**  
**THRESHOLD: CALENDAR**  
*Outcomes*

**PROGRAMS AND INDICATORS**

**ASSISTED OUTPATIENT TREATMENT SERVICES (AOTS)**

*Access:* AOTS insures easy access and availability for referral via screening, Short Term Care Facility (STCF) and/or Long Term Care (LTC) in order to assess consumers for appropriateness to AOTS services. AOTS staff is available 24 hours a day 7 days a week via on-call if a referral needs to be seen on off hours. *2016: Screening: 1 referral; STCF: 7 referrals; LTC: 3 referrals*

Measured: Monthly  
*Screening: 0 referral*  
*STCF: 7 referrals*  
*LTC: 3 referrals*

*Efficiency:* Clinical Data: The use of the Awards program clinical database allows for an efficient and orderly for clinical record keeping. Also with multiple report modules, we are able to better track staff interventions and crises. *2016: 88% of charts were compliant.*

Measured: Quarterly  
≥80 chart compliance  
*80% of the charts were compliant.*

*Effectiveness:* AOTS measures the recidivism rates to insure quality of services and outcome via court order treatment on a monthly basis; these statistics are then calculated yearly. Recidivism is defined as any instance of hospitalization visits including ER (screening) visits, psychiatric admissions including involuntary, voluntary, long term care, and arrests, incarceration, and homelessness. *2016: ≤ 10% ER (screening); ≤ 3% Voluntary admissions; ≤ 0 % Involuntary admissions; ≤ 1 % Long Term Care; ≤ 0 % Arrested; ≤ 1 % Incarcerated; and ≤ 9 % Homeless*

Measured: Monthly  
*≤ 14% ER (screening);*  
*≤ 5% Voluntary admissions;*  
*≤ 5% Involuntary admissions;*  
*≤ 1% Long Term Care;*  
*≤ 2% Arrested;*  
*≤ 2% Incarcerated;*  
*≤ 4% Homeless*

*Satisfaction:* AOTS implements an annual satisfaction of AOTS consumers. Consumer responses are then recorded and analyzed for trends. *2016: 93% overall satisfaction rate*

Measured: Annually  
≥85% overall satisfaction  
*100% overall satisfaction*

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.  
**PERFORMANCE INDICATORS: FY 2017**  
PLAN FOR OUTCOME MEASURES

**July 1, 2016 – June 30, 2017**  
**THRESHOLD: CALENDAR**  
*Outcomes*

**PROGRAMS AND INDICATORS**

**PROJECTS FOR ASSISTANCE IN TRANSITION  
FROM HOMELESSNESS (PATH)**

*Access:* PATH provides regular outreaches in the community to ensure the homeless and at-risk of homeless have access to PATH services. Whether it be at a local drop in center, soup kitchen or under a bridge; PATH provides services in all areas of Essex County.

*Efficiency:* To be considered eligible for PATH services consumer must suffer from severe and persistent mental illness and co-occurring substance abuse disorders and homeless or at imminent risk of homelessness. Of all consumers outreached by PATH staff, eligible consumers should be enrolled in PATH services and provided with linkages to temporary and permanent housing, mental health, substance abuse and medical/dental treatment, financial services, as well as, habilitation/employment assistance. With this viewpoint, consumers who are successfully linked will have an improved ability to maintain safe, affordable housing in the future.

*Effectiveness:* PATH monitors successfully linkages of consumers in the community. It is the goal of the PATH to provide services to consumers who would otherwise not engage in mainstream services. Getting consumers sheltered temporarily allows consumers to focus on their mental and physical health.

*Effectiveness:* Ending a consumer's homelessness and setting them up for success in the future is instrumental when working with the homeless population.

*Satisfaction:* PATH enrollees are surveyed yearly for their satisfaction with being treated with dignity and respect, staff prioritizing treatment participation and ending homelessness, as well as, meeting self-identified basic needs.

*333 Outreaches: Yearly*  
*2017: 324 consumers were*  
*outreached*

*133 Individuals to be served: Yearly*  
*2017: 98 consumers were served*

*17 % (23) Consumers linked to*  
*Temporary Housing: Yearly*  
*2017: 37% (33) consumers linked*

*20% (26) Consumers linked to*  
*Permanent Housing: Yearly*  
*2017: 31% (30) consumers linked*

*80% Satisfaction Rate: Yearly*  
*2017: 98% consumer satisfaction*

## **Health and Safety Report**

The Risk Management/Safety Committee at the Mental Health Association of Essex County, Inc., is comprised of designated Safety Officers and a Committee Chair. The Safety Officers consist of administrative and outreach staff from each program site. The committee meets six times per year to discuss ongoing business regarding health and safety. This includes compliance with the health and safety grid, program compliance with health and safety policy and procedures, upcoming staff trainings, driver safety reports, and incidents pertaining to infection control, communicable diseases or vehicle accidents. The committee also discusses agency concerns related to health and safety.

Along with committee meetings, each program holds a health and safety meeting on a quarterly basis. These meetings are held to discuss the health and safety needs of the agency, emergency procedures including infection control and evacuation plans, locations of emergency exits, first aid kits, biohazard containers, fire suppression equipment and Automatic External Defibrillator (AED) devices.

Each program is responsible in completing evacuation drills that mimic real life scenarios. These drills are held on a monthly, quarterly, or yearly basis and are completed in an effort to ensure safety in a real life situation. These drills are documented in detail including a drill analysis.

Along with these drills, program sites complete a safety survey on a quarterly basis during each shift. This survey assists with the ongoing maintenance of MHAEC facilities as the safety and well-being of consumers and staff are of the utmost importance. Any serious issues identified are brought to the program director's attention so they can be addressed. These documents are recorded in the Safety Grid once completed to ensure compliance.

Comprehensive health and safety inspections by external companies such as local fire departments and security alarm companies are completed annually. These inspections are completed at each program site by qualified individuals. Reports are provided to each program identifying any areas that may need improvement and immediate action is taken by MHAEC to rectify the issues.

Incident reports are completed within 24 hours of an identified incident. Reportable incidents are as follows: suicide or suspected suicide; death of a client; suicide attempt, requiring emergency medical assistance or resulting in serious or potentially serious injury; serious injury on agency premises to staff or client; allegations of physical abuse/assault; allegations of sexual assault; allegations of neglect; any newsworthy incident that involves MHAEC that has attracted TV, newspaper, or radio attention, is of local or statewide interest, involves criminal charges, or involves well-known or publicly discussed people; property damage to agency structure, or vehicles which results in injuries or casualty; a physical fight involving client or staff who engaged in an agency activity, on or off premises; theft loss to agency; medication error/adverse drug reaction from agency prescribing practitioners; infection control/bio-hazardous accidents; use or possession of weapons in a program, supportive housing or agency vehicle; elopement or wandering from a program or supportive housing; unauthorized use or possession of licit or illicit substances; communicable disease outbreak or exposure; violence or aggression to clients or staff; ambulance or police response; vehicle accident; other incidents (may include but not limited to: slips, trips or fall; reporting of personal theft or loss while on agency grounds). If an incident is

identified as needing a debriefing, such as a death or suicide, employees are referred to the Employee Assistance Program and/or provided with a debriefing session which is performed by a licensed individual within the agency. Incidents are reviewed at the Performance Improvement Committee meetings which are held monthly. The Associate Executive Director completes an annual analysis on incident reports that identifies causes, trends, and improvement plans.

Automatic External Defibrillator (AED) devices are maintained at each program site. Each device provides service to one child and one adult. These devices are inspected every 6 months by the leasing agency during which time updates on software and batteries are preformed if needed.

The Riskin Children's Center continues to implement a procedure to reduce infection and illness within the children's treatment rooms. Staff are required to disinfect the toys after each use and disinfect the sandbox monthly.

Annual TB screenings continue to be held at MHAEC with the assistance of Prospect Primary Health Care. All staff are required to complete the screening on a yearly basis or provide a doctor's note.

Annual CPR and First Aid certification continues to be held at MHAEC. This training provides comprehensive knowledge on CPR, minor first aid and the use of AED devices. MHAEC also provides trainings through Relias Learning, a web based training system, on universal precautions to prevent and minimize the spread of germs. The agency has automated hand soap, paper towel, and hand sanitizer dispensers throughout each program site. Staff at MHAEC are trained and educated in these areas as the agency continues to serve a vulnerable population.

The Safety in the Community training continues to be held at MHAEC each year. This "hands on" training is mandatory for all direct care staff and is available to administrative staff. The training was conducted by Steve Crimando, MA, BCETS, CTS, CHS, Violence Prevention Consultant/Trainer of the Behavioral Science Applications Psych 911 Violence Prevention Division. This year, the training focused on current events, such as active shooters and mass shooting events. The training also explored the risks of providing services in the community and in the office and how to be aware of potential risks. Steve Crimando also asked staff for events they may have encountered to discuss ways to be safe in future encounters. The power point presentation was distributed to all staff and continues to be distributed and reviewed with each staff upon hire.

This year MHAEC provided an Integrated Service Planning training for health and safety for all direct care providers. This training focused on identifying potential risk factors for consumers served and taught ways to create interventions that fit each risk factor identified. This was a two part training and was conducted by John Monahan, LCSW, LLC who created Integrated Care for Recovery.

Relias a web-based training system is utilized to train staff upon hire as well as annually in program centered trainings. These trainings are as follows: workplace violence, crisis management, suicide risk assessments, emergency preparedness (including disaster, bomb, and terrorist threats), legal and ethical issues for mental health professionals, client rights, client safety,

environmental safety in the workplace, personal safety in the community, confidentiality and HIPAA, corporate compliance and ethics, cultural diversity, defensive driving, fire safety, infection control, sexual harassment, and workplace harassment and abuse. Other trainings are required based on program needs and are offered as additional trainings.

In addition to the Relias trainings, staff are required to complete defensive driving trainings annually through the Hanover Insurance company due to an increase in agency vehicle accidents. Prospect House van drivers are also required to take a defensive driving class every three years. This was suggested by the insurance company after discussing the benchmark for motor vehicle accidents.

The Prospect House (PH) program continues to implement recommendations from an audit by the Department of Agriculture (Food and Nutrition Program). An ice machine is used to maintain the milk and desserts which are served during break and lunch time. A quarterly inspection is completed randomly to ensure food is stored and labeled properly. This inspection also ensures there is no mold present. The inspections completed this year showed no concerns with food storage or labeling.

## **INCIDENT ANALYSIS**

Incidents occur from time to time as a result of the volume of consumers served at the Mental Health Association of Essex County, Inc. (MHAEC). As such, incidents are reviewed and opportunities for improvement are identified. It is the responsibility of the Associate Executive Director to oversee the recording of incidents, the submission of serious incidents to the New Jersey Division of Mental Health and Addiction Services, and follow up with special case reviews with recommendations and the identification of trends. Once reviewed by the Executive Director and Associate Executive Director, the critical incidents are reviewed and discussed by the Performance Improvement Committee (PIC) during monthly meetings. PIC's charge is to conduct annual analysis, trends, causes and actions for improvement of incidents. In addition, the Risk Management/Health and Safety Committee reviews and monitors incident trends related to health and safety during meetings which are held six times a year. Following each significant incident, staff are encouraged to participate in debriefings with their treatment team and are referred to the agency's Employee Assistance Program for further assistance as needed.

In fiscal year 2017, there were no completed suicides throughout the agency. There were three suicide attempts off-premises compared to six attempts in fiscal year 2016. These suicide attempts were reported by the following programs: Integrated Case Management Services, Supportive Living Services and The Center for Low Cost Psychotherapy. Each reported one.

PIC reviewed the suicide attempts and found no identifiable trends or marked opportunities for improvement in the course of treatment. In each event best practices were followed.

There were six deaths all off-premise in fiscal year 2017. This number decreased from eleven deaths reported in fiscal year 2016. Consumer deaths were reported in the following programs: Integrated Case Management Services and Supportive Housing each reported two deaths, Assisted Outpatient Services and Prospect House reported one death in each program.

MHAEC continues to focus on the importance of health and wellness and recommends that each consumer has one physical goal incorporated into their treatment/service plan. Each consumer is also encouraged to have a medical doctor listed in their record. In order to improve access to medical treatment, MHAEC continues to offer Prospect Primary Healthcare, a full service medical treatment facility housed within MHAEC's Prospect House.

Five incidents of violence and aggression occurred at different locations: one at Integrated Case Management Services, one at the main office in Montclair and three at Prospect House. This is an increase of two incidents which occurred during fiscal year 2016.

There was a total of twenty-seven ambulance or police response incidents reported during fiscal year 2017 which is an increase of one report from last fiscal year. Most of these calls were initiated in Prospect House which is to be expected as there are over 100 individuals receiving services in the building on a daily basis. In all incidents staff followed appropriate protocol.

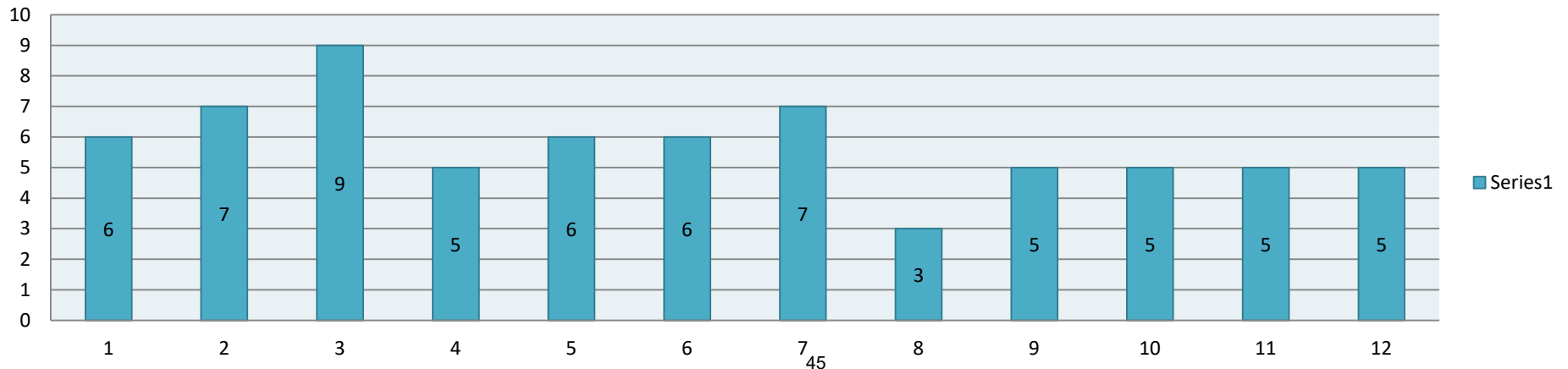
PIC reviewed all incidents and after actions plans. There were no trends found. In each incident best practices were followed.

MHAEC had a total of sixty-nine incidents documented for fiscal year 2017 which is three less incidents documented in fiscal year 2016. The low incident rate, in part, is due to the quality of services provided by all MHAEC staff.

**Mental Health Association of Essex County  
FY 17 Incident Reporting**

Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
1. Suicide/Suspected Suicide													0
2. Death		1	1	1							2	1	6
3. Suicide Attempt		1					1			1			3
4. Serious Inquiry on premises client/staff													0
5. Alleged physical abuse/assault-client/staff													0
6. Newsworthy incidents													0
7. Property damage					2								2
8. Physical fight/client or staff													0
9. Theft loss to agency													0
10. Medication error/Adverse drug reaction													0
11. Infection control/Bio-hazardous accidents													0
12. Use or possession of/ weapons										1			1
13. Elopement or wandering									1				1
14. Use or possession of licit or illicit substances													0
15. Communicable Disease													0
16. Violence or Aggression	1		1	1	1					1			5
17. Ambulance or Police Call	1	1	3	2	2	3	3	3	4	2	1	2	27
18. Vehicle Accident	3	2		1	1	3	2				2	2	16
19. Other	1	2	4				1						8
<b>Total</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>69</b>

**Program MHAEC Aggregated Data**



## **CULTURAL COMPETENCY REPORT FY 2016-2017**

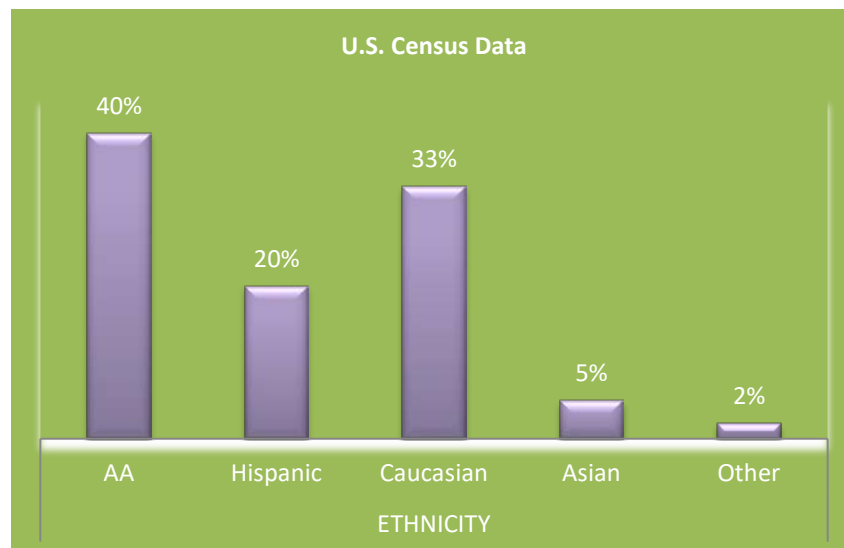
*The Cultural Competency Committee was established as a recommendation by the agency's Performance Improvement Committee (PIC). MHAEC is aware that a thorough understanding of the culture and language of people from diverse populations, including people of all ages, races, ethnicities, gender identities, sexual orientation and people with disabilities is crucial in service delivery. The goal of the Committee is to report findings and recommendations to PIC for the purposes of developing and maintaining culturally competent practices within Mental Health Association of Essex County and within its service provisions.*

### **Personnel**

The Cultural Competency Committee consists of MHAEC employees representing each program and varied-level positions. This committee includes people from diverse racial, ethnic, cultural backgrounds and consists of both men and women.

### **Demographic Data**

According to the Census Bureau, Essex County's demographics include: Caucasian – 33%, African-American – 40%, Hispanic – 20%, Asian – 5%, and Other – 2%.



### **Linguistic and Communication Support**

To ensure the delivery of culturally competent services to all people within this diverse county, MHAEC seeks to hire staff in every program that closely reflects the demographics of the community. During fiscal year 2016-2017 the staff comprised of 28 employees fluent in 18 different languages and dialects including Haitian Creole, French, Portuguese, Spanish, Swahili, Arab, Gujarati (Indian Dialect), Hindi, Punjabi, Tagalog, Kru (African dialect), Twi (Ghanaian Language), Korean, Hebrew, Russian, German, Italian and American Sign Language. MHAEC maintains a list of staff fluent in these languages and disperses this list periodically within the

agency. The language list also provides details on accessing other interpreting resources including the “Language Line Personal Interpreter” which provides translation services for over 200 languages.

The Cultural Competency Committee ensured that all agency literature, promotional brochures and agency forms are culturally relevant and readily available to consumers and referral sources. These forms are translated into Spanish and French/Haitian Creole.

### **Trainings**

All MHAEC employees attend cultural competency training as part of their professional development through Relias Training (web-based). In addition, the Cultural Competency Committee hosts “*Lunch and Learn*” sessions focused on better understanding the cultures and customs of the Essex County community. These “*Lunch and Learn*” sessions have included African Americans, Sikhism, Latinos, Native Americans, Spaniards, Older Americans, LGBT, Irish and Hungarian Americans. Committee members are also encouraged to attend relevant trainings pertaining to competency practices and then discuss materials learned within their individual programs.

### **Quality Monitoring**

- Cultural Competency Committee reports identified areas of improvement to the Performance Improvement Committee for monthly review.
- Cultural Competency Committee documents information discussed during staff meetings and uses other means i.e. surveys to obtain needed feedback from agency.
- Cultural Competency Committee has increased number of committee members to increase the advocacy and broaden the committee’s presence in the agency.

### **Advocacy Events**

With the increase in the number of committee members, staff have been able to maintain cultural awareness “Lunch and Learn” in-service presentations for staff. This past year we offered **three** different presentations. In September 2016 a presentation on the country of Spain and cultural influences pertaining to Spaniard population, another presentation in November 2016 in honor of Native American Heritage month was conducted and in January 2017 a presentation on Sikhism was presented. These were conducted by MHAEC staff and/or guest speakers from the community who have extensive experience in the subject matter. In addition to these in-service presentations, committee members also sent out monthly educational emails about specific relevant topics to all staff i.e. African American History Month facts.

The agency hosted its Annual Cultural Potluck in May 2017. For this event, MHAEC staff prepared traditional food and drinks from their culture and provided the recipes for the staff. A program and various presentations and discussions of different cultures were presented. This annual event had about 70 MHAEC staff in attendance.

This year the committee also distributed the Annual Cultural Competency Survey conducted by the agency. The purpose of the survey is to identify the agency's ability to work effectively in cross-cultural situations. The survey assesses the agency's ability to integrate behaviors, attitudes, policies and practices while working in a culturally diverse population. The survey was electronically distributed to all MHAEC employees and addressed specific questions regarding the effectiveness of cultural competency practices in the agency and provided respondents the opportunity to offer suggestions for improvements. The survey consisted of 14 questions, in which the last question was open-ended. There was a total of 64 respondents this year, a significantly higher response rate than in previous years.

The 2017 Cultural Competency Survey resulted in an overall satisfaction rate of 96%. There were ten comments left in the open-ended portion of the survey. These discussed a need to continue additional training on LGBTQ and Older Americans. The remaining comments focused on commending the committee on the work they do and need for increase of Spanish-speaking staff. The agency will continue to work on ensuring comments are taken into consideration to ensure best practices are maintained.

### **Cultural Competency Committee Plan FY 2017-2018**

- The Cultural Competency Committee will meet and report to PIC monthly.
- The Cultural Competency Committee will ensure that the Mental Health Association of Essex County's language bank is updated quarterly.
- The Mental Health Association of Essex County will continue to actively recruit bi-lingual staff.
- The composition of Mental Health Association of Essex County employees will continue to be representative of the community served.
- The Cultural Competency Committee will identify areas of policy, practice and attitudes that may serve as barriers for persons of different cultures to access and/or receive appropriate services. The committee will make recommendations to the appropriate person(s). Articles and Essential Learning trainings will continue to be made available for staff to increase awareness of different cultural practices.
- The Cultural Competency Committee will continue to host the agency Annual Cultural Potluck.
- The agency will administer the annual survey, which focuses on cultural competency issues. All employees of the Mental Health Association of Essex County will be encouraged to participate in the survey.
- All MHAEC sites will host quarterly cultural competency in-service presentations to assist staff in becoming better at identifying and working with the population we serve.

## **HOME HEALTH (CARE COORDINATION)**

***The goal of the Home Health services is to enhance individuals' well-being by integrating physical and behavioral health care. All services are individualized to meet the needs of the individuals and are designed in a manner that facilitates a seamless continuum of care for each person. Care coordination embodies a recovery-focus model of care that respects and promotes independence and responsibility.***

MHAEC staff continued to help each individual choose various service providers and assisted with coordinating services. Each individual was given the option of receiving psychiatric services through MHAEC programs and/or medical services through MHAEC's Prospect Primary Healthcare which is located in the same building as MHAEC's day treatment program. If an individual chooses to utilize an external psychiatrist or medical provider, staff continued to assist with identifying and coordinating services and provided support to facilitate and enhance treatment. By staff ensuring Care Coordination, during Fiscal Year 2017, 298 visits were made to MHAEC's Prospect Primary Healthcare.

MHAEC staff schedules continued to be flexible in order to meet the needs of the individuals served ensuring that appointments were scheduled at a place and time that was convenient to the individual. In the event of a planned or unplanned absence of staff, another team member assumed responsibility and continued services without interruption. All on call needs were met either by phone or in-vivo and were available twenty-four hours a day, seven days a week, including holidays and weekends. This service was available for support and crisis intervention, including on-site and offsite supports via telephone, face-to-face contact and collateral contacts with caregivers and other service providers.

All programs continued to conduct a Comprehensive Intake Assessment which determined the coordination of services that was needed. Staff gathered information such as medication use, profile and treatment, physical/medical needs, history of hospitalizations, and family history. Other information such as chronic disease status, asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, obesity and other chronic health conditions were also gathered. Staff assisted individuals in identifying appropriate services and scheduling appointments based on the needs indicated. Prospect Primary Healthcare began to monitor Body Mass Index (BMI), Vitamin D levels, Glucose levels and blood pressure for the individuals who participated in this program. During Fiscal Year 2017, 26% of individuals' BMI was within normal range; 45% of individuals' Vitamin D levels were within normal range; 60% of individuals Glucose levels were within normal range; and 91% of individuals' blood pressure was within normal range. These parameters helped detect metabolic syndrome which is common in consumers on psychiatric medication.

Each program offered all individuals an opportunity to complete a Consumer Satisfaction Survey. The surveys were completed in order to measure an individual's satisfaction in areas of personal treatment, physical environment, consumer/staff interactions and overall quality of services. All results were analyzed and reviewed. The overall satisfaction rate for MHAEC program was 81%.

## **INTEGRATED CASE MANAGEMENT SERVICES (ICMS)**

*The mission of Integrated Case Management Services is to provide case management services to adults who are admitted to state or county hospitals. Services are designed to assist adults in their recovery by helping them gain access to needed medical, social, educational, housing and other services and resources. These services are consumer-centered and provided predominantly off-site in the consumer's natural environment ("in-vivo").*

### **Personnel**

During fiscal year 2017, ICMS staff consisted of 21 full-time employees which consists of: one Program Director, two Administrative Staff, two Team Leaders, three Case Manager-IV, two Case Manager-III, and nine Case Manager-II. The ICMS staffing continues to be culturally diverse and representative of the persons served. We have staff who are bilingual in Spanish (two people), Haitian Creole (two people), French (two people), and Kru – African dialect (one person).

### **Caseload**

ICMS serves persons diagnosed with a serious and persistent mental illness. The diagnosis for the persons admitted during the year fell under two primary disorders. The psychotic disorders (Schizophrenia, Schizoaffective and Delusional) and the mood disorders (Bipolar and Major Depressive).

The caseload for ICMS as of June 30, 2017 was 513. This includes 295 people who were on our active caseload list with 189 at high risk, 85 at risk, two low risk; 19 people in the hospital and 218 people who were on our enrollee list (currently in a NJ State Hospital or Essex County Hospital Center); zero people in the County Jail. We admitted 246 individuals to the ICMS active caseload during the fiscal year. Of these admissions 15 were from a State Psychiatric Hospital, 55 from a County Psychiatric Hospital, 43 from a Short Term Care Facility, and 133 from local psychiatric inpatient units and the community (including referrals from other programs within the Mental Health Association of Essex County, referrals from DMHAS and other treatment providers).

Three hundred eight (324) clients were discharged from the ICMS active caseload during the year. The circumstances of the discharges were as follows: one was referred to PACT, six were referred to more appropriate services (including nursing homes, returned to psychiatric hospitals, lived in 24 hour supervised residential housing), 239 attained their treatment goals and “graduated” from ICMS services, 38 moved out of our service area (this also includes consumer deaths/lost to contact) and 48 refused ICMS services.

### **Demographics**

ICMS provides services in four service areas within Essex County. Service area one includes the towns in the northwest area of the county (Fairfield, the Caldwells, Cedar Grove, Verona, Montclair, Glen Ridge, Livingston, Roseland and Essex Fells). Service area two consists of the Oranges and Maplewood. Service area three includes Bloomfield, Nutley and Belleville. Lastly, service area four consists of the southward of Newark and Irvington.

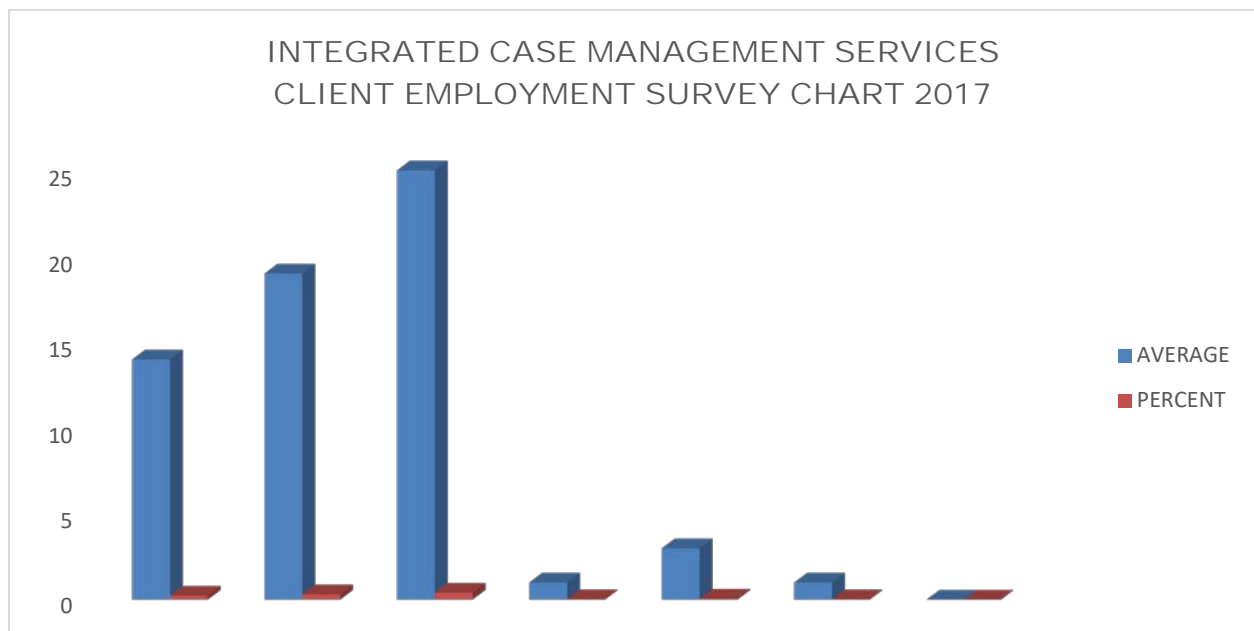
### **Performance Outcome**

There were three performance indicators for the year measuring recidivism effectiveness: the Aggregated Recidivism Rate, Employment Effectiveness and Efficiency. The aggregated recidivism rate for the year totaled 12% which is an increase from last year by 2%. Recidivism rates to Short Term Care Facilities (STFS) were 4% which is the same as last year's re-hospitalizations during FY2016. Specifically, the threshold for the rate of state and county re-hospitalizations were 3% or equal to 20%. Voluntary re-hospitalizations to community hospitals were 5% of the active caseload. This number has increased by 1% from last year.

Employment rates were a second effectiveness performance indicator for the year. The employment rates are measured quarterly for a total of 64 clients employed: 14 in September 2016, 16 in December 2016, 20 in March 2017 and 14 in June 2017. See the following chart for the rates of employment for each specific work category surveyed. The fiscal year outcomes measured has shown 64 clients employed. The threshold is 62 clients working. Employment rates has increased by two clients.

The Mental Health Association of Essex County/ICMS is collaborating with Supportive Employment to increase employment rates and opportunities for individuals with Severe Mental Illness through preparing for job readiness and increase referrals to the Supported Employment Services (SES).

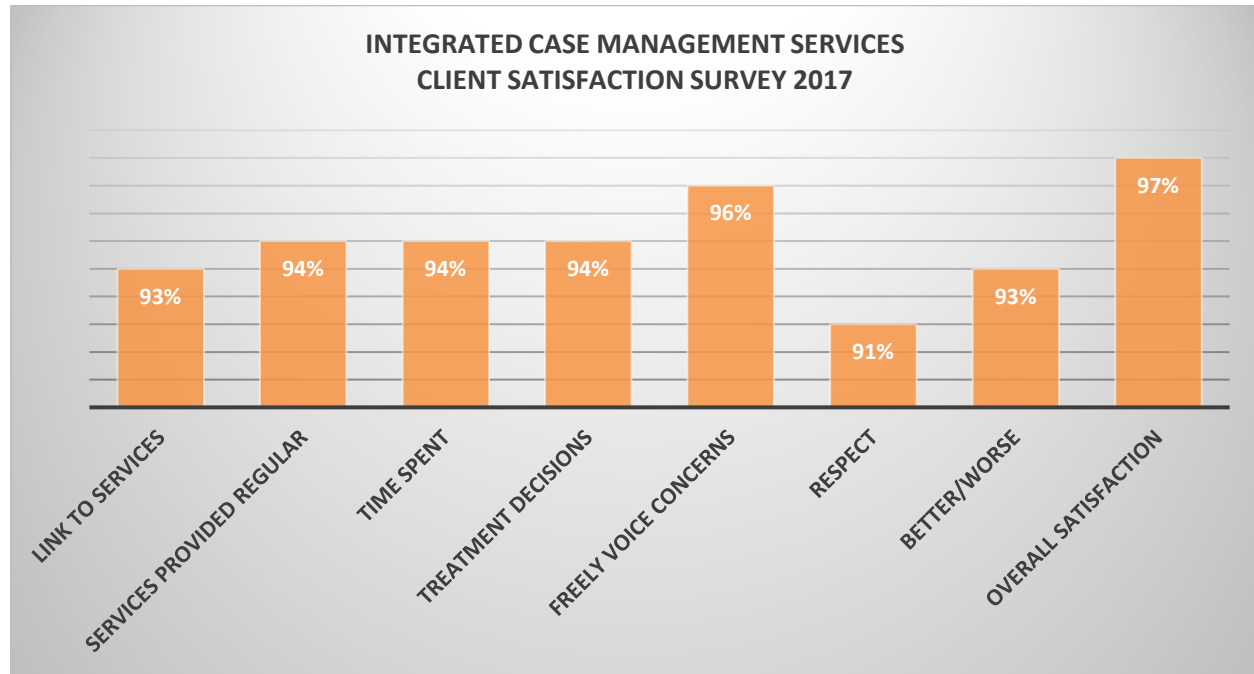
#### **PERCENTAGE OF PERSONS EMPLOYED ON THE ACTIVE CASELOAD**



Efficiency was measured in the time lapse between a person's discharge from a state or county hospital and the first face-to-face contacts by a case manager. The threshold for this indicator is more than 80% of the consumers admitted to ICMS being seen within 72 hours of discharge. The threshold was measured on a monthly basis. The sampling of charts revealed 98%

compliance for the fiscal year. ICMS exceeded the threshold for this fiscal year. The outcome measures decreased by 1% from last year.

Consumer satisfaction was measured in May 2017. The threshold was 80% satisfaction. The results of the survey indicated an overall satisfaction rate of 97% which is an increase of 1% satisfaction rate from last year.



### **ICMS Highlights**

In terms of services to clients, MHAEC adult programs sponsored a Picnic/BBQ for their clients at Eagle Rock Reservation. Each client received a gift bag and participated in games and other activities. In addition, the adult programs held a Holiday party for over 200 clients. At the Holiday party, MHAEC provided the clients with gift bags and toiletry items that were purchased by the agency. ICMS sponsored October Fest 2016 for a 10<sup>th</sup> year with 68 clients in attendance. ICMS and Prospect House took 104 clients on a boat trip to include food, games, prizes and dancing. The MHAEC Valentine Matinee was a hit with our clients with 22 ICMS clients in attendance. ICMS had 30 clients attended the Thanksgiving Dinner at the United Way Bldg. ICMS participated in the Essex County Project Homeless Connect Day event that provided assistance/referrals to clients who are homeless. The Mental Health Association of Essex County patriated in the 1<sup>st</sup> Annual Essex County Mental health Awareness Day, Essex County Point in Time Count and Jamming Away The Blues Festival

As of September 2010 ICMS has been using Foothold Technology the Awards software as our database program. This program continues to provide much needed support to staff and management. It improves staff proficiency with clinical record keeping and management's ability to produce professional, organized reports. In the web-based Awards system, we are able to run reports and with a touch of a button elicit program data.

## **Training**

All staff attended in-services training on medication/Sun Risk education at the MHAEC-PH presented by the APN. ICMS staff receives trainings provided by Pharmaceutical representatives on various psychotropic medication four times a year. ICMS staff are trained in the core areas of case management required by DMHAS annually.

## **System Advocacy Activities**

ICMS participated on the following committees, boards, task forces, during the past year:

- **Systems Review Committee (SRC)** ICMS participates in these monthly meetings convened by the Mental Health Administrator of Essex County. The purpose of these meetings is to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of mental health system in the county.
- **Children Systems Review Committee (CSRC)** ICMS participates in these monthly meetings convened by the Mental Health Administrator of Essex County. The purpose of these meetings is to identify countywide gaps of clients transitioning or ageing out services of DCPD and identify breakdowns in services between providers and or mental health treatment systems. The Committee provides education and advocacy to mental health providers, consumers of mental health services and their families on systems in the county.
- **New Jersey Association of Clinical Case Management (NJACCM)** ICMS participates in these monthly meetings in Trenton and Freehold. The purpose of this organization is to support and enhance communication among the Integrated Case Management providers.
- **ICMS Northern Region Quarterly Meeting (NRQM)** ICMS participates in these meetings on a quarterly basis. The purpose of these meetings is to discuss any system issues, identify service gaps and for Department of Mental Health Services to provide support and guidance to the ICMS programs in the northern region of NJ.
- **Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task force Meeting**, ICMS participates in a monthly meeting with Essex County Drug and Alcohol task force to develop ways in which to better assist MICA clients in Essex County through Education and training programs.

## **PROSPECT HOUSE (PH)**

*The mission of Prospect House, a Psychosocial Rehabilitation Program which empowers individuals to identify life goals, by providing the necessary environment and interventions needed. An individual's quality of life and functioning will be enhanced by increasing independence through the ability to self-manage their psychiatric illness. We recognize the capacity of every individual to grow and learn. Reintegration into the community is achieved by social and vocational skills training. Through family and community education the detrimental effects of the stigma associated with psychiatric illness will be lessened.*

### **Personnel**

Prospect House staff consists of 33 Employees which includes: one Program Director, three Administrative Staff, one Senior Unit Leader, three Unit Leaders, eleven Case Managers, one Intake Coordinator, one Intake Worker, one Psychiatrist, and two APNs, one RN, two Security, one Billing Clerk, one Driving Coordinator and four Drivers. PH staffing continues to be culturally diverse and representative of the people we serve. We have staff who are bilingual in Spanish (two people), Haitian Creole (three people), Swahili (one person), and Korean (one person).

### **Caseload**

Prospect House served 259 clients during FY 2017 and 103 were new admissions. The average daily attendance for this fiscal year was 94 as there were many months with days well over 100 consumers attending program. Prospect House continues to receive referrals from local, state and county hospitals. We also continue to accept referrals from ICMS, CJS, PATH, OPD, AOTS, SLS, SE, boarding homes, residential programs and shelters in order to meet our overall goals.

### **Psychiatric Evaluations**

Prospect House continues to ensure the partial care standards of completing a psychiatric evaluation within 14 days of admission and every 6 months thereafter. All staff have done a good job this year with ensuring that these are completed in a timely fashion. The Director will continue to oversee this to ensure overall compliance.

### **Demographics**

Prospect House is located in East Orange, NJ. The service area for Prospect House is all of Essex County. Intake staff continues to work with all state, county and local hospitals, residential programs, boarding homes etc. to ensure that all referrals and/or admissions are based on the consumer's needs, abilities and preferences.

### **Program Services**

Prospect House consumers participate in a therapeutic community. The program is designed to facilitate growth by helping consumers join together to perform necessary skills required to become as independent as possible in the community.

Prospect House programs offer:

- Prevocational training and opportunities to develop and evaluate consumer's skills.
- Case management services to obtaining/maintaining housing and finances-
- Educational support services
- Social Skills development
- Individual and group counseling
- Medication services
- Family consultation
- Services for the elderly population
- Services for the mentally ill chemical abusers

PH provided Mentally Ill Chemical Abusers (MICA) services to about 60 former substance abusers through therapeutic groups three days a week and linking to outside support services such as an AA meeting weekly.

### **Performance Outcomes**

Prospect House continues to meet all state contract agreements to ensure revenue from Medicare, Medicaid, The Food Distribution Program, The Child and Adult Care Food Program, The Department of Human Services, CARF and The Division of Mental Health and Addiction Services this fiscal year. PH continues to undergo audits from all funding sources. From the audits conducted, all areas found to be in good standing with no significant findings and/or recommendations for Prospect House.

### **Recidivism in MICA services**

Prospect House continues to intake many individuals that admit to using/abusing drugs and/or alcohol. Considering this, PH is able to work with this population evidence by not needing to refer more than 1% of our members to an intensive MICA program. This percentage remains low as our intake staff continues to be clinically astute therefore, being able to know prior to admitting someone to PH; if we would be able to provide quality service. PH staff also collaborates treatment with other service providers to ensure maximum support services in the community.

### **Employment**

Many of our consumers express the desire to work and have been linked to Supported Employment. Last year, we averaged was .7% being successfully employed. This fiscal year, we averaged 5% being employed. Upon seeing this, there is a clear indication that more consumers are interested in working. This area of concern will continue to be monitored over the next year as many of our consumers have the desire to work but lack motivation to follow through or have external barriers such as family members encouraging them not to work.

### **Service Delivery**

PH did not meet the goal of having medical staff onsite five days a week for this entire fiscal year due to not having a full-time APN on staff. During this year, medical staff was able to be on site for over nine months for four days a week. Throughout this year, medical staff was able to continue to provide medication counseling, monitor Body Mass Index (BMI), AIMS, promote healthy lifestyles such as safe sex, diet and exercising, smoking, heart disease, etc. The medical staff continues to make referrals to Prospect Primary

Healthcare and other outside medical facilities to follow up with medical concerns as our goal is longevity.

*Prospect House had another eventful year. Highlights for FY 2017 are as follows:*

- *Successful audit by the Food Distribution*
- *Successful Sanitary Inspection*
- *Successful Fire Inspection*
- *Annual boat trip sponsored by the late Mrs. Kruvant*
- *Attendance of over 20 at the Annual Legislative Breakfast hosted by MHAEC*
- *Served Thanksgiving lunch to over 124 consumers*
- *Successful Medicaid audits throughout the year*
- *Five consumers received an achievement award in June 2016*
- *Prospect Primary Healthcare provided 21 office visits to consumers through our Care Coordination Program*
- *Prospect Primary Healthcare provided 236 office visits for this past year to PH consumers.*
- *Total units of service was 98,918 for this fiscal year 2016.*

With having Prospect Primary Healthcare onsite, it continues to help by offering a seamless transition to medical services which may not have otherwise be provided; therefore fostering longevity and a better quality of life.

#### **2017 Client Satisfaction Survey**

One hundred and sixty (160) surveys were offered/distributed. Ninety-one were returned, which resulted in a 57% response rate. Overall, survey results indicated that 83% of responders were extremely satisfied or satisfied with Prospect House services. This result is a 3% decrease from last year. Sixty-nine consumers declined completing the survey, which is the about the same as last year. Most indicated that they did not have any complaints and/or concerns regarding PH and that they just did not want to complete the survey. It is believed that attendance is a true indicator of our consumers' satisfaction. And with our average attendance to program being over 100; this is a clear indication that PH is liked by many.

#### **Intake and Exit Interview Surveys**

Intake satisfaction surveys are presented to members within the first two weeks of admissions into our program. All that were provided the survey returned it, giving us a response rate of 100%. Members who completed the survey reported being satisfied with the intake process and feel that they had choices regarding their treatment during this process. An exit interview survey is also provided to members upon discharge. Prospect House did not receive any surveys back this year which was the same as last year. Seventy-nine consumers were discharged from PH in total this fiscal year. Most were discharged due to re-hospitalization and/or were not interested in our services; therefore,

they had no interest in completing the survey. There were three consumers that graduated PH out of the seventy-nine discharges this past year. These individuals indicated verbally that they were extremely satisfied with PH services. Staff will continue to address any area of concern that is expressed by the members through the Members Representatives and the Performance Improvement Committee at PH on an ongoing basis.

**Recommendations for next year**

- Continue to enhance clinical documentation through internal focus audits.
- Continue to refer consumers to the agency's Primary Care for medical check-ups.
- Continue to monitor psychiatric evaluations to ensure that they are completed as per partial care standards.
- Continue to remain "in the black" regarding billing in order to sustain the program.
- Continue to work towards going completely paperless.

## **COLLABORATIVE JUSTICE SERVICES (CJS)**

*The goal of Collaborative Justice Services (CJS) is to provide jail diversion as an alternative to incarceration and effective discharge planning, linkage and referral to community resources for mentally ill offenders who re-enter the community following their release from the Essex County Correctional Facility (ECCF). Services are designed to reduce the adjudication and incarceration of mentally ill consumers to municipal and county jails, decrease repeated criminal offenses and misdemeanor charges, and to increase access and linkage to mental health and social services for the offender following release.*

CJS accepts community referrals via local police departments, municipal court, state prison, other criminal justice providers, community agencies or any other legal organization. Services are started at point of referral and discharge planning starts the day of intake. CJS services are consumer-centered and clients' strengths, needs, abilities and preferences are discussed. CJS will use the wellness and recovery model in order to implement individual service planning and advocate for decreased and /or no additional days served in the correctional facility, the goal is a therapeutic disposition rather than a correctional disposition and decrease county or state time served. Additionally, CJS educates law Enforcement Officers at local municipal levels regarding mental health issues.

### **Personnel**

CJS continues to benefit from staff retention. There are currently 4 Forensic Case Managers (FCM), 1 Administrative Assistant, and a Program Director (PD). CJS staffing is culturally diverse and is representative of the persons we serve. The CJS program consists of two Forensic Case Management teams (jail and community). Both teams work within the jail and community completing intakes and developing discharge plans for eligible consumers incarcerated at Essex County Correctional Facility, released from the jail, referred from the community, and/or are at risk of incarceration.

### **Caseload**

As of June 30, 2017, CJS had 64 active cases. During this period, 69 of the 270 referrals were opened as consumers. Seventy percent of the referrals were made by Essex County Correctional Facility (ECCF) Mental Health Department- Center for Family Guidance (CFG). Twenty-five percent of the referrals were made by Essex County Office of Public Defenders. The remaining five percent were referred by various criminal justice staff and community providers such as; Essex County Drug Court, Essex County Family Court, NJ State prisons, Superior Court, community hospitals, Justice Involved Services programs throughout NJ, self-referrals, family members, community treatment providers, and within our own organization.

### **Demographics**

CJS provides services to residents of Essex County who have been incarcerated, or who are at risk of being incarcerated at Essex County Correctional Facility (ECCF). In addition to this, CJS assists with discharge planning from state prisons. Individuals who are eligible for CJS services must have a serious and persistent mental illness (SPMI). CJS inclusionary criteria include DSM V diagnosis of the following disorders:

- (a) Schizophrenia;
- (b) Schizoaffective Disorder;
- (c) Bipolar Disorder;
- (d) Major Depression;
- (e) Other Psychotic Disorders.

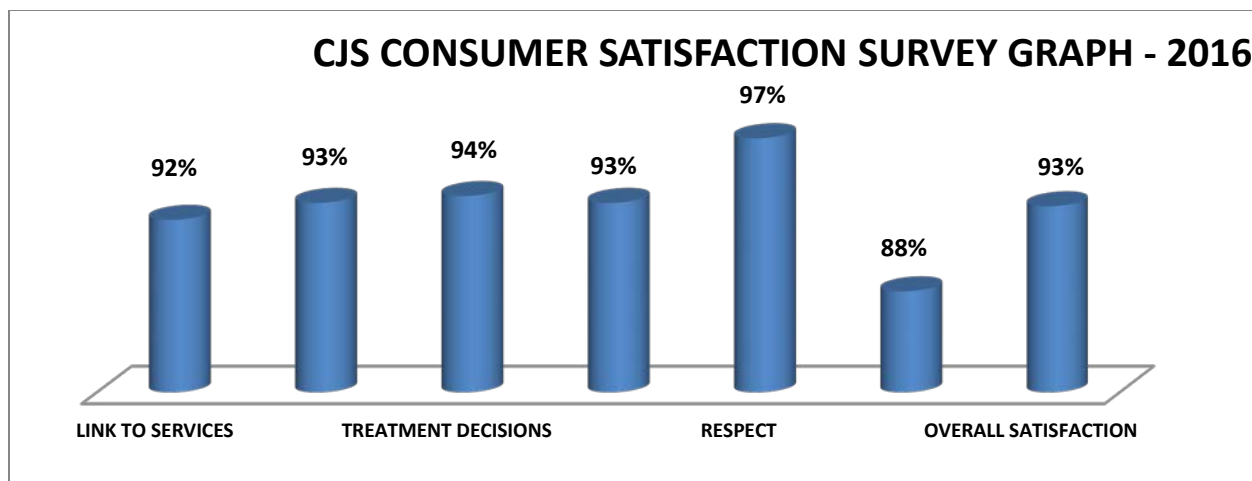
### **Performance Outcomes**

Performance outcomes were measured, as well as observed via MHAEC Performance Improvement Committee (PIC). For Fiscal Year (FY) 2017, CJS PIC grid monitored consumer's recidivism to the jail within 30 or 90 days. The threshold indicates that less than 25 consumers would not return to jail during this time frame and 10 consumers were re-incarcerated within 30 or 90 days of their release. CJS PIC grid also monitored consumer's recidivism to the jail within 60 day and 120 day. The threshold indicates that less than 50 consumers would not return to jail during this time frame and only 11 consumers was re-incarcerated within 60 or 120 days of their release.

This year CJS successfully diverted 11 consumers from a county sentence and/or state prison sentence. As a result of the jail diversions, a total of 216 days were reduced in our consumers' county sentence and a total of 15,219 days were reduced in our consumers' state prison sentence. CJS continues to monitor the cost-effectiveness for both state and county costs. For FY 2016, the program saved approximately \$62,100 in county costs. For FY 2017, the program saved approximately \$1,773,774.40 in county costs. Based on the data gathered, CJS will continue to monitor time saved for consumers both for county and state time.

As of June 30, 2017, CJS had three areas which had not met the 100% compliance for fiscal year. Those areas were new consumers enrolled into program (69%), face to face contacts collaterals (93%) and face to face training hours for law enforcement officers/number of officers trained (61%). Please note the decrease in face-to-face training hours for law enforcement officers can be attributed to Essex County now conducting quarterly Essex County Crisis Intervention Team (CIT) trainings for law enforcement officers, mental health workers and those individuals working in the criminal justice field. CJS Program Director now participates in the CIT training by presenting a class. For the PIC grid, CJS met the threshold for all areas being at 80% or better.

In May 2017, CJS Consumer Satisfaction survey was conducted. The satisfaction survey included a total of 7 questions. CJS collected 41 surveys out of 62 which were given to consumers. This equals a response rate of 66%. For FY 2016, the overall satisfaction was 90%. For FY 2017, the overall satisfaction is 93%. There was a 3% increase in the consumer's overall satisfaction with CJS services from the previous year.



### **CJS Highlights**

CJS continues to develop strong relationships with the Essex County Prosecutor's Office by collaboratively working together in identifying appropriate consumers for services. In addition to assisting consumers with being diverted at the earliest point possible to a therapeutic disposition as oppose to the correctional setting. Program Director attends monthly meeting with the presiding Judge (Judge Leath), Office of Public Defenders and Essex County Prosecutor's Office to review cases that has been accepted into Essex County Prosecutorial Mental Health Diversion Program. CJS and the ECCF medical department- Center for Family Guidance (CFG) continues to provide consumers with a 15 day supply of medications (both psychotropic and medical) to CJS active consumers.

Foothold Technology AWARDS system continues to assist CJS staff with maintaining accurate and organized record keeping as well as assist the Program Director with generating reports and monitoring CJS service delivery and outcomes.

CJS in collaboration with ICMS, SES, SLS, AOTS and Prospect House sponsored a consumer holiday party at the VFW in Orange, NJ and a consumer picnic at Eagle Rock Reservation; all events were well attended by CJS participants. This year, MHAEC held its Annual Consumer Achievement Awards Luncheon where an individual from each program was honored and recognized, with an award, for their success in their recovery. CJS also participated at Essex County Tenth Project Homeless event and provided assistance and referrals to consumers who are homeless. This event was held at the Branch Brook Park in Newark, NJ.

### **Trainings**

In FY 2017, CJS Program Director began collaborated with CIT and assisted in providing trainings quarterly to criminal justice workers, mental health providers and law enforcement officers. A total of 92 individuals were trained.

CJS staff has attended several trainings throughout the year which include: Annual Criminal Justice Advocacy Program Equal Justice Conference, Trauma Informed, Safety in the Community and Rutgers UBHC Case Management Training Series Modules. All CJS staff, through Essential

Learning, were trained on various topics which included but were not limited to HIPAA for Healthcare Professionals, Corporate Compliance and Ethics, Cultural Diversity, Crisis Management, Defensive Driving and Suicide Prevention. The Program Director attended the annual NJAMHAA.

### **Advocacy**

CJS participates in the following systems meetings in Essex County: System Review Committee (SRC), Professional Advisory Board (PAC/PACADA), and the Essex County Prosecutor Office Mental Health Diversion Program. The above mentioned meetings are held on a monthly basis.

### **Upcoming Year Recommendations:**

- To use the AWARDS software system for a better detailed tracking in lapsed client contacts and address issues more efficiently and improve the quality and satisfaction level of care. As the agency moves toward Fee for Service, Program Director will be monitoring staff contact hours to ensure expected productivity levels are being met weekly(as it relates to service provision to consumers we serve).
- CJS will continue to enhance clinical documentation through internal focus audits and by attending in-services (given by the agency).
- Staff will continue to collaborate with CFG (ECCF mental health department) and other community providers (Newark Community Solutions) to increase referrals.
- Staff will continue to work on reducing gaps in the service system with increased linkages and smooth transitioning of services for the consumers reintegrating into the community.
- Program Director will collaborate with Crisis Intervention Training, municipal courts and local police officers to foster a working relationship with the hopes of increasing the number of consumers referred for diversion by law enforcement and/or the court before arrest or at the time of initial detention/first appearance hearings.

## **CENTER FOR LOW COST PSYCHOTHERAPY**

**The Center for Low Cost Psychotherapy (CLCP)** has changed its name to the **Center for Behavioral Health (CBH)**. Despite the name change, the services will remain the same and the Center will continue to provide outpatient mental health treatment including assessment, weekly psychotherapy, psychiatric evaluation and medication management services. Individual, group and family therapy is offered by in-house clinicians in the Montclair office.

Presently, the program operates with a full-time Director, part-time Administrative Assistant, part-time Medical Director and ten part-time clinicians. In addition to the clinicians, the program presently works with graduate interns and one LSW who provides clinical services in the evening to obtain her clinical hours for licensure.

### **Service Provision:**

**The Center for Low Cost Psychotherapy** served 189 individuals during fiscal year 2017, which was a decrease of 33 individuals. Additionally, the Center provided 8703 units of service, which was a very slight decrease from the previous year. Over this past year, CLCP served 53 new individuals. Overall, CLCP exceeded its targets for on-site contacts, group therapy sessions, and medication maintenance appointments. As the Center has shifted the service provision to the use of in-house clinicians in the fee-for-service model, the panel therapist model is being phased out and no clients were assigned to therapists in the community for Fiscal Year 2017. By adding another part-time therapist, CLCP was able to meet our service commitments without relying on our panel therapists.

### **Highlights:**

The highlights for the 2017 fiscal year included:

- Fully incorporated the prevalence of trauma in our clients' lives, MHAEC fully incorporated the section on the Comprehensive Intake Assessment capturing Traumatic Life Events and our clients' stress reactions to these events. These areas continue to be incorporated into treatment goals if clients identified that they wanted to work on the trauma they experienced.
- The Trauma Champions who sit on the Trauma-Informed Care Task Force chaired by the CLCP Program Director continue to meet quarterly to discuss the impact that trauma has on the individuals whom we serve and also to discuss the impact that Compassion Fatigue has on agency staff. .
- New CLCP clinicians were enrolled in Medicare.
- . Clients were enrolled in NJMHAPP if they had no insurance further decreasing the non-reimbursable services provided by our staff.

- CLCP continues to transition clients who were seen by panel therapists in the community. The therapists are retiring to in-house clinicians at our Montclair office. To date, only 11% of our clients are presently being seen by panel therapists.
- Commenced in May of 2016, we continued providing intake assessments for the US District Courts Federal Probation and Parole's Re-entry court. Parolees are referred for a comprehensive intake assessment with one of CLCP's clinicians. The clinician prepares the report and makes clinical and concrete recommendations for the individual's success in reintegrating back into society. This year, 27 parolees were assessed by our clinician.
- In addition to individual therapy, CLCP continues to offer group therapy. "The Comfort Zone", a support group for individuals diagnosed with Depression or Bipolar Disorder, continues to meet on a weekly basis. Attendance continues to increase with a core group of individuals who regularly attend the Friday lunchtime meetings.
- Lastly, the ongoing collaboration between CLCP and other community agencies, including Caldwell University and The Bridge, continues. Our affiliation with The Bridge includes providing psychiatric evaluations for several of their clients who are enrolled in their outpatient services. However they are in need of psychiatric evaluation and medication monitoring services. Staff from CLCP again collaborated with the members of the counseling center of Caldwell University in October 2016. They conducted another successful National Depression Screening Day where over 145 students and faculty were screened for anxiety and depression. Those who scored in the clinically significant category, indicating the need for additional treatment, were referred to appropriate community resources including Caldwell University's Counseling Department. On National Depression Screening Day, MHAEC's Montclair location was also set up for walk-ins to come and have a "mood check-up" with one of our trained staff. Staff will be on sight at Caldwell University on October 4, 2017 for another day of providing "mood check-ups."

### **Performance Indicators:**

The performance indicators which measure **efficiency** in CLCP are the "wait for an intake appointment" and the "wait for assignment to a therapist." During fiscal year 2017, the average wait for an intake appointment was **five** business days and the average wait for assignment to a therapist was **one** business day. The wait for intake is lower than the target of 7 days and the wait for assignment is significantly lower than the target of 5 days. Due to the shift to fee for service, the Center now offers initial intake appointments when clinicians have vacancies on their caseloads. The individual is now assigned to a

therapist the intake appointment and is seen for their first therapy appointment within one week.

To measure **effectiveness** in CLCP, clients complete the Patient Stress Questionnaire (PSQ) which is an adaptation of the Patient Health Questionnaire used in many primary care offices. The inventory is completed at the initial intake appointment and repeated 3-6 months into treatment. The PSQ measures depression, anxiety, traumatic stress reactions and substance use. This tool has been more relevant to our population, many of whom have exposure to traumatic events and those who have co-occurring disorders of mental health and substance abuse. The individuals surveyed all showed 100% improvement in negative symptomatology when the inventory was distributed 3-6 months after admission.

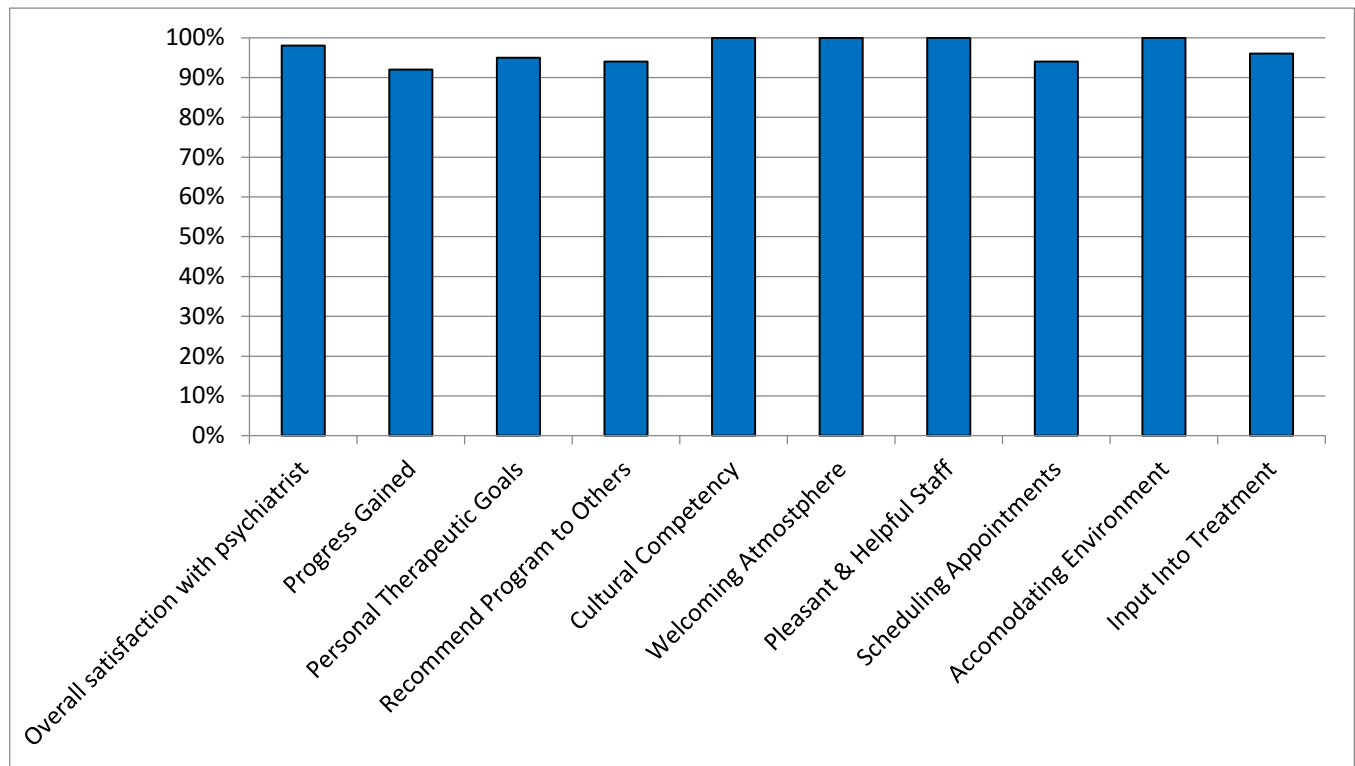
**Patient Stress Questionnaire Data**

	<b><u>Initial</u></b>	<b><u>After 3-6 months</u></b>
<b><u>Depressive Symptoms</u></b>	36	28
<b><u>Anxiety</u></b>	12	9
<b><u>Traumatic Stress Reactions</u></b>	4	2
<b><u>Substance Use</u></b>	3	1

The results of this year's client satisfaction survey indicate a continued high level of **satisfaction** among the clients of CLCP. This past year, 50 surveys were distributed and 34 completed surveys were returned. For the tenth consecutive year, clients' satisfaction in all areas exceeded the 80% satisfaction threshold. The trend of general satisfaction continued from previous years' surveys with 98% of clients surveyed reporting that they are satisfied with CLCP services. This was the same level of satisfaction as last year. Comments on the questionnaire included:

- *"It is perfect."*
- *"Always welcomed with a hello. Even doctors and workers I don't know smile back and greet you."*
- *"I have learned to live again."*
- *"The Center probably saved my life and my sanity."*

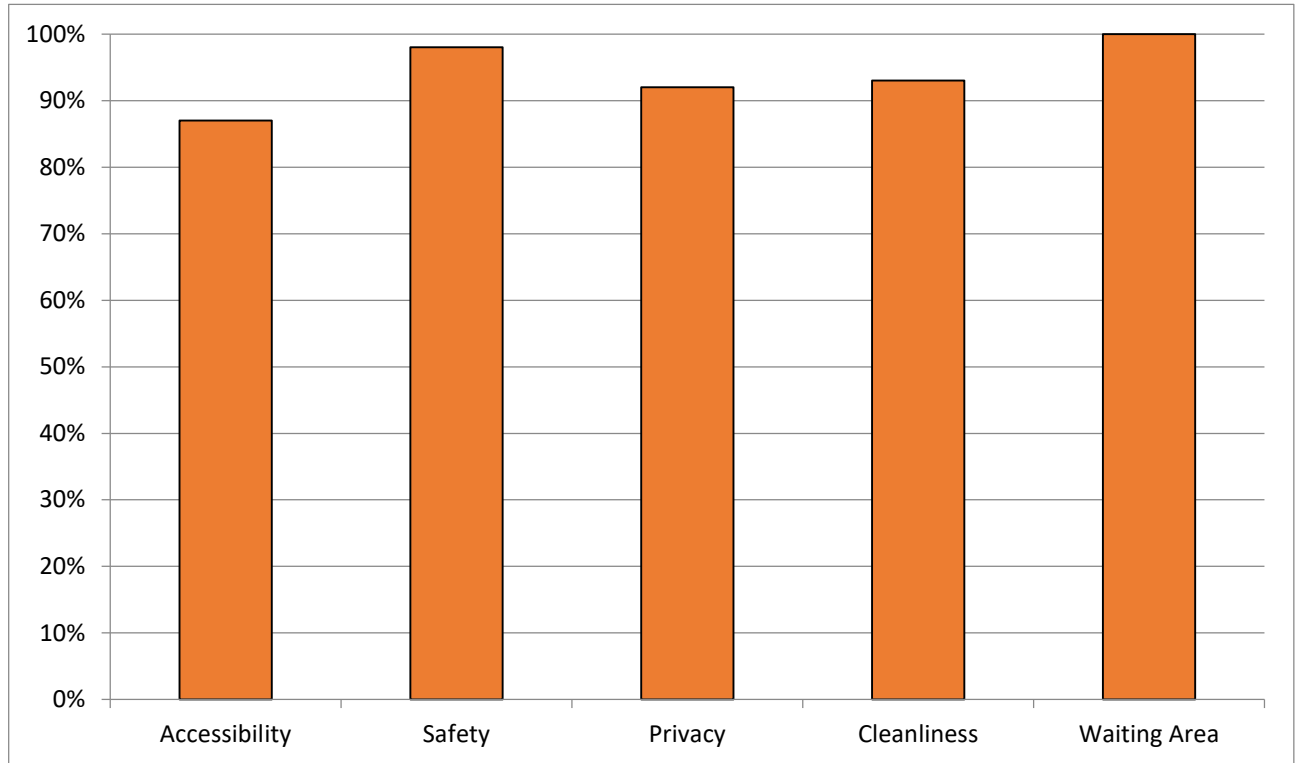
Center for Low Cost Psychotherapy  
Client Satisfaction Survey: Therapeutic Experience  
July 2017  
Number of Responses= 34 out of 50



Center for Low Cost Psychotherapy  
**Client Satisfaction Survey: Physical Setting**

June 2017

Number of Responses= 34 out of 50



**Fiscal Year 2018:**

During the Fiscal Year 2018, the newly named Center for Behavioral Health will continue to provide on-site services by in-house clinicians. The Center will continue to monitor utilization rates for services and to reduce the number of missed appointments to maximize revenue in the fee-for-service environment and to increase the progress made in treatment by our service recipients. Clinicians and our Medical Director will work with individual clients to increase utilization rates as attendance at weekly appointments is imperative for their progress in treatment and for the program's financial stability.

Additionally, the Center's clinicians will continue to expand their clinical skills to provide culturally relevant and clinically targeted services to assist service recipients in reaching their treatment goals and maintaining stability with their mental and physical health. Trauma-informed care will be provided to CBH recipients and clinicians will seek additional clinical trainings to enhance their skills in this area. Lastly, The Center for Behavioral Health will continue to provide high quality individual psychotherapy, family therapy, group therapy and medication services to individuals who are engaged in treatment services.

## **The Riskin Children's Center**

### **Program Description**

**The Riskin Children's Center (RCC)** was created in September of 2011 after a generous gift from Dr. Sylvia Riskin afforded the agency the opportunity to hire a part-time Board Certified Child and Adolescent psychiatrist. Prior to 2011, the agency offered clinical services to youth and their families as a contracted provider through the Division of Child Behavioral Health Services' Intensive In-Community Services. Clinical assessment and therapy was offered to youth experiencing emotional/behavioral difficulties in their homes, schools or another community setting.

With the inception of RCC, comprehensive outpatient mental health services are now available for children aged 3 until their 18<sup>th</sup> birthday in the agency's Montclair location. These services include: assessment, outpatient therapy (individual, family, and group), psychiatric evaluation and medication management. The clinicians offer culturally relevant, developmentally appropriate interventions including allied therapies incorporating art, music and play therapy. In addition, sand tray therapy is offered with two of our therapists receiving certifications in art and sand tray therapy. Youth also learn stress-management and coping techniques and conflict resolution skills to improve their behavioral functioning at home and in school. Parents are incorporated into the treatment and provided strategies to address their child's emotional, behavioral and social difficulties. Parenting techniques are explored and psycho-education is given to parents around their child's diagnosis. In addition to weekly therapy, youth are referred to our psychiatrist for comprehensive psychiatric evaluation and medication management services, when clinically indicated.

At RCC, the mission is to provide high, quality, low-cost, comprehensive, accessible and culturally relevant services to children, adolescents and their families. The Center works with families who have Medicaid, two commercial insurance panels and offers a sliding scale for individuals who do not have insurance.

### **Highlights:**

In the sixth year of operation, RCC continued to provide services with our full-time clinician, part-time clinician and part-time child and adolescent psychiatrist. Mid-year, our full-time clinician switched her status to part-time and a part-time therapist was hired. Another part-time therapist will be joining the staff in September 2017 to replace the clinician who transferred to another agency program. During fiscal year 2017, RCC served 65 youth and out of these, 47 clients are still being seen and 25 continue to be monitored by our psychiatrist. Out of the 65 who were served, there were 27 new intakes in FY 2017. These numbers are slightly higher than FY 2016, as they reflect the addition of a new part-time therapist in April 2017 resulting in new admissions.

In addition to providing direct service, RCC continues to sponsor events to raise community awareness of children's mental health needs and also to reduce the stigma of seeking mental health services for children in need. In February of, 2017, RCC sponsored another movie night showing a popular children's movie which spotlighted a young girl and her courage to overcome obstacles. This event was held at the Montclair Public Library and was open to the public. Approximately, 35 RCC recipients, their family members and individuals from the community attended this night and enjoyed a buffet dinner, panel presentations by the RCC Medical Director and service recipients and popcorn as the movie aired.

In September of 2017, the Center will offer the third annual RCC Children's Art Show. This year, children will paint pictures which will be framed for display with the theme of "Worry Dolls and Bully Busters." In addition, children will create "Worry Dolls" and a history of doll usage in therapy will be detailed. Furthermore, the display, which will be featured in the children's library on the 3<sup>rd</sup> floor for the whole month of September, will feature the private doll collection of Dr. Sylvia Riskin. Dolls from around the world will be on display along with the creations by RCC children. The kick-off event will be held on September 28, 2017 and will be open to the public as an opportunity for program recipients, family members and the general public to enjoy the art work, doll collection and to listen to the family members and the children who receive services discussing their experiences with receiving RCC treatment.

In FY 2017, to meet Meaningful Use measures, Dr. Borg-Glickman continued to gather the information required for compliance and by continuing to incorporate physical health and wellbeing into medication management sessions.

### **Performance Indicators:**

The performance indicator which measures efficiency in RCC is the wait for service. During this year, the wait for an intake appointment was three days and there was no wait for assignment to a therapist. Clients were assigned to the therapist during the intake appointment. The wait for intake was higher than fiscal year 2016 as staffing patterns were reduced with no full-time clinicians at this time.

To measure effectiveness with our clinical interventions, RCC will continue to utilize the Child Behavior Checklist (CBCL) for all children receiving RCC services. The parent/caregivers complete one inventory, one is sent to the school teacher if difficulties are present in school and children ages 11-18 will complete the Youth Self-Report. This tool measures aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints, thought problems, These inventories are distributed upon admission and are re-administered at six months into the treatment or upon termination if this is sooner than six months. The scores are calculated to determine whether progress has been made in the child's behaviors, externalizing/internalizing behaviors, and whether the child is withdrawn. Overall, 85% of service recipients showed a decrease in negative symptoms.

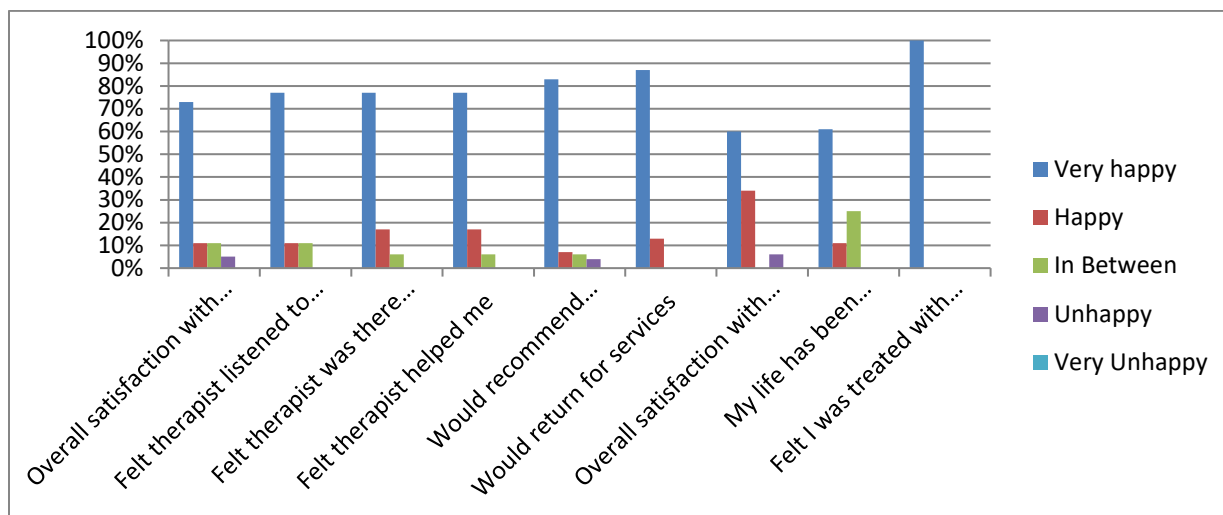
The last performance indicator measured by RCC, satisfaction, is obtained by the RCC Satisfaction Questionnaire which is completed by both the child and the child's caregiver. The survey solicits feedback on the following areas: parental inclusion in the child's treatment, progress made by child, access to therapist, satisfaction with services provided by the child psychiatrist, whether they would recommend RCC to others, whether the services have improved their child's quality of life and whether they would contact RCC in the future for services. Overall, 88% of RCC children and parents/guardians indicated satisfaction with the services which they receive. This was a slight decrease from last year.

## Riskin Children's Center

# Child/ Youth Satisfaction Surveys Results

38 surveys offered, 18 received

June 2017



Some of the children/adolescents' comments from the Satisfaction Survey include:

- "My life has gotten better since I started coming here because I am more confident and optimistic."
- "My therapists are beautiful, talented, warm, loving etcetera."

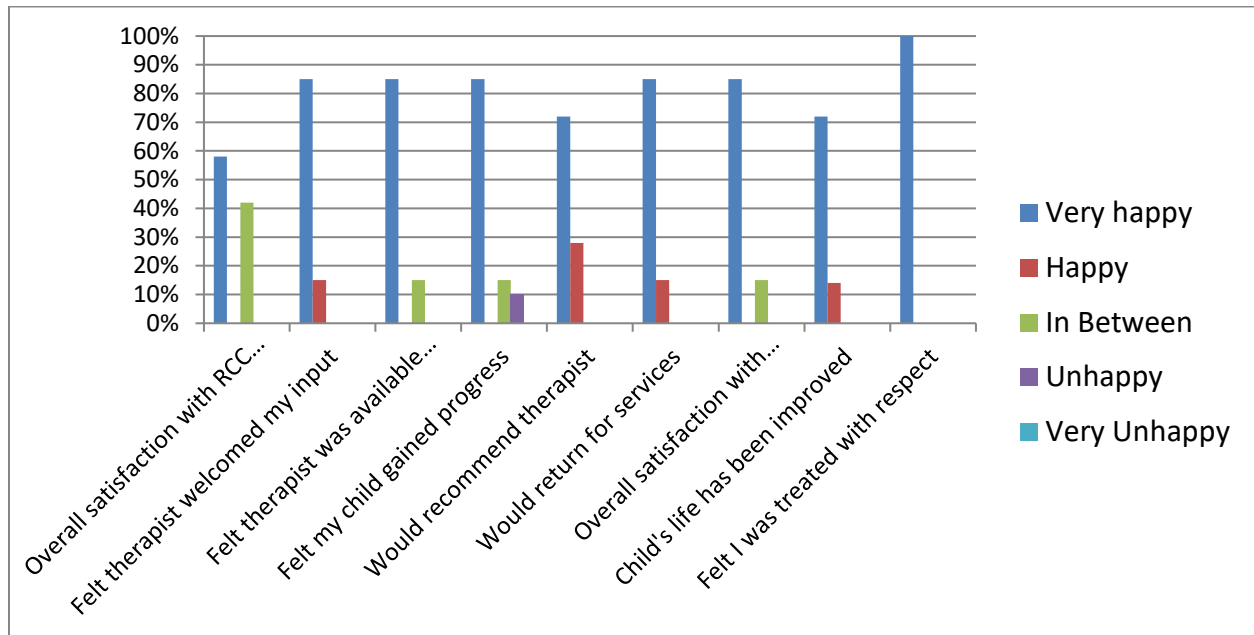
- “My life is better because I used to get really, really mad and now I don’t.”
- “I love my therapist because she helps me to write and how to calm down. Belly breathe.”

## Riskin Children’s Center

# Parent Satisfaction Surveys Results

28 surveys offered, 7 received

July 2017



Parental responses include:

- “My child’s life has improved since coming to RCC as my child expresses feelings more through communication and not through behavior. He is also more thoughtful and holds himself more accountable. “
- “The kids are using the tools that they are learning. Belly breathing, meditation, etc. and they are learning how to get along with each other.”

- “Very satisfied. We have been coming here for many years and the kids are doing so much better. They love their therapist and Dr. Amy as they go above and beyond for the families.”
- “I am so happy that the Mental Health Association was recommended to me for my daughter. Both her therapist and her doctor have been wonderful. We love it here!”

### **Fiscal Year 2018:**

In the upcoming year, RCC will continue to monitor compliance with treatment, progress made toward treatment goals and the need for additional services such as therapeutic groups. RCC clinicians will continue to expand their knowledge and clinical skills by attending relevant professional development workshops including incorporating Trauma-Informed Care into service provision due to the prevalence of adverse childhood events in the lives of those whom we serve.

As RCC receives no outside funding, the staff will continue to manage compliance rates with participants to insure that the billing revenues remain consistent.

The RCC Children’s Art Show will be scheduled again in the upcoming year as it continues to be therapeutic, educational, and provides opportunities to decrease stigma and support advocacy efforts.

Last, RCC will continue to provide high quality behavioral health treatment to children and their families to reduce behavioral difficulties and address clinical symptomatology. Psycho-education to parents and guardians as well as inclusion in their child’s treatment through family therapy sessions and participation in the child psychiatrist’s sessions will continue to be offered.

## **Community Support Services (CSS)**

***The mission of Community Support Services (CSS) is to increase accessibility to quality affordable housing in Essex County for adults (18 +) diagnosed with a serious and persistent mental illness and to provide comprehensive, high quality mental health services.***

The goal of CSS is to assist individuals who are currently hospitalized, homeless, or living in sub-standard housing gain access to adequate, affordable housing. Since its inception in 2006, CSS has been able to identify and develop housing opportunities (two residences in Bloomfield, one in Nutley, and one in Montclair) along with creating relationships with landlords in the community in order to secure “lease-based” housing for our consumers. CSS also offers flexible support services that are based on wellness and recovery principles. CSS works collaboratively to build on each individual’s capacity, resiliency and talents in order to develop an individualized and strengths-based rehabilitation plan which promotes successful re-integration into the community while resuming or engaging in new life roles (e.g. tenant, partner, caregiver, friend, student, and employee). It is the belief of the program that with support and access to a safe, affordable living environment an individual in recovery will be able to live in the community and achieve a higher quality of life.

### **Caseload**

Since 2006, Community Support Services has successfully placed over 150 individuals diagnosed with a serious and persistent mental illness from a wide variety of referral sources, such as Greystone Park Psychiatric Hospital, Essex County Hospital Center, community-based providers, higher level of care/service organizations, self-referrals and shelters due to homelessness. Additionally, CSS provided supportive services to 11 individuals who have their own residence, but needed additional care to ensure their stability in the community.

### **Demographics**

On June 30, 2017, the active caseload for the Community Support Services was 153. On this date, there were 70 (45.7%) males, 82 (53.5%) females, and one (.65%) transgender male to female. The self-reported ethnicities of the consumers enrolled with CSS are as follows: three (1.9%) Hispanic/Latino; 150 (98.03%) non-Hispanic/Latino. The self-reported races of the consumers enrolled with CSS are as follows: Three (1.9%) Asian, 95(62.09%) African-American, 53 (34.6%) Caucasian, and two (1.3%). American-Indian.

CSS works with consumers throughout Essex County. Remaining cognizant of the importance of wellness and recovery CSS consumers primarily live in residences that are convenient to mass transportation, employment opportunities, social service organizations and natural community supports. The following reflects the number of consumers living in each town: 29 Bloomfield; 25 Montclair; 12 Nutley; 45 East Orange;

18 Newark; three West Orange; nine Irvington; seven Orange; two Belleville; one South Orange; three Verona; one Caldwell.

### **Personnel**

The CSS quality services are provided by one Director, two Recovery Coordinators, one Clinical Coordinator, four Sr. Recovery Counselors, four Recovery Counselors, one Housing Management Counselor, one Wellness Coach, one part-time Recovery Counselor, one full-time Nurse, and one administrative assistant. Staff are culturally diverse and representative of the persons served. CSS has one staff fluent in Creole and two staff fluent in Spanish.

CSS provides flexible services to each individual according to their needs. Our program has proven to go above and beyond the typical supportive housing services and has been creative with our services and referrals. The CSS staff are available for support and crisis intervention 24 hours per day, 365 days a year. A system for promptly reaching the appropriate on-call personnel has been developed that identifies a responsible party for on-call coverage as the chief point of contact. Our ability to respond to individuals around the clock has averted numerous psychiatric hospitalizations and emergency room visits.

### **Performance Outcomes**

CSS participates in the agency-wide Performance Improvement Committee (PIC) which conducts monthly meetings and collects data on utilization of services, quality assessment, quantitative monitoring, incident review and risk management, satisfaction surveys and measured outcomes of performance.

Community Support Services performance indicators measure the rate of recidivism to the County/State hospitals and recidivism rate to the Short Term Care Facilities on a monthly basis. During this fiscal year, the overall recidivism rate to the County/State hospitals was 0% and the recidivism rate for Short Term Care Facilities was 2%. Both these rates of recidivism are below the threshold of 20% for a population who, traditionally, relies heavily on acute care services.

CSS performance indicators also measure the linkage to employment which includes full-time work, part-time work, volunteer work and educational programs. This performance indicator is monitored quarterly. During this past fiscal year, CSS was able to assist 12% of our consumers to secure and/or maintain involvement with employment, vocational programs or school.

Health and Wellness continues to be one of the primary areas of focus within the CSS program. CSS offers each individual a nursing assessment with our nurse. The nurse meets with the consumers in the community to ensure these assessments take place. The threshold is to have 90% of individuals receive a nursing assessment. During this fiscal year, 100% of CSS participants were offered initial nursing assessment and subsequent

follow up assessments with either the CSS nurse or the Prospect House Primary Care Clinic.

In addition, 100% of individuals participating in CSS were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users”. The CSS staff (including part-time psychiatrist and nurse) provide ongoing medication education and support. This includes identification and management of side-effects.

Approximately 80 surveys were distributed to CSS consumers. They were informed that their answers are anonymous and confidential. Thirty-one surveys were completed and returned to CSS. This accounts for a 37% response rate. This is the same response rate as last year.

### **GENDER**

Thirty consumers responded in which 13 (43%) are male and 16(53%) are female. One (3%) consumer did not respond to this question.

### **AGE**

Ages ranged from 24 through 67 years old. Three consumers did not answer this question. There were three modes for this data: they were 55, 61, and 65. The mean for this data set was 51 years of age.

### **ETHNICITY**

Nine (29%) consumers identified as African American, 12(38%) consumers reported they are Caucasian, one (3%) consumer reported they are Asian, two (6%) consumers reported Hispanic, five(16%) consumers reported other as their ethnicity, and two (6%) consumers did not answer this question.

### **“I AM TREATED WITH DIGNITY AND RESPECT”**

The majority of consumers were felt they were treated with dignity and respect. Twenty five (80%) consumers agreed or strongly agreed with the above listed statement. Four (12%) consumers answered neither agree nor disagree, and two (6%) consumers answered disagree.

### **“I MAKE INFORMED DECISIONS ABOUT MY MEDICATION”**

Twenty-two (70%) consumers agree or strongly agree with this statement. Five (16%) consumers neither agreed nor disagreed with this statement. Three (9%) consumers disagreed with this statement. One (3%) consumer answered not applicable to this question. CSS staff will continue to provide consumers with any needed information regarding the risks, benefits and side effects of medication.

### **“I HAVE A PRIMARY CARE PHYSICIAN”**

Twenty-four (77%) consumers (77%) of CSS agreed or strongly agreed with this statement. Three (9%) consumers neither agreed nor disagreed with this statement, and four (12%) consumers disagreed with this statement. It should be noted that 100% of CSS

consumers are offered linkages to the medical doctor of their choice and many consumers have a primary care physician prior to entering CSS.

**“CSS STAFF ARE AVAILABLE WHEN NEEDED”**

Twenty-five consumers (80%) agreed or strongly agreed with the above listed statement. Two (6%) consumers neither agreed nor disagreed with this statement, three (9%) consumers disagreed with this statement, and one (3%) consumer strongly disagreed with this statement. SLS staff are responsive to the needs of our consumers 24 hours a day/7 days a week.

**“CSS STAFF FOLLOW UP ON MY REQUEST(S)”**

Twenty (64%) consumers agreed or strongly agreed with this statement. Three (9%) consumers neither agreed nor disagreed with this statement. Five (16%) consumers disagreed, one (3%) strongly disagreed, one (3%) consumer answered not applicable, and one (3%) consumers did not answer this question.

**“CSS STAFF ENCOURAGE ME TO MAKE MY OWN DECISIONS”**

Twenty five (80%) SLS consumers agreed or strongly agreed with this statement. Three (9%) consumers neither agreed nor disagreed with this statement. Two (6%) disagreed with this statement, and one (3%) consumer answered not applicable.

**“I ACTIVELY PARTICPATE IN MY RECOVERY PLAN”**

Twenty-four (77%) consumers confirmed that they agree or strongly agree with this statement. Three (9%) consumers neither agreed nor disagreed with this statement. Four (13%) consumers disagree with this statement. CSS will continue to work with the consumers in making them an active part of their recovery plan.

**“CSS ASSISTS ME IN ACHIEVING MY GOALS”**

Twenty-three (74%) consumers agreed or strongly agreed with this statement. Four (12%) consumers neither agreed nor disagreed. Two (6%) consumers disagree with this statement. One (3%) consumer answered not applicable to this statement.

**“CSS IS RESPECTFUL OF MY CULTURAL BACKGROUND”**

Twenty-six (83%) consumers agreed or strongly agreed that SLS staff has demonstrated cultural competency. Five (16%) consumers stated they neither agreed nor disagreed with this statement. CSS staff participates in MHAEC cultural competence trainings and participates in MHAEC’s annual potluck luncheon which celebrates diversity.

**“I CAN FREELY VOICE MY ISSUES OR CONCERNS WITH CSS STAFF”**

Twenty-four (77%) consumers indicated they agreed or strongly agreed that they feel comfortable speaking openly with CSS staff. Five (16%) consumers indicated that they neither agreed nor disagreed with the statement. Two (6%) consumers disagreed with this statement. A safe environment continues to be created in which thoughts, ideas and beliefs can be discussed openly with CSS staff.

**“CSS STAFF PLACE AN EMPHASIS ON WELLNESS AND RECOVERY”**

Twenty-five (80%) consumers stated they agreed or strongly agreed with the statement. Two (6%) consumers neither agreed nor disagreed with the statement. Four (13%) consumers disagree with this statement. CSS is based upon the principles of wellness and recovery.

**“OVERALL, I AM SATISFIED WITH SLS SERVICES”**

Twenty-three (74%) of consumers who responded either agreed or strongly agreed with the above listed statement. Two (6%) consumers disagree with the above statement, one (3%) consumer neither agreed nor disagreed, and five (16%) consumers did not answer this question.

**“SOMETHING I WOULD LIKE TO SEE MORE FROM CSS IS...”**

This was an open ended question designed to elicit ideas for improved service delivery. CSS received the following responses:

- More follow-through with what they had promised.
- More support, discounts on PSEG, activities in the area to do, church support (finding one)
- More staff events, as in more SLS activities with clients
- I am very happy with your service.
- To comply men the rest of tenants for a door bell
- More parties more meetings.
- Nothing. They’re doing an excellent job.
- Follow-up with roommates and house.
- In help with finding an apartment. I have brought up my living concerns in the past years with case workers and John Hinkis. I feel uncomfortable where I am living due to many circumstances.

**“ADDITIONAL COMMENTS”**

- My current caseworker Carmen is great and Taisia is excellent.
- Need more counselors
- Yes. I would like Mr. John back and make Taisia supervisor and Emmy assistant. Why I request because people like makes the day and more work be done. I also like to have more groups besides women’s group.
- I like my caseworker Emmy.
- My case manager Eme out of the 8 that was given to me. She is excellent she goes above and beyond the call of her description. She is patient, kind, dedicated, compassionate, and considerate. I know in my heart there should be a verbose amount of case managers that she be as dedicated and loyal as her.
- SLS saved my life. Without this program with my mental illness I would be on the streets of Newark.

	<b>Satisfaction Rate</b>
<b>Treated with dignity and respect</b>	<b>80%</b>
<b>Understanding medications</b>	<b>70%</b>
<b>Primary care physician</b>	<b>77%</b>
<b>CSS availability</b>	<b>80%</b>
<b>CSS follow up</b>	<b>64%</b>
<b>Making own decisions</b>	<b>80%</b>
<b>Actively participate in recovery plan</b>	<b>77%</b>
<b>Assists with achieving goals</b>	<b>74%</b>
<b>Respectful of cultural background</b>	<b>83%</b>
<b>Freely voice concerns</b>	<b>77%</b>
<b>Emphasis on Wellness &amp; Recovery</b>	<b>80%</b>
<b>Overall Satisfaction with CSS</b>	<b>74%</b>

### **CSS Highlights**

MHAEC, in partnership with Integrity House, was awarded 35 Housing First SRAP subsidies through the Department of Community Affairs. These subsidies are designed to house chronically homeless individuals diagnosed with a severe and persistent mental illness. MHAEC was awarded 25 of these subsidies and Integrity House was awarded 10. Both agencies are working toward identifying consumers in need and placing them in permanent, safe, affordable housing. To date 18 individuals have been housed.

The Generic Supportive Housing Request for Proposal was implemented on July 1, 2015. Since implementation the Community Support Services program has assisted 8 Continued Extension Pending Placement (CEPP) individuals from state hospitals to find new homes in the community and anticipates housing one additional individual.

Community Support Services is working with one developer on low income tax credit project which CSS will be able to house additional consumers. It is anticipated that this project will be completed in early 2018.

With the request of the Division of Mental Health and Addiction Services (DMHAS), the Supportive Living Services has successfully transitioned into using the Bed Enrollment Data System (BEDS) database. This data base allows other social service agencies access to availabilities at Supportive Living Services. In addition, the Supportive Living Services was able to transition all DMHAS subsidies into the Supportive Housing Connection Database.

Community Support Services continues to be an active participant in the Continuum of Care/ Comprehensive Emergency Assistance System (CoC/CEAS) committee. This year CSS worked with the committee in securing 14 “Moving On” housing subsidies for consumers receiving services. Moving On is an initiative that identifies consumers who

are able to live in the community, with a housing subsidy, without the need of services. This initiative has also helped create housing availability for individuals who are in need of supportive housing.

Community Support Services has transitioned to the CSS model of care which has enhanced the provision of services and documentation.

MHAEC continues to own and operate two single family homes in Bloomfield, a 6 unit apartment building in Nutley, and 2 six unit buildings in Montclair. Each house is currently at full capacity housing a total of 25 individuals diagnosed with severe and persistent mental illness.

MHAEC ensures that the quality of the housing exterior and interior meets or exceeds the quality of the housing in the neighborhood. MHAEC retains professional landscaping services and contractors who specialize in construction, heating, air conditioning, electric, plumbing and snow plowing. Tenants are encouraged to fully participate in decision making in terms of physical plan and environment of care. All tenants are given the rights and responsibilities afforded as a tenant in a tenant/landlord relationship.

CSS continues to develop strong relationships with landlords and other service providers throughout Essex County in order to better meet the needs of the individuals served.

Through Foothold Technology's AWARDS system, CSS continues to maintain all clinical files electronically. The electronic files were enhanced since the entire agency started using the system. This system continues to assist staff with maintaining record keeping in an organized fashion as well as assisting with generating professional reports and monitoring outcomes.

All CSS staff, through Relias Learning, were trained on various topics which included but were not limited to HIPAA for Healthcare Professionals, Corporate Compliance and Ethics, Cultural Diversity, Co-Occurring Disorders, Coordinating Primary care Needs of People with Serious and Persistent Mental Illness, Illness Management and Recovery, Nutrition and Exercise for Clients with Mental Illness, Incorporating Recovery Principles and Practices into Mental Health Treatment, Case Management, Crisis Management, Overview of Suicide Prevention and Psychiatric Rehabilitation. In addition, CSS staff are trained in WRAP (Wellness and Recovery Action Plan) and Motivational Interviewing.

The CSS staff continue to provide information and education to each individual on Psychiatric Advance Directives. CSS offers assistance in the development, modification, execution and registration of a Psychiatric Advance Directive.

CSS, in collaboration with MHAEC adult programs, sponsored its annual Picnic/BBQ held at Eagle Rock Reservation, and the Annual Holiday Party; all events were well attended by SLS participants. This year, MHAEC held its 8<sup>th</sup> Annual Consumer

Achievement Awards Luncheon where an individual from each program was honored and recognized, with an award, for their success in their own recovery.

CSS continues to offer weekly groups such as “Women of Wellness” along with weekend outings to promote the principles of wellness and recovery. All activities, discussions and outings focus on exposing individuals to new dimensions of wellness (financial, social, vocational, and physical). These activities are planned with CSS participants and are well attended.

### **Advocacy Activities**

CSS staff work closely with each individual to develop self-advocacy skills and help them become involved in program level advocacy and systems level advocacy. These skills are used to procure continued and needed services and supports. Staff provide education on direct skills and link individuals to trainings and activities on the consumer movement (Self-Help Centers, Consumer Advocacy Partnership). Individuals are encouraged to become involved in self-help groups, NAMI-NJ, and other MHANJ advocacy initiatives.

In addition, CSS staff continue to participate in the following Committees and Meetings:

- Comprehensive Emergency Assistance System (CEAS)
- Essex County Residential Meeting (which is a sub-committee to the System Review Committee (SRC))
- County of Essex Human Services Advisory Committee

## **SUPPORTED EMPLOYMENT SERVICES (SES)**

*The mission of Supported Employment Services is to be committed in providing uplifting, empowering, and advocacy intervention measures which assist clients in reaching their individual goals of employment, financial independence and wellness and recovery. SES has established Prospect Employment Services to help clients find a job.*

### **Personnel**

Supported Employment Services is staffed by four full-time employees. Staff includes the Program Director, Program Coordinator, two Employment Specialists who have a minimum educational requirement of a BA or BS in a related social service field and one staff with a Masters in Social Work. We also had administrative support from a Transitional Employment-Clerical Assistance (TE) for fiscal year 2017. Supported Employment staff is culturally diverse and represents the local population which we serve in Essex County.

### **Prospect Employment Services**

Supported Employment Services (SES) provides consumers diagnosed with a severe and persistent mental illness (SPMI) the opportunity to identify career interests via staff facilitated groups and individual job development sessions. Staff members identify consumer strengths and collaborate with the consumer to build skills to become a more competitive candidate for employment. Staff members collaborate with all service providers to encourage an individualized approach for each consumer. When a consumer is placed in a job, Employment Specialists provide on site job coaching to provide additional support and continuously monitor the consumer's progress.

### **Caseload**

Between July 1, 2016 and June 30, 2017, SES served 123 clients. There were 54 new clients referred and accepted from various other sources such as: Intensive Family Support Services (IFSS), Collaborative Justice Services (CJS), Assisted Outpatient Treatment Services (AOTS), Prospect House (PH), Integrated Case Management Services (ICMS), Northwest Essex Community Healthcare (NWECHN), Supportive Living Services (SLS), Community Psychiatric Institute (CPI), East Orange General Hospital (EOGH), FEDCAP Inc., and Project LIVE Inc.

### **Demographics**

The majority of the clients served are African-American with a smaller population of Caucasian, Asian, and Hispanic. A significant majority of the overall clients served are from the East Orange and Newark areas. Other demographic locations include Belleville, Bloomfield, Irvington, Orange, Maplewood, Montclair, West Orange, South Orange, Cedar Grove, Livingston, and Verona.

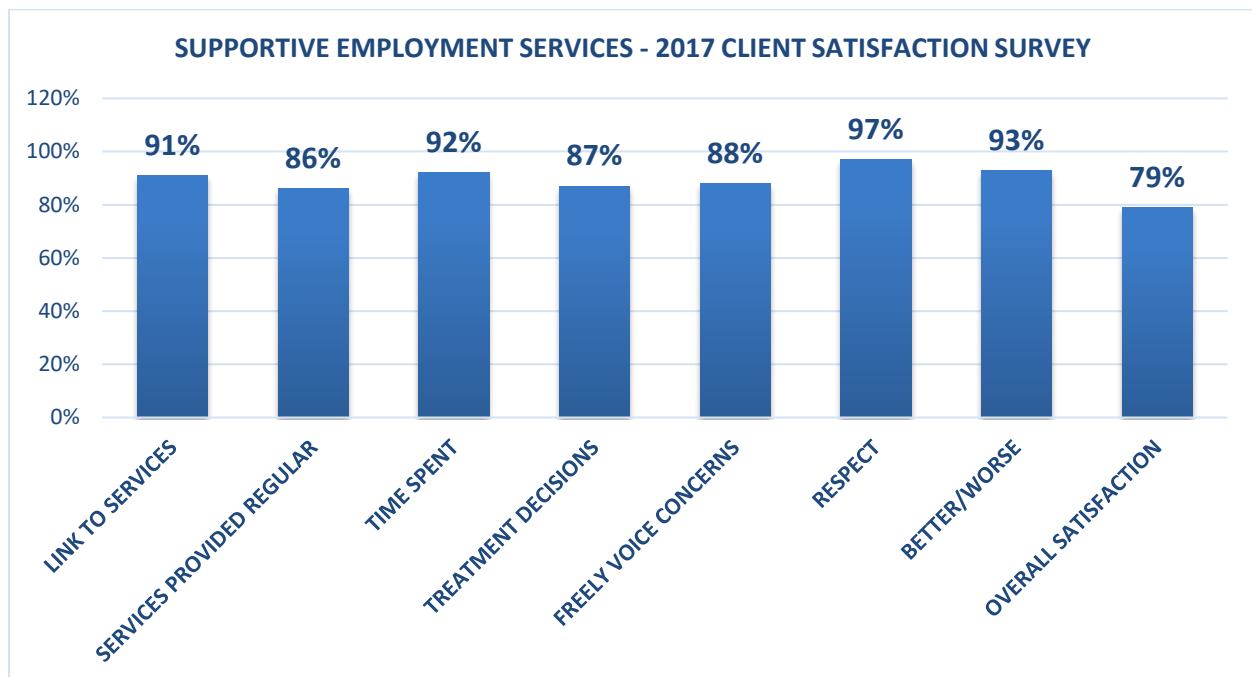
### **Performance Outcomes**

The target number of clients served was 130. We served 123, achieving 95% of our goal. The target for new clients was 60; we served 54, achieving 90% of this goal. We placed 46 clients into employment (110%), and an additional 11 clients (29%) were placed again on a job. At the end of this fiscal year, our caseload is 70.

Despite the unemployment rate in NJ being 4.7% in December 2016, we were successful in placing 14% of our clients into employment within 120 days of their entry into the program. 100% of the clients were placed in an occupation of their choice. At the end of the year, 72% of our clients retained employment for 3 months or more. The Employment Specialist worked diligently to motivate their clients and made multiple outreaches to employers to ensure a smooth transition. Staff encouraged clients to participate in the scheduled Job Readiness groups which focused on multiple areas including interviewing skills, work ethics and positive communication. The target wait for intake is 5 business days and admission to program is within 5 days. Client individual service plans were established with the clients input and were reviewed as were the monthly and quarterly progress as was necessary to help the client to meet their objectives. The staff/ client ratio is 1:23 respectively. In the upcoming fiscal year, staff will continue to secure every opportunity, coordinate team efforts and resources to increase the service delivery to clients and will be more focused in documenting all areas of job development and client contact to meet our contractual obligations.

### **Client Satisfaction Survey**

The threshold is 80% satisfaction and rate of return. In the final analysis client satisfaction survey rate of participation was 13% with an increase of 1% response rate. We achieved 50% satisfaction overall.



### **Training**

Specialized training workshops for staff continued throughout the year:

- WRAP Trained (two staff)
- Psychopharmacology
- Effective Job Coaching
- Motivational Interviewing
- Co-Occurring Disorders and Employment
- Trained in Social Security benefits
- Disability rights and Laws pertaining to employment
- Mental Health First Aid
- Safety in the Community
- The Program Director also attended several workshops including the American Counseling Association, DSM V Training, and Incident report training and NJMAPP

### **Highlights of the year for Supported Employment**

- Individuals were placed in competitive jobs as Customer Service Representatives, Sales Professionals, Food Service Workers, Warehouse Workers, Retail Workers and Youth Counselor
- Continued outreach to Dress for Success and utilized their services which include hair maintenance and haircuts for clients.
- Continued support for Clerical and Maintenance Transitional Employees.
- Membership, East Orange Chamber of Commerce and North Essex Chamber of Commerce.
- MHAEC has staff who are Certified Application Counselors and assisted those without health insurance apply for coverage.
- Staff facilitated a celebration for the clients to celebrate Valentine's Day, Harvest Fest Fall Celebration, Winter Holiday Party, and Summer Picnic.
- New Jersey Travel Independence Program continue to provide a yearly travel training to staff to support individuals with disabilities. Travel Instruction is a spectrum of services meant to teach safe independent travel skills on public transportation

### **Advocacy**

- Monthly Outreach Community Meetings to increase collaboration and in-house referrals.
- Participation at Professional Advisory Committee (PAC) Meetings.
- Participation in Job Fairs to increase client opportunities and for functional assessments of clients.
- Participated in Essex County Homeless Day Event and consumers were able to gain access to valuable resources.

- Staff attended the Annual Legislative Breakfast sponsored by the MHAEC.
- Social Security benefits presentations.

**Ideas and Recommendations for Fiscal Year 2018**

- SES will continue to collaborate with community providers to secure work opportunities through word-of-mouth or resources within their organization/agencies.
- SES will continue to work on improved employment outcomes and reduced gaps in the service system with increase linkages and smooth transitioning of services for the consumers.

## **Family Resource Center (FRC)**

The FRC includes the following programs and services:

- I. IFSS - Intensive Family Support Services**
- II. “Thursdays” Family Respite Consumer Drop-In Center**
- III. Project F.E.R.S.T. – Family Emergency Room Support Team**
- IV. East Orange School-Based Counseling**
- V. Montclair Child Development Center - Mental Health Consulting**
- VI. School Based Mental Health-Chancellor Avenue School Newark**
- VII. St. Benedict’s Preparatory School Collaboration**
- VIII. Whole Health for Seniors Project at Toni’s Kitchen**
- IX. Life Transitions for Seniors Project**
- X. Information and Referral Services**
- XI. Community Education – MHFA - Mental Health First Aid**

### **I. Intensive Family Support Services (IFSS)**

**Description:** Intensive Family Support Services are designed to provide support, education, advocacy, and respite to family members who are coping with the mental illness of a loved one. Through an array of services which include home or office- based consultations, psycho-educational lectures, family support groups, in-home and out-of-home respite services and telephone consultations, families are helped to cope with the associated stress of caring for a loved one with mental illness.

**Personnel:** Senior Director and (1 F.T.E.) Family Support Counselor + (.5 F.T.E.) Family Support Specialist along with several graduate interns and community volunteers

#### **IFSS Highlights: Psycho-Educational Community Presentations:**

The fiscal year began with a focus on self-care for the family caregiver. IFSS staff implemented a Caregiver Creative Self-Care workshop which provided simple art techniques to help family members cope with the stress of caring for a loved one with mental illness. Two workshops were conducted in July 2016 and attended by five family members.

In late August 2016, IFSS presented a screening and discussion of the film, *No Letting Go* which was based on a true story and featured one family’s journey to understand and cope with their son’s mental illness. This film was attended by 19 individuals, representing 12 families.

Beginning on September 12, 2016, the IFSS team, together with interns and volunteers, provided support for NAMI Essex/Passaic, by facilitating 7 monthly psycho-educational workshops as part of the monthly NAMI meeting for families and consumers. IFSS presentations included “Overview of Bipolar Disorder and Depression,” “Understanding Schizophrenia,” “Communication Part I: Reflective Listening,” “Communication Part II: Introduction to LEAP and Limit Setting,” “Creating Mandalas: Using Mindfulness for Stress Reduction,” “History and Mission of NAMI,” and “Meditation with Clay: Using Expressive Arts for Coping with Stress.” Non-duplicated attendees of the NAMI meetings totaled approximately 19 individuals. Workshops were held in September, October, and December of 2016, and January, February, March, and May of 2017.

On October 26, 2016, IFSS and Project F.E.R.S.T. hosted an information session entitled “How to Handle a Crisis,” with the Clara Maass Psychiatric Emergency Crisis Supervisor as the featured speaker. The audience was given an overview of what to expect if and when their loved one is seen for an evaluation in the Emergency Department. Information was disseminated which reviewed hospital procedures, key personnel, and the importance of providing collateral information. A total of 15 individuals representing 12 different families attended, and were active participants in the discussion.

On December 6, 2016, the IFSS team presented a workshop called “Communication: Finding Common Ground,” which provided an overview of the importance of communication, and how it is often impacted by mental illness. Communication strategies and skills for family members were introduced through role playing and discussion of real life scenarios provided by the participants. This workshop was attended by 18 individuals representing 13 families.

Beginning on January 19, 2017, and ending on March 30, 2017, the IFSS team facilitated a 10-session psycho-educational workshop series. Families learned about the different types of mental illness, their causes, symptoms, and available treatments, as well as coping strategies, and community resources. Since families were very interested in learning communication strategies, three sessions were added, allowing them to practice skills, explore LEAP, and experience collaborative problem solving.

Staff from the agency’s Supportive Housing Program presented information about housing programs for individuals with mental illness, and the Director of Social Services at PLAN NJ, was invited to present information on long-term planning issues. A new workshop, utilizing the definition of recovery, as put forth by SAMSHA, concluded the series. This series was attended by 65 non-duplicated attendees over its course, and averaged approximately 24 participants for each session.

Beginning on April 20 through July 20, 2017, IFSS initiated a hybrid group to provide ongoing mini-psycho-educational sessions combined with the support group modality, called the Family Support and Education group. This group met for four sessions and incorporated brief topics of information, mindfulness-based art activities, and peer support, facilitated by the IFSS staff, volunteers, and interns. This group was attended by 16 individuals.

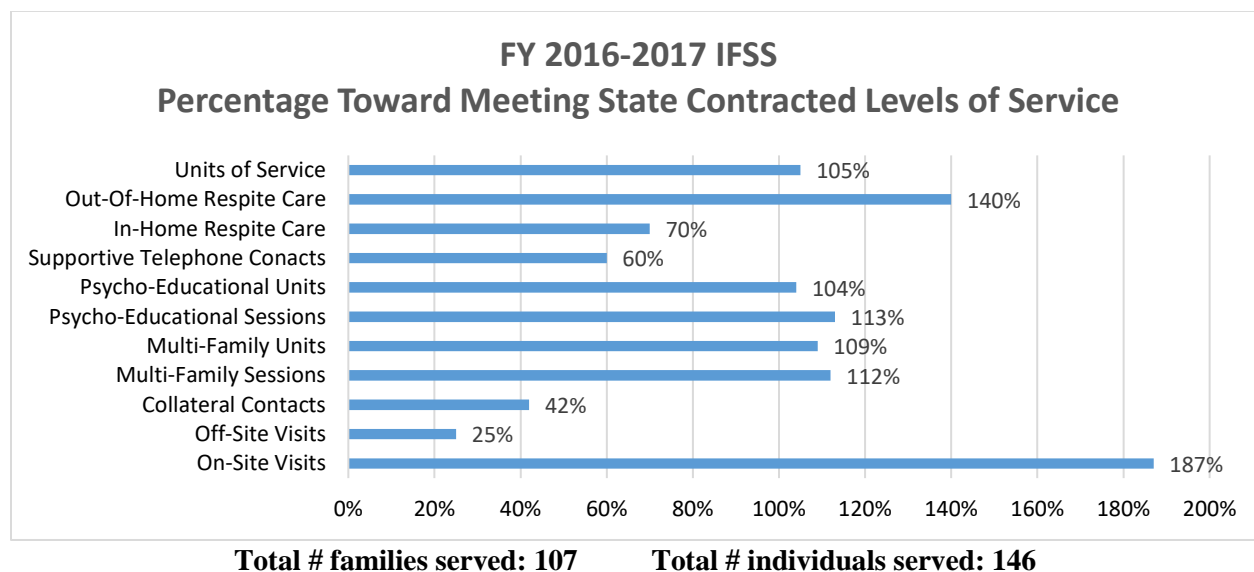
On June 1, 2017, IFSS presented a newly released, feature-length, documentary film, *Healing Voices*, which presented the phenomenon of psychosis within a non-medical paradigm. Real life stories of four individuals with mental illness were presented, and the film highlighted the therapeutic value of human connection and empathy. This film was attended by 28 individuals, representing 19 families.

On June 6- 8, 2017, in response to the demand of new families, the IFSS team facilitated a three-day intensive review of communication tools called “Communication Boot Camp.” This daytime workshop was attended by 18 non-duplicated participants, with an average attendance of 11 participants each day.

On June 14, 2017, IFSS family support counselor/art therapist facilitated an altered book workshop, demonstrating the use of mixed media to help manage difficult feelings such as grief, loss, and anger. This workshop was hosted by The Creativity Caravan, a community art studio located in Montclair, and was presented in conjunction with their art exhibit, *Museum of Goodbye*, which highlighted themes of death, grief, and loss. An overview of IFSS programs was provided to participants, as well as information about the physical and emotional effects of mental illness on families and the challenges of dealing with social stigma. This workshop was attended by six participants.

**IFSS Performance Outcomes: The IFSS program produced 2205 units of service, 105% of its overall targeted program commitments for the 2016-2017 fiscal year.** Off-site, in-home respite, phone, and collateral contacts did not meet expected thresholds and will continue to be prioritized to

increase their production in the next fiscal year. On-site visits (187%) compensated for these deficits by exceeding the expected contracted levels of service, as did Out-of-Home Respite Care (140%), Psycho-educational (113%) and Multi-Family Sessions (112%).



#### **Performance Indicators:**

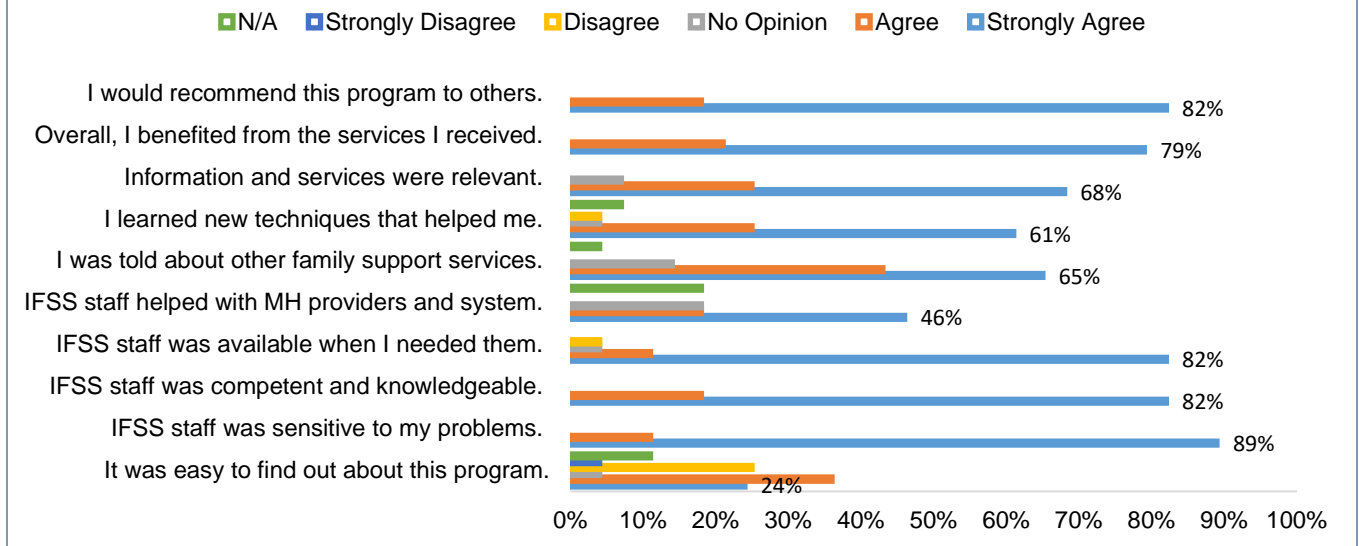
**Accessibility:** IFSS continued to ensure easy access of services for all family members by having professional staff on call 24 hours a day, every day of the year, including holidays. In this past fiscal year, 93% of families either agreed or strongly agreed that IFSS staff was available when they needed them. (This was Question # 4 on the satisfaction questionnaire.)

**Efficiency:** IFSS utilized “Wait for Service” as a key performance indicator of efficiency. In this past fiscal year, the average time elapsed from IFSS referral to 1<sup>st</sup> contact, was 0.9, or less than 1 business day. The average time from this contact to intake was 4.1 business days. Both indicators of IFSS efficiency were below the established thresholds, indicating that IFSS remains efficient in responding to families in need.

**Effectiveness:** IFSS measures the effectiveness of its services by recording changes in a family’s perceived level of burden and stress over a 6-month time frame. IFSS used a statewide uniform method of calculation with a NJDMHAS approved instrument called the Family Concerns Survey. After analyzing pre and post survey scores, IFSS families indicated a slight reduction in stress for this fiscal year as a result of receiving family support services.

**Satisfaction:** Satisfaction with the IFSS program was measured by a NJDMHAS approved instrument that was sent out to 159 IFSS families. With an 18% return rate, 28 questionnaires were returned. Results showed that all (100%) families responding agreed or strongly agreed that they would recommend the IFSS program to others. 100% of respondents felt that IFSS staff were sensitive to their needs, and that staff were competent and knowledgeable. 100% of respondents felt that they benefitted from IFSS services, and 100% of all families that responded felt that IFSS treated them with dignity and respect. Along with the IFSS satisfaction questionnaires, there were also many accompanying positive comments about services and staff that further validated a high level of satisfaction from the families enrolled in the IFSS program.

## 2016-2017 IFSS Family Satisfaction Survey N=28



**Comments from FY 2016-2017 Family Satisfaction Survey:** “I think the services offered are above and beyond any expectations I ever had about support for people who have loved ones with mental illness;” “The knowledge, compassion, humor that I found at your organization has made this journey much more endurable! Thank you!”; “When I found you, it felt like my life was saved!”

**Technical Data:** Monthly chart audits of all active IFSS families were implemented with an annual compliance rate of 91%.

### II. *IFSS Out-of-Home Family Respite Services “Thursdays” Consumer Drop-In Center*

**Description:** “Thursdays” is a consumer drop-in center that meets every Thursday for 2.5 hours from 6:30 PM to 9:00 PM. Through this service, IFSS families are provided with 2.5 hours of out-of-home respite and relief from caring for their loved ones with a mental illness. IFSS families are also comforted in the knowledge that their loved one is getting out of the house and making positive social connections with their peers, both critical to wellness and recovery.

**Personnel:** One Part-time Health and Wellness Coordinator, graduate social work and counseling interns and community volunteers

**Highlights and Data:** For the 19<sup>th</sup> consecutive year, “Thursdays” continued to operate primarily as an IFSS family respite service. Families took comfort in knowing that their loved one was able to get out of the house, socialize, and be surrounded with positive supportive people. Throughout the year, the consumers who attended “Thursdays” planned and participated in many diverse activities. Some of these included interactive presentations on health, wellness, chair yoga and guided meditation. Other activities included walks in the park, artistic and wellness-themed activities along with a backyard BBQ and karaoke. With its emphasis on fresh fruit, vegetables, and physical exercise, “Thursdays” continued to espouse a wellness philosophy that promoted healthy eating and positive lifestyle choices.

A total of 78 non-duplicated consumers attended this drop-in center over the past fiscal year. An average of 18 consumers attended “Thursdays” each week. A total of ten IFSS families received this specialized out-of-home “respite” service during this past fiscal year.

### ***III. Project F.ER.S.T. – Family Emergency Room Support Team***

**Description:** Acute Care Family Support otherwise known as “Project F.ER.S.T.” is the NJDMHAS contracted service component that provides in-person support, education, and advocacy to families while they are accompanying their loved ones through the psychiatric screening process in local acute care hospital emergency rooms. As one of the two community-based acute care family support programs in the state, Project F.ER.S.T. brings unique challenges with regard to receiving referrals from all of the Essex County acute care hospitals, which include three psychiatric screening centers. The success of Project F.ER.S.T. relies upon a commitment to maintain relationships with screeners and crisis workers, as these relationships provide Project F.ER.S.T. with the majority of its referrals. As a result, Essex County families benefit from receiving emotional support and education regarding hospital procedures and commitment laws while their loved one is experiencing a mental health crisis.

**Personnel:** One Full-Time Project F.ER.S.T. Liaison and one Part-Time Project F.ER.S.T. Liaison

**Highlights:** Project F.ER.S.T. produced 325 units of service, 80% of the target amount of units for this past fiscal year. A total of 195 families, 97.5 % of the target number, were served both on and off-site at local emergency rooms and at the MHA office. With a new project coordinator starting in December 2016, there was a focus on marketing and building relationships with key personnel of the local acute care hospitals. Project F.ER.S.T. met with behavioral health directors, crisis team supervisors, crisis screeners, ER directors and staff at the participating Essex County hospitals. A presentation was also made at the Systems Review Committee meeting for Essex County to an audience of county service providers, highlighting how acute care family support can benefit providers as well as families in the emergency room. In addition to these outreach meetings, Project F.ER.S.T. aimed more intensive marketing efforts at two hospitals that have underutilized program services. During the second quarter, efforts were made to create a regular Project F.ER.S.T. presence in the Newark Beth Israel Medical Center screening center. As a result of this increased visibility, Project F.ER.S.T. served 15 families at Newark Beth Israel Medical Center between Q3 and Q4 alone compared to the prior year when 15 families were served during the entire fiscal year. During the third quarter, Project F.ER.S.T. conducted an in-service training at St. Barnabas Hospital and successfully engaged approximately 30 staff members. Subsequently, Project F.ER.S.T. served five families at St. Barnabas, up from no families during the prior year. Project F.ER.S.T. has also begun to outreach social workers on inpatient units as an effective strategy to capture referrals that were missed upon initial screening. In the fourth quarter, Project F.ER.S.T. served six families off-site referred by East Orange General Hospital social workers.

#### **Performance Outcomes:**

**Efficiency:** It is very important during a crisis situation to respond quickly, as families who are in crisis need immediate help. Efficiency is established by tracking how quickly staff responded to a referral. Using the Wait for Service annual data, an efficient response time is less than 48 hours. Data shows that 100% of Project F.ER.S.T. services were provided within the 48-hour window.

**Community Feedback:** Through a questionnaire, feedback was obtained from local acute care hospitals. All three screening centers strongly agreed that Project F.ER.S.T. is professional and prompt, organized, respectful and that staff works collaboratively with their crisis teams. University Hospital reported that, “Project F.ER.S.T. is an extraordinary service.” Newark Beth Israel Medical Center reported that, “Project F.ER.S.T. is always so pleasant when engaging with staff and is always prepared and has

literature to provide the families in need.” East Orange General Hospital reported that, “East Orange General Hospital finds the services rendered by Project F.ER.S.T. to be a much needed and valuable source of service and information to our consumers. We appreciate Project F.ER.S.T.’s response and collaboration.”

#### **Outcome Data:**

- **Accessibility:** Project F.ER.S.T. staff continued to provide on and off-site direct face-to-face services for families in local emergency rooms until 9 PM, Monday through Friday. Services were also available to families 24 hours a day, 7 days a week, through a rotating staff on-call schedule.
- **Satisfaction:** In order to insure that the highest level of quality services for families are maintained, a 12-item questionnaire is mailed out at the end of each month to every client that received services. Upon return of the questionnaire, the data is aggregated and analyzed. During this past FY16-17, 35 surveys were returned out of 180 sent, resulting in a 19% return rate. A weighted average was calculated from the responses for each question.

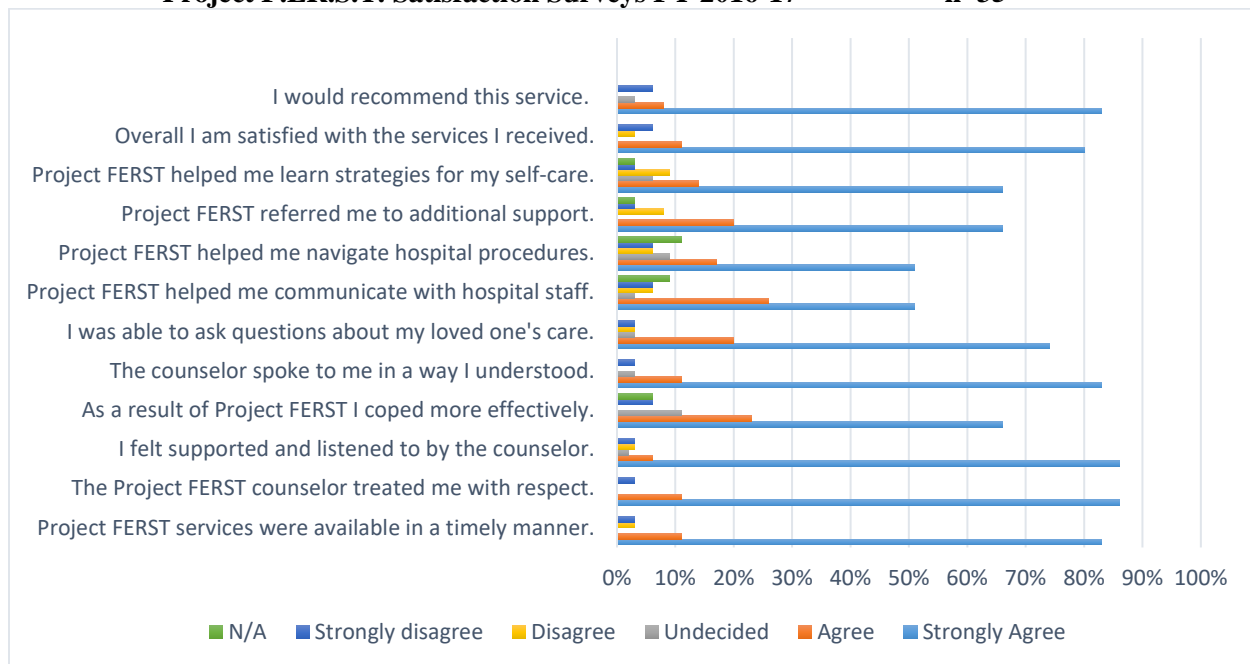
According to survey responses, 97% of the respondents felt that that the Project F.ER.S.T. counselor listened to them, supported them and treated them with respect; 91% felt satisfied with the services they received; 94% felt the services were available in a timely manner; 91% would recommend the services to a friend or family member; 89% reported they coped more effectively with their loved one’s hospitalization as a result of receiving Project F.ER.S.T. services.

Some of the comments from families that have utilized this service are as follows:

- 1) “I am grateful for the support and services I have received from the Mental Health Association of Essex County in large part because of [Project F.ER.S.T. staff’s] interest and guidance during this challenging time.”
- 2) “I could not have done this/handled this if it was not with the help from Project F.ER.S.T.”
- 3) “I never knew I would need this service, but I am happy it is available and was able to help me and my family. Thank you.”
- 4) “[Project F.ER.S.T. staff] was encouraging and comforting, a great help in helping me deal with my family’s crisis.”
- 5) “Parent support at these emotionally overwhelming times is an absolute necessity. I am glad that you were there for me with candor and actionable suggestions.”
- 6) “[Project F.ER.S.T. staff] is genuinely caring and empathetic to a person’s situation.
- 7) “A God send. Saved my life, my husband’s and our marriage.”

## Project F.ER.S.T. Satisfaction Surveys FY 2016-17

n=35



### IV. *East Orange School-Based Counseling*

**Description:** For the FY 2016-2017, one licensed social work clinician plus four graduate social work interns were sent into four East Orange Public Schools. Through a Community Development Block Grant from the City of East Orange, supportive mental health counseling services were again delivered to students attending the Cicely Tyson School for the Performing Arts, the East Orange Alternative High School, the East Orange Alternative Middle School, and STEM, formerly known as East Orange Campus Nine High School.

**Highlights:** From September 2016 to June 2017, school-based clinicians provided a combined total 873.5 direct service hours, counseling students in the East Orange schools. A record total of 51 different students received counseling services over the school year. In all four schools, mental health counselors reported that counseling focused on a myriad of emotional and behavioral issues.

Some of these issues included helping students learn more effective anger management and coping strategies, and supporting their substance use prevention efforts. Individual counseling also focused on trauma recovery, family conflicts, and reducing the disruption of the students' lives due to illness, death, or incarceration of loved ones. Counselors encouraged these students to become involved in proactive activities by practicing positive communication and relaxation techniques. Other issues in the schools that have been brought into the counseling discussions have involved gender identity, sexual activity, managing interpersonal relationships, and strategies to disengage from gang activities.

### V. *Montclair Child Development Center - Mental Health Consulting*

**Description:** Over the last several years the MHAEC has provided clinical mental health consultation services to the Montclair Child Development Center (MCDC) at their sites in Montclair, Glen Ridge and Orange for their Head Start and Early Head Start program. This fee- for-service arrangement has enabled MHAEC to provide MCDC with classroom observations and assessments, individual counseling and in-

class supportive interventions. When possible, teacher consultations were implemented to promote more effective classroom-based strategies. Services included parent meetings where information on growth and development were disseminated, and social-emotional concerns were addressed. Parents were provided with support for their efforts at positive discipline and in implementing behavioral strategies.

**Personnel:** 1 part-time mental health clinician working 20 hours each week was able to provide evaluations, assessments and counseling to MCDC preschool students and their families.

**Outcome Data:** Over the 2016-2017 school year, a total of 42 students and their families were referred for mental health consultation services. A total of 33 or 79% of the students showed some behavioral improvement as evidenced by teacher/parent observational reports.

**Program Expansion:** With monies received from the United Way of Northern New Jersey Success by 6 ? grant, the MHAEC was able to bring in an art therapist to work 15-17 hours per week with MCDC children in the summer and fall of 2016. With funding renewed in 2017, a licensed and board-certified art therapist with certification in child development and trauma-focused cognitive behavioral therapy (CBT), worked from January to the end of the academic year in June 2017.

**Data and Statistics:** During the 7-week summer program, 27 children received individual and group art therapy. The art therapist conducted 7 parent sessions with a total of 40 parents participating, and two staff workshops for approximately 115 staff members. During the school year, the art therapist provided ongoing, individualized services to 47 children, and also conducted in-class art therapy directives or art therapy in small groups, which expanded the services for additional children.

**Student Component:** The art therapist provided the children with a safe space to tap into their own creativity while supporting goals of self-regulation, enhancing self-esteem, reducing stress, and developing healthy coping strategies. Group sessions encouraged taking turns, sharing, learning to compromise, and other social skills. Using art as a modality also allowed for the practice of kindergarten-readiness skills, such as tracing, cutting, tracking, and eye-hand coordination.

**Images:** Summer Birds, Neighborhood Group Mural, Tape Sculpture, Clay Role Play



**Parent Component:** With the goal of parent and family engagement, seven brief informational sessions for parents were offered during the summer. Each session included an arts-based component to allow for enhanced understanding of their children's experiences. The art therapist remained accessible to parents for individual consultation.

**Teacher and Staff Component:** During MCDC's weeklong annual training, the MHAEC art therapist provided two arts-based sessions for the faculty. Goals included team cohesion, acknowledgement of team strengths, self-care, and information about the uses and benefits of art therapy in an educational setting. One workshop resulted in a four-by-four and a half-foot collaged mural created by nine groups of the teaching staff, which was presented to MCDC, along with proposed uses for the mural.

**Images:** Staff Clay Meditation Workshop, Teaching Staff Murals, Parents' Nest



## **VI. MHAEC School-Based Services with Chancellor Avenue School, Newark**

**Program Description:** During the last 5 months of the fiscal year, February through June 2017, the MHAEC was invited to provide school-based mental health services to the students of the Chancellor Avenue School in Newark. With fiscal support from the Newark Trust for Education, the school was able to contract with MHAEC for a part-time, clinically licensed, mental health professional to implement services to the K – 8<sup>th</sup> grade student population, three days per week.

Using individual counseling with the children along with engaging their parents and providing them with supportive coping strategies, a total of more than 100 clinical counseling sessions were provided to 17 children. For each child that was referred to this service, an intake and assessment was completed and a personalized treatment plan was devised for each child. Some of the treatment goals included reduction in aggressive behaviors, such as verbal and behavioral outbursts. The clinician also worked with children to improve their social and communication skills, anger management abilities, and to increase their self-esteem.

## **VII. MHAEC Collaboration with St. Benedict's Preparatory School, Newark**

**Program Description:** Through the continued generosity of the Healthcare Foundation of New Jersey, the MHAEC and St. Benedict's Preparatory School were able to continue their collaboration and implement a second year of supportive mental health services to the families of enrolled students. The project entitled, "**Improving Student Well-Being through Family Care Management and Support,**" targeted the provision of supportive counseling to the families of St. Benedict's students, reducing their stress and helping them cope with a myriad of their individual problems. By addressing the family's needs and reducing their stress, the project aimed to show that these interventions have a positive impact on their child's emotional well-being and academic performance.

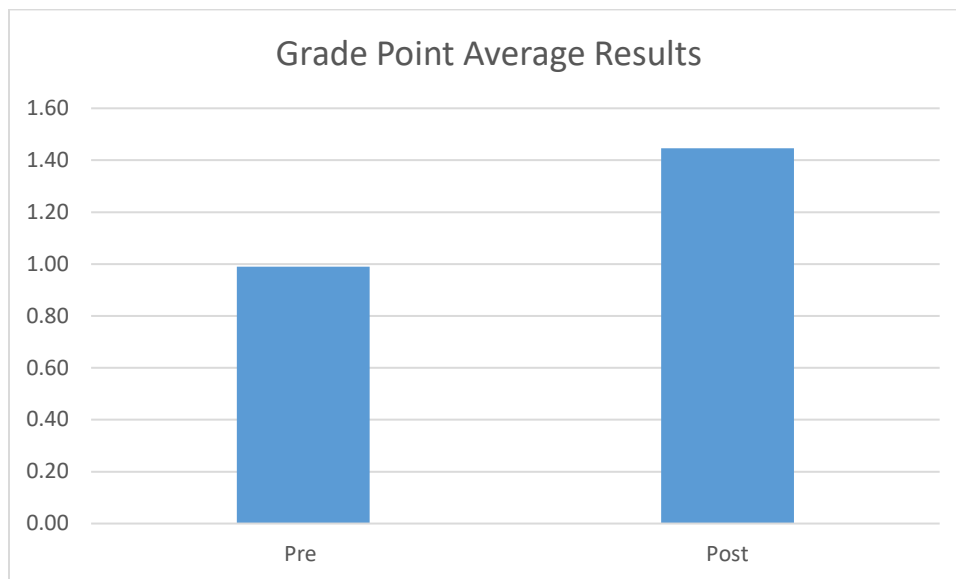
**Personnel:** One Full-Time School-Based Family Support Clinician.

**Program Highlights:** Following the departure of the original clinician early in the fiscal year, a new clinically licensed project clinician was hired and worked from November 2016 and to June 2017. From the beginning of the second year of the initiative, in July 2016, to the end of the fiscal year, 50 families have been served. Family members engaged in individual sessions to work on their personal issues and lower their stress. The family support clinician facilitated group work with families to clarify parental expectations and improve communication. Families were able to develop trust with the counselor in order to discuss difficult themes including their own domestic abuse, suicide, teenage pregnancy, substance abuse, parental illness, family conflicts, death, and growing up without a father figure. Having the

opportunity to confront issues and family secrets gave the families and their children a chance to express their emotions regarding past events in a safe and supportive environment.

**Performance Outcomes:** This study used the Behavioral Assessment Scale for Children (BASC-3™) as a way of measuring key areas that affect students’ academic, emotional, and social functioning. As a result of the family counseling program, a decrease in maladaptive behaviors was noted. Also noted, was a 39% increase in the satisfaction rate of students’ relationships with parents and a 31% increase in the students’ feelings of positive self-esteem.

The project measured academic progress and discovered that students who were referred to, or availed themselves of family counseling were able to improve their ability to complete the daily necessities of the academic work at St. Benedict’s. With initial data, the students enrolled in this project had a 0.99 grade point average. At the end of this academic year, this average increased to 1.45, which is a 46% increase in grade point average. Improved grade point average may increase the likelihood of college admission. See graph below.



**VIII. “Whole Health for Seniors,” A program to strengthen the financial, physical, emotional, and social wellness of seniors**

**Description:** This was the 5th year of a unique collaboration between MHAEC and Toni’s Kitchen, a local food pantry, sponsored by St. Luke’s Presbyterian Church in Montclair. On Thursdays and Fridays, when free lunch is served to the local community, the MHAEC has been able to provide a mental health presence on site at Toni’s to offer supportive counseling interventions and limited case management services to any of Toni’s guests. As part of a United Way of Northern NJ grant-funded collaboration with

Toni's Kitchen called "Whole Health for Seniors", the MHAEC has been contracted to implement a special case management program targeting at-risk seniors attending Toni's Kitchen.

**Personnel:** During this 2016-2017 fiscal year, the Whole Health for Seniors project was staffed by one part-time Whole Health Program Coordinator who worked 12 hours each week. Under the auspices of the MHAEC, two other community mental health professionals have volunteered their time to this project and provided quality counseling to the patrons of Toni's Kitchen. They have also served as a great referral source for the Whole Health Program.

**Program Highlights and Data:** A total of 50 seniors were enrolled into the Whole Health Program during this past fiscal year. Many of the clients requested assistance with applications for senior housing and employment. Others requested supportive counseling.

The project coordinator helped many seniors complete their applications and ensured that their contact information remained current on the senior housing waiting lists. In the case of one client who was interested in seeking employment, project staff helped the client complete an employment application form. Working with these seniors involved not just assisting them with these processes but educating and empowering them so they may better advocate for themselves and make more informed decisions.

### ***IX. Life Transitions for Seniors Project (LTS)***

**Description:** Life Transitions for Seniors (LTS) is a project that has continued to provide services to Montclair seniors 60 years of age and older. This program was funded by the Partners for Health Foundation, and provided seniors with customized and hands-on care management services to help them connect with local, county and state resources, entitlements and programs that could enhance their quality of life. The project collaborated with the Montclair Senior Citizen Advisory Committee, the Aging in Montclair organization, and was a community partner of Lifelong Montclair, the town's effort to build an age-friendly community. The project was designed to individually support and assist local seniors worried about downsizing, transportation, and who were anxious about successfully aging in Montclair.

**Personnel:** One part-time Project Coordinator worked one full day per week. Program implementation was interrupted when the original LTS Coordinator left and a new person was hired to coordinate services.

**Program Highlights and Data:** Funding for the LTS project was renewed for the second year as of March 2016 and services continued until the end of the fiscal year. Of the projected 40 participants that were to be served by this pilot project annually, the MHAEC was able to serve 25 seniors between October 2016 and June 2017.

Out of the 25 participants enrolled, six requested financially related assistance. These included housing, benefits screening and transportation needs. There were 6 healthcare-related requests regarding medical equipment, medical providers and health insurance inquiries.

Lastly, 16 requests were made that pertained to the need for social/emotional supports such as counseling services, support groups and social activities. While some requests required hands-on assistance such as assisting clients with housing applications and/or contacting service providers to inquire about the

application process, the majority of the requests were accommodated by providing clients with thorough consultation and information, depending on the nature of the need.

Outreach continued to be an essential component to market the services, especially within the Montclair senior community. Based on feedback from current LTS clients, it was established that there was a need for a local, professionally facilitated caregiver support group for individuals who care for spouses or parents with a wide range of diagnoses including cancer, Alzheimer's disease and dementia.

Following extensive research into available support groups in the Montclair area and identifying a service gap, the LTS Coordinator, in partnership with AIM (Aging in Montclair), successfully launched a new Caregiver Support Group at the Senior Hub in the Montclair Salvation Army building. The Caregiver Support Group has succeeded in providing much needed support for local caregivers who frequently feel isolated and misunderstood because they lack support.

For those seniors that were able to utilize LTS services, the LTS project has been successful in helping them connect with services. Such services included in-home medical care, transportation services, in-home help, in-home supportive counseling, and home retrofitting services. Project recipients have been assessed for various financial benefits and in several cases, these efforts were successful in being able to reduce their overall household related expenses.

Although the Montclair Senior Hub does not appear to be a viable senior center at this point in time, LTS services have been able to serve as a stepping stone for seniors where information about various resources is readily available and hands-on assistance accessing those resources is offered.

#### ***X. Information and Referral Services***

**Description:** The information and referral service component remains a major gateway to those individuals in the general public seeking mental health services or information. Known as I&R, this component involves responding to phone service requests that come into the Montclair office. It also involves responding to requests for mental health services from individuals who walk in off the street, communicate through e-mail, or make inquiries on the agency's website. Most agency requests for information and referrals are handled by the staff, graduate students, and volunteers of the Family Resource Center in Montclair. Staff completes a data sheet for every request for information and referral.

**Data Highlights:** Data collection revealed that a total of 622 documented requests for information and referral were received in this 2016-2017 fiscal year. A total of 42% of all I&R requests were related to requests for outpatient treatment. During the past fiscal year, staff of the IFSS and Project F.E.R.S.T. programs provided information about mental illness and mental health resources to participants of several community health fairs. Included in these outreach efforts were the Donna T. Darrien Memorial Foundation for Sickle Cell Health and Resource Fair at the Weequahic Park in Newark, and the Essex County Hospital Center mental health fair, as part of Essex County's first Mental Health Awareness Day. On May 24, 2017, I&R staff along with a bilingual ICMS team leader conducted a community mental health forum for 20 community citizens at La Casa de Don Pedro in Newark.

#### ***XI. Community Education – MHFA - Mental Health First Aid***

**Description:** Mental Health First Aid (MHFA) is a nationally recognized program that trains individuals to recognize signs of mental distress and offer appropriate assistance. MHFA is an 8-hour course that provides an official certification for individuals that complete it. MHFA training is offered to churches,

companies, community organizations, or any other group interested in learning more about how to recognize signs of mental distress and how to effectively intervene to help someone who might be experiencing a mental health crisis.

**Personnel:** Four MHAEC employees have been trained and nationally certified as Mental Health First Aid Instructors.

**Data and Highlights:** Throughout this fiscal year, the MHAEC conducted seven separate 8-hour Mental Health First Aid Classes and certified 130 individuals as Mental Health First Aiders. In 2016, the MHAEC collaborated with the Montclair YMCA to teach three Saturday classes which were held on October, November, and December of 2016. On January 13<sup>th</sup> and 27<sup>th</sup> of 2017, the MHAEC instructors taught and certified the entire staff of New Jersey Law Education and Empowerment Program (NJLEEP). On May 3<sup>rd</sup> and 10<sup>th</sup> of 2017, First Aid Instructors taught local members of the clergy as well as congregants of the Grace Episcopal Church in Nutley. In May and June of 2017, the MHAEC teamed up with the Mental Health Association in New Jersey, to provide 2 separate MHFA trainings to the homeless service providers of Essex County. These two classes provided Mental Health First Aid certification to more than 60 staff members.

## **ASSISTED OUTPATIENT TREATMENT SERVICES (AOTS)**

### **Fiscal Year 2016-2017**

The mission of the Assisted Outpatient Treatment Services (AOTS), also known as Involuntary Outpatient Commitment (IOC) program is to provide court ordered mental health treatment, intensive case management and assistance to a select group of mental health consumers who have been resistant and have had difficulty engaging in outpatient treatment. AOTS helps these consumers live safely in the community, avoid repeated inpatient hospitalizations, arrest or incarcerations, and ensure they have access to comprehensive outpatient services. By adherence to a court-ordered treatment plan, consumers have the opportunity to better engage in consistent, ongoing treatment and to ultimately graduate to less restrictive mental health services. AOTS is located at 60 South Fullerton Avenue, Suite 206, Montclair, New Jersey.

#### **Personnel**

In addition to one full-time Program Director, AOTS is currently staffed by three Master's Level full-time Case Managers, one part-time Administrative Assistant, one per-diem nurse, and a part-time Psychiatrist. AOTS also employs a reserve psychiatrist in the event coverage is needed.

The AOTS staff is culturally diverse and is representative of the population we serve. We have one staff that speaks Punjabi and Hindi; one staff that speaks Spanish; one staff that speaks Italian and one staff that speaks Twi (Ghanaian Language).

#### **Caseload**

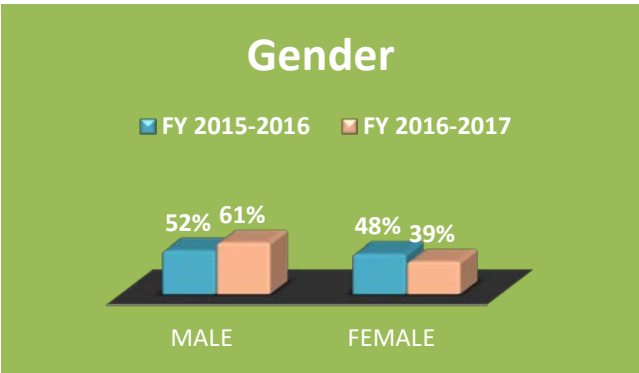
As of June 30, 2017, there were 43 active cases. During fiscal year 2016-2017, 74 referrals were enrolled into the AOTS program. Fifty-two percent of the enrollee referrals were made through Short-Term Care Facilities (STCF) via conversion hearings. Thirty-one percent were made through conversion hearings at Essex County Hospital Center (ECHC). Seven percent were state hospital referrals and 10% of the referrals were labeled "other" i.e. transfers or jail.

#### **Demographics**

The AOTS program provides services to residents of Essex County who are 18 years and older, diagnosed with a serious and persistent mental illness (SPMI) (N.J.S.A 30:4-27.2r) and who are a danger to self, others and/or property in the foreseeable future. (N.J.S.A. 30:4-27.1). In addition to the criteria listed above, during last fiscal year AOTS was able to determine that approximately 35% of AOTS consumers also have a co-occurring illness with a substance abuse diagnosis.

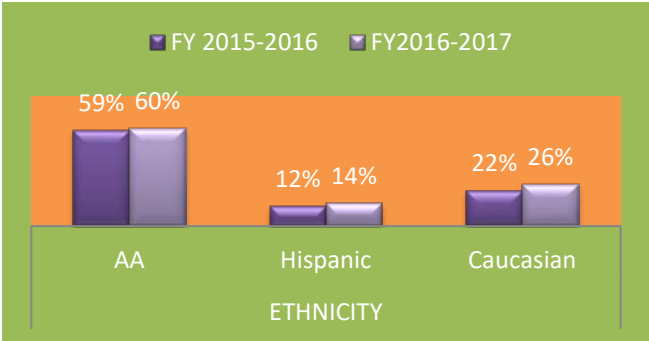
#### **Gender**

At the end of the fiscal year, the active caseload was 39% female and 61% male. This aligns with previous fiscal year data with AOTS servicing more males than females.



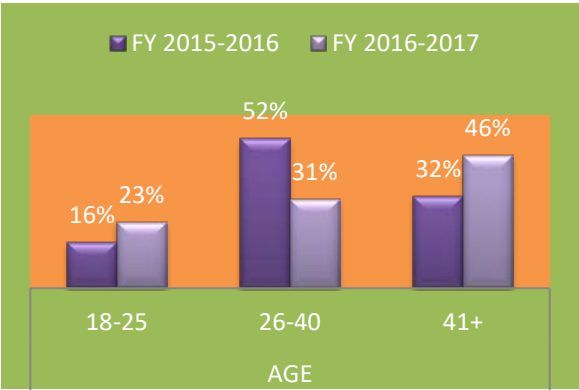
**Ethnicity**

At the end of the fiscal year AOTS provided services for 60% African-Americans, 14% Hispanics and 26% Caucasians. This is reflective of the diverse population in our county. This data also aligns with previous fiscal year findings with a slight increase in the Hispanic population.



**Age**

AOTS serviced 23% individuals between the ages 18-25 31% were between the ages of 26-40 and 46% were above the age of 41. There was an increase in the amount of younger individuals serviced (see graph below) which informs us that although early interventions and access to services are being offered to younger populations yet there is still more demand to service this age group.



## **Performance Outcomes**

Although in its fifth year of operation, AOTS is still a relatively new program that has collected data in an effort to establish thresholds and baselines for several performance indicators. AOTS developed a baseline measure for the number of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2017-2018, each month **one** individual will be referred from local screening centers, seven will be referred from Short Term Care Facilities (STCF) units and three individuals will be referred from Long Term Care facilities.

All AOTS consumers are identified as high risk for decompensation and have a history of frequent inpatient hospitalizations, emergency room visits, arrests and incarcerations. AOTS closely monitored these indicators and established baselines to help measure the effectiveness of the program. For this past fiscal year, AOTS has clearly demonstrated its effectiveness as evidenced by the number of consumers who showed a reduction in the following areas of their functioning:

- 14% of enrollees went to a local ER for screening: Monthly Threshold  $\leq 15\%$
- 1% of enrollees were admitted to Long Term Care: Monthly Threshold  $\leq 8\%$
- 2% of enrollees were arrested: Monthly Threshold  $\leq 7\%$
- 2% of enrollees were incarcerated: Monthly Threshold  $\leq 7\%$
- 5% of enrollees were voluntarily hospitalized: Monthly Threshold  $< 7\%$
- 5% of enrollees were homeless: Monthly Threshold  $< 7\%$
- 100% of AOTS consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

## **Consumer Satisfaction Survey**

AOTS distributed and tallied satisfaction surveys. All consumers were informed that answers would remain confidential. Consumers were provided with a sealed envelope to protect anonymity and informed of several ways on how to return the surveys:

1. Complete it while your case manager is visiting and return to them in the sealed envelope.
2. Complete it at a later time and ask case manager to pick it up at the next scheduled visit.
3. Complete it at your leisure and mail back in a self-addressed stamped envelope provided for your convenience.
4. Complete it with the assistance of a case manager if unable to read, comprehend the questions and submit back to program director.

Approximately 43 surveys were delivered to consumers (hand-delivered, mailed and/or left at residence). Thirty-one consumers responded. This accounts for a 72% response rate.

## **Gender**

Of the thirty-one consumers that responded to the surveys; 17 (55%) are male and 14(45%) are female.

### **Ethnicity**

Seventeen (55%) of these consumers identified as African-American, seven (22%) consumers as Caucasian, four (13%) consumers as Hispanic and three (10%) identified as other. The ethnicity of the respondents mirrors that of our caseload.

### **Age**

The exact age of the consumers was collected. The ages ranged from 19 through 66 years of age. Twelve (39%) consumers were between the ages of 18-30 years old; 17(55%) consumers were between the ages of 31-50 years old and two (6%) consumers were above the age of 51. The mean age for the consumers was 35 years old.

### **Linkage to services**

Twenty-seven (87%) consumers indicated they are “always” and/or “frequently” linked to needed services. The overall satisfaction for this category was 4.79 out of a possible 5.0 (96%). The results suggest that AOTS is able to assess the individual needs of consumers and link to appropriate supports/services.

### **Spend enough time on visits**

Twenty-seven (87%) consumers indicated “always” and/or “frequently” that enough time is spent on visits. The overall satisfaction for this category was 4.62 out of a possible 5.0 (92%). These results indicate that sufficient time is spent with consumers to ensure adequate monitoring and support is offered.

### **Includes in decisions regarding treatment**

Twenty-three (74%) consumers indicated they were “always” and/or “frequently” included in decisions regarding treatment. The overall satisfaction for this category was 4.78 out of a possible 5.0 (96%). The results indicate that both staff and consumers are collaborating when discussing treatment.

### **Able to freely voice issues and concerns regarding treatment**

Twenty-five (81%) consumers indicated they are “always” and/or “frequently” able to freely voice issues and concerns regarding their treatment. The overall satisfaction for this category was 4.72 out of a possible 5.0 (94%). The results align with the AOTS philosophy of working closely with consumers to ensure they are able to express their concerns regarding treatment. This will allow case managers to help shape how consumers achieve their goals.

### **Treats me with respect**

Twenty-six (84%) consumers indicated they are “always” and/or “frequently” treated with respect. The overall satisfaction for this category was 4.80 out of a possible 5.0 (96%). The results indicate that case managers are working closely with consumers to ensure genuine concern and respect is being conveyed in all interactions.

### **Situation better or worse**

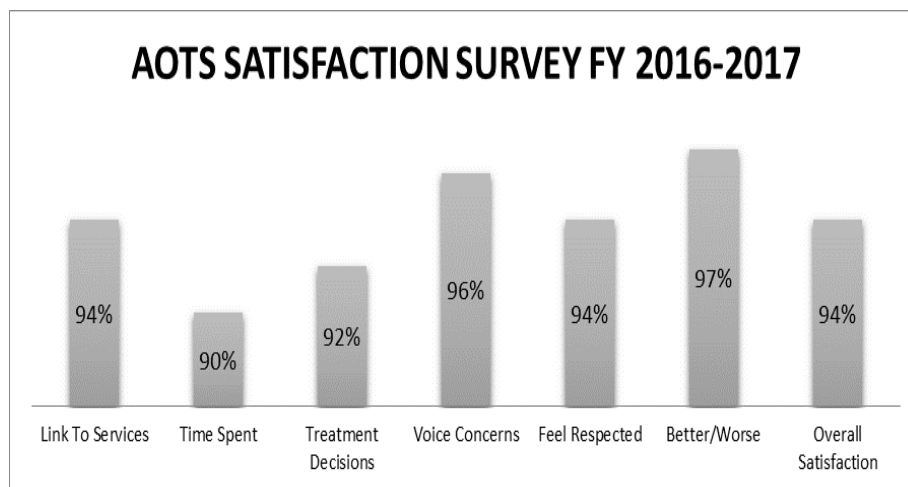
Thirty (97%) consumers indicated that they were in a better situation since AOTS starting to help them. These results indicate that although services are court-ordered most consumers are able to determine that AOTS has assisted in improving their overall state.

### **Overall Satisfaction (AOTS)**

Twenty-six (84%) consumers indicated that they are “always” and/or “frequently” satisfied with AOTS services. The consumers overall satisfaction for this category was 4.69 out of a possible 5.0 (94%).

### **COMMENTS:**

1. “Staff are very informative”
2. “My caseworker Constance is amazing, she’s always there for me to talk or take me to my appointments if needed. She’s an excellent caseworker. She’s very attentive to my needs. I enjoyed working with her very much”
3. “None everything is great”
4. “She always answers my calls”
5. “ I feel better since I started the program”
6. “Since Constance joined me I feel much safer and cared for”
7. “They treat me like a person”
8. “Excellent”
9. “The new crew is handling my case very well”
10. “I’m better”
11. “Very Good”
12. “When do I graduate”



### **AOTS Highlights**

- During the past fiscal year, 13 consumers were able to successfully accomplish their goals with least amount of intervention from AOTS and graduate from the program.
- DMHAS contracted with Rutgers University and hired an independent team to evaluate the effectiveness of IOC for the state of New Jersey. AOTS was one of the original **six**

IOC programs started in August 2012 and although the research team concluded their interviewing last year, this fiscal year they were able to complete the gathering of all needed documentation. The report with all findings has been submitted to DMHAS for review. The research team praised AOTS for the work they do and the level of clinical documentation completed for all consumers.

- Program Director presented on the effectiveness of AOTS at the annual NJPRA conference.
- Program Director was able to assist in changing procedural protocol on the handling of transfers between counties to the state IOC coordinator
- Through a SAMSHA grant, the Treatment Advocacy Network selected AOTS director, psychiatrist and agency executive director to be a part of a two-day panel discussion at the SAMSHA headquarters in Rockville, M.D. to discuss the implementation of AOTS in New Jersey. This conference was well attended and AOTS was given high accolades for their participation and interactive panel discussion.
- AOTS continued to collaborate with and educate staff at all three Essex County Screening Centers, six Short Term Care Facilities, Essex County Hospital Center (EHC), and Greystone Park Psychiatric Hospital (GPPH).
- Program Director was able to educate the Public Defender's Criminal Division about AOTS and discuss ways to collaborate with one another.
- AOTS met with several outpatient mental health treatment providers, as well as housing and substance abuse treatment providers to educate them on this program.
- Program Director was able to complete a *Certification in Clinical Supervision* which will allow clinical supervision of LSW/LAC individuals.
- AOTS consumers in collaboration with all other MHAEC adult programs, attended a wonderful picnic/BBQ at Eagle Rock Reservation, an annual boat ride, holiday party and participated in the consumer achievement awards.

### **System Advocacy**

AOTS staff work closely with consumers to assist them in developing self-advocacy skills by keeping an open dialogue on various ways they can become involved in different levels of advocacy (Self-help centers, NAMI-NJ).

AOTS also participates in the following meetings, task forces and committees:

- **Systems Review Committee (SRC)** is a monthly meeting convened by the Mental Health Administrator of Essex County. The purpose of these meetings are to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of mental health system in the county.
- **High Recidivism Committee** is a subcommittee of the Systems Review Committee. It is designed to discuss those individuals that are frequenting many of the service providers. A collaborative discussion takes place to determine ways to effectively work to assist these consumers in maintaining stability.
- **Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA**

**Task Force Meeting** is a monthly meeting with Essex County Drug and Alcohol task force to develop ways in which to better assist MICA clients in Essex County through education and training programs

- **Statewide IOC Directors meeting** is convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings are to meet with counterparts in other counties to discuss ways to increase effectiveness of the program, review service delivery concerns and to obtain needed updates on practices, protocols of the IOC programs.

### **Upcoming Year Recommendations**

- AOTS staff will work on increasing the total number contacts with consumers, their families and service providers.
- AOTS will continue to work closely with the Public Defender's office to increase collaboration for consumer success.
- AOTS will continue to collect data and will closely monitor all performance indicators.
- AOTS will continue to work closely with community providers and DMHAS to refine the process and legislation for IOC.
- AOTS will continue to advocate for IOC consumers to be successfully linked to better housing.
- AOTS will continue to work with consumers to empower them to reach their goals in order to successfully graduate the program.
- AOTS will conduct psycho-education groups for consumers and family to increase awareness and knowledge.
- AOTS will continue to complete psychiatric evaluations with focus on trauma-informed care practices.
- AOTS will attend any relevant trainings to increase their knowledge in best practice measures.
- AOTS will continue to conduct trainings and presentations as needed to those wanting to learn the role of AOTS.

### **Projects for Assistance in Transition from Homelessness**

***The mission of the PATH program is to provide outreach, intensive case management and housing that will enable adults, ages 18 and over, who are homeless or at imminent risk of homelessness, and have a serious mental illness and co-occurring substance abuse disorders, to engage in community-based services. In doing so, we strive to improve consumers health outcomes, participation in mental health and substance abuse treatment, as well as, expand their ability to gain affordable, permanent housing.***

PATH is specifically designed to bring treatment and support to those who do not access traditional services and have little or no other support in the community. The goal of the PATH Program is to assist those who have been diagnosed with mental health and substance abuse disorders who are homeless or at imminent risk of homelessness by meeting them “where they are” whether it be on the streets, train stations, under bridges, or wherever they may call home.

PATH's geographic region includes all areas in Essex County and our outreach services are proactive in reaching those that may have fallen through the cracks of our mental health system of care. In addition to identifying housing opportunities, PATH offers flexible support services that are based on wellness and recovery principles. With PATH's wraparound support and access to basic needs we believe our consumers will achieve a higher quality of life.

### **Caseload**

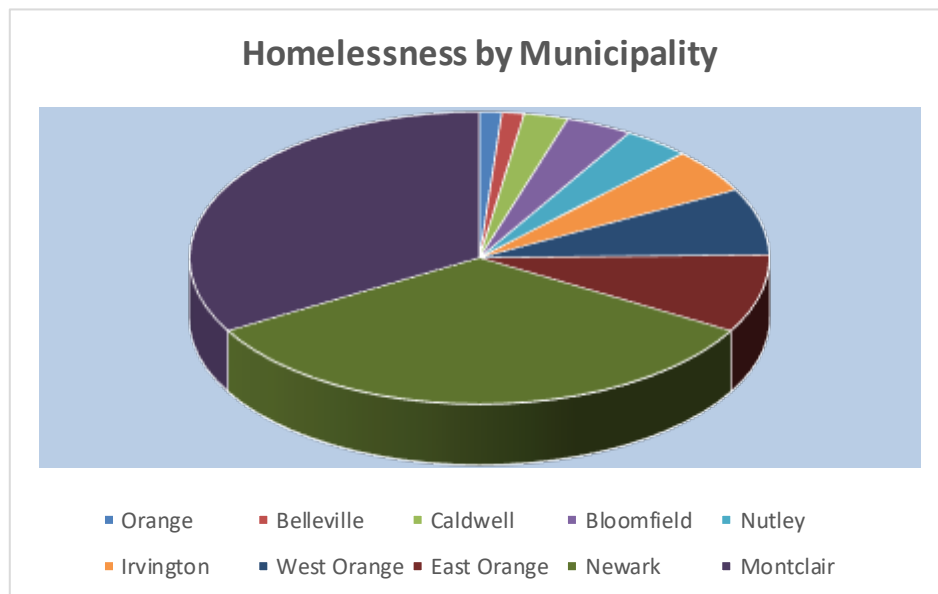
MHAEC's PATH program began providing services to the homeless of Essex County on November 1, 2016. Since that time, Projects for Assistance in Transition from Homelessness (PATH) outreached 324 homeless and those imminently at-risk of homelessness. Of those outreaches, 98 consumers were successfully enrolled in case management services through the PATH program. PATH provides weekly outreaches in the community including Newark International Airport, Newark Penn Station and other local stations, up the Passaic River from Caldwell through Newark, local drop-in centers (including Salvation Army Montclair and NJCRI), as well as, local churches and soup kitchens. Referrals were received from all four local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, and St. Michael's Medical Center), local police departments (including Montclair, East Orange, Orange, Irvington, Caldwell, Verona, Nutley, Essex County Sheriff, NJ Transit Police, NJ/NY Port Authority Police) and other social service providers.

### **Demographics**

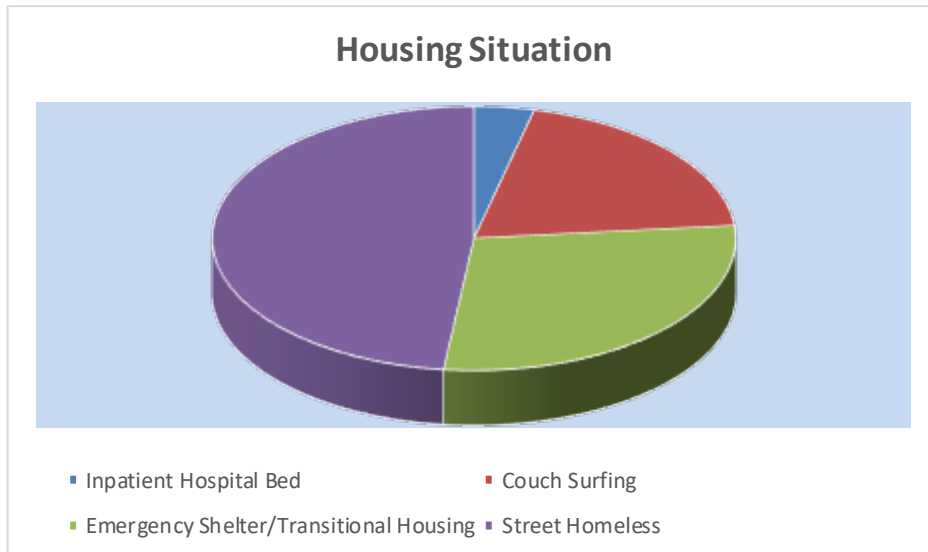
On June 30, 2016 the active caseload for Projects for Assistance in Transition from Homelessness was 81. On this date, there were 41(51%) males and 39(48%) females and one (1%) transgender. The self-reported ethnicities of the consumers were as follows: nine (11%) Hispanic/Latino; 72(89%) Non- Hispanic/Latino. The self-reported races of the enrolled consumers with PATH are as follows: one (1%) American Indian/Pacific Islander; one(1%) Asian; two (2%) Multiple Races; 23(28%) Caucasian; 54(67%) African- American.

PATH makes every effort to provide services to homeless consumers throughout Essex County, with the understanding that homelessness does not only afflict consumers in the urban

municipalities of Essex County. The following reflects the municipality where the consumers reported they slept the night before being outreached by PATH: one Orange; one Belleville; two Caldwell; three Bloomfield; three Nutley; four Irvington; six West Orange; seven East Orange; 27 Newark; 27 Montclair.



PATH provides services to consumers who are literally homeless (on the streets, emergency shelters) and at imminent risk of becoming homeless with precarious living situations. On the day of outreach, consumers reported sleeping the previous night in the following locations: three inpatient hospital beds; 16 couch surfing/staying temporarily with family or friends (not on the lease); 23 Emergency Shelter/ Transitional Housing for Homeless Individuals; 39 on the streets or place not meant for human habitation. Forty-nine or 60% of enrolled consumers met the definition of “chronically homeless” set forth by the Department of Housing and Urban Development (HUD), meaning being homeless for one year or more or having experienced four periods of homelessness in the past three years totaling at least twelve months.



### **Personnel**

PATH services are provided by one Director, one Master Level Outreach/Team Leader, one Co-Occurring Counselor, three Outreach Case Managers, one Peer Outreach Case Manager, one part-time RN, and one part-time Administrative Assistant. Staff are culturally diverse and represent the consumers served. PATH has one staff fluent in Creole and one staff fluent in Spanish.

### **Performance Outcomes**

PATH participates in the agency-wide Performance Improvement Committee (PIC) which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHAEC program.

As tracked by the PIC, PATH's performance indicators measure the number of homeless outreached in the community and number of homeless engaged in PATH services. During this fiscal year, PATH outreached 324 individuals or 97% of the contract commitment and serviced 98 individuals or 74% of the contract met. PATH performance indicators also measure linkages for enrolled consumers to community mental health, substance abuse treatment, financial benefits, temporary housing, permanent housing, medical/dental treatment, and rehabilitation/habilitation services. During the past fiscal year, PATH successfully linked to the following services: 53 to Community Mental Health; 16 to substance abuse treatment; 22 to financial benefits; 33 to temporary housing; 30 to permanent housing; eight to medical/dental; three to rehabilitation/habilitation services. This was done with respect that PATH had been in operation for eight months during this fiscal year.

In addition, 100% of PATH enrollees were educated on "Summer Heat and Sun Risk" and were provided at least quarterly or at medication change medication education and support.

### **Consumer Satisfaction Survey**

Approximately 70 consumer satisfaction surveys were distributed to consumers enrolled in the Projects for Assistance in Transition from Homelessness (PATH) program. Twenty-nine surveys were completed and returned to PATH, a 41% response rate.

### **SURVEY DEMOGRAPHICS**

Of the 29 responses, 14(48%) were female a 15(52%) were male. Ages ranged from 33 years old to 61 years old and four (13%) did not answer. Eighteen (62%) of consumers identified as African American, five (17%) identified as Caucasian, two (6%) identified as Hispanic, two (6%) identified as Asian and two (6%) identified as other.

#### ***“I am treated with dignity and respect”***

All consumers surveyed felt they were treated with dignity and respect. Twenty-nine consumers or 100% agreed or strongly agreed with this statement. Overall satisfaction rate was 100%.

#### ***“PATH encourages me to take care of my mental health”***

All consumers surveyed felt PATH staff focused on their mental health. Twenty-nine consumers or 100% agreed or strongly agreed with this statement. Overall satisfaction rate was 100%.

#### ***“PATH encourages me to take care of my physical health”***

All consumers surveyed felt PATH staff focused on their physical health. Twenty-nine consumers or 100% agreed or strongly agreed with this statement. Overall satisfaction rate was 100%.

#### ***“PATH helps me meet my basic needs (ie Shelter, food, clothing)”***

The majority of consumers surveyed felt PATH assisted them with basic needs. Twenty-seven (93%) of consumers agreed or strongly agreed with this statement. Two (6%) neither agreed nor disagreed. And one (1%) did not respond. Overall satisfaction rate was 93%.

#### ***“PATH staff follow-up on my requests”***

The majority of consumers felt PATH staff followed up on their requests. Twenty-eight (97%) consumers agreed or strongly agreed with this statement. One (3%) neither agreed nor disagreed with this statement. Overall satisfaction rate was 97%.

***“PATH staff motivate me to be proactive in my housing search”***

All consumers surveyed felt PATH staff was motivating them to find housing. Twenty-nine (100%) consumers agreed or strongly agreed with this statement. Overall satisfaction rate was 100%.

***“I actively participate in my service plan”***

All consumers surveyed felt like they were an active participant in the planning of their PATH services. Twenty-nine (100%) consumers agreed or strongly agreed with this statement. Overall satisfaction rate was 100%.

***“PATH assists me with achieving my goals”***

The majority of consumers felt PATH aided in achieving their self-defined goals. Twenty-eight (97%) consumers agreed or strongly agreed with this statement. One (3%) neither agree nor disagree with this statement. Overall satisfaction rate was 97%.

***“PATH is respectful of my cultural background”***

The majority of consumers felt PATH staff were respectful of their identified cultural background. Twenty-eight (97%) consumers agreed or strongly agreed with this statement. One (3%) neither agree nor disagree with this statement. Overall satisfaction rate was 97%.

***“I can freely voice my issues or concerns with PATH staff”***

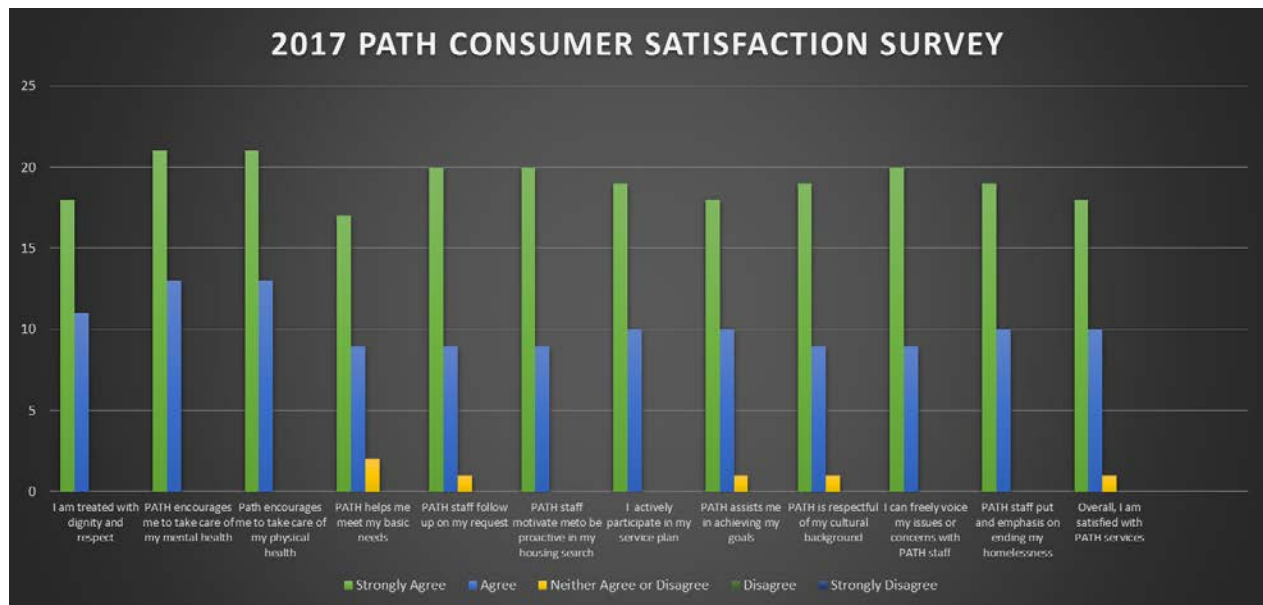
All consumers felt they could speak freely with PATH staff with issues and concerns. Twenty-nine (100%) consumers agreed or strongly agreed with this statement. Overall satisfaction rate was 100%.

***“PATH staff puts an emphasis on ending my homelessness”***

All consumers felt that PATH made ending their homelessness a priority. Twenty-nine (100%) consumers agreed or strongly agreed with this statement. Overall satisfaction rate was 100%.

***“Overall, I am satisfied with PATH services”***

The majority of consumers felt satisfied with their PATH services. Twenty-eight (97%) consumers agreed or strongly agreed with this statement. One (3%) neither agree nor disagree with this statement. Overall satisfaction rate was 97%.



### ***“Something I would like to see more from PATH”***

This is an open-ended question designed to hear from consumers, in their words, how we can improve PATH service delivery. PATH received the following responses:

- For Luderne to receive the recognition she deserves. She has truly saved my life. I appreciate her.
- None at this time, you guys do an awesome job.
- Help be the best.
- Work fast with housing and help with funding.
- You did everything. I am satisfied with the help I receive.
- Helping out with food from time to time.
- Very good as it is.
- They did a great job getting me back where I used to be. Got me an air conditioner, apartment, clothes and personal items I needed to survive. Plus shelter when I needed it.

### ***“Additional Comments”***

- This is an excellent agency. Very polite counselors.
- Overall, I am beyond satisfied and grateful.
- Continue helping people becoming or staying homeless.
- I really like the PATH Program
- Thanks for all you do for me words cannot express.
- It takes a very special person to do what Luderne does and she does it from her heart. She’s a very good influence on her clients. Just wanted you to know.

### **PATH Highlights**

In 2016, MHAEC was awarded the Projects for Assistance in Transition from Homelessness (PATH) grant from the NJ Division of Mental Health and Addiction Services (DMHAS) and began servicing consumers on November 1, 2017. Since opening, PATH is fully staffed with six outreach workers who hit the streets of Essex County five days a week, outreaching homeless individuals whether that be at a local soup kitchen or under a bridge. The PATH staff has proven to not shy away from any homeless they encounter. Our most proud accomplishment has been, as of June 30, 2017, thirty (30) chronically homeless individuals with severe and persistent mental illness and co-occurring substance abuse disorders now have a home to call their own.

- PATH outreach staff participated in this year's Essex County Project Homeless Connect. During this event, PATH staff were able to outreach over 100 homeless individuals and provide care packages that included toiletries, snacks, and Dunkin Donuts gift cards.
- The PATH Director organized and lead the US Department of Housing and Urban Development (HUD) mandated Point-In-Time Count for the entire County of Essex. Through these efforts, 2,048 homeless individuals were counted an increase of 269 or 15% from the previous year. This increase is due in part to the coordination of the count and the success in reaching the homeless.
- The PATH Director assisted NJ Transit Police Department in transitioning a sworn officer into the role of Community Officer to engage homeless specifically in Newark Penn Station and surrounding stations. NJTPD's Community Officer participates in weekly outreaches with the PATH staff and has referred over 20 homeless individuals for PATH services.
- The PATH Director presented to a group of social service providers at the Mental Health First Aid (MHFA) training provided by the Mental Health Association of New Jersey and MHAEC. After the group was trained in MHFA, they were also given the opportunity to discuss local resources and housing opportunities.
- The PATH Director attended the National Conference hosted by the National Council for Behavioral Health in Seattle, Washington. During this conference, PATH Director was able to attend workshops including; Community level Strategies to Facilitate Housing, Developing a Collaborative Care Program, Six Steps to Ending Racial Inequalities in Housing, as well as, attending speech from the Surgeon General.
- MHAEC Executive Director and PATH Director interviewed for the television series 'One on One with Steve Adubato' to discuss homelessness, mental health and specifically the PATH Program and Penn Station Project.
- Peer Outreach Staff was chosen to present to attendees of the Crisis Intervention Team (CIT) trainings to discuss their experience with homelessness, mental health, and substance abuse in both Essex and Passaic Counties. This gave CIT students, mostly Police Officers, a first-hand account of how their handling of mental health crisis situations can exacerbate or ameliorate the person's recovery.

## Advocacy

- PATH Director elected Outreach Committee Chair for the Essex County Continuum of Care (CoC)/Comprehensive Emergency Assistance System (CEAS). Through this committee, PATH Director organizes outreach staff from 10+ agencies to provide regular outreach and develop a list of the county's chronically homeless to assure they are prioritized for housing. This also means PATH Director sits on the CoC/CEAS's Executive Board where the members plan how the community will fund homeless programs and improve service delivery.
- Member of the CoC/CEAS's Coordinated Assessment Committee. This is a subcommittee of the CoC/CEAS and is used to develop a HUD mandatory coordinated entry (No Wrong Door) into the homeless service system.
- Member of the CoC/CEAS's Data Quality and Performance Evaluation Committee. This is a subcommittee of the CoC/CEAS and is used to track homeless systems and housing systems quality of care and compliance with contracts.
- DMHAS Systems Review Committee (SRC)- PATH actively participates in monthly meetings. The purpose of the Committee is to identify countywide gaps in service delivery. Within this committee, PATH Director was selected to chair the High Recidivism Committee to advocate and plan for improved treatment for the high utilizers of the acute mental health system.
- Quarterly DMHAS's PATH Coordinators Meeting

***MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.***

**Integrated Case Management Services (ICMS)**

60 Evergreen Place  
East Orange, NJ 07018  
973-676-9111

**Prospect House (PH)**

424 Main Street  
East Orange, NJ 07018  
973-674-8067

**Collaborative Justice Services (CJS)**

33 South Fullerton Avenue  
Montclair, NJ 07042  
973-509-9777

**Center for Low Cost Psychotherapy (CLCP)**

33 South Fullerton Avenue  
Montclair, NJ 07042  
973-509-9777

**Riskin Children's Center (RCC)**

33 South Fullerton Avenue  
Montclair, NJ 07042  
973-509-9777

**Community Support Services (CSS)**

60 South Fullerton Avenue, suite 102  
Montclair, NJ 07042  
973-509-3777

**Family Resource Center**

33 South Fullerton Avenue  
Montclair, NJ 07042  
973-509-9777

**Assisted Outpatient Treatment Services (AOTS)**

60 South Fullerton Avenue, suite 211  
Montclair, NJ 07042  
973-842-4141

**Project for Assistance in Transition from Homelessness (PATH)**

60 South Fullerton Avenue, suite 211  
Montclair, NJ 07042  
973-744-2410



## Mental Health Association of Essex County

33 South Fullerton Avenue  
Montclair, New Jersey 07042  
(973) 509-9777  
[www.mhaessex.org](http://www.mhaessex.org)

