



2020 Management Report

Mental Health Association of Essex and Morris, Inc.

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Suzanne Switlyk – Quality Assurance Coordinator and Ombudsperson

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Introduction

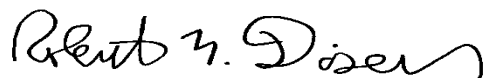
The Mental Health Association of Essex and Morris, Inc. (MHAEM) continued its strong focus on the recovery, safety and mental health needs of consumers and their families in fiscal year 2020, despite the pandemic that began in March. The agency quickly adjusted and provided appropriate services based upon the Center for Disease Control guidelines. In addition to continuing its normal essential services, the agency became a major food, personal hygiene products, medication and personal protective equipment distributor to the community. MHAEM 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.

MHAEM continued to focus on innovative service delivery, emphasizing wellness and recovery. The agency advanced its strategic plan, highlighted by a \$600,000 3-year annualized grant by the Port Authority of New York and New Jersey to provide case management services to individuals located at the Newark Liberty International Airport. The agency proudly started a new division of services in February, the department of Suicide Prevention Services. MHAEM secured a \$150,000 state grant to provide a campaign to raise awareness of and prevent youth suicide. This grant resulted in, among other things, a digital campaign on various social media platforms. The agency received and implemented numerous foundation grants across the service area. MHAEM met the service needs of the community via its counseling, case management, partial hospitalization, supported employment, criminal justice, educational, supportive housing, therapeutic jurisprudence, faith-based, consumer advocacy, school-based, family and children's programs. All services were provided in a culturally competent fashion to individuals from all lifestyles. Proudly, the agency continued to be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) including as 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. In fact, during the MHAEM's Triennial CARF Survey, the agency received a perfect score. A level of achievement only accomplished by less than 3% of agencies surveyed.

Raising mental health awareness was the centerpiece of MHAEM's performance for fiscal year 2020 with a concerted campaign of community involvement and education highlighted by over 200 community presentations on a range of mental health topics. MHAEM's collaborated with local theater houses to produce several performances of the mental health themed, one man play, "Every Brilliant Thing." Additional activities included participating in local events, e.g., at town fairs, school events, senior citizen facilities and community colleges and being a prime sponsor of the Out of the Darkness Walk. MHAEM staff appeared in television interviews on NJTV, FiOS One and News 12 New Jersey.

Advocacy on behalf of individuals with mental illness and their families was a continued focus in fiscal year 2020. The agency advocated strenuously for improving the conditions at Greystone Park Psychiatric Hospital, including supporting the Office of the Public Defender in its lawsuit on behalf of current and former patients against the State of New Jersey and implementing a media campaign (print and cable TV) to raise awareness about the inhumane conditions at Greystone Park Psychiatric Hospital. MHAEM advanced its advocacy efforts with its 19th Annual Legislative Breakfast attended by over 300 people including numerous elected officials in Essex County, and its 2nd Annual Legislative Breakfast in Morris County attended by over 200 people including numerous elected officials. Staff and Board advocated in Newark, Trenton and Washington, D.C. for legislation, mental health funding and the care of individuals with mental illness.

The environment of care is in excellent condition. MHAEM continues to meet or exceed CDC recommendations and State mandates regarding the pandemic. The agency continues to replace vehicles, as needed, and appropriately maintain the physical plant. Consumer, family and provider satisfaction surveys indicate a high level of satisfaction with MHAEM and its services.



Robert N. Davison, Chief Executive Officer

Agency Strategic Goals

1. *Continue to expand advocacy for individuals with mental illness within the vision and mission of the Mental Health Association of Essex and Morris, Inc., (MHAEM).*
2. *In seeking to expand the focus on broader societal mental health issues of depression and anxiety, engaging in a campaign to frame mental health as a public health concern, with an emphasis on the prevalence of depression and anxiety in children, young adults, and seniors.*
3. *In tandem with expanding MHAEM's focus on statistically more pervasive mental health concerns such as depression and anxiety, working to broaden MHAEM's name recognition while concurrently seeking new funding sources as a result of heightened visibility.*
4. *In seeking to enhance the mental health of children and young adults with particular attention to suicide prevention, will develop collaborations with high schools, colleges and universities.*
5. *In seeking to address the scourge of addiction, will obtain appropriate licenses and/or approvals to provide substance abuse counseling and services.*
6. *Improve consumers' long-term prospects and personal independence by emphasizing overall wellness through the integration of physical health and social interaction, in conjunction with traditional mental health services, in all MHAEM services.*
7. *Enhance the financial strength of the agency by (A) procuring major gifts and planned giving; and (B) continuing to diversify and increase fundraising resources through external relationships and partnerships with foundations, agencies, corporations and individuals.*
8. *Develop a Board of Directors and Committees that are more representative of the communities, which MHAEM serves.*

CHIEF EXECUTIVE OFFICER **Goals and Objectives** **July 1, 2020 – June 30, 2021**

GOAL	OBJECTIVE/OUTCOME MEASURE
<p>1. Successfully and safely provide essential services while following or exceeding Center for Disease Control (CDC) guidelines during a pandemic.</p> <p>Ref: Strategic Goals # 1-7</p>	<p>a. Work with staff at all levels to ensure appropriate services are provided in the safest manner possible.</p> <p>Outcome Measure - Successful service provision while following or exceeding CDC guidelines.</p> <p>Target Date: Ongoing (the virus will set the time table)</p>

<p>2. Increase public awareness of mental health and branding of MHAEM.</p> <p>Ref: Strategic Goals # 2, 3, 4, 5</p>	<p>a. Work with the Advocacy Committee and Director of Development to continue raising awareness. Specifically, areas as described in the Strategic Plan.</p> <p>Outcome Measure - High impact media drops (e.g., newspaper and cyber press releases, Op/Eds, etc.) and paid media campaigns, i.e., Suicide Prevention.</p> <p>Target Date: Ongoing</p>
<p>3. Continue Advocacy efforts at MHAEM.</p> <p>Ref: Strategic Goals # 1, 2, 3, 4, 5</p>	<p>a. Organize virtual Legislative Town Hall (Essex & Morris) – advocate for the following:</p> <ul style="list-style-type: none"> • Reduction in stigma • Access to treatment during a pandemic • Appropriate rates re: Fee-for-Services • State Psychiatric Hospitals • Housing <p>Outcome Measure – Hold well “attended” Legislative Town Hall with meaningful representation from elected officials. Quantitative action concerning the above initiatives.</p> <p>b. Virtually meet with Office of the Governor, State Senators and Assemblymen/women about the above-mentioned issues.</p> <p>Outcome Measure – Virtually meet with 10 elected officials. Quantitative action concerning the above funding.</p> <p>c. Virtually meet with federal elected officials (senators, congressional representatives) about federal issues, e.g., regulations, mental health funding, etc.</p> <p>Outcome Measure – Virtually meet with one senator and three congressional representatives.</p> <p>d. Involve Board members and community supporters in advocacy efforts, e.g., legislative “visits”, Town Halls, letter writing, Mental Health Awareness Campaign, etc.</p> <p>Outcome Measure – 100% Board involvement in at least one aspect of advocacy and/or public awareness.</p> <p>Target Date: June 30, 2021</p>
<p>4. Recruit new members of the Board of Directors.</p> <p>Ref: Strategic Goal # 8</p>	<p>a. Working with the Board, Board President and Nominating Committee Chair to recruit 2-3 new and diverse Board members for FY 2022.</p> <p>Outcome Measure – 2-3 new Board members.</p> <p>Target Date: June 30, 2021</p>

<p>5. Establish plan to raise funds during a pandemic. Meet matching expectations of fifth installment of Buchner Endowment.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with Development Committee, Board, Senior Director of Development and Development Associate to develop “pandemic” fundraising as well as other potential opportunities.</p> <p>Outcome Measure – Exceed MHAEM budget of \$187,000.</p> <p>Target Date: June 30, 2021</p>
<p>6. Secure public grant for mental health services.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with senior staff to successfully secure public support for mental health services, e.g., Riskin Children’s Center, Raising Awareness.</p> <p>Outcome Measure – secure \$100,000 of public funding.</p> <p>Target Date: June 30, 2021</p>
<p>7. Continue to use technology in order to increase access to support and treatment.</p> <p>Ref: Strategic Goals 1-7</p>	<p>a. Work with management staff to increase the use of technology, e.g., integrated phone system, tablets, Personal Data Devices, texting appointment reminders.</p> <p>Outcome Measure – Use technology in all programs to increase service participation.</p> <p>Target Date: June 30, 2021 and ongoing</p>
<p>8. Secure funds to continue vehicle replacement and maintain owned facilities (33 So. Fullerton, Prospect House, Supportive Living Services sites).</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Replace three vehicles and make necessary capital improvements.</p> <p>Outcome Measure – Secure county/state grant and private funding to purchase new cars and make necessary capital improvements.</p> <p>Target Date: June 30, 2021</p>
<p>9. Contain Medical Benefit Plan Costs and leverage the impact of the merger.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Review, in conjunction with Director of Human Resources, CFO and Board, medical benefit plan and remain within budget.</p> <p>Outcome Measure – Improved Plan (within budgetary restrictions) while maintaining quality.</p> <p>Target Date: September 30, 2021</p>
<p>10. Maintain fiscal stability and maintain financial position, relative to the economic fall out of the pandemic.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Board, Finance Committee, CFO and Investment Advisor to ensure sound, organizational investments.</p> <p>Outcome Measure – Growth in investments, relative to the market.</p> <p>Target Date: Ongoing</p>

<p>.</p>	<p>b. Finish FY 2021 on budget or better, e.g., no operational deficit.</p> <p>Target Date: June 30, 2021</p> <p>c. Working with Finance Committee, CFO and key staff, develop fiscally sound budget for FY 2021, approved by the Board and accepted by the State.</p> <p>Target Date: June 30, 2021</p>
<p>11. Coordinate a successful and likely virtual Presidents Club, Annual Appeal and 2021 Gala.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Board, Director of Development and the community to organize successful events that raise money and awareness.</p> <p>Outcome Measure – Net more funds than budget, increase media exposure.</p> <p>Target Date: June 30, 2021</p>
<p>12. Educate the Board of Directors.</p> <p>Ref: Strategic Goals # 1-8</p>	<p>a. Provide short, high impact presentations to the Board at Board meetings.</p> <p>b. Provide ongoing information concerning the mental health industry.</p> <p>Outcome Measure – Informed Board of Directors.</p> <p>Target Date: Ongoing</p>
<p>13. Virtually attend Continuing Education programs and conferences.</p> <p>Ref: Strategic Goals # 1, 2, 3, 4, 5, 6, 7</p>	<p>a. Keep informed of industry-wide standards, dynamics and changes.</p> <p>Outcome Measure – As evidenced by attendance at appropriate conference and continuing education opportunities.</p> <p>Target Date: Ongoing</p>
<p>14. Emphasize the integration of physical and mental health in all MHAEM services.</p> <p>Ref: Strategic Goal # 6</p>	<p>a. Provide appropriate education for all staff.</p> <p>Outcome Measure – MHAEM maintaining its accreditation as a Health Home.</p> <p>Target Date: Ongoing</p>
<p>15. Secure foundation and corporate support of agency.</p> <p>Ref: Strategic Goals # 1, 2, 3, 4, 5, 6, 7</p>	<p>a. Work with Senior Director of Programs, Executive Assistant and other staff to secure \$100,000 of new grants/support for FY 2021.</p> <p>Outcome Measure – Successfully secure \$100,000 of grants/support.</p>

	<p>b. Work with Board/community members to identify “known contacts” at various foundations/government/companies.</p> <p>Outcome Measure – Board/community members making contacts that result in successfully funded grants.</p> <p>Target Date: June 30, 2021</p>
<p>16. Engage in national leadership as a Board member of the National Council for Behavioral Healthcare.</p> <p>Ref: Strategic Goal # 1</p>	<p>a. Work with National Council on Behavioral Healthcare to advocate for Federal funding and legislation to improve mental health and addiction services.</p> <p>Outcome Measure- Continued Federal support of funding and telehealth and telecommunications</p> <p>Target Date: Ongoing</p>
<p>17. Obtain addiction license to provide substance abuse counseling and services.</p> <p>Ref: Strategic Goal # 5</p>	<p>a. Working with senior staff to obtain addictions license and commence providing service.</p> <p>Outcome Measure – Outpatient Addictions License.</p> <p>Target Date: June 30, 2021</p>

STRATEGIC PLAN OF THE MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, 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 MHAEM is committed:

- Promoting mental and physical health and the treatment of emotional and mental disorders.
- Treating individuals with mental illness with respect and dignity.
- Fighting the corrosive effects of stigma associated with emotional and mental disorders.
- Understanding and supporting the important role that families and loved ones play in promoting wellness and recovery.
- Recognizing that the organization's strength rests in its staff, and thus always striving to (A) hire superior quality staff; (B) provide high quality professional development and training; (C) encourage continuing education; and (D) demonstrate to staff that they are valued by including them in appropriate decision making.
- Operating MHAEM in a fiscally and strategically sound manner.
- Removing barriers to treatment wherever they appear.
- Supporting other providers in the interest of consumers and families.
- Providing advocacy and services without regard to ethnicity, race, age, sexual orientation or ability to pay.

II. Mission

***THE MISSION OF THE MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, 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 a leader in advocating for individuals with mental illness as well as for the general mental health needs of the community.
2. To become a premier provider of quality mental health services throughout the Greater North Jersey community.
3. In providing services, whether independently or through partnerships, doing so in a manner that addresses a wide continuum of services which may be beneficial to children, adults, seniors and families, including anti-anxiety and depression services, addiction relief, and the integration of physical healthcare.
4. To provide safe and affordable housing for individuals with mental illness.
5. With regard to funding, (A) procuring and maintaining diverse and stable sources of funding, so that the MHAEM will always be there for its clients and the broader community; (B) thriving in a fee-for-service and managed care environment while still maintaining the mission of the organization; and (C) only seeking public funding for activities for which MHAEM is the best provider to do so.

IV. Organizational Strengths, Weaknesses and Threats

Organizational Strengths:

- MHAEM is a market leader in its primary service area for high quality, community-based services to individuals with severe and persistent mental illness.
- Established history and reputation as an ethical provider and strong advocate within the mental health community.
- Strength through its team members: MHAEM has effective, experienced administrators; excellent clinical leadership; quality staff throughout the entire organization; and a committed, active Board of Directors.
- A positive working environment: MHAEM's highly-qualified, culturally-diverse staff operate across a well-coordinated interdepartmental team approach to providing services, and are provided opportunities for significant career and clinical development.
- Prepared for the future: MHAEM has a strong information technology (IT) infrastructure, and is well-prepared for the fee-for-service environment, *e.g.*, electronic clinical records, sound financial and clinical management.

- MHAEM has experienced a stable demand for services, which it continues to provide without regard for ability to pay.

Organizational Weaknesses

- Scope of services provided not yet sufficient to cover fuller range of services which may be beneficial to children, adults, seniors and families, including anti-anxiety and depression services, and addiction relief.
- With regard to addiction relief, the lack of substance abuse licensure is a limiting factor.
- Competition for staff with governmental and private sectors.
- Limited Board diversity.

Organizational Threats

- Dependence on limited state and federal funding sources.
- Stagnant reimbursements rates.
- Change in the funding environment from a contract-based system to a fee-for-service model followed by a case/capitation rate model.
- Competition from entrepreneurial for-profit entities, *e.g.*, outpatient therapists, private therapists, *etc.*
- Uncertain political and economic climate.

V. Opportunities

- Paradoxically, while moving to a fee-for-service system remains a concern, it is also an opportunity to increase productivity, and in turn, grow revenues.
- Expanding focus on arguably less severe, but statistically more pervasive mental health concerns such as depression and anxiety, with emphasis in the following demographics:
 - Among young people in secondary education through immediate post-college years who are struggling with depression and social anxiety.
 - Among seniors who often suffer from social detachment and loneliness.
- Mental Health services in the criminal justice system (education and services) with an emphasis on recently available federal funding.
- Substance abuse services.

- Expansion of existing services to individuals with severe mental illness, and continued efforts to raise awareness and tolerance through community education and programs such as Mental Health First Aid.
- In seeking to aid the mental health of seniors, will develop collaborations with senior community centers and senior housing providers.
- In seeking to address mental health concerns within the criminal justice system while also remaining financially responsible, will seek to identify potential state and federal resources for the provision of mental health services within the criminal justice sector.

VI. Three-Year Plan

1. Continue to expand advocacy for individuals with mental illness within the vision and mission of the MHAEM.
2. In seeking to expand the focus on broader societal mental health issues of depression and anxiety, engaging in a campaign to frame mental health as a public health concern, with an emphasis on the prevalence of depression and anxiety in children, young adults, and seniors.
3. In tandem with expanding MHAEM's focus on statistically more pervasive mental health concerns such as depression and anxiety, working to broaden MHAEM's name recognition while concurrently seeking new funding sources as a result of heightened visibility.
4. In seeking to enhance the mental health of children and young adults with particular attention to suicide prevention, will develop collaborations with high schools, colleges and universities.
5. In seeking to address the scourge of addiction, will obtain appropriate licenses and/or approvals to provide substance abuse counseling and services.
6. Improve consumers' long-term prospects and personal independence by emphasizing overall wellness through the integration of physical health and social interaction, in conjunction with traditional mental health services, in all MHAEM services.
7. Enhance the financial strength of the agency by (A) procuring major gifts and planned giving; and (B) continuing to diversify and increase fundraising resources through external relationships and partnerships with foundations, agencies, corporations and individuals.
8. Develop a Board of Directors and Committees that are more representative of the communities which MHAEM serves.

In all aspects of this Three-Year Plan, proceeding in ways and through means that acknowledge (A) the capabilities of the MHAEM (must have or be able to acquire the appropriate knowledge base and expertise to perform the work); (B) agency infrastructure (must be able to operate the program without undue burden to its personnel); and which are (C) financially responsible and supportable in both the short- and long-term

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
MHAEM Board of Directors
April 15, 2019

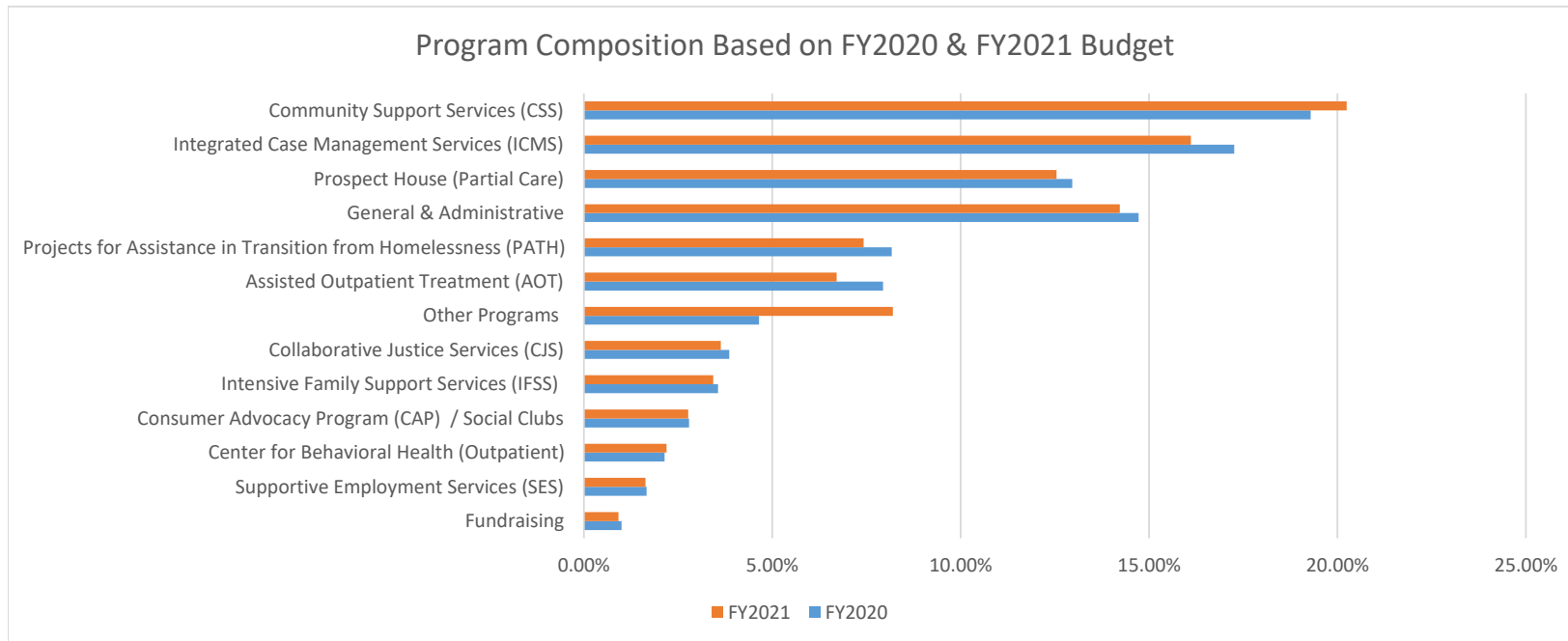
FINANCE

The fiscal year ended June 30, 2020 was faced with challenges during the last quarter of the fiscal year due to the pandemic, but performed consistently with the help from temporary avenues of contractual and regulatory relief. The temporary relief includes, but is not limited to the Payroll Protection Plan, Economic Injury Disaster Loan, approval of telehealth as billable services and State contractual flexibility. The Agency remains fiscally sound with a current ratio of 1.46 indicating the ability of the Agency to meet its obligations and is reporting an unaudited surplus of \$558,296.

Financial highlights for the fiscal year ended June 30, 2020 are as follows:

- As a result of the pandemic the Agency applied for and received funds through the Payroll Protection Plan and the Economic Injury Disaster Loan totaling \$1,823,667. These funds are being used over a twenty four week covered period ending October 10, 2020. These funds are being used for salaries, medical insurance and rent related to the fee for service programs. The Agency anticipates the loan will be forgiven.
- As a result of the pandemic the Agency invested in personal protective equipment for staff and consumers, increased cleaning of vehicles, properties and other supplies as needed to keep the employees, workplace and Agency property safe to comply with CDC guidelines.
- The Agency made a one-time 5.00% discretionary 401(k) contribution in the amount of \$258,719. Over a three year period the Agency on average contributed 4.33% per year as a discretionary 401(k) contribution.
- The Agency's available line of credit amounts to \$1,125,000 and did not have an outstanding balance as of June 30, 2020.
- The Agency replaced 8 vehicles during 6-30-2020. We continue to maintain and review our fleet of vehicles to keep the vehicles under ten years old.
- The Agency made improvements in the infrastructure including the renovation of the kitchen at Prospect House and replaced the roof at Agency owned consumer housing. The Agency monitors all facilities in order to keep the properties well maintained.
- The Agency's property and casualty insurance renewal on July 1, 2019 reflected a minimal increase at approximately 1.8%.
- The fiscal June 30, 2020 medical insurance was renewed with Horizon Blue Cross at a 15% increase. However, the Agency's renewal for the June 30, 2021 year end does not have an increase.
- The Agency's services based upon the budget for 6-30-2021 are made up of Assisted Outpatient Treatment (AOT) 6.71%, Center for Behavioral Health (Outpatient) 2.19%, Partial Care (PH) 12.54%, Community Support Services (CSS) 20.24%, Consumer Advocacy Program (CAP) / Social Clubs 2.77%, Integrated Case Management Services (ICMS) 16.11%, Projects for Assistance in Transition for Homelessness (PATH) 7.42%, Supportive Employment Services (SES) 1.63%, Intensive Family Support Services (IFSS) 3.43%, Collaborative Justice Services (CJS) 3.63% and Other Programs 8.20%.
- Based upon the budget for 6-30-2021 general and administrative expenses are 14.22% while fundraising expenses represent .92%.

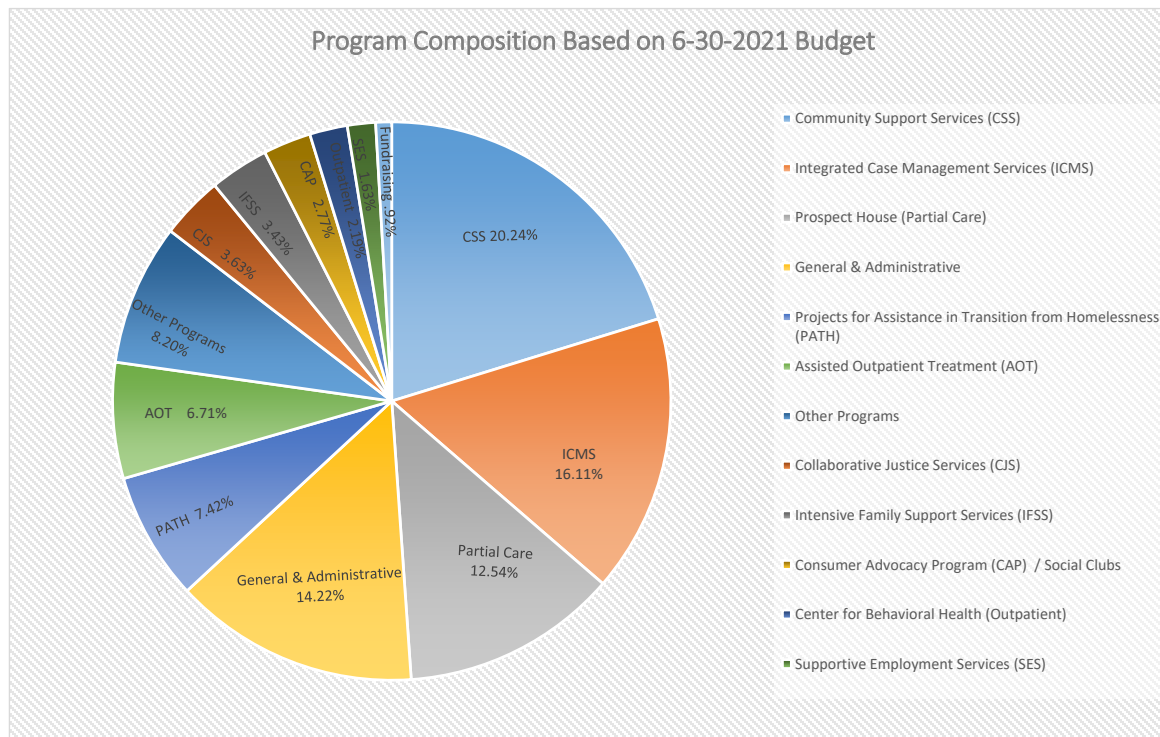
Program Composition Based on Budget	FY2020	FY2021
Community Support Services (CSS)	19.29%	20.24%
Integrated Case Management Services (ICMS)	17.26%	16.11%
Prospect House (Partial Care)	12.96%	12.54%
General & Administrative	14.72%	14.22%
Projects for Assistance in Transition from Homelessness (PATH)	8.17%	7.42%
Assisted Outpatient Treatment (AOT)	7.94%	6.71%
Other Programs	4.65%	8.20%
Collaborative Justice Services (CJS)	3.86%	3.63%
Intensive Family Support Services (IFSS)	3.56%	3.43%
Consumer Advocacy Program (CAP) / Social Clubs	2.79%	2.77%
Center for Behavioral Health (Outpatient)	2.14%	2.19%
Supportive Employment Services (SES)	1.66%	1.63%
Fundraising	1.00%	0.92%
Total	100%	100%



Program Composition
Based on 6-30-2021 Budget

NOTE: Per Line 19 on Budget Matrix

Program	Percentage
Community Support Services (CSS)	20.24%
Integrated Case Management Services (ICMS)	16.11%
Prospect House (Partial Care)	12.54%
General & Administrative	14.22%
Projects for Assistance in Transition from Homelessness (PATH)	7.42%
Assisted Outpatient Treatment (AOT)	6.71%
Other Programs	8.20%
Collaborative Justice Services (CJS)	3.63%
Intensive Family Support Services (IFSS)	3.43%
Consumer Advocacy Program (CAP) / Social Clubs	2.77%
Center for Behavioral Health (Outpatient)	2.19%
Supportive Employment Services (SES)	1.63%
Fundraising	0.92%
Total	100%



CORPORATE COMPLIANCE

The Mental Health Association of Essex and Morris, Inc. is committed to conducting and providing services that are corporately compliant. MHAEM emphasizes the importance of corporate compliance and monitoring through policies, Corporate Compliance Officer and a Corporate Compliance Committee. These entities collaborate on the establishment, implementation and maintenance of a corporate compliant agency utilizing different techniques. These techniques include but are not limited to the prevention of wrongdoing, whether intentional or unintentional, immediate and accurate reporting, and investigations of questionable activities. MHAEM also believes of the best practice implementation of being able to report incidents without consequences and timely correction of any situation that puts the organization, leadership, staff, consumers or funding sources at risk.

The Corporate Compliance Officer is the Chairperson of the Corporate Compliance Committee. The Corporate Compliance Committee meets quarterly to ensure the agency's operations are compliant regarding fiscal activities and clinical services.

- All MHAEM employees received the annual Corporate Compliance training through Relias Learning web-based classes.
- Quarterly peer audits were conducted by program Psychiatrists. Corrections identified during audit were made as needed.
- Quarterly billing audits were completed and all areas of concern were addressed and corrected in a timely manner.
- Quarterly clinical audits were conducted by Quality Assurance Coordinator. All items that needed to be addressed were corrected in a timely manner.
- Memos were distributed to staff in August 2019 and April 2020 from the Corporate Compliance Officer (CCO). This memo named the Corporate Compliance Officer, the process for filing a complaint, and that the CCO has direct access to the Board of Directors and Chief Executive Officer.
- CCO attended *Compliance Elements for Mental and Behavioral Agencies Training* provided through DMHAS.
- Client Grievance Procedure was updated and distributed.
- Human Resources conducted criminal background checks upon hire and then every two years, thereafter.
- Driver's License checks were completed upon hire and annually.
- Clinical license checks continue to be conducted annually and upon renewal.
- Conflict of Interest forms continue to be updated annually.
- There were no reports within our programs for fiscal year 2020 pertaining to malpractice, violation of the code of ethics or grievance.
- Sobel & Company completed an independent financial audit.

Program Activity

- Prospect House and ICMS Essex, Morris and Passaic were audited by Medicaid throughout the year. All reported no significant findings.
- PATH Morris programs had a successful site review by Morris County representatives.
- Mental Health First Aid and Hope One had a successful review by Morris County representatives.
- AOT Essex, Morris and Sussex and ICMS Passaic had a successful external audit by DMHAS.
- The Quality Assurance Coordinator presented to the Board of Directors in June 2020.

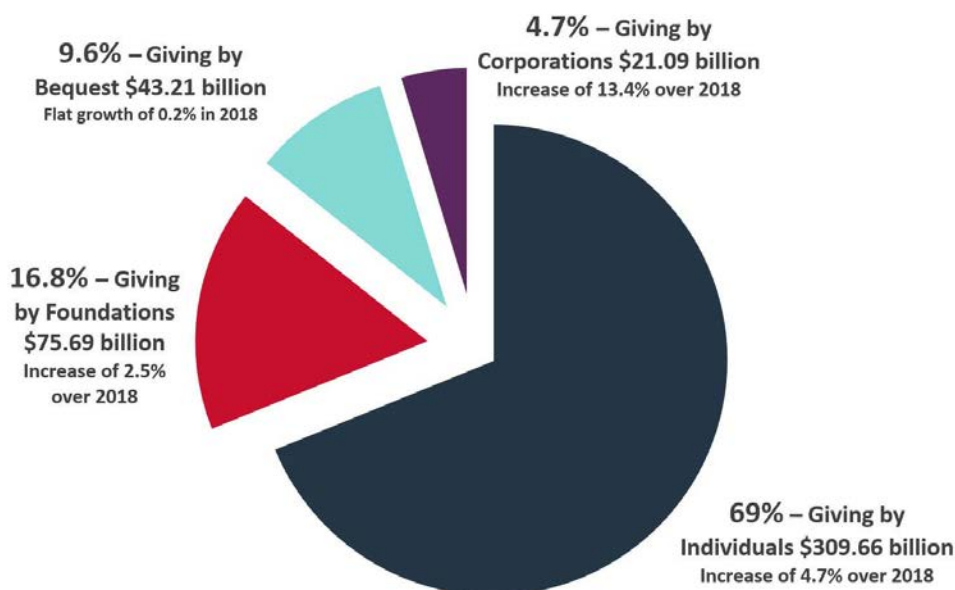
Upcoming Year Plan

- Employees to continue receiving the annual Corporate Compliance training through Relias Learning web-based classes.
- Corporate Compliance Committee will continue to meet quarterly.
- Corporate Compliance trainings will be completed for all staff through Relias Learning web-based classes.
- CCO will continue to monitor and report on matters pertaining to corporate compliance policies and procedures.
- CCO will continue to complete quarterly audits with recommendations, if needed, and corrections.
- CCO will distribute a memo to all staff twice a year, updating staff in regard to compliance procedure as well as the role of the CCO.
- CCO will present to the Board of Directors with a yearly overview of compliance for the agency in June 2021.

DEVELOPMENT

In order to assess the development efforts of MHAEM during the past year, it is important to put our fundraising/development efforts into a larger philanthropic perspective. These statistics also provide an important context and framework for our fundraising efforts as we look ahead to the coming year and the formidable challenges that are certain to continue to impact the charitable sector. According to the latest *Giving USA 2020* numbers covering giving in 2019:

- **↑ Giving by individuals** totaled an estimated \$309.66 billion, rising 4.7% in 2019 (an increase of 2.8%, adjusted for inflation). Giving by individuals achieved the second-highest total dollar amount on record, adjusted for inflation, but was less than 70% of total giving for only the second time ever.
- **↑ Giving by foundations** increased 2.5%, to an estimated \$75.69 billion in 2019 (a flat growth rate of 0.7%, adjusted for inflation), reaching its highest-ever dollar amount. Giving by foundations has grown in nine of the last 10 years, and represented 17% of total giving for the second year in a row, the largest share on record. Data on giving by foundations is provided by Candid.
- **= Giving by bequest** was an estimated \$43.21 billion in 2019, and was essentially flat with a growth rate of 0.2% from 2018 (a decline of 1.6%, adjusted for inflation). Giving by bequest often fluctuates substantially from year to year.
- **↑ Giving by corporations** is estimated to have increased by 13.4% in 2019, totaling \$21.09 billion (an increase of 11.4%, adjusted for inflation). This significant growth is indicative of this type of giving, which is highly responsive to changes in corporate pre-tax profits and GDP, and its year-over-year trend lines tend to be more turbulent as a result.



Consistent with virtually every tracking mechanism ever employed to measure philanthropic giving, individuals were still the overwhelmingly dominant source of charitable support with 69% of total contributions (9.6% of which came from bequests). The remaining 21% was also consistently represented with corporations at 5% and foundations at 17%.

With flat or increased giving in virtually every category, in general, 2019 was a solid year for charitable contributions. What is of great concern to fundraisers everywhere, however, is it is almost certain that trends like this will not be repeated in our current environment. As we continue to work our way through the COVID-19 pandemic, it is inevitable that fundraising will be particularly challenging moving forward. Some of the trends or issues that have begun to emerge during these uncertain times include:

- Special event fundraising has been essentially eliminated now and for the foreseeable future. Conventional wisdom is that, until there is an available and accepted vaccination, large gatherings of donors for fundraising activities will not resume. This is of particular concern for many organizations as event fundraising continues to be prominent in the sector.
- Major gift solicitation is challenging as well in that individual donors are experiencing, even those of considerable means, are faced with trepidation and uncertainty in terms of their capacity to make significant philanthropic contributions.
- Corporate giving, which saw a strong performance over the last year, is somewhat volatile looking forward. In general, corporations have demonstrated an inclination to increase charitable giving to the extent that they are able, but the pandemic has brought with it unforeseen expenses in terms of ensuring safe workplaces for their employees to occupy. Additionally, the economic impact of the work-from-home environment that most people were forced into for much of 2020 has yet to be fully gauged.
- Given the nature of the pandemic and the toll it has taken on so many in our country, it is a generally accepted principle that this is a difficult time to engage donors in conversations about planned/bequest giving.
- One area that industry experts are cautiously optimistic about is Foundation giving. With a stock market that continues to thrive and mandatory payouts of foundation assets, it is possible that this could become a lucrative opportunity for non-profit organizations, particularly those with health and human service related missions.

In spite of these observations and all of the challenges we have collectively faced, the Mental Health Association of Essex and Morris had a relatively strong year in terms of fundraising. A quick review of MHAEM'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. In addition to standard Presidents Club membership at \$500 and Leadership levels beginning at \$1000, donors again had the option of making an additional gift specifically to benefit the Riskin Children's Center. Response to this option continues to be very positive and all of the donations made as additional Presidents Club contributions again qualified for the Anonymous Donor Match Challenge. 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 exceptionally well, largely due to a near 250% increase in match eligible Giving Tuesday contributions. Again, donor

loyalty and responsiveness are considered to be significant dynamics with this constituency. The challenge facing us in this area will be retaining the expanded donor base and continuing its growth.

2020 Spring Gala – This year’s event was cancelled as a result of the pandemic. In spite of this significant impact on our development calendar, early revenue and a newly implemented “In Lieu of Gala” appeal (match eligible) generated income in excess of \$40K.

Suicide Prevention Initiative – This new program was scheduled to have a fundraising launch that was also cancelled as a result of the pandemic outbreak. In spite of that, match eligible contributions helped generate meaningful revenue.

In terms of involvement and support of the agency’s advocacy efforts, staff coordinated an ongoing, multi-media awareness campaign aimed at drawing attention to unsatisfactory conditions at Greystone Park Psychiatric Hospital. This initiative drew raised awareness of our concerns in a significant way and, we believe, helped contribute to meaningful reform. We also launched an extensive digital/social media campaign in support of the new Suicide Prevention Initiative. Response to that campaign has been overwhelmingly positive and it has been extended through the end of the current calendar year as a result. During 2019-20, the Development office also provided leadership and support of such community-based events as the Morristown Festival on the Green, the Lakeland Hills YMCA 5K Run, and the American Foundation for Suicide Prevention’s *West Essex Out of the Darkness Walk*. These efforts were followed by a return to our partnership with the Seton Hall University Men’s Basketball program that commenced in November 2019 and continued through March 2020.

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. This became an increasingly important vehicle for communicating to staff, donors and other key constituents once our community was forced into quarantine.

We continued to promote our recently establish planned giving initiative, the *Dorothea Dix Society*. As has been noted, this is a particularly sensitive outreach as we continue to contend with the realities of a pandemic and will manage future outreach in this area in a way that is appropriate to the continuously evolving environment.

In light of the challenges we foresee moving forward, stewardship of existing donors, innovative approaches to fundraising and messaging that acknowledges the importance of mental health and wellness will be key priorities with regards to our development efforts.

Sources:

"Giving USA" Report

compiled by the Indiana University Lilly Family School of Philanthropy

The Chronicle of Philanthropy

July 2020 Issue

HUMAN RESOURCES (HR)

As of June 30, 2020, there were 178 active employees to fill 202 positions. For fiscal year 2020 the annual turnover rate was 33%, averaging 3% per month.

Annually, staff completes an Employee Opinion Survey. As a quality organization, MHAEM has committed to a constant process of internal review and analysis in order to determine how clearly we have set out our long-term direction and purpose, how well we communicate with staff and how well our management style aligns with our strategies, mission and vision. MHAEM believes that staff satisfaction correlates to staff turnover. Expected measures of this indicator are increased number of respondents and continued or increased levels of satisfaction.

In response to the COVID-19 pandemic, MHAEM has made the determination to postpone the Survey until such time that the Agency returns to more standard operations. The Survey content will be modified to include staff input and feedback regarding the Agency's operational response to the pandemic. In the meantime, MHAEM continues to provide opportunities for staff to provide feedback by regularly conducting virtual team meetings within the programs, as well as town hall style virtual meetings for the entire workforce.

Effective October 1, 2019, the Agency renewed its existing medical plans through Horizon Blue Cross Blue Shield of NJ. Our dental plans with Principal Dental were also renewed effective October 1, 2019. The Agency held two Benefits Fair events, based on location, in order to simplify the process of Open Enrollment and in order to make benefits information easily accessible. Representatives from each of our benefits providers attended and remained available throughout the day at each of these events. During this period, benefits eligible staff members are notified of the open enrollment period and given the opportunity to enroll in benefit options either for the first time or they may make changes to their existing benefit plan elections.

- Both Horizon BCBS and Principal Dental have continued to offer competitive plans that are both 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:
- The OMNIA 2 Tier, Exclusive Provider Organization and Direct Access medical plans, are all offered through Horizon Blue Cross Blue Shield of NJ. MHAEM continues to pay the monthly premium for single enrollments on the OMNIA Medical Plan. This equivalent benefit is applied to all employee medical plan selections. We continue to conduct Open Enrollment workshops to provide thorough plan details and opportunities for staff to make changes to their current plan elections.
- MHAEM offers a voluntary cost-effective Panorama vision plan, also through Horizon BCBS of NJ.
- Through Principal Dental, the Agency is able to offer our benefits eligible employees two dental plan options.
- US Able Life is the Agency's insurance provider which provides all benefits eligible employees with a policy that is 1.5 times their annual salary to a maximum of \$175,000.
- The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 235 active participants. The "Safe Harbor" plan requires MHAEM 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 the 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.
- MHAEM reimbursed \$14,000.00 in tuition for employees who met the application requirements in the fall and spring semesters.

- The Agency offers supplemental income to employees with more than 5 years tenure who are receiving temporary disability. The administrative services for short-term disability are processed through the NJ Temporary Disability Benefits program.
- Additional employee benefit options include: Aflac, Colonial Life, New York Life, Liberty Mutual and Verizon Wireless Employee Discount.
- This fiscal year, MHAEM began offering two additional Employee Benefits: CollegeAmerica 529 Savings Plan and a pre-tax Commuter Benefit plan administered through Gente Employee Benefits and HR Solutions. All staff are eligible to participate in both benefit offerings.

The Agency continues to offer an Employee Assistance Program (EAP) through RWJ Barnabas Health, One Source EAP. 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 benefits eligible staff.

- In response to the COVID-19 pandemic, the EAP program announced that services would be expanded to include non-benefits eligible staff, at no additional cost to MHAEM. The Agency has been distributing weekly reminders regarding the EAP throughout the pandemic in order to ensure staff a confidential resource for emotional support during this most unprecedented time. Additionally, the Agency has utilized the EAP's services to offer stress reduction webinars to staff, virtually.

This marks the 7th year that MHAEM has conducted annual and introductory performance evaluations electronically through our vendor "Reviewsnap". The performance review process continues to operate in an efficient and effective manner allowing both staff and supervisors to play an integral part in the review process.

MHAEM continues to implement an ongoing Health and Wellness Program to staff by offering a discounted fitness membership by the Montclair YMCA. Employees of MHAEM also enjoy the privilege of access to exclusive entertainment and travel discounts through Plum Benefits, offered exclusively to employees of companies that enroll.

MHAEM is pleased to continue recruiting interns on a spring and fall semester basis. Interns are provided an opportunity to experience the mental health environment in order to be better prepared for their career in the field.

Hartford Underwriter's Insurance Company is the Agency's current Worker's Compensation provider. The Agency had four workers' compensation claims for the FY 2020.

Online training for all staff members is conducted through Relias Learning. This platform allows MHAEM to easily track required online training, hands-on training, classroom training, conferences and events directly within the online learning management system. Training is monitored for completion by the Program Directors and the Human Resources Department. All training transcripts are maintained as part of the online learning management system and available in PDF format, as needed.

MHAEM applied for and was awarded the Incumbent Worker Training Grant through the NJ DOL and LWD to be utilized throughout the calendar year 2020. This contract makes available \$80,000.00 of State Funds for the purposes of workforce development. Through this grant, MHAEM is pleased to offer 500 hours of in-

person training to staff with the option of also applying optional CEUs for licensed staff members. Topics offered include:

- Motivational Interviewing
- Trauma Informed Care/Nurtured Heart Approach
- Mindfulness Based Stress Reduction
- Ethics and Professional Boundaries
- Crisis Intervention & Prevention/Safe & Positive Approaches
- Gender and Transgender Issues in the Clinical & Case Management Work Setting
- Working with Substance Use Disorders

In addition, the following annual in-person trainings were conducted this year, prior to the pandemic:

- The “Safety in the Workplace” training was conducted for new staff on a quarterly basis. This training focuses on workplace violence, behavioral indicators/warning signs, the importance of early intervention and safety measures that may be used in the workplace.
- MHAEM retained Steve Crimando, MA, BCETS, CHPP, Principal of Behavioral Science Applications to provide “Safety in the Community/Personal Safety for Social Service Professionals” training to MHAEM staff. This training was offered in an effort to empower and better prepare our professionals with practical strategies necessary to enhance their personal safety at the office, while working in the field and during activities of daily work-life.
- The “Psychopharmacology” training, normally conducted by Advanced Practice Nurses provided by our onsite primary care provider, was made virtual on Relias Learning in response to the COVID-19 pandemic. The online version of this comprehensive course provided an overview of mental disorders, psychiatric medications and potential side effects, including heat & sun-risk related to certain medications. The course was completed in April by all direct care staff.
- The “Trauma Informed Care” training, conducted by Barbara Maurer, MA, LPC, CTS is provided to all direct care staff upon hire. The training provides our staff with education on the prevalence of trauma, the knowledge of how to assess individuals for exposure to trauma and tools to provide psychoeducation to our consumers to help them feel safe and empowered in their work with MHAEM. This event was video recorded onsite in 2017 and is now available on our online Relias Learning system.
- CPR/First Aid/AED training was provided for the 10th consecutive year by an ASHI certified instructor. In addition, this was the 3rd consecutive year that MHAEM has offered CPR/First Aid/AED certification classes provided by our own staff, certified through the American Heart Association. This has enabled the Agency to provide training more frequently in order to ensure new staff are trained more promptly after hire. We offer CPR/First Aid/AED certification classes at least quarterly.

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. Pre-employment Drug Screening and CARI background checks (N.J.S.A. 9:6-8.10f) have been added to this list of compliance check in FY2020.

INFORMATION TECHNOLOGY (IT)

The mission of the Mental Health Association of Essex and Morris, Inc. (MHAEM) 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 2019-2020:

- In the beginning of this fiscal year, the IT department finished an ongoing project of replacing two old phone systems with a new Vonage Business phone system. The replacement project took about four months to complete based on all contract dates. With the new single phone system for all six locations, staff can connect to each other using a desk phone, mobile app and computer app. The phone system is completely cloud based so it can work from any location.
- With the new phone system, we also replaced all office firewalls with SD-Wan internet technology. SD-Wan is a smart internet routing technology with more security and reliability for all our internet connections.
- This year, Foothold Technology changed their controlled substance prescription provider for doctors. The IT department helped all doctors and the APN to ID verify with the new provider in July. We were able to complete this without any downtime.
- With growing email and internet security issues, the agency needed new email system protections from daily spam and malicious emails. Because of this, the IT department had done significant research in finding the best email protection system for the agency this year. After research and price negotiation, the agency has selected Mimecast as our new email system protection provider.
- The IT department has worked with the Mimecast team on deployment of the new security software without any downtime and we were able to complete the task in a timely manner. Since the implementation of Mimecast protection, our daily incoming spam emails have dropped by 80% and we did not have any malicious virus issues by emails.
- With Mimecast and SD-Wan deployment this year, the agency has significantly improved the security of entire agency.
- This year, the agency went through a three-year CARF survey which survey's the entire agency at once including the technology department. The IT department was able to meet all the requirements of the CARF survey and pass the survey without any issues. As per the CARF surveyor, the MHAEM IT department is outstanding and one of the best he has surveyed.
- This year, our agency's cellphone contract was up for renewal, so we had requested proposals from different vendors to renew our contract. After extreme negotiations with vendors, the agency has decided to stay with Verizon for the next two years. As part of these negotiations, the agency was able to receive the latest iPhones for all agency staff without any cost.
- This year, the IT department also researched new cellphone management software and changed our cellphone management provider to the ManageEngine company. With this new software, we receive

many new features to manage our cellphones and we also decrease our annual bill by 60%.

- Due to the of COVID-19 pandemic, the IT department has helped the majority of staff with working from home and in the field with the use of agency laptops, cellphones and various technology. The agency had deployed laptops and cellphones to most of the outreach staff about four years ago, so MHAEM was prepared for working from home.
- The IT department has deployed “Amazon Chime” video and audio conferencing software to all the staff so that they can do their own conference calls with clients and each other. Amazon Chime is another software, just like Zoom, but Amazon Chime is HIPAA compliant software so it was a good choice for our agency.
- We assisted Prospect House staff with using this technology to run virtual groups with clients.
- Our IFSS and outpatient departments are using this technology to run their family support groups and other groups. The IT department has also deployed another software called Doxy.me, which is a video conferencing website in order to provide services to clients one-on-one online. The outpatient department is using this technology to do their weekly doctor’s medication appointments and to provide individual therapy to clients. IT also provided cellphones to all of our doctors so that they can do video calls with clients, if needed. Our doctors have successfully completed psychiatric evaluations and weekly medication monitoring appointments using video technology.
- The IT department has also assisted our AOT program with attending their courtroom hearings using Microsoft teams video conferencing software.
- Our agency phone system is in the cloud and it works from anywhere. We have moved our receptionist staff to work from home and they are able to answer incoming calls without any downtime. They can also transfer incoming calls to any staff in the agency on their work cellphone just as they normally do in the office.
- Our Electronic Health Record (EHR) software is web-based so staff can do all their work from home and in the field without interruption.
- All accounting department, billing and HR staff are currently working from home where they can do most of their work.
- All of our staff are able to complete their daily work from home without the need to come to the office using various technology, which are currently deployed.
- All year, the IT department had worked with all billing and accounting department staff to troubleshoot and fix any kind of billing issue that may arise.
- All year, we have made many different changes to our EHR software Awards to meet the different state regulation and billing requirements. We have merged many CSS programs into one and created new programs in Awards. We are continuing to make changes to billing rules because of changing guidelines from state for Covid-19 pandemic billing.
- This is a management report of only major goals of the year 2019-2020. The IT department had 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.

QUALITY ASSURANCE ANALYSIS

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

The Quality Assurance Committee (QAC) provides oversight and monitoring to ensure agency and programmatic goals and objectives are met. QAC meets on a monthly basis and is chaired by the Quality Assurance Coordinator. The committee members consist of the Chief Operating Office, all MHAEM Program Directors and Coordinators, Director of Operations, Director of Human Resources and the Director of Information and Technology. The Medical Director serves as a consultant and the Chief Executive Officer is an ex officio.

MHAEM programs gather demographic, service and outcome data through our Management Information Systems department (MIS). This data is presented to QAC to review and analyze for quality assurance and to implement problem-solving measures. QAC monitors all quality assurance processes within MHAEM 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 MHAEM 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 MHAEM's responsiveness as a partner. In addition, internal financial audits are conducted on a quarterly basis for all programs by the Quality Assurance Coordinator. Quality Assurance Peer Reviews are also conducted for psychiatric records, as well as 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, and training/retraining staff among other corrective actions to ensure compliance.

MHAEM believes complete and accurate data is essential, as only then can we improve service provisions for our consumers. Data and information flow into QAC through numerous sources: each program element funnels program specific data regarding thresholds and outcomes; input from MHAEM employees who have identified issues and problems; feedback including complaints and grievances from supervisory personnel; and suggestion boxes which are located at every MHAEM 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 QAC to MHAEM's Chief Executive Officer, the MHAEM Board of Directors, senior management, Directors, staff, consumers and other stakeholders through meetings. Aggregated materials from QAC, Risk Management and Safety, and incident reporting are also posted in public areas of each program site.

QAC 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 QAC:

- 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, 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 committee is responsible for keeping records on different languages spoken throughout the agency. This sub-committee meets four times per year.
- Member-Specific Performance Improvement Committee at Prospect House (MHAEM's day treatment program): the overall goal is to address programmatic areas of concern. QAC reviews suggestions from the suggestion box as well as safety issues and discusses ways to enhance services at Prospect House. This sub-committee meets six times per year.

Strengths of the Quality Assurance Plan

- Staff involvement is consistent and committed.
- Staff membership represents all areas of programs and operations.
- Communication to staff, clients and stakeholders occurs through the QAC bulletin board, staff meetings, members meetings at Prospect House, year-end reports and satisfaction surveys. QAC Chairperson also reports findings to the Chief Executive Officer 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.
- Implemented more effective tracking format for performance indicators.

Highlights of Quality Assurance

- MHAEM received full licensure for all agency owned properties.
- MHAEM met all 1,790 CARF standards with no deficiencies noted during the most recent survey in September 2019.
- MHAEM 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. All outreach case managers are provided a laptop or tablet to utilize in the

field in order to be more mobile in the community to better serve the consumer where they are located. iPads are utilized during in-vivo visits to assist with completing treatment/service plans and enhancing services.

- MHAEM's website, as well as social media sites such as Facebook, Instagram and Twitter are easily accessible and newly updated. These features have been enhanced with the expansion of the Development Department this year. MHAEM will continue to work with its Information and Technology Department to improve services through the use of technology.
- MHAEM 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.
- MHAEM continues to be committed to assisting individuals in applying for and receiving benefits. MHAEM has four 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.
- MHAEM understands the importance of ongoing education and training. Therefore, in-services are conducted throughout the year, such trainings 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.
- MHAEM currently has four 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, MHAEM trained individuals who included clinical and non-clinical mental health staff, graduate students, local deacons of worship, and transportation drivers.
- During this fiscal year, Integrated Case Management Services Essex, Morris, Passaic and Prospect House had successful Medicaid audits.
- MHAEM 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.
- Prospect House's Consumer Quality Assurance Committee met throughout the year.
- There were several suggestions throughout the year. One of the suggestions discussed the need for a place to display activities for consumers held through MHAEM. As a response to this suggestion, MHAEM placed a bulletin board for posting activities in each lobby.
- MHAEM'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, County Administrators and other stakeholders.
- MHAEM 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, forms are updated on an as needed basis based on consumer need. This year, a new risk assessment was implemented in the Comprehensive Intake Assessment (CIA) with collaboration from all levels of staffing. Staff also updated the “sexual orientation” section of the CIA to be more reflective of consumers’ identities.

- MHAEM updated all program handbooks and uploaded them to the AWARDS system for easier accessibility for consumers and staff.
- Quarterly staff meetings are held in order to provide staff with up to date information.

MHAEM is continuously refining services based on input from various stakeholders. This is received through various methods, including the annual Community Provider Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to services. Due to the pandemic, MHAEM’s Annual Community Provider Satisfaction Survey has been postponed to ensure that each stakeholder has an opportunity to provide feedback. Through the course of the pandemic, staff continue to maintain contact with providers for input and feedback regarding the modifications of services. Community Provider Satisfaction Surveys will be distributed once the public health crisis permits.

AOT ESSEX															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%			80%			100%			100%			100%	95%
Focused:															
Medication Inventory	Quarterly	100%			100%			100%			100%			100%	100%
Service Access:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	7 consumers	4	6	1	1	3		2	2	2	3	1	2	27
Long Term Care (LTC) referrals	Monthly	3 consumers	0	1	1	2	1		2	2	2	0	0	0	11
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	0	0	0	0	0	0	1	0	1
Linked to Medical Services	Quarterly	2 consumers	1			1							0	0	2
60 day discharge follow up	Monthly		0	0	0	0	0	1	3	2	0	0	0	5	11
Hospitalizations (Medical)	Monthly		1	0	0	0	0		0	2	0	0	1	1	5
Hospitalizations (Psychiatric)	Monthly		4	5	4	6	7		9	1	5	4	8	6	59
Indicators:															
ER (screening)	Monthly	6	5	4	4	1	4	0	9	3	6	3	5	2	4
Voluntary admissions	Monthly	3	1	1	3	4	3	0	2	0	1	1	3	3	2
Involuntary admissions	Monthly	2	3	4	1	2	4	0	7	1	4	3	5	4	4
Long Term Care	Monthly	3	0	0	0	1	2	0	1	0	0	0	0	0	1
Arrests	Monthly	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Incarceration	Monthly	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness	Monthly	3	0	0	0	0	1	0	0	0	0	0	0	0	1
Satisfaction Survey	Annual	80%													
Sun Risk Education	Annual	100%													100%
AOT SUSSEX															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019- 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	100%	95%	100%	95%	94%	97%	100%	100%	100%	98%	100%	100%	98%
Focused:															
Service Access:															
Wait for service	Monthly	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Screening referrals	Monthly	1 consumer	0	0	0	0	1	0	1	0	0	0	0	0	1
Inpatient referrals	Monthly	7 consumers	1	2	0	0	0	2	3	2	0	0	1	3	1
Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	0	0	0	0	0	0	0	0	1	0	1
Number of transport orders	Monthly	transport ord	0	0	0	0	0	0	0	0	0	0	1	0	1
Linked to Medical Services	Quarterly	2 consumers	0	0	0	0	0	0	0	0	0	0	0	2	1
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

AOT SUSSEX

Year: 2019- 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Hospitalizations (Medical)	Monthly	Baseline	0	0	1	0	0	0	1	0	0	0	0	0	1
Hospitalizations (Psychiatric)	Monthly	Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A
Indicators:															
ER (screening)	Monthly	≤ 3	0	0	1	1	0	1	0	0	0	0	0	0	1
Voluntary admissions	Monthly	≤ 1	0	2	0	1	0	1	1	1	0	0	2	1	1
Involuntary admissions	Monthly	≤ 1	1	1	1	1	1	0	0	0	1	1	2	1	1
Long Term Care	Monthly	≤ 2	0	0	0	0	1	0	0	2	0	0	0	0	1
Arrests	Monthly	≤ 1	0	0	0	0	1	0	0	0	0	0	0	0	1
Incarceration	Monthly	≤ 1	0	0	0	0	1	0	0	0	0	0	0	0	1
Homelessness	Monthly	≤ 1	0	0	0	0	1	0	0	0	0	0	0	0	1
Satisfaction Survey	Annual	80%											N/A		N/A
Sun Risk Education	Annual	100%										100%			100%

AOT MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	85%	87%	100%	90%	92%	95%	92%	92%	95%	87%	82%	92%	91%
Focused:															
Wait for service	Monthly	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	7 consumers	4	2	1	1	0	1	0	1	2	0	0	1	1
Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	0	1	1	0	1	0	0	0	0	1	1
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	1	0	0	1	0	0	0	0	1
Linked to Medical Services	Quarterly	2 consumers	0	1	0	0	1	0	0	0	2	0	0	0	1
60 day discharge follow up	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospitalizations (Medical)	Monthly	Baseline	0	0	0	0	1	0	0	0	0	0	0	0	0
Indicators:															
ER (screening)	Monthly	> 4	0	0	0	0	0	0	0	0	0	0	0	0	0
Voluntary admissions	Monthly	≤ 2	2	0	0	0	0	0	0	2	0	0	0	0	1
Involuntary admissions	Monthly	≤ 2	1	1	1	2	4	0	0	1	1	1	0	0	1
Long Term Care	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Arrests	Monthly	≤ 2	0	0	0	0	1	0	0	0	0	0	0	0	0
Incarceration	Monthly	≤ 2	0	0	0	0	1	0	0	0	0	0	0	0	0
Homelessness	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%											100%		N/A
Sun Risk Education	Annual	100%										100%			100%

ICMS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%												100%	100%
Focused:					100%			82%			92%			80%	89%
Quarterly Progress/w goal attainment	Quarterly	80%			84%			78%					89%	94%	86%
Medication Education	Monthly	80%	86%	85%	78%	88%	1	85%	79%	84%	81%	84%	0	0	27
Linked to Medical Services	Monthly	33	3	2	3	3	6	3	0	4	3	0	88%	96%	240%
Wait for service	monthly	baseline	1	1	1	1	1	1	1	1	1	1	100%	100%	100%
60 day discharge follow up	Monthly	90%	1	1	1			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%			
Hospitalizations (Psychiatric)	Monthly												3%	3%	22%
Hospitalizations (Medical)	Monthly		4%	2%	5%	3%	1%	1%	3%	2%	0%	2%			
Indicators:													100%	100%	100%
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	98%	100%	95%	100%	100%	4%	4%	83%
Short Term Care Facility Recidivism	Monthly	≤20%	3%	2%				3%	5%	4%	3%	3%	0%	0%	3%
County or State Hospitals Recidivism	Monthly	≤20%	2%	0%				1%	1%	2%	0%	0%	2%	1%	1%
Voluntary Recidivism	Monthly	≤20%	3%	2%				4%	2%	3%	2%	3%		9	59
Satisfaction Survey	Annual	80%											NA		NA
Sun Risk Education	Annual	100%										100%			100%

ICMS MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		80%													
Focused:					100%			82%			92%			100%	94%
Quarterly Progress/w goal attainment	Quarterly	80%			84%			78%						88%	83%
Medication Education	Monthly	80%	86%	85%	78%	88%	81%	85%	79%	84%	81%	84%	94%	96%	85%
Linked to Medical Services	Monthly	33	3	2	3	3	6	3	0	4	3	0	0	0	27
Wait for service	monthly	baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
60 day discharge follow up	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%
Hospitlizations (Psychiatric)	Monthly														
Hospitlizations (Medical)	Monthly		1	4	2	1	0	1	3	2	0	2	3%	2%	14%
Indicators:															
County/State discharges seen within	Monthly	80%	100%	100%	100%	100%	100%	98%	100%	95%	100%	100%	92%	94%	98%

ICMS MORRIS															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Short Term Care Facility Recidivism	Monthly	≤20%	3%	2%	1%	2%	4%	3%	5%	4%	3%	3%	2%	3%	3%
County or State Hospitals Recidivism	Monthly	≤20%	2%	0%	2%	1%	1%	1%	1%	2%	0%	0%	0%	0%	1%
Voluntary Recidivism	Monthly	≤20%	3%	2%	3%	4%	2%	4%	2%	3%	2%	3%	2%	3%	3%
Satisfaction Survey	Annual	80%											NA		NA
Sun Risk Education	Annual	100%										100%			100%
ICMS PASSAIC															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	84%	N/A	N/A	84%	N/A	N/A	82%	N/A	N/A	82%	N/A	N/A	84%	83%
Medication Education	Monthly	85%	100%	94%	100%	88%	88%	94%	100%	88%	100%	100%	94%	94%	95%
Linked to Medical Services	Monthly	74%	76%	72%	67%	66%	70%	68%	68%	71%	69%	72%	72%	72%	70%
Wait for service	monthly	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60 day discharge follow up	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	54%	100%	96%
Justified Continued Stay	quarterly	100%	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	100%	100%
Medicaid Justification	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	<10%	5%	4%	3%	4%	5%	8%	7%	5%	5%	2%	4%	2%	5%
Hospitalizations (Medical)	Monthly	Baseline	3%	1%	1%	1%	1%	3%	2%	2%	1%	1%	2%	3%	2%
Indicators:															
County/State discharges seen within 72 hours	Monthly	100%	50%	100%	33%	67%	50%	100%	100%	83%	100%	100%	100%	100%	82%
Short Term Care Facility Recidivism	Monthly	<10%	2%	1%	2%	1%	2%	4%	2%	1%	2%	2%	2%	1%	2%
County or State Hospitals Recidivism	Monthly		1%	1%	1%	2%	1%	2%	2%	2%	0%	0%	0%	1%	1%
Voluntary Recidivism	Monthly		3%	2%	1%	1%	2%	2%	3%	2%	3%	0%	2%	1%	2%
Client Employment	Quarterly	17%	17%	17%	17%	14%	14%	15%	18%	19%	16%	12%	14%	11%	15%
Satisfaction Survey	Annual	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	
Sun Risk Education	Annual	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	
External Audits	Annual			DMHAS Site Review 8/20 Medicaid 8/23	CARF		Medicaid audit 11/8/19			Medicaid audit 2/21/20					

CJS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	85%	91%	91%		94%	97%		95%	95%		95%	95%		94%
Focused:					97%			95%			90%			95%	94%
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	90%	97%	100%	83%	100%	100%	100%	100%	100%	100%	100%	98%
Medication Education	Monthly	80%	100%	100%	100%	100%	83%	100%	100%	100%	100%	100%	100%	100%	99%
Discharge Follow Up 60 Days	Monthly	80%	100%	none	100%	100%	100%	100%	100%	100%	100%	none	100%	none	100%
Closed Chart Audits	Monthly	80%	91%	94%	none	93%	99%	none	95%	none	97%	none	95%	100%	96%
Linked to Medical Services	Monthly	25	5	1	1	5	2	4	1	1	1	0	1	0	22
Wait for Service	Monthly	<7	3	4	7	5	6	12	7	7	2	0	1	1	5
Hospitalizations (Medical)					0	0	0	0	0	0	0	0	0	0	0
Hospitalizations (Psychiatric)					0	0	0	1	0	1	0	1	3	0	6
Indicators:															
Employment	Monthly	40 clients	7	6	8	7	7	6	5	5	8	7	6	6	78
Number of days ↓ county jail time	Monthly	1000 days	4,850	0	490	0	0	0	0	0	0	0	0	0	5,340
Number of days ↓ state time	Monthly	10,000 days	2,363	8,138	0	0	1,628	1825	0	0	5982	0	0	1,014	20,950
Divert/Pre-Adjudication	Monthly	15 clients	1	2	0	0	1	1	0	0	1	0	0	1	7
Community Linkages	Monthly	75	13	17	4	10	11	8	7	12	10	13	7	6	118
Recidivism to jail within 30 days	Monthly	≤25 clients	0	0	0	0	0	2	0	0	0	0	1	1	4
Recidivism to jail within 60 days	Monthly	≤50 clients	0	0	1	0	0	0	0	0	0	0	0	0	1
Recidivism to jail within 90 days	Monthly	≤25 clients	0	0	0	0	0	0	0	0	0	0	1	0	1
Recidivism to jail within 120 days	Monthly	≤50 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%											n/a		N/A
Sun Risk Education	Annual	100%										100%			100%

CJS MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	85%	92%	100%	92%	95%	92%	95%	98%	100%	95%	100%	98%	95%
Focused:															
Quarterly Progress with Measurable	Monthly	80%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	95%	85%	96%	95%	1	95%	100%	92%	95%	100%	92%	100%	95%
Linked to Medical Services	Monthly	80%	0%	0%	0%	15%	7%	0%	0%	0%	6%	1%	100%	100%	19%
Wait for services	Monthly	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Hospitalizations (Psychiatric)	Monthly		0	0	0	1	1	0	0	2	3	2	1	0	1
Hospitalizations (Medical)	Monthly		0	0	0	0	1	1	1	0	0	0	0	0	1
Indicators:															
Employment	Monthly	20 clients	5	5	4	4	4	4	4	4	2	2	2	3	43

CJS MORRIS

Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of days ↓ county jail time	Monthly	1000 days	0	0	0	257	0	30	60	249	120	0	0	150	866
Number of days ↓ state time	Monthly	10,000 days	3650	0	3650	0	0	0	0	0	2190	0	0	2190	11,680
Linkage to MH Prosecutors Program	Monthly	10	2	0	2	1	0	1	2	2	0	1	1	0	1
Community Linkages	Monthly	60	2	4	0	5	5	5	2	3	3	3	1	6	39
Recidivism to jail within 30 days	Monthly	<5 clients	0	0	0	2	0	1	1	3	0	0	0	0	1
Recidivism to jail within 60 days	Monthly	<10 clients	0	0	1	0	1	2	1	1	2	0	0	0	1
Recidivism to jail within 90 days	Monthly	<5 clients	0	0	0	0	1	0	0	0	0	3	0	0	1
Recidivism to jail within 120 days	Monthly	<10 clients	0	0	0	0	0	0	1	1	2	3	0	1	1
Satisfaction Survey	Annual	80%											N/A		N/A
Sun Risk Education	Annual	100%										100%			100%

PATH - ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	80%	80%	73%	85%	83%	81%	86%	91%	86%	91%	87%	86%	84%
Focused:															
Med. Education	Monthly	80%	60%	50%	80%	64%	82%	90%	82%	91%	67%	75%	90%	83%	76%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Goal Attainment	Monthly	80%	100%	75%	80%	64%	72%	60%	64%	60%	64%	83%	66%	66%	71%
Hospitalizations (P)	Baseline	N/A	1	1	1	0	1	1	3	3	2	0	1	2	16
Hospitalizations (M)	Baseline	N/A	1	1	0	3	3	1	1	3	2	0	0	2	17
Indicators:															
Number of outreaches	Monthly	500	25	20	43	42	31	40	70	28	30	14	36	60	439
Total Individuals Served	Monthly	200	101	14	2	11	6	10	9	8	14	10	8	16	209
Linked to Community MH services	Monthly	132	7	4	7	6	6	4	9	7	8	6	8	13	85
Linked to financial benefits	Monthly	40	2	4	6	4	5	4	2	9	2	4	3	2	47
Linked to permanent housing	Monthly	40	7	2	5	8	7	3	5	7	4	0	0	5	53
Linked to temporary housing	Monthly	35	2	3	0	3	4	4	3	1	5	1	3	7	36
Linked to substance use tx. services	Monthly	35	0	0	0	1	3	0	2	4	0	1	0	2	13
Linked to medical/dental services	Monthly	30	1	1	0	2	1	3	1	5	2	0	0	1	17
Linked to rehabilitation services	Monthly	10	1	1	1	1	1	1	1	1	1	0	1	1	11
Sun Risk Education	Annual	100%										100%			100%
Satisfaction Survey	Annual	80%											N/A		N/A

PATH - MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%													
Focused:															
Med. Education	Monthly	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	97%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (P)	Monthly	Baseline	2	3	0	2	2	1	0	3	3	1	1	4	22
Hospitalizations (M)	Monthly	Baseline	0	0	0	0	0	0	0	1	0	0	2	1	4
Indicators:															
Goal Attainment	Monthly	80%	11%	12%	12%	11%	12%	11%	11%	13%	11%	11%	15%		12%
Number of outreaches	Monthly	180	15	22	9	13	9	21	8	8	8	11	15	5	144
Number of individuals . enrolled	Monthly	70	1	4	3	9	3	6	5	5	1	3	2	6	48
Linked to Community MH services	Monthly	75	1	1	2	6	9	3	2	2	0	4	1	4	35
Linked to financial benefits	Monthly	40	0	0	7	1	5	1	3	2	0	0	0	5	24
Linked to permanent housing	Monthly	20	2	1	7	3	5	2	0	2	3	4	1	1	31
Linked to temporary housing	Monthly	40	0	1	5	5	3	2	4	4	0	3	0	6	33
Linked to substance abuse treatment services	Monthly	20	0	1	2	1	1	1	1	1	0	1	0	1	10
Linked to Medical Services	Monthly	10	0	1	0	2	4	2	2	1	0	1	0	3	16
Linked to vocational/educational services	Monthly	10	0	0	2	0	0	1	1	0	0	2	0	1	7
Sun Risk Education	Annual	80%										100%			100%
Satisfaction Survey	Annual	80%											N/A		NA

CSS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%													#DIV/0!
Technical Audits with remediation			92%	93%	97%	82%	90%	92%	93%	79%	91%	93%	85%	53%	87%
Focused:															
Med. Education	Monthly	80%	77%	80%	80%	89%	85%	80%	100%	93%	90%	90%	100%	91%	88%
Client Consent	Monthly	80%	89%	89%	94%	89%	85%	90%	85%	93%	90%	90%	95%	70%	88%
Psychiatric Advance Directives	Monthly	90%	100%	100%	100%	12%	100%	100%	95%	47%	80%	85%	100%	78%	83%
Hospitlizations (Psychiatric)	Monthly		1%	1%	1%	1%	1%	1%	1%	1%	0%	0%	0%	1%	1%
Hospitlizations (Medical)	Monthly		1%	1%	1%	1%	0%	1%	1%	1%	1%	0%	0%	0%	1%
Linked to Medical Services	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	78%	98%
Discharge Follow Up	Semi-Annual	80%													
Objectives/interventions linked to notes	Quarterly	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	80%													

CSS ESSEX

Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Wait for service	Monthly	baseline	5 days	5 days	0 days	3 days	3 days	3 days	5 days	5 days	0 days	5 days	0 days	3 days	2.5 days
Indicators:															
Employment	Quarterly	≥10%			3%			4%			3%			2%	3%
Recidivism to County/State	Monthly	≤20%	1%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%	0%
Recidivism to STCF	Monthly	≤20%	1%	1%	1%	1%	1%	1%	1%	1%	0%	0%	0%	1%	1%
Nursing Assessments	Monthly	≥90%	59%	65%	100%	36%	40%	60%	60%	31%	60%	60%	58%	48%	
Satisfaction Survey	Annual	80%													
Sun Risk Education	Annual	100%										100%			
Permanent Housing	Quarterly	80%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Linked to benefits	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	82%	
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	87%	99%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	54%	100%	100%	100%	57%	93%

CSS MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT															
Focused:	Monthly		89%	80%	76%	76%	76%	69%	94%	85%	79%	91%	98%	54%	81%
Med. Education	Monthly		59%	47%	45%	34%	34%	34%	93%	80%	85%	90%	100%	75%	65%
Client Consent	Monthly		67%	62%	60%	59%	60%	23%	93%	75%	47%	80%	100%	75%	67%
Psychiatric Advance Directives	Monthly		100%	93%	80%	84%	75%	78%	86%	50%	16%	75%	100%	0%	70%
Hospitalizations (Medical)	Monthly		0%	0%	1%	1%	1%	0%	0%	0%	0%	1%	1%	0%	1%
Hospitalizations (Psychiatric)	Monthly		1%	1%	1%	1%	1%	1%	0%	1%	1%	1%	1%	1%	1%
Linked to Medical Services	Monthly		83%	69%	75%	99%	100%	80%	100%	100%	95%	100%	100%	100%	92%
Discharge Follow Up	Semi-Annual														
Objectives/interventions linked to notes	Quarterly		92%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
Closed Chart Audits	Quarterly														
Wait for service	Monthly		5 days	5 days	0 days	5 days	5 days	5 days	5 days	0 days	0 days	0 days	0 days	5 days	2.5 days
Indicators:															
Employment	Quarterly				5%			5%			12%			9%	8%
Recidivism to County/State	Monthly		0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%
Recidivism to STCF	Monthly		0%	1%	1%	1%	2%	2%	0%	0%	1%	1%	1%	1%	1%
Nursing Assessments	Monthly		92%	62%	50%	34%	40%	67%	79%	70%	77%	75%	86%	83%	68%
Satisfaction Survey	Annual														
Sun Risk Education	Annual											100%			
Permanent Housing	Quarterly		97%	97%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Linked to benefits	Monthly		100%	100%	100%	100%	100%	100%	100%	99%	99%	100%	100%	83%	98%

CSS MORRIS															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Linked to Natural Community social supports	Monthly		91%	61%	55%	54%	60%	20%	100%	99%	100%	100%	100%	91%	78%
Individualized rehabilitation plan within 14 days of admission	Monthly		92%	85%	100%	100%	100%	89%	93%	85%	77%	90%	100%	91%	92%
Center for Behavioral Health (CBH)															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	90%	90%			90%					90%			90%	90%
Focused:															
Service Plans	Monthly	85%	89%	81%	86%	84%	82%	10%	70%	86%	60%	75%	79%	87%	74%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	92%	100%	100%	100%	100%	100%	99%
AIMS	Semi-Annual	80%			100%						100%				100%
Medication Sheet	Monthly	100%	100%	100%	100%	100%	88%	100%	92%	100%	100%	100%	100%	100%	98%
Informed Consent	Monthly	90%			100%	100%	75%	70%	100%	100%	100%	100%	100%	100%	95%
Closed Chart Audits	Quarterly	80%			90%									90%	90%
Medication Inventory	Quarterly	Completed		X		X						X			
Referred to Medical Provider	Quarterly	Baseline			2					1					
Service Access:															
Wait for Intake	Monthly	≤7 Days	5	3	4	3	4	4	4	5	5	0	1	5	4
Wait for Assignment	Monthly	≤5Days	0	0	0	0	0	8	6	1	0	0	0	0	1.25
Indicators:															
Hospitalized (Medical)	Monthly	Baseline	3	1	1	1	2	1	1	1	2	3	4	2	22
Hospitalized (Psychiatric)	Monthly	Baseline	0	1	1	1	0	1	2	0	1	0	0	1	8
DASS-21	Monthly	↑functioning	4	5	6	5	4	1	4	3	0	3	3	5	43
Discharge Follow Up	Semi-Annual	95%													
Satisfaction Survey	Annual	80%													N/A
Sun Risk Education	Annual	100%													100%
Riskin's Children Center (RCC)															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Quarterly	80%	90%			90%				90%				90%	90%
Focused:															
Medication Education	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for intake	Monthly	≤5	2	4	0	5	1	0	0	5	0	0	0	3	2
Wait for assignment	Monthly	≤5	0	0	0	0	0	0	0	0	0	0	0	0	0

Riskin's Children Center (RCC)

Year: 2018 - 2019			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Informed Consent	Monthly	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service Plans	Monthly	85%	67%	67%	67%	75%	83%	75%	75%	75%	40%	50%	50%	50%	65%
Closed Chart Audits	Quarterly	80%			100%			100%			100%			100%	100%
Number of individuals linked to pediatrician	Quarterly	80%			1										1
Indicators:															
Hospitalizations (Medical)	Monthly	Baseline	1	0	0	0	0	0	1	1	0	0	0	0	3
Hospitalizations (Psychiatric)	Monthly	Baseline	0	0	0	0	0	0	1	0	0	0	0	0	1
Child/Youth Symptom Check List	Semi-Annual	80%				80%									80%
Satisfaction Survey	Annually	80%											NA		NA
Sun Risk Education	Annually	100%										100%			100%

IFSS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019-2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
IFSS TECHNICAL CHART AUDITS	Monthly	85%	91%	91%	84%	93%	90%	88%	83%	83%	88%	77%	72%	81%	85%
Intake Assessment completed	Monthly	85%	100%	90%	90%	90%	90%	80%	80%	100%	80%	80%	70%	90%	87%
Svce Pref Form Completed-Intke, 6m	Monthly	85%	90%	100%	90%	90%	100%	80%	90%	80%	85%	60%	60%	70%	83%
Family Concern Survey (Intake, 6m)	Monthly	85%	100%	100%	90%	90%	90%	80%	100%	90%	80%	70%	70%	80%	87%
Closed Chart Audits	Quarterly	80%			67%			100%			100%			93%	90%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days			<2			<2			<2			<1	<2
IFSS Wait for Intake	Quarterly	≤5 days			<4			<4			<4			>6	<5
Project FERST Accessibility- respnse	Quarterly	≤2 days			0			0			0			0	0
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						0			0			NA	NA
IFSS Family Satisfaction Survey	Annual	90%												NA	NA
IFSS Sun Risk Education	Annual	100%										100%		100%	100%
IFSS Discharge Follow Up	Semi-Annual	90%						100%			100%			100%	100%
Project FERST-Family Satisfaction Su	Annual	85%												NA	NA
Project FERST-Prvider Satisfaction S	Annual	90%												NA	NA
Project FERST Discharge Follow Up	Semi-Annual	90%						88%						NA	NA
Sun Risk Education	Annual	100%												100%	100%
Satisfaction Survey	Annual	80%											NA		NA
Sun Risk Education	Annual	100%										100%			100

IFSS Sussex

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
IFSS TECHNICAL CHART AUDITS	Monthly	85%	97%	97%	98%	98%	98%	98%	97%	97%	90%	97%	100%	95%	98%
Intake Assessment completed	Monthly	85%	83%	100%	100%	100%	100%	100%	67%	83%	100%	100%	100%	100%	93%
Service Preference Form Complted- Intake, 6mo, yearly	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	66%	100%	100%	83%	96%
Family Concern Survey (Intake, 6 months, yearly)	Monthly	85%	83%	83%	100%	83%	83%	83%	100%	83%	66%	83%	100%	67%	85%
Closed Chart Audits	Quarterly	85%			87%			93%			96%			93%	
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days			1			1			1			1	1
IFSS Wait for Intake	Quarterly	≤5 days			4			3			3			2	3
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						-5%						-19%	-12%
IFSS Family Satisfaction Survey	Annual	85%											NA		NA
Sun Risk Education	Annual	100%										100%			100%

PROSPECT HOUSE

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	85%	80%	93%	95%	90%	88%	88%	88%	88%	94%	94%	94%	90%	90%
Focused:															
Height, Weight, & Blood Pressure	Monthly	85%	100%	90%	100%	100%	100%	100%	100%	100%	100%	telehealth	telehealth	telehealth	99%
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	100%	100%	100%	100%	100%	88%	100%	88%	88%	100%	100%	100%	97%
6 Month Psych	Monthly	100%	95%	100%	100%	100%	100%	94%	94%	94%	94%	83%	83%	75%	93%
Consent Forms	Monthly	85%	84%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	telehealth	98%
Comprehensive Assessments completed within one month of acceptance into the program	Monthly	90%	100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	100%	99%
Informed Consent for medications	Quarterly	100%			100%			94%			100%			telehealth	98%
Wait for service	Monthly	>2	2	7	2	2	2	2	2	2	2	2	2	1	2
Hospitalizations (Medical)	Monthly		5	2	2	1	1	3	1	2	3	2	3	3	28
Hospitalizations (Psychiatric)	Monthly		3	1	2	0	1	2	1	2	4	2	4	3	25
Nutritional Screenings Completed	Monthly	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Indicators:															
Employment	Quarterly	20 consumers	1	1	2	0	0	1	1	2	0	0	0	0	8
Sun Risk Education	Annual	100%										100%			100%
Client Satisfaction	Annual	80%											NA		NA
External Audits	Annual	Completed	7/18/19 Medicaid			10/9/19-Medicaid	11/4/19 Medicaid		1/24/20 Medicaid		3/4-5/20 Medicaid				

Health Home

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AIMS Completed	Monthly	Baseline					N/A	1	3	8	0	0	0	0	12
Blood Pressure < 140/90	Monthly	Baseline					100%	100%	50%	71%	50%	N/A (covid19)	N/A (covid-19)	N/A (covid-19)	74%
Nursing Meetings	Quarterly						1			1			1		1
Health Group Attendees	Monthly	Baseline					16	14	22		0 (covid19)	2	3	1	58
Clients linked to Medical Services	Annual	80%													
Nursing Visits	Quarterly	Baseline					123	131	113	120	185	322	323	418	1735
Nursing Assessments Completed	Monthly	Baseline					10	8	8	22	10	23	11	27	119
Satisfaction Survey	Annual	80%											N/A		N/A

SES															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%			100%			100%			100%			100%	100%
Focused:															
Comprehensive Intake Assessment w/Strengths Needs Abilities Preferences	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Treatment Plans: update/measurable	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Support Plan	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Progress on Goal attainment	Quarterly	80%	81%	85%	77%	81%	80%	100%	100%	100%	100%	100%	100%	100%	92%
Linked to Medical Services	Monthly	15	0	0	0	0	0	0	0	0	0	0%	0%	0%	0%
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly		0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalizations (Medical)	Monthly		0	0	1	0	1	0	0	0	1	0	0	0	3
Indicators:															
Linked to Community Service	Quarterly	8			3			0			1			1%	100%
Interviews	Quarterly	60			7			23			20			6	56
Placed within 4 months of admin.	Quarterly	30			1			2			1			1%	100%
Discharge Follow Up 90 Days	Quarterly	80%			100%			100%			100%			100%	100%
Job retention > 3 months	Quarterly	80%			80%			70%			100%			87%	84%
Client Satisfaction	Annual	80%										NA			NA
Sun Risk Education	Annual	100%									100%				100%

Suicide Prevention

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Participants under 18	Monthly	Baseline							60	54	0	0	0	150	264
Participants over 18	Monthly	Baseline							237	228	12	12	223	40	752
Training Hours	Monthly	Baseline							9	8	1	1	3.5	3	25.5
Presentations	Monthly	Baseline							6	8	1	1	3	2	21
Satisfaction Survey	Quarterly	Baseline											N/A		N/A
# of Law Enforcement Trained	Annually	Baseline							0	0	0	0	0	0	0
# of Students Trained	Annually	Baseline							72	54	0	0	0	150	276
# of Teachers Trained	Annually	Baseline							213	228	0	0	110	25	576

MHA-AGENCY-WIDE

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019 - 2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Indicators:															
Staff Turnover	Monthly	≤30%	3%	4%	2%	5%	2%	3%	2%	2%	1%	2%	2%	3%	3%
Staff Satisfaction		↑satisfaction	x	x	x	x	x	x	x	x	x	x	x	HOLD- COVID	NA
	Annual	↑response	x	x	x	x	x	x	x	x	x	x	x	HOLD	NA
90 day New Hire Survey Satisfaction	Quarterly	5% Satisfaction			86%			81%			81.25%			pending	83%
Resignations	Monthly		5	7	4	7	3	5	3	3	1	3	3	4	48
Community Provider Survey	Annual	80%											NA		NA
Safety First Calls	Monthly	<20	1	3	2	3	1	1	4	0	1	0	0	0	16
Suggestions	Monthly	NA	0	1	0	0	0	0	0	0	0	0	0	0	1
Complaints	Monthly	0	0	0	0	0	1	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			X			X			X			X	Complete
External Financial Audit	Annual	Completed			X										
Psychiatrist Peer Review	Quarterly	Completed			X			X			X			X	Complete
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
Client Satisfaction	Annual	80%											NA		NA
Sun Risk Education	Annual	100%										100%			100%

IT

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2019-2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
System Upgrades	Monthly	Completed	10	7	5	9	11	8	2	3	5	0	0	0	60
Trouble Ticket Response	Monthly	≤5 days	1	1	1	1	1	1	1	2	2	2	2	2	1.5

IT															
Year: 2019-2020			2019						2020						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Trouble Ticket Received	Monthly	≤200	11	9	8	10	12	10	9	14	20	30	24	29	186
Hardware Inventory	Annual	90%								95%					95%
Software Inventory	Annual	90%								95%					95%

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AGENCY-WIDE INDICATORS: Mental Health Association of Essex and Morris, Inc. (MHAEM)

Efficiency: Staff turnover is monitored. This agency is committed to reducing turnover through staff development, communication, organizational culture, and improvement of working conditions and benefits. The Director of Human Resources tracks turnover rates monthly per program and in the aggregate.

FY2019: 3.0% average monthly turnover rate

Staff Satisfaction: Annually, staff completes a Satisfaction Survey in June. MHAEM believes that staff satisfaction correlates to staff turnover. Expected measures of this indicator are increased number of respondents and continued or increased levels of satisfaction.

FY2019: 4% decrease in satisfaction (90% from 94%)

Response rate was 39% (14% increase)

Community Agency Satisfaction: Annually, this agency conducts a survey of community providers who refer clients or collaborate with staff, or to whom staff 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.

FY2019: 32% response rate; 98% overall satisfaction

Access: MHAEM has programs throughout Essex, Morris, Sussex and Passaic counties. The agency provides Community Support Services throughout Essex and Morris counties. Staff provide services in Montclair schools and the surrounding areas. The agency has offered Psycho-Ed sessions throughout Essex, Morris, Sussex and Passaic counties.

FY2019: over 10,710 consumers received services from MHAEM

Effectiveness: MHAEM, Inc. is contracted with the NJDMHAS to provide service commitments annually for deficit funded programs with a 90% commitment achievement rate.

FY2019: 72% was the lowest number achieved

Decrease in staff turnover
3.0% average monthly turnover rate

Increase in satisfaction and increased percentage of staff respondents
Due to the COVID-19 pandemic, the staff satisfaction surveys have been postponed

83% satisfaction and increased response rate: annual:
Due to the COVID-19 pandemic, the community agency satisfaction surveys have been postponed until the public crisis permits

MHAEM will provide services to 5000 consumers annually
Over 10,700 consumers received services from MHAEM

90% commitment achievement rate for all programs contracted with NJDMHAS: quarterly:
65% was the lowest number achieved

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Center for Behavioral Health

Access: Wait for service and wait for assignment 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. *FY2019: 4 days wait for intake; 1 day wait for assignment*

Effectiveness: CBH uses the DASS-21 Depression, Anxiety and Stress Scale designed to measure emotional status of depression, anxiety and stress.

FY2019: Clients showed improvement in their self-reported functioning after three months of therapy in all areas

Client Satisfaction: Annually, CBH conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services. *FY2019: 92% satisfaction*

Efficiency: CBH utilizes a cancellation policy for all clients. After two missed appointments without providing 24-hour notice, the case is closed. CBH monitors productivity rate for clinicians and Medical Director. *FY2019: 88% productivity*

≤5 business days

*4 days wait for intake;
1 day wait for assignment*

Clients reporting lessened symptoms and increased functioning at three months

Clients showed improvement in their self-report functioning after three months of therapy in all areas

80% satisfaction: annually

Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

90% Productivity: annually

91% productivity reported

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INTEGRATED CASE MANAGEMENT SERVICES
(ICMS)

Access: Clients discharged from county and state psychiatric hospitals are seen within 72 hours of discharge.

FY2019: Essex/Morris: 100% of consumers were seen within 72 hours of discharge

Passaic: 86% of consumers 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.

FY2019: Essex/Morris: 19% recidivism to all hospitals; 2% to state and county hospital; 3% to community hospitals; 4% to short term care facilities Passaic: 5% recidivism to all hospitals; 2% to state and county hospital; 1% to community hospitals; 2% to 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, supported employment, part-time and full-time.

FY2019: Essex/Morris: 65 consumers from the active caseload were employed Passaic: 70 consumers from the active caseload were employed

Client Satisfaction: Clients are surveyed for satisfaction with staff responsiveness and availability, treatment participation and progress, and collaborative efforts.

FY2019: overall satisfaction was 92%

Efficiency: Continued stay rates among ICMS clients are tracked and monitored as a benchmark of efficiency, reduction in clients remaining on the active caseload. Rates are based on six and eighteen months' length of stay. This process saves time, money and gives clients a chance to be more independent. This is tracked monthly and aggregated annually, rates of continued stay are expected to occur less than 10% of the active caseload, per year.

FY2019: Essex/Morris: 21% required continued stay; 100% Justified continued stay. Passaic: 28% required continued stay; 100% Justified continued stay

80% compliance: monthly monitoring
Essex/Morris: 99% of consumers were seen within 72 hours of discharge
Passaic: 82% of consumers were seen within 72 hours of discharge

≤20% annually: monthly monitoring, annual aggregate

Essex/Morris: 10% recidivism to all hospitals; 2% to state and county hospital; 5% to community hospitals; 5% to short term care facilities
Passaic: 5% recidivism to all hospitals; 1% to state and county hospital; 1% to community hospitals; 2% to short term care facilities

62 clients employed: yearly

Essex/Morris: 50 consumers from the active caseload were employed
Passaic: 43 consumers from the active caseload were employed

80% satisfaction: annually

Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

10% of caseload will require continued stay: quarterly

Essex/Morris: 38% required continued stay; 100% Justified continued stay
Passaic: 34% required continued stay; 100% Justified continued stay

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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. *FY2019: BMI- average of 48% within normal range; vitamin D- average of 36% within normal range; glucose level- average of 56% within normal range; blood pressure-avg. of 89% within normal range*

Efficiency: Service Utilization: Care Coordination promotes the integration of behavioral and physical health services through the use of MHAEM's on-site medical services and/or external services. Care Coordination will enhance the likelihood of individuals' utilizing medical attention.

FY2019: 305 visits were made to MHAEM's Prospect Primary Care; 95% of consumers throughout the agency have identified a medical provider

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

FY2019: 2 business days

Client Satisfaction: Annually, MHAEM programs conduct a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services.

FY2019: 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- average of 24% within normal range; vitamin D- average of 57% within normal range; glucose level-average of 81% within normal range; blood pressure-avg. of 68% within normal range

Care Coordination will increase physician visits by 20%

158 visits were made to MHAEM's Prospect Primary Care on-site. Due to the COVID-19 pandemic, medical services were conducted via telehealth from March 2020 – June 2020.

95% of consumers throughout the agency have identified a medical provider

*≤5 business days: monthly
2 business days*

80% overall satisfaction rate: annually

Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

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PROSPECT HOUSE (PH)

Effectiveness: In an effort to decrease psychiatric crises, PH aims to have medical staff on-site 5 days per week

FY2019: Medical staff on-site 5 days per week

Effectiveness: Employment: Through partial care pre-vocational skills training, members will obtain the skills needed to gain employment through volunteer work, part-time or full-time employment

FY2019: 10% of members gained employment

Efficiency: Clinical Data: The use of the AWARDS clinical database for PH 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.

FY2019: 82% of charts were in compliance

Access: To ensure a successful transition into the community, members will participate in a Comprehensive Intake Assessment within 14 days of acceptance into the program.

FY2019: 94% of members participated in a Comprehensive Intake Assessment within 14 days of acceptance into the program

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.

FY2019: 77% overall program satisfaction

Medical staff on-site: 5 days per week: annual

Medical staff on-site 5 days per week

≥15%: quarterly

10% of members became employable

≥80% chart compliance: monitored monthly

100% of charts were in compliance

Initial psychiatric evaluations completed with 14 days: 90%

97% of members participated in a Comprehensive Intake Assessment within one month of acceptance into the program

80% satisfaction: annually

Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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SUPPORTED EMPLOYMENT SERVICES (SES)

Efficiency: Expected timeframe of job placement is 50% of clients within four (4) months of entry into the program.

FY2019: 32% of consumers were placed into employment within the targeted period

50% in 4 months: quarterly
32% of consumers were placed into employment within the targeted period of time

Efficiency: 4718 units of service are expected; staff productivity will continue to be monitored.

FY2019: 47% of units of service were achieved

4718 units of service are expected;
 100% quarterly:
42% 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.

FY2019: 75% of consumers placed retained employment for 3 months or more

60% retention: quarterly:
84% of consumers placed successfully retained employment

Effectiveness: Client-oriented programs strive to place individuals in occupations of their choice.

FY2019: 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.

FY2019: 93% of the consumers that responded were always or frequently satisfied with the level of service provided, and their responsiveness

80% satisfaction: annually
Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

Employer Satisfaction: Annually, employers where clients are placed are surveyed for satisfaction on the collaboration with SES staff.

FY2019: 92% of employers with where consumers were placed were satisfied with their collaboration with SES

80% satisfaction: annually
Due to the COVID-19 pandemic, employer satisfaction surveys were postponed once the public health crisis permits

Access: Wait for Service: referrals are received from the Division of Vocational Rehabilitation Services. The target wait for intake is 10 days; and admission to the program is within 2 days.

FY2019: 46 new consumers were registered and referred. The average time for intake was 3 business days and enrollment into SE was 1 business day

10 days for intake, 2 days for admission: quarterly
17 new consumers were registered and referred. The average time for intake was 3 business days and enrollment into SES was 1 business day.

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COLLABORATIVE JUSTICE SERVICES (CJS)

Effectiveness: Community linkages. Clients' community reintegration can be measured by the number of linkages to local mental health programs and social organizations.

FY2019: Essex: 145 consumers were successfully linked to community services as outlined in their Individualized Service Plan.
Morris: 60 linkages to mental health and social organizations.

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.

FY2019: Essex: 16 consumers returned to jail within 30 days throughout the fiscal year.

Morris: 5 consumers returned to jail within 30 days throughout the 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.

FY2019: Essex: 2 consumers returned to jail within 60 days throughout the fiscal year

Morris 2018: 10 consumers returned to jail within 60 days throughout the fiscal year

Efficiency: CJS will decrease consumers' incarceration days by working with the consumer and the courts to develop an aftercare plan.

FY2019: Essex: Consumers decreased incarceration days by 7,602

Morris 2018: Consumers decreased incarceration days by 955

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.

FY2019: Essex: 95% overall satisfaction rate

Morris: 96% overall satisfaction rate

Access: Wait for Service: The target wait for intake and/or admission to the program is within 5 days.

FY2019: Essex: The average wait for service for intake and/or admission was business days.

Morris: The average wait for service for intake and/or admission was 3 business days.

75 clients linked to community providers: monthly

Essex: 118 consumers were successfully linked to community services as outlined in their Individualized Service Plan

Morris: 39 linkages to mental health and social organizations.

Less than 25 clients: monthly

Essex: 4 consumers returned to jail within 30 days throughout the fiscal year.

Morris: 4 consumers returned to jail within 30 days throughout the fiscal year.

Less than 50 clients: monthly

Essex: 1 consumers returned to jail within 60 days for throughout the fiscal year.

Morris 2018: 4 consumers returned to jail within 60 days throughout the fiscal year

Decrease incarceration days by 1000:

Essex: Consumers decreased incarceration days by 5,340

Morris: Consumers decreased incarceration days by 866

80% satisfaction: annually

Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

Less than 5 days: monthly

Essex: The average wait for service for intake and/or admission was 5 business days.

Morris: The average wait for service for intake and/or admission was 3 business days.

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COMMUNITY SUPPORT SERVICES (CSS)

Effectiveness: Employment: CSS 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.

FY2019: 6% employment rate

Effectiveness: Recidivism: CSS 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.

FY2019: 0% recidivism rate to County/State hospitals, 1% 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. McKinney-Vento funded programs measure residential stability as one of three major goals. Effective services provided and appropriate housing opportunities correlate with tenant retention rates.

FY2019: 99% of individuals remained in housing for 12 months

Efficiency: Clinical Data: The use of the AWARDS program clinical database for CSS 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.

FY2019: 84% of charts were compliant

Access: CSS is available 24 hours a day, including holidays and weekends, with the use of on-call support. In order to meet the unique needs of the individuals served, staff work a flexible schedule including hours on Saturday and Sunday.

FY2019: 94% of individuals felt staff were available when needed.

≥10% employment: quarterly monitoring
11% employment rate

≤ 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
99% of individuals remained in housing for 12 months

≥80% chart compliance: monitored monthly
84% of charts were compliant

≥80% client satisfaction: monitored yearly
Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

Accessibility: IFSS ensures 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. Families can request services through phone calls or through the NAMI-IFSS or MHAEM website. The ease of a family's accessibility to IFSS services will be measured by their specific response to question #5 on the IFSS questionnaire which asked if families were seen quickly enough when requesting services, and question #1 which asked if it was easy to find out about this program.

FY2019: Essex: 88% rated IFSS services accessible; Sussex 93% felt IFSS services were accessible

Efficiency: IFSS ensures that all services are provided in a highly efficient manner by tracking how quickly 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 the first initial contact to a scheduled intake date. This ensures that all program services are provided in a highly efficient manner to meet the emergent needs of all program clients.

FY2019: Essex: <2 days wait for service; <4 days wait for intake; Sussex: <1 day wait for service; <4 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 NJDMHAS 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.

FY2019: Essex: 10% reduction in levels of stress/burden reported by families;

Sussex: 9% reduction in levels of stress/burden reported by families.

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 NJDMHAS for IFSS programs.

FY2019: Essex: 95% overall satisfaction rate; Sussex 97% of families reported being satisfied with IFSS services

Measured: annually

Baseline: $\geq 90\%$ felt IFSS services were accessible.

The administration of the satisfaction survey was delayed due the outbreak of Covid-19. Results are pending

Measured: quarterly

Baseline: ≤ 5 business days.

*Essex: <2 days wait for service;
<5 days wait for intake*

*Sussex: <1 day wait for service;
<4 days wait for intake*

Measured: semi-annually through pre and post-tests

Baseline: Families self-report reduction in stress/burden:

Essex: IFSS families reported 18% reduction in levels of stress/burden.

Sussex: IFSS families reported 19% reduction in levels of stress/burden

Measured: Annually

Baseline: threshold of achieving 90% satisfaction among respondents

The administration of the satisfaction survey was delayed due to the outbreak of Covid-19. Results are pending.

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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.

FY2019: 1 days wait for service, 1 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.

FY2019: 100% 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.

FY2019: 95% of all parents and children surveyed indicated satisfaction with RCC services

Efficiency: The use of Foothold technology, 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.

FY2019: 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. *2 day wait for service, 0 day 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
Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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

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ASSISTED OUTPATIENT TREATMENT (AOT)

Access: AOT ensures 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 AOT services. AOT staff is available 24 hours a day 7 days a week via on-call if a referral needs to be seen on off hours.

FY19 Essex: Screening: 0 referral; STCF: 5 referrals; LTC: 2 referrals

FY19 Morris: Screening: 1 referral; STCF: 25 referrals; LTC: 8 referrals

FY19 Sussex: Screening: 1 referral; STCF: 11 referrals; LTC: 1 referrals

Efficiency: Clinical Data: The use of the AWARDS clinical database allows for efficient and orderly clinical record keeping. With multiple report modules, we are able to better track staff interventions and crises.

FY19 Essex: 100% of charts were compliant

FY19 Morris: 90% of charts were compliant

FY19 Sussex: 97% of charts were compliant

Effectiveness: AOT measures the recidivism rates to ensure quality of services and outcomes via court ordered 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.

FY19 Essex: 9% ER (screening); 2% voluntary admissions; 8% involuntary admissions; 2 % Long Term Care;

1 % arrested; 1 % incarcerated; 1% homeless

FY19 Morris: ≤ 1% ER (screening); ≤ 1% voluntary admissions; ≤ 3 % involuntary admissions; ≤ 0 % Long Term Care; ≤ 0 % arrested; ≤ 1% incarcerated; and ≤ 1 % homeless

FY19 Sussex: ≤ 4% ER (screening); 0% voluntary admissions; 0 % involuntary admissions; 0 % Long Term Care; 0% arrested; 0 % incarcerated; and 0 % homeless

Satisfaction: AOT implements an annual satisfaction survey of AOT consumers. Consumer responses are then recorded and analyzed for trends.

Essex 2018: 86% overall satisfaction rate

Morris 2018: 92% overall satisfaction rate

Sussex 2018: 94% overall satisfaction rate

Measured: Monthly

Essex: Screening: 0 referral; STCF: 2 referrals; LTC: 1 referral

Morris: Screening: 0 referrals; STCF: 11 referrals; LTC: 4 referrals

Sussex: Screening: 2 referral; STCF: 16 referrals; LTC: 1 referrals

Measured: Quarterly

≥80% chart compliance

Essex: 93% of the charts were compliant

Morris: 91% of charts were compliant

Sussex: 98% of charts were compliant

Measured: Monthly

Essex: 4 client enrolled went to a local ER for screening, 1 client enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 0 clients enrolled was incarcerated, 4 client enrolled were voluntarily hospitalized, 1 clients enrolled were homeless

Morris: 0 client enrolled went to a local ER for screening, 0 clients enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 1 client enrolled was incarcerated, 4 client enrolled were voluntarily hospitalized, 0 clients enrolled were homeless

Sussex: 3 client enrolled went to a local ER for screening, 3 clients enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 1 client enrolled was incarcerated, 9 client enrolled were voluntarily hospitalized, 1 client enrolled was homeless

Measured: Annually

≥85%

Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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COMMUNITY ADVOCACY PROGRAM/SOCIAL CLUB

Accessibility: Community Advocacy Program /Social club ensure easy access of programs for all participants by having numerous groups available for participants. These groups include topics such as exercise group, community rides and all about you. The number of groups held annually in both programs provide indication of the accessibility for the community to attend these groups.

FY2019: There were 825 groups held.

Efficiency: Community Advocacy Program/Social Club ensures that all services are provided in highly efficient manner by tracking how quickly consumers 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 contact with consumer.

FY2019: 1 day wait for service

Effectiveness: There are numerous types of groups offered by both Social Club and Community Advocacy Program. Feedback is provided for these programs utilizing several questions throughout the Consumer Satisfaction Survey distributed annually. Overall satisfaction of outcomes is based on responses to questions discussing if groups have introduced consumer to new low cost activities and new friends, improved self-image and increased independence in the community.

FY2019: 93% of consumers felt satisfied with progress from attending groups

Satisfaction: The MHAEM Quality Assurance Coordinator directly receives and analyzes response-data from annual consumer satisfaction questionnaires.

FY2019: 92% overall satisfaction rate

Measured: Annually
566 groups are expected
There were 712 groups held

Measured: Quarterly
Baseline: ≤ 1 business days
1 day wait for service

Measured: Annually
Baseline: Threshold of achieving
Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

Measured: Annually
Baseline: Threshold of achieving 90% satisfaction among respondents.
Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

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PERFORMANCE INDICATORS: FY 2020
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PROGRAMS AND INDICATORS

July 1, 2019 – June 30, 2020
THRESHOLD: CALENDAR
Outcomes

COMMUNITY EDUCATION PROGRAM

Accessibility: Community Education Program ensure easy access of programs for all participants by having numerous groups available for participants. These programs include Mental Health First Aid which provide indication of the accessibility for the community to attend these trainings.

FY2019: There were 9 trainings held.

Efficiency: Community Education Program ensures that all services are provided in highly efficient manner by tracking how quickly community members obtain services. Wait for Service is a state and agency-generated indicator, which is based on high standards of professional practice. The indicator measures the time elapsed from when a referral is received to first contact with consumer.

FY2019: 1 day wait for service

Effectiveness: When the 8-hour Community Education Program course is completed, the participants are certified in Mental Health First Aid. The certification must be renewed every three years. The goal of the program is to be able to certify all participants in Mental Health First Aid as well as to help community members recognize signs of a mental health crisis and how to intervene.

FY2019: 99% of Participants received their certification

Satisfaction: The MHAEM Quality Assurance Coordinator directly receives and analyzes response-data from annual consumer satisfaction questionnaires.

FY2019: 99% overall satisfaction rate

Measured: Annually
4 groups are expected
There were 14 trainings held

Measured: Quarterly
Baseline: ≤ 2 business days.
1 day wait for service

Measured: Annually
Baseline: 90% Completion Rate
100% of participants received their certification

Measured: Annually
Baseline: Threshold of achieving 90% satisfaction among respondents.
Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2020
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SUICIDE PREVENTION SERVICES

(program started February, 2020)

Accessibility: Suicide Prevention Education ensures easy access of programs for all participants by having numerous presentations available to the community. Using multimedia platforms, the public is made aware of what programs and presentations are offered. Presentations are tailored to the needs of the organization that is hosting the training. This includes not only the topic being discussed, but also the location and the delivery of the training. For instance, through Zoom, Facebook and YouTube. The number of groups held annually provide indication of the accessibility for the community to attend these presentations.

24 presentations: Annually

15 presentation

Efficiency: Suicide Prevention Services ensures that all services are provided in a highly efficient manner by how quickly community members obtain services. The indicator measures the time elapsed from when a referral is received to first contact. Request for information is made through the suicide prevention website.

<2 business days: Monitored
Quarterly

1 business day

Effectiveness: When the presentation is complete, questionnaires and one-to-one discussions are utilized to collect feedback on the learning experience. This approach measures the knowledge and skills gained by learners as a result of the training.

85% of participants will gain
knowledge of the topic: Monitored
Quarterly

*92% of participates gained
knowledge on the topic*

Satisfaction: The MHAEM Quality Assurance Coordinator directly receives and analyzes response-data from surveys collected from each presentation.

85% overall satisfaction among
respondents: Measured Semi-
Annually

*96% satisfaction among
respondents*

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
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PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Access: PATH provides regular outreaches in the community to ensure the homeless and those at-risk of homelessness 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 and Morris counties.

FY2019: Essex: PATH outreached 411 homeless or at imminent risk of homelessness consumers.

Morris: PATH outreached 352 homeless or at imminent risk of homelessness consumers

Efficiency: To be considered eligible for PATH services, consumer must be diagnosed with severe and persistent mental illness and/or 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.

FY2019: Essex: 188 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Morris: 150 homeless consumers were enrolled in the PATH Program and were provide linkages to needed resources

Effectiveness: PATH monitors successful linkages of consumers in the community. It is the goal of the PATH Program to provide services to consumers who would otherwise not engage in mainstream services. Getting consumers off the streets and temporarily housed in shelters allows consumers to focus on their mental and physical health needs and effectively opens up the path to ending their homelessness.

FY2019: Essex: 129% (45) Consumers were successfully linked to Temporary Housing (shelter).

Morris: 41 Consumers were successfully linked to Temporary Housing (Shelter)

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

FY2019: Essex: 34 Consumers successfully linked to safe, affordable, permanent housing

Morris: 26 Consumers were successfully linked to safe, affordable permanent housing

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.

FY2019: Essex: overall consumer satisfaction was 93%

Morris: overall consumer satisfaction was 91%

Essex: 500 Outreaches: Yearly

Essex: 434 consumers were outreached

Morris: PATH outreached 141 homeless or at imminent risk of homelessness consumers

Essex: 200 Individuals to be served: Yearly

Essex: 209 consumers were served

Morris: 48 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Essex: 35 Consumers linked to Temporary Housing: Yearly

Essex: 36 consumers linked

Morris: 41 Consumers were successfully linked to Temporary Housing (Shelter)

Essex: 40 Consumers linked to Permanent Housing: Yearly

Essex: 53 consumers linked

Morris: 31 Consumers were successfully linked to safe, affordable permanent housing

Essex: 80% Satisfaction Rate: Yearly

Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

Health and Safety

The Risk Management/Safety Committee at the Mental Health Association of Essex and Morris, Inc. (MHAEM), is comprised of designated Safety Officers and a Committee Chair. The Safety Officers consist of administrative and outreach staff from each program/location 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/location 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.

Healthy & Safe Work Environment

Along with committee meetings, each program/location 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; and other health and safety issues that arise.

Each program/location is responsible for 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, each program/location completes a safety survey on a quarterly basis during each shift. This survey assists with the ongoing maintenance of MHAEM 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/location 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/location site by qualified individuals. Reports are provided to each program/location identifying any concerns that may need improvement and immediate action is taken by MHAEM to rectify the issues.

Each program/location has a specific written emergency procedure for fires, bomb threats, natural disasters, utility failures, medical emergencies and other violent or threatening situations.

Incident reports are completed as soon as safety permits 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 MHAEM that has attracted media, 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/location, supportive housing or agency vehicle; elopement or wandering from a program/location 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 are 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/location. Incidents are reviewed at the Quality Assurance Committee meetings which are held monthly. The Quality Assurance Coordinator completes an annual analysis on incident reports that identifies causes, trends, and improvement plans.

In the event of an emergency that involves staff, the Human Resources Department is responsible for contacting the staff's emergency contact.

Automatic External Defibrillator (AED) devices are maintained at each program/location site. Each device provides service to one child and one adult. These devices are inspected at least every 12 months by the leasing agency during which updates on software and batteries are performed, 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 on a regular basis.

In the past year, MHAEM had one utility (heat) failure at the Montclair office and two inclement weather related emergency closings agency-wide. All emergency procedures were followed. There was no disruption of services during the utility failure for consumers and minimal disruptions during emergency closings. As with any weather related emergencies, all staff were focused on ensuring all consumers had heat and emergency supplies to manage through the storms.

In February 2020, we began close monitoring with regard to the spread of COVID-19 to ensure we were prepared for a pandemic. Since we currently have robust plans for emergency situations and how to continue services, we were able to focus our energy on meeting or exceeding CDC recommendations to improve our environment of care and to ensure our PPE inventory would meet the demand. We frequently reviewed inventory and where we needed more distribution. Each site was assessed and additional cleaning services were added, as needed. We posted clear signs on doors and common areas requiring masks, on floors requiring social distance and reminders in breakrooms encouraging frequent handwashing. We added additional wall mounted hand sanitizers and ensured all staff and vehicles had disinfecting wipes and/or sprays to provide additional on the spot cleaning, if needed.

In April 2020, the agency and committee began to understand more clearly the longevity of the pandemic and need for additional measures at each location to keep the environment safe and healthy. Reminders have been frequent to all staff to self-monitor and report, and we provided thermometers to staff who did not have them at home. We added infrared (no-touch) thermometers to our first aid kits and assigned an infrared (no-touch) thermometer for each program, should staff

need to take someone's temperature in the field. We added sanitization stations and infrared temperature kiosks at each location and require all staff and visitors to check their temperature and sanitize before entry to the location. Once we felt the environment of care was safe, we shared with all staff, during a Zoom town hall, our Return to Office (RTO) Plan. The objective of the plan is to provide a road map and ensure a clean physical environment where our staff and visitors feel safe and comfortable returning to the office to provide and receive all of our services. The RTO also includes information about prescreening questions, specifically as it related to transportation.

As of the date of this report, the agency is working on a hybrid in-office and work from home schedule. Each week, directors provide the QA Coordinator a schedule and it is reviewed to ensure we are operating at or below the New Jersey State mandates for occupancy. The primary benefit of the schedule is if we identify a capacity issue, we have the ability to quickly adjust the schedule and stagger shifts as needed.

Vehicle Safety

At the time of this report, MHAEM has a total of 83 vehicles that are insured by the Philadelphia Indemnity Co. During fiscal year 2020, there were 13 vehicle incidents. There has been a decrease in vehicle accidents compared to 25 in FY 2019, which we attribute to an increase in safe driving communications, which have been shared electronically and in-person staff meetings. We have also ensured any newly purchased vehicles are equipped with safety technology such as lane assist, back up cameras and sensors to alert or stop the vehicle if sudden braking in front of our drivers. We postponed our Live Defensive Driving Training, due to the COVID-19 pandemic, and are resetting this goal to FY 2021.

Staff are required to complete defensive driving trainings annually through Relias. All agency van drivers are also required to take a defensive driving class every three years. MHAEM employees continue to comply with the guidelines of the Transportation Safety Manual, which includes safety instructions and precautions and accident reporting procedures.

The Transportation Safety Manual is reviewed annually and updated on an as needed basis. A copy of the manual is maintained in each vehicle for reference and includes details on how to report an accident. Contact information for towing, roadside assistance and auto body repair are also in the manual to provide assistance during vehicle incidents.

Each agency vehicle is inspected monthly by program/location staff to ensure vehicles are in good working order, repairs are addressed promptly and safety kits and fire extinguishers are properly stowed.

Each driver who uses their personal car while on agency business must show adequate insurance coverage and ensure their vehicle is in good working condition. Consumers cannot be transported in a personal vehicle.

The vehicle OBD (on-board diagnostics system) continues to be a valuable asset to the agency. In March 2020, most of fleet was parked/grounded, with exceptions for essential services such as food donation and deliveries and critical medical appointments for consumers. Using the OBD

activity and inactivity reports, we were able to pin point, at each of our six locations, which cars should be sanitized/disinfected and which cars needed to be started/driven to ensure the health of the fleet.

MHAEM has a responsibility to assure that MHAEM drivers act in a safe and responsible manner. In addition to the GPS units, MHAEM has Safety First (How's my driving) decals assigned to all agency vehicles, a program proven to reduce motor vehicle accidents. Safety First is a preventative measure to safeguard our drivers, as well as other motorists, from harm caused by unsafe driving habits and behaviors. MHAEM utilizes this management tool to assist staff in continuing safe driving. The program allows other drivers to report how the staff are driving to provide real time feedback to improve safety of the staff and clients. During FY 2020, we have seen a decrease in Safety First reports, which we attribute to an increase in safe driving communications and decrease in vehicles on the road in the second half of the year.

Health and Safety Plan

In the next year, the Health and Safety Committee will provide a feedback through program team meetings on our response to this pandemic. We have already identified new challenges with limits on building and staffing capacity for drills and will quickly develop interactive and creative ways to continue to train staff on how to respond to an emergency or disaster.

We will continue to monitor and encourage safe driving using the tools we currently have in place and continue sharing safe driving tips to keep the conversation fresh and ongoing with all staff. In the next year, we plan to provide a live defensive driving training for all staff who drive agency vehicles.

INCIDENT ANALYSIS

Incidents occur from time to time as a result of the volume of consumers served at the Mental Health Association of Essex and Morris, Inc. (MHAEM). As such, incidents are reviewed and opportunities for improvement are identified. It is the responsibility of the Chief Operating Officer and the Quality Assurance Coordinator 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 Chief Executive Officer, Chief Operating Officer, and the Quality Assurance Coordinator, the critical incidents are reviewed and discussed by the Quality Assurance Committee (QAC) during monthly meetings. QAC's charge is to conduct annual analysis, trends, causes and actions for improvement of incidents. In addition, the 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 is encouraged to participate in the agency's Employee Assistance Program for further assistance, as needed.

During the fiscal year 2020, the agency served over 12,000 individuals and reported 69 incidents. This is a .006% average, which is slightly lower than as last year's report of .01%. Of these 66 incidents, only 34 were critical incidents which had to be reported to the state (of these 34 critical incidents, there were 5 client deaths due to COVID-19).

In fiscal year 2020, there were no completed suicides throughout the agency. There were five suicide attempts off-premises. These suicide attempts were reported by the following programs: Integrated Case Management Services of Essex, Morris and Passaic and Collaborative Justice Services of Morris. QAC 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 29 deaths, all off-premise, in fiscal year 2020. Consumer deaths were reported in the following programs: Assisted Outpatient Treatment of Morris and Sussex, Integrated Case Management Services of Essex and Morris, Supportive Employment Services, Collaborative Justice Services of Essex and Morris, Center for Behavioral Health, Community Support Services of Essex and Morris and Projects for Assistance in Transition from Homelessness of Essex and Morris.

In fiscal year 2020, there were seven psychiatric and four medical ambulance or police response incidents reported. In all incidents, staff followed appropriate protocol. QAC reviewed all incidents and after actions plans. There were no trends found. In each incident, best practices were followed.

MHAEM 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, MHAEM continues to offer Prospect Primary Healthcare, a full service medical treatment facility housed within MHAEM's Prospect House where consumers are offered a yearly physical regardless of ability to pay or insurance.

Mental Health Association of Essex and Morris, Inc.
FY 20 Incident Reporting

Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
1. Suicide/Suspected Suicide													
2. Death	2	4	3	2	3	1	5	1	2	1	3	2	29
3. Suicide Attempt	1	2			1	1							5
4. Serious Inquiry on premises client/staff		1											1
5. Overdose	1												1
6. Alleged physical abuse/ assault-client/staff													
7. Newsworthy incidents													
8. Property damage													
9. Physical fight/client or staff	1												1
10.Theft loss to agency							1						1
11. Medication error/Adverse Drug Reaction													
12. Infection control/ Bio-hazardous accidents													
13. Use or possession of weapons													
14. Elopement or wandering													
15. Use or possession of licit or illicit substances													
16. Communicable Disease													
17. Violence or Aggression													
18. Ambulance or Police Call (P)		1	1	1	2		1	1					7
19. Ambulance or Police Call (M)			1	1		1	1						4
20. Vehicle Accident	2	2	1	1		1	2	2	1			1	13
21. Other	1	1	2	1	1	1							7
Total	8	11	8	6	7	5	10	4	3	1	3	3	69

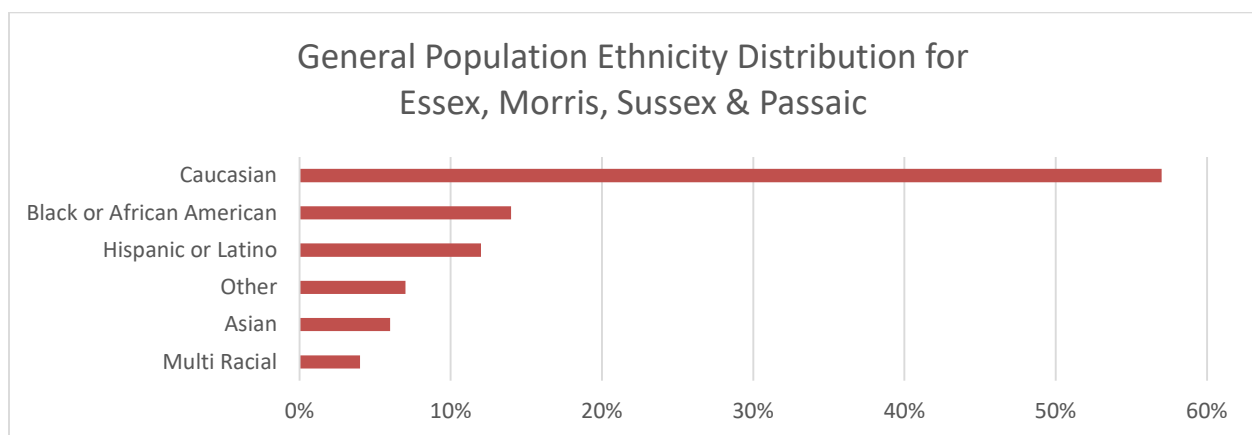
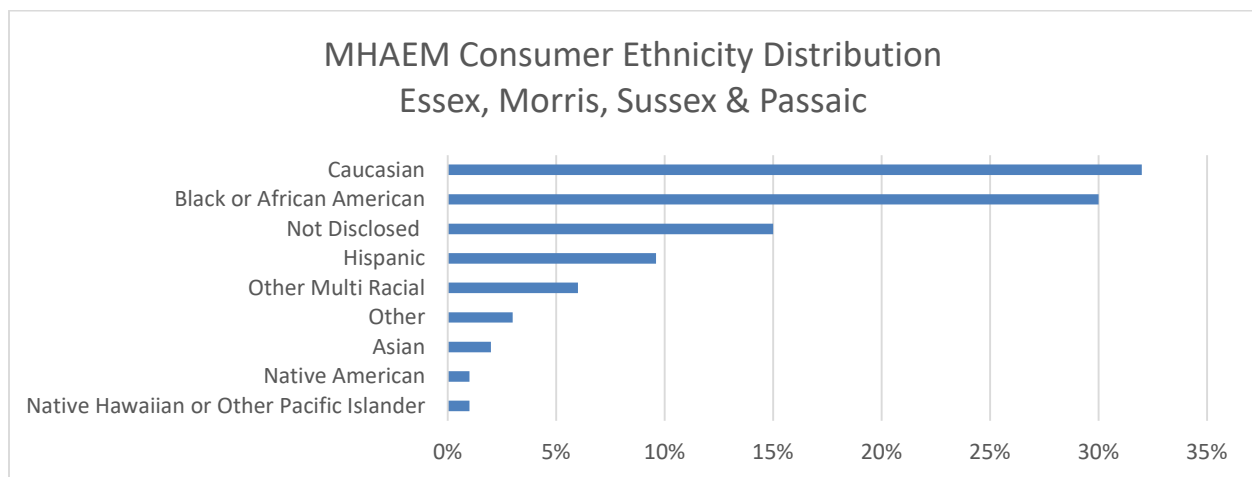
CULTURAL COMPETENCY

The Cultural Competency Committee was established as a recommendation by the agency Quality Assurance (QA) Committee. The Mental Health Association of Essex and Morris, Inc. (MHAEM) is aware that a thorough understanding of the culture, beliefs, customs 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 QA for the purposes of developing and maintaining culturally competent practices within Mental Health Association of Essex and Morris, Inc. and within its service provisions.

Personnel

The Cultural Competency Committee consist of eighteen (18) MHAEM employees representing each program and varied level positions. This committee includes people from diverse racial, ethnic, and cultural backgrounds and consists of both males and females.

Demographic Data



Linguistic and Communication Support

To ensure the delivery of culturally competent services to all people within these diverse counties, MHAEM seeks to hire staff in every program that closely reflects the demographics of the community. During fiscal year 2020, the staff was comprised of thirty l(30) employees fluent in fifteen (15) different languages and dialects including Haitian Creole, French, Portuguese, Spanish, Swahili, Gujarati, Hindi, Punjabi, Tagalog, Kru (African dialect), Korean, Russian, Bengali, Italian and American Sign Language. The agency 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. This line was utilized several times over the fiscal year.

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 were translated into Spanish and French/Haitian Creole. Several fields within the Foothold Technology Software were also translated into Spanish, French and Haitian Creole.

Trainings and Resource Allocation

All MHAEM 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 diverse backgrounds, cultures and customs of the Essex and Morris county communities. MHAEM uses these sessions to present information and share resources. In addition to these sessions, the committee sends monthly awareness email blasts focused on a specific awareness topic for the month. These have included *World Suicide Day, Suicide Prevention Awareness, Mental Health Month, Breast Cancer, American Heart Disease, Hispanic Heritage Month, African-American History, World Mental Health Month, Jewish American Heritage/Rosh Hashanah, Italian American Heritage Month, AIDs Awareness, Ramadan, French-American Heritage, and LGBT Pride Month*. These emails provide staff with resources and information about upcoming events specific for that month. Committee members are also encouraged to attend relevant trainings pertaining to competency practices and then share and discuss materials learned within their individual programs.

Quality Monitoring

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

Advocacy Events

The Committee was unable to host its Annual Potluck this year due to the National Health Crisis (COVID-19). However, we had been working together with the Trauma Committee to put together a presentation, which would educate the staff about Trauma and its Impact by Culture. The subject areas were to focus on Arab/Muslim Trauma, Haitian Culture & Trauma, African-American Trauma/Post Traumatic Slave Syndrome, Immigration & Trauma, Asian-American Trauma, Jewish-American Trauma and Modalities of Trauma/Vicarious Trauma. As the year came to a close, the racial climate in the country further impacted our ability to complete this project and our focus was shifted to assessing ways that the agency can work towards bringing awareness about and decreasing systemic racism.

Cultural Competency Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/ her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

Cultural Competency Committee Plan

- The Cultural Competency Committee will meet quarterly and report to QA monthly.
- The Cultural Competency Committee will look to recruit more members to represent all the programs and ethnicities within the agency.
- The Cultural Competency Committee will ensure that the Mental Health Association of Essex and Morris, Inc.'s language bank is updated quarterly.
- The Mental Health Association of Essex and Morris, Inc. will continue to actively recruit bi-lingual staff.
- The composition of Mental Health Association of Essex and Morris, Inc. employees will continue to be representative of the community served.
- The Cultural Competency Committee will integrate information regarding the impact of trauma and racism on the different ethnic groups we serve through the use of presentations using Zoom or other platforms during the upcoming fiscal year.
- The Cultural Competency Committee and agency staff will participate in racism trainings offered throughout the year to strengthen our ability to empathize with and serve our consumers.

- The Cultural Competency Committee will continue to send out monthly e-blasts regarding cultural events occurring that month. We will also use this time to present information on Trauma/Racism and Its Impact on the various ethnicities that we serve.
- 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 Relias Learning trainings will continue to be made available for staff to increase awareness of different cultural practices and the impact of trauma and racism.
- The Cultural Competency Committee will work with the trauma committee as needed when discussing race and trauma.
- The Cultural Competency Committee will continue to host the agency's Annual Cultural Potluck when able to do so and continue to disperse resources and participate in advocacy/awareness events.
- The agency will administer the annual survey, which focuses on cultural competency issues. All employees of the Mental Health Association of Essex and Morris, Inc. will be encouraged to participate in the survey.
- All MHAEM sites will host quarterly cultural competency in-service presentations to assist staff in becoming better at identifying and working with the population that we serve.

HOME HEALTH (CARE COORDINATION)

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

During the year of 2020, the COVID19 pandemic significantly affected the physical and mental health of the consumers that MHAEM serves. Many steps have been taken to protect the physical and mental health of MHAEM's consumers and staff during the pandemic. MHAEM follows and often exceeds all Center of Disease Control (CDC) regulations regarding infection control and prevention including social distancing practices, use of masks, hand hygiene, and periodic and frequent disinfection of office spaces and vehicles. MHAEM continues to provide valuable physical and behavioral health services to consumers while following these CDC recommendations. Telehealth services are provided to consumers during the current pandemic, as well as physical visits which entail both staff and consumers wearing masks, as well as practicing social distancing during visit. To further protect MHAEM's consumers and staff, questions related to COVID-19 exposure and risk are asked before staff physically outreach consumers to reduce the risk of transmission. Similarly, a checklist is completed with COVID-19 related questions with each consumer before transport is completed in an agency vehicle.

MHAEM staff continues to support each consumer in choosing physical and behavioral health service providers, and assists in coordinating these services appropriately. Each individual is given the option of receiving behavioral health services through MHAEM programs and medical services through MHAEM's Prospect Primary Healthcare, located in the same building as MHAEM's day treatment program Prospect House. During the COVID-19 pandemic, it is MHAEM's priority to continue to provide physical health services to our consumers in a safe manner. Prospect Primary provides services including primary care visits through telehealth to provide needed physical health services to our consumers while following CDC recommendations regarding social distancing. If an individual chooses to utilize a health care provider outside of MHAEM, staff continues to assist individuals in coordinating services and identifying strengths and needs. For those without a primary care provider, individuals served under our agency are offered a yearly physical at Prospect Primary Healthcare, regardless of insurance coverage or income. MHAEM staff continues to model and teach skills to help individuals advocate needs to their health care providers. All individuals are provided with Medical Provider Communication forms, which can be filled out with the assistance of MHAEM staff prior to medical appointments to help promote continuity and quality of care. MHAEM staff continues to provide education to our consumers on the importance of following up with their health care provider regularly during current COVID-19 pandemic.

MHAEM staff continues to support individuals in managing their health concerns through provided resources and education. Skills based groups are conducted by MHAEM staff in several programs, covering topics such as budgeting and stress management. Also, health related groups are run monthly by Registered Nurses in both Essex and Morris County in which all individuals MHAEM serves are welcome. During these groups, individuals are able to learn about health promotion and chronic disease management practices. Due to the COVID-19 pandemic, MHAEM adapted these groups to be available to all consumers using telehealth, in which consumers can call in to join the group. Along with health education groups regarding chronic disease and health promotion, health education groups dedicated to educating consumers on the risks of COVID-19 and how to prevent it following CDC recommendations are provided. Along

with the groups, health education regarding COVID-19 is provided on an individual basis to consumers by MHAEM staff. During the 2020 fiscal year, 58 consumers attended MHAEM's health education groups.

MHAEM staff throughout all programs, continues to be flexible in order to meet the needs of the individuals served. This includes ensuring that appointments are scheduled at a place and time that is convenient and comfortable for the individual. In the event of a planned or unplanned absence of staff, another team member assumes responsibility of duties and continues services without interruption. All on call needs are met either by phone or in-vivo, and are available twenty-four hours a day, seven days a week, including holidays and weekends. This service is 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 continue to conduct Comprehensive Intake Assessments which determine the coordination of services that are needed. Staff gather information such as past medical and behavioral health history, family health history, and past hospitalizations. Information is also gathered on current medication use, profile and treatment, and any current health concerns or needs. Suicide Risk assessments are completed with each individual to promote prompt identification of life threatening crises and appropriate intervention. Identification of chronic disease status is completed, including but not limited to the presence of asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, and obesity. Individuals in all agency programs collaborate with MHAEM staff to create a person-centered plan that addresses areas of need in both physical and behavioral health. This plan is developed by the individual, and all staff members involved in the individual's care have access to this plan to promote continuity of care. Staff assist individuals in identifying appropriate services and scheduling appointments based on the needs indicated. Prospect Primary Healthcare monitors Body Mass Index (BMI), vitamin D levels, glucose levels and blood pressure continues for the individuals who participate in this program. During Fiscal Year 2020, 24% of individuals' BMI was within normal range; 57% of individuals' vitamin D levels were within normal range; 81% of individual's glucose levels were within normal range; and 68% of individuals' blood pressure was within normal range. There were a total of 158 visits were made to Prospect Primary Care from July 2019 to March 2020. There was also a total of 1,735 telehealth and physical visits completed by nursing staff during the 2020 fiscal year. These have been measured with the hopes of enhancing longevity.

MHAEM staff recognizes the importance of consistent staff education to better serve the individuals in our programs and community. Staff is educated on common physical and behavioral health concerns by Registered Nurses in the Essex and Morris locations monthly during team meetings. All staff are provided with verbal and written education, and are also provided with ways to use this information to assist individuals with their own health needs. All program sites have a binder labeled *Home Health* which contains written educational documents on the most prevalent disease processes and the most common medications used within the population of individuals MHAEM serves. These same documents are also available to all staff digitally on a shared network to be used for self or consumer educational needs. During the COVID-19 pandemic, education was provided to staff on all CDC recommendations on consistent basis. Education on the proper use of masks and gloves, hand hygiene, social distancing, and signs and symptoms of COVID-19 was sent to all staff on a regular basis. Staff was also encouraged to self-monitor for symptoms of COVID-19 daily before coming to work. An email is sent out weekly as a reminder to monitor for symptoms, what symptoms to look for, and what to do if symptoms arise. Temperature Kiosks were also installed in all office locations to allow for staff to take their temperature daily before entering the office to further protect staff and consumers.

Each program offers all individuals an opportunity to complete a Consumer Satisfaction Survey. The surveys are 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 are analyzed and reviewed. Due to the COVID-19 pandemic, it was decided to postpone these surveys until the public health crisis is permits.

MHAEM will continue to integrate physical and behavioral health care for the upcoming year with the hopes of increasing longevity overall.

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").

Integrated Case Management is an assertive outreach program which emphasizes assessment, advocacy, empowerment, referral, linkage, and supportive counseling. This voluntary program is designed to assist people in their recovery based on individual needs and interests. Case management consists of four primary goals: (1) Engage and provide referrals, linkages and support to individuals with mental illness; (2) Enable a smooth transition through all phases of illness and recovery; (3) Empower persons with mental illness to independently manage their own lives in the way they choose; (4) Address the specific needs of the person and assist in service procurement, delivery, coordination, and integration.

Personnel

ICMS is made up of three teams serving the counties of Essex, Morris and Passaic while based out of a satellite office in their corresponding county. Program staffing consists of 2 Program Directors, 3 Program Coordinators, 6 Senior Case Managers, 2 Case Manager-Co-Occurring, 22 Case Managers, and 2.5 Administrative Staff. This impressive group shares over 160 years of outreach experience collectively and remains culturally diverse and representative of the persons served. ICMS is staffed with bi-lingual Case Managers who are fluent in Spanish and Haitian Creole. Multiple staff are currently enrolled in continuing education courses as well as pursuing additional licensing for both professional and personal growth.

Caseload

ICMS serves adult individuals diagnosed with a serious and persistent mental illness, specifically under two primary disorders - the psychotic disorders (Schizophrenia, Schizoaffective and Delusional) and the mood disorders (Bipolar and Major Depressive). Case management services are initially offered for 12 months to individuals referred from a state or county hospital, and 6 months for all others. A consumer's length of program stay is reassessed during service planning and can be extended if there is a justified need. The current average length of stay is 1.4 years. It is important to note that under the direction of DMHAS, consumer discharges were encouraged to be extended during the COVID-19 pandemic. As of June 30, 2020, the ICMS ending caseload was 634 consumers. Please refer to the detailed grid and descriptors for a breakdown of the 2019-2020 ICMS caseload.

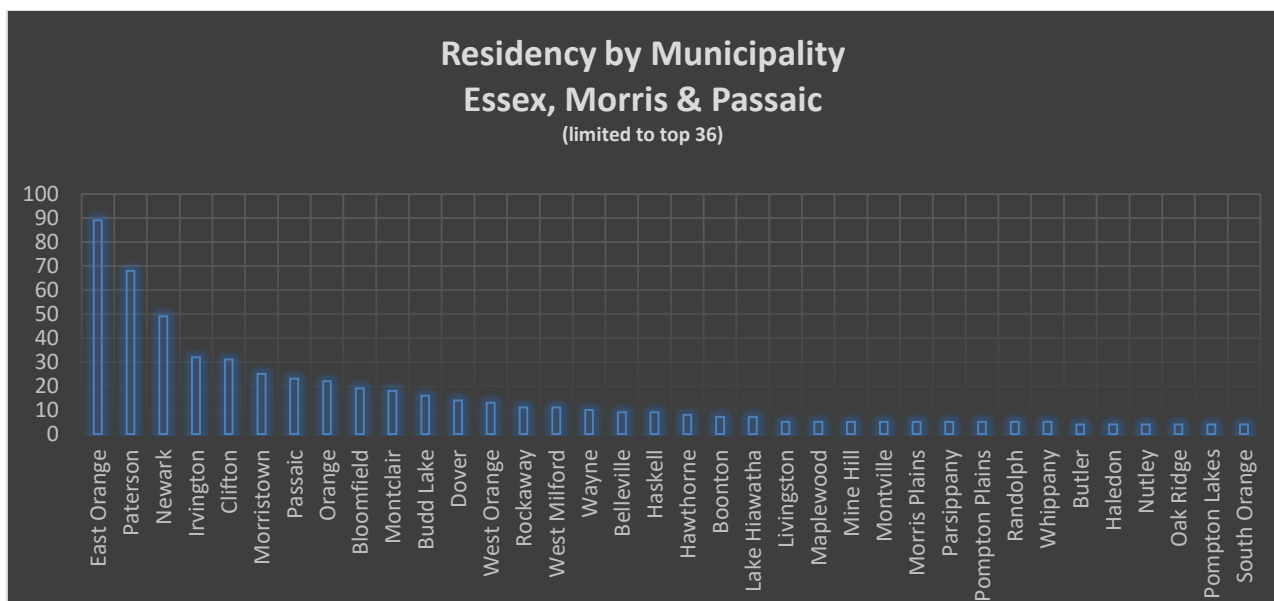
2019-2020	Essex	Morris	Passaic	Totals
Total Enrolled Consumers Served	488	245	272	1,005
Newly Enrolled	161	89	113	363
Discharged	178	125	89	392
Ending Caseload	283	167	184	634
Total Face-to-Face Units	30,616	13,996	23,958	68,570
Risk Level				
High	35	5	49	89
At	187	74	116	377
Low	61	88	19	168

- Admissions/Referrals are received from a variety of sources including state and county hospitals, Short Term Care Facilities (STCF), voluntary psychiatric inpatient units, community treatment providers, families and consumers themselves. ICMS served 1,005 enrolled individuals in the community and hospitals, 363 of which were new enrollees.
- Discharge/“Graduation” occurs primarily once a client has achieved their individualized set goals and are linked accordingly. Other reasons for discharge may include moving out of the county, being referred to more appropriate services such as PACT, CSS, other mental health residential services, requiring continued hospitalization for more than six months, declination of services or inability to establish contact. All ICMS discharges must be approved by DMHAS, which are submitted on a web-based portal. For this reporting year, ICMS discharged 392 consumers.
- Units of service are defined as a continuous face-to-face contact with an enrolled consumer, or on behalf of an enrolled consumer, which lasts 15 minutes, not including travel time. During the COVID-19 pandemic, agencies were afforded the option to substitute telecommunication contact in place of face-to-face contact as needed to ensure the safety of both consumers and staff while adhering to CDC guidelines. It is important to note that at no time did MHAEM ICMS discontinue outreach services, however, methods of contact were assessed on a case-by-case basis. For this reporting year, ICMS total units of service include both face-to-face contact and telecommunication contact and was a remarkable 68,570 units, which is over 17,000 hours of contact.

- Risk category refers to the three levels of case management involvement, based upon assessed risk of hospitalization, functional level and willingness and/or ability to access needed services. The three risk categories are: high-risk or intensive case management; at-risk or supportive case management; and low-risk or maintenance level case management. This risk assessment is completed routinely along with a consumer's service plan and services are tailored accordingly.

Demographics

MHAEM ICMS consumers reside throughout Essex, Morris and Passaic Counties. East Orange, Morristown and Paterson are each county's most consumer populated municipality at the current time, respectively. There are a total of 61 municipalities served overall.



The current ICMS census ranges from age 19 to 84, the average age being 45 and gender identity was 51% female and 49% male. Self-reported races of consumers enrolled are as follows: White/Caucasian (45%), Black or African-American (33%); Black or African-American & White (2%); Asian (1%); American Indian or Alaskan Native (1%); other (6%); other multi-racial (4%); declined to specify (1%); unknown (7%). The primary spoken language of consumers is predominately English; however, ICMS is able to serve all clients with assistance from bi-lingual staff, family and the "Language Line," when needed. Consumer languages spoken is as follows: English (92%); Spanish (6%); Creole (1%); French, Russian, Polish, Portuguese, and other (1%).

Municipalities/ Service areas for MHAEM ICMS							
Essex		Morris		Morris		Passaic	
Municipality	Service area #	Municipality	Service area #	Municipality	Service area #	Municipality	Service area #
Caldwell	1	Denville	55	Chatham Township	57	Bloomington	52
Cedar Grove	1	Dover	55	Chester	57	Pompton Lakes	52
Essex Fells	1	Jefferson Township	55	Chester Township	57	Ringwood	52
Fairfield Township	1	Mine Hill Township	55	Florham Park	57	Wanaque	52
Glen Ridge	1	Mount Arlington	55	Hanover Township	57	Wayne	52
Livingston	1	Parsippany-troy Hill	55	Harding Township	57	West Milford	52
Montclair	1	Rockaway	55	Madison	57	Haledon	53
North Caldwell	1	Rockaway Township	55	Mendham	57	Hawthorne	53
Roseland	1	Roxbury Township	55	Mendham Township	57	Little Falls	53
Verona	1	Victory Gardens	55	Morris Plains	57	North Haledon	53
West Caldwell	1	Wharton	55	Morris Township	57	Paterson	53
East Orange	2	Boonton	56	Morristown	57	Prospect Park	53
Maplewood	2	Boonton Township	56	Mt. Olive Township	57	Totowa	53
Millburn	2	Butler	56	Netcong	57	West Paterson	53
Orange	2	East Hanover	56	Passaic	57	Clifton	54
South Orange	2	Kinnelon	56	Randolph	57	Passaic	54
West Orange	2	Lincoln Park	56	Washington Township	57		
Belleville	3	Montville	56				
Bloomfield	3	Mountain Lakes	56				
Nutley	3	Pequannock	56				
Irvington	6	Riverdale	56				
Newark City	6	Chatham	57				

Performance Outcomes

Performance outcomes are measured and monitored through MHAEM's Quality Assurance Committee (QA). Performance indicators specific to ICMS measure effectiveness and access: hospitalization recidivism rates, employment rates, and contact rates.

- Hospitalization Recidivism (*effectiveness*)

**Benchmark \leq 20% Annually	Essex	Morris	Passaic
Total Hospital Recidivism	7%	5%	5%
State/County Hospitalizations	1%	1%	1%
Short Term Care Facility Hospitalizations (STCF)	3%	2%	2%
Voluntary Hospitalizations	3%	2%	2%

- Employment Rates (*effectiveness*)

MHAEM ICMS collaborates with both internal and external county-based Supported Employment Services (SES) to increase employment rates and opportunities for individuals with severe mental illness. In the fiscal year 2020, Passaic ICMS identified 15% of the active case

load as employed, which is 2% lower from the year prior and the set threshold of 17%. Essex ICMS identified 15% of the active case load as employed, and Morris ICMS identified 12% of the active case load as employed. Each 2% lower than the previous year. This slight decrease in all three counties was reflective in the latter months of the year during the COVID-19 pandemic and NJ Stay at Home Order. Some consumers, like many others, were laid off from work or found it difficult to find safe employment within their means during this difficult time.

- Contact within 72 hours (*access*)

Access was measured in the time lapse between a person's discharge from a state or county hospital and the first contact by a case manager. The threshold for this indicator is more than 80% of the consumers enrolled into ICMS being seen within 72 hours of discharge from a hospital.

**Benchmark $\geq 80\%$	Essex	Morris	Passaic
County/State discharges seen within 72 hours	83%	98%	82%

Consumer Satisfaction Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

ICMS Highlights

As we reflect on this past year, no one could have imagined when making our final touches on the FY 20 report that we would soon be face-to-face with a global pandemic that nearly paralyzed our state. It is with utmost importance that we first highlight the tireless dedication of the MHAEM staff who continued outreach services through it all. During this time, staff and supervisors were able to assist consumers with ensuring their basic needs were met by delivering medications and food, including countless meal deliveries to local boarding homes and RHCs who struggled with meeting these needs for our consumers. Stress reduction education was provided over video chat both in English and Spanish weekly for those interested as well as health education forums. Care bags were created and hand delivered to clients that included toiletries, “boredom busters,” i.e., puzzles, playing cards, Rubix cubes, etc., resource guides and other educational materials to peruse. Through it all, staff and consumers succeeded in managing through a period never ventured by most.

Another outstanding highlight is the successful CARF survey that ICMS took part in. Once again, our Case Managers were able to present their support and advocacy efforts with and on behalf of consumers within the documentation and in person.

Fun-filled events and activities promoting both socialization and education were offered to consumers throughout the year, which yielded great participation. Annual holiday celebrations, such as the September Boat Trip down the Manasquan River, a thrilling Octoberfest, a plentiful Thanksgiving dinner, a gift giving December Holiday Party were enjoyed by both consumers and staff. Unfortunately, the MHAEM Annual Consumer Barbeque was cancelled due to the pandemic and statewide stay at home order, however, we look forward to organizing new events in the upcoming year when state regulations permit.

ICMS program brochures and Consumer Orientation guides were updated in both content and appearance to make for a more reader friendly experience.

Training

All staff are trained annually in the core areas of case management required by DMHAS and provided by the Rutgers UBHC Technical Assistance Center as well as through Relias web-based learning. These core trainings include Motivational Strategies for Implementing EBPs, Cognitive Behavioral Strategies: Shaping Behavior from the Inside Out, Person-Centered Strategies for Successful Engagement, Considering the Causes of Aggression, The Challenge of Documentation, Suicide and Risk Assessment, Addictive Behavior and Substance Use, and Practical Applications for Being Trauma Informed. All staff attended live or online training for Medication/Sun Risk Education and Community Workplace Violence. In addition, ICMS staff received trainings provided by Pharmaceutical representatives on different psychotropic medication at various times throughout the year and collaborated with other external agencies to provide on-site program introductions to expand our already vast resource base. Staff are required to maintain a valid CPR status, which is offered at no cost to employees.

Systems Advocacy Activities

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

- ***Essex, Morris and Passaic Systems Review Committees (SRC)*** - ICMS participates in these monthly meetings convened by the Mental Health Administrator of the respective 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 Committees provide education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of the mental health system in the county.
- ***Essex 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 aging out of services of Department of Child Protection and Permanency 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.
- ***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 the Department of Mental Health Services, to provide support and guidance to the ICMS programs in the northern region of NJ.
- ***Essex, Morris and Passaic Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task Force Meeting*** - ICMS participates in a monthly meeting with the Counties Drug and Alcohol Task Force to develop ways in which community providers can serve individuals with mental health, addictions and co-occurring mental health and addictions disorders in a unified manner.
- ***Essex, Morris and Passaic Residential Meeting*** - ICMS participates in a monthly meeting along with DMHAS, County Administrator and hospital and residential housing professionals to collaborate on safe and appropriate discharge planning for persons primarily in state and county psychiatric facilities.
- ***Upper Passaic County Human Service Coalition*** - ICMS participates in this quarterly meeting to network with other agency providers that serve individuals in the northern region of Passaic County. Resources and events are shared, as well as advocacy, to bring additional needed services to the area.

Prospect House (PH)

The mission of Prospect House, a psychosocial rehabilitation program, is to empower 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.

Prospect House is a partial care program providing day treatment services five days a week for five hours a day. The purpose of Partial Care services is to assist individuals with severe and persistent mental illness to achieve community integration through valued living, learning, working and social roles and to prevent hospitalization and relapse. This is achieved at Prospect House through the development of an Individualized recovery plan, case management, psychoeducation, pre-vocational services, group counseling and psychiatric services.

Prospect House's Response to the COVID-19 Pandemic

In response to the COVID-19 pandemic, Prospect House transitioned to telehealth services for the senior and medically high-risk population on March 16, 2020. All other programming transitioned on March 23, 2020 to all virtual telecommunication groups and case management sessions. During that time, we continued to see consumers on-site for weekly bloodwork, long acting injectable medications, and medication monitoring appointments, as needed. Since March 23, 2020, our Medical Director and APN have provided 499 medication monitoring appointments (either face-to-face or through telehealth), 86 psychiatric evaluations and saw consumers 163 times for injectable medications.

Prospect House staff have worked tirelessly throughout the pandemic to ensure that there is no break in services to our consumers. PH Staff were able to quickly and seamlessly transition to a telehealth model of services reaching 85% of the normal daily attendance through call-in virtual groups. In addition to continuing partial care services virtually, we have also filled a gap in service, delivering meals to consumers while they are quarantining safely at home. Starting in March 2020, we have delivered 1,210 meals to our consumers. We have been able to subsidize the cost of these meals by applying for a waiver through the NJ Department of Agriculture to transition our food services during this time.

Personnel

Prospect House services are provided by *Administrative Staff*; one Director, one Administrative Coordinator, one Billing Clerk, one Driving Coordinator, five Van Drivers (one full-time, four part-time), and two Security Guards. *Direct Care Staff*; two Program Coordinators, one Client Care Coordinator, one Intake Coordinator, eleven Case Managers. *Medical Staff*; one Psychiatrist, one Advance Practice Nurse (APN), and one Registered Nurse (RN). Staff are culturally diverse and represent the consumers served. Prospect House has three staff fluent in Creole, three staff fluent in Spanish, one staff fluent in Portuguese. Of the medical staff, we have one fluent in Spanish and one fluent in Creole to assist in treating our diverse caseload. This year, we transitioned a Unit Leader position into a Client Care Coordinator. This position will specifically address consumers who are under or uninsured and in need of assistance applying for other entitlements. This position will also

assure we are able to receive reimbursement for all the partial care services we are providing on a daily basis.

Due to the COVID-19 pandemic, we have furloughed our four part-time van drivers due to the transition to services mostly through telecommunication.

Caseload

During this reporting year, Prospect House has serviced 249 consumers with severe and persistent mental illness including 66 new admissions. We serviced, on average, 107 consumers each day prior to COVID closures, and approximately 86 consumers daily via telecommunication since we closed for onsite services on March 23, 2020. Within FY 2020, we serviced consumers representing every town or city in Essex County, with the majority being residents of Newark, East Orange, Irvington, West Orange, and Montclair, as well as, three consumers residing out of county. The majority of consumers attending Prospect House have been diagnosed with Schizophrenia, Schizoaffective Disorder and Bipolar Disorders and we have provided co-occurring (Mental Health and Substance Abuse) services to 80 individuals. Although Prospect House receives referrals from hospitals (long and short term), other outpatient programs, and self-referrals, the majority of consumers are coming to Prospect House from a recent psychiatric inpatient hospitalization.

Demographics

During fiscal year (FY) 2020, Prospect House serviced a diverse population of consumers. Of Prospect House consumers serviced this year, 39 served were under 30 years old and 34 were over the age of 65. Our youngest consumer serviced was 20 and the eldest consumer was 93 years old. To address this age difference, Prospect House has two staff assigned to work with the senior population in the 'Senior Unit' and staff have developed a special group for the young adults to specifically address the concerns of a younger individual diagnosed with severe and persistent mental illness. The self-reported races of the consumers serviced are as follows; 68% African-American, 27% White, 4% mixed race, and 1% Asian. Individuals served by Prospect House are 40% female, 59% male and 1% identified as transgender. Speaking to the diversity of the members of Prospect House, of 249 consumers, 47 reported completing either a two or four-year college or vocational school and six consumers graduated with a Master's Degree.

Performance Indicators

Prospect House participates in the agency-wide Quality Assurance (QA) which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHAEM program.

As tracked by the QA Committee, Prospect House's performance indicators measure the overall consumer satisfaction with Prospect House, available psychiatric time, recidivism to a higher level of co-occurring services, rate of consumer employment, and timeliness of psychiatric evaluations. During this fiscal year, there were five days a week with available psychiatric time, zero consumers were in need of a higher level of co-occurring treatment, and new referrals seen for initial psychiatric evaluation within 14 days 97% of the time up from 67% in FY 2019.

In addition, 100% of PH 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

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Satisfaction Surveys have been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her/their voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with program staff and have full access to supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

PH Highlights

During this fiscal year, Prospect House has serviced 249 consumers with severe and persistent mental illness. Consumers were celebrated at several events during the year including the Annual Boat Trip with attendance of over 200 consumers, Prospect House Halloween Party, Consumer Thanksgiving Feast where PH staff cooked 13- twenty pound turkeys and sides for the consumers to feast on, the MHA holiday party.

Other Highlights

- Renovations such as, finish resurfacing of the outside of the building, renovation of the conference room including fresh paint and new carpeting, moving staff offices to allow for more consumer space (group rooms).
- PH continued working with Medicaid Managed Care Plans to bill for partial care treatment including United Healthcare, Amerigroup, Horizon Blue Cross Blue Shield, and Wellcare.
- Transition of a current Team Leader position to Client Care Coordinator to assist Prospect House consumers who are underinsured obtain Medicaid entitlements. This will allow PH to bill for all daily services provided.
- PH successfully passed 5 Medicaid audits with note of significant improvement in documentation, decrease in billing errors, clinical treatment planning, and timeliness of request for prior authorization.
- Successful competition of 3 full day Mercadian audit, with zero citations or corrections needed.

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) and Morris County Correctional Facility (MCCF). 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 from 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 days additionally served in the correctional facility. The goal is to create a therapeutic disposition rather than a correctional disposition and to decrease county or state time served. Additionally, CJS educates Law Enforcement Officers regarding mental health issues at local municipal levels.

Service Modifications due to COVID-19 Pandemic

Due to the COVID-19 pandemic, starting in March 2020, Collaborative Justice Services had to change the approach to service delivery. Following CDC recommendations and guidelines, services that were previously being provided face-to-face were subsequently changed to telecommunication. Consumers were informed of these changes in real time and gave consent for CJS to provide telecommunication services before moving forward. Modifications were made, as needed, for consumers who were considered high risk and were unable to complete certain tasks on their own, i.e., food shopping. As a result, these daily-need tasks were completed on behalf of the consumer in order to ensure their safety.

CJS Essex traditionally operates out of Essex County Correctional Facility (ECCF). Due to the COVID-19 pandemic, beginning March 2020, CJS began operating remotely out of MHAEM's West Orange offices for service provision. During this time, CJS monitored consumers incarcerated at ECCF weekly through collateral phone contact with the mental health department at the facility. CJS Morris staff operated remotely, monitoring service provisions through weekly telecommunication and collateral contact with Morris County Correctional Facility staff.

In regard to onsite staffing, CJS staff schedules were changed to decrease the amount of individuals in the office, as per CDC recommendations, and modified consumer services continued without any interruption. CJS staff were provided with the necessary personal protective equipment to utilize while in the office and in the field in addition to being provided with instructions from MHAEM's Health Home Department to ensure services were being provided as safely as possible. CJS staff continues to meet the unique needs of the consumers served either through telecommunication, services on behalf of consumers (food shopping/food delivery to the consumer), or through safe, socially distant in-person visits. During this time, MHAEM was able to connect with a local food pantry, Joi's Angels, that was able to provide weekly food donations to the agency for consumers served. The food was distributed to all four counties served by MHAEM and has helped individuals living independently, individuals in boarding homes, and individuals experiencing homelessness.

In order to promote the health and safety of both staff and consumers, CJS continues to provide consumers with education/support surrounding the COVID-19 pandemic including: education on coping mechanisms, ways to decrease isolation during this time, and CDC best practice safety guidelines and recommendations.

Personnel

CJS continues to benefit from staff retention. At the Essex campus, there are currently four Forensic Case Managers (FCM), one Administrative Assistant, and a Program Director (PD). All staff work within the jail and community (onsite jail services conducted via telecommunication as of March 2020 due to COVID-19). Staff complete intakes and develop discharge plans for eligible consumers incarcerated at Essex County Correctional Facility, released from municipal courts, county jails or NJ State Prisons, referred from community providers, and/or are at risk of incarceration. At the Morris campus, there is one Full-time Program Director, and one Full-time Case Manager (Bachelor's level). The Full-time Case Manager works within the jail and the community completing intakes and developing discharge plans for eligible consumers incarcerated in Morris County Correctional Facility. CJS staffing is culturally diverse and is representative of the persons served.

Caseload

As of June 30, 2020, CJS Essex had 69 active cases. Referrals were made by Essex County Correctional Facility (ECCF) Mental Health and Medical Departments, Essex County Office of Public Defenders, Essex County Probation and Essex County Prosecutor's Office. Referrals were also made by various criminal justice personnel and community providers such as: Essex County Correctional Facility Social Services Dept., Anne Klein Forensic Center, community hospitals, Justice Involved Services programs, Delaney Hall, self-referrals, family members, and within our own organization. During this same time period in the Morris campus, there were 20 active cases. During FY 2020, referrals were made through the Morris County Prosecutor's Office, Morris County Correctional Facility, the Morris County Public Defender's Office, community referrals, and Morris County Probation Services.

Demographics

CJS provides services to residents of Essex and Morris counties who are 18+ years of age and have been incarcerated, or who are at risk of being incarcerated. In addition to this, CJS assists with discharge planning from state prisons. Individuals who are eligible for CJS services must have a severe 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 monitored through MHAEM's Quality Assurance Committee (QA). For FY 2020, Essex CJS QA grid monitored consumers' recidivism to the jail within 30 and 90 days. The threshold indicates that less than 25 consumers would not return to jail during this time frame and five consumers were re-incarcerated within 30

and 90 days of their release. CJS QA grid also monitored consumers' recidivism to the jail within 60 days and 120 days. The threshold indicates that less than 50 consumers would not return to jail during this time frame and only one consumer was re-incarcerated within 60 and 120 days of their release.

In the Morris location, consumer's recidivism to jail within 30, 60, 90, and 120 days were monitored monthly. The threshold indicates that less than five consumers would return within 30 and 90 days, and less than ten consumers would return to jail within 60 and 120 days. During FY 2020, four consumers returned to jail within 30 days, four consumers returned within 60 days, one consumer returned within 90 days, and two consumers returned within 120 days.

This year, CJS Essex successfully diverted seven (7) consumers from a state prison sentence. As a result of the jail diversions, a total of 5,340 days were reduced in our consumers' county sentences and a total of 20,950 days were reduced in our consumers' state prison sentence. CJS continues to monitor the cost-effectiveness for county costs. In Fiscal Year 2020, the program saved approximately \$724,744.80 in county costs (please note the approximate cost to house a county inmate daily is \$135.72). Based on the data gathered, CJS will continue to monitor time saved for consumers both for county and state time.

This year, CJS Morris was successful in working collaboratively with Morris County Correctional Facility as well as the Morris County Prosecutor's Office and the Morris County Public Defender's Office to link twelve (12) clients to the Morris County Prosecutors Mental Health Program. As a result, staff successfully diverted consumers from a county jail sentence by approximately 866 days and 13,870 prison days. For FY 2020, the program saved approximately \$125,570 in county costs and \$2,330,160 in state costs.

Consumer Satisfaction Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

Highlights

Essex

CJS continues to develop strong relationships with the Essex County Prosecutor's Office by collaboratively working together to identify appropriate consumers for services and assisting consumers with being diverted at the earliest point possible to a therapeutic disposition as opposed to the correctional setting. Program Director attends monthly meeting with the presiding Judge, Office of Public Defenders and Essex County Prosecutor's Office to review cases that have been accepted into Essex County Prosecutorial Mental Health Diversion Program. CJS and the Essex County Correctional Facility Mental Health and Medical Departments continue to provide a 14-day supply of medications (both psychotropic and medical) to CJS active consumers upon release.

CJS, in collaboration with other departments within the agency, sponsored several consumer events including: a boat trip in September and a consumer holiday party at the VFW in Orange, NJ. All events were well attended by CJS participants.

During FY 2020, CJS staff assisted clients with advocating for themselves through voting. CJS staff were able to accomplish this by providing clients with the information necessary to register to vote and encouraging clients to participate in the upcoming November election.

Morris

During the past fiscal year, the Program Director worked closely with the Morris County Prosecutor's Office and was able to successfully enroll 12 consumers into the Morris County Prosecutor's Mental Health Program.

During FY 2020, CJS staff assisted clients with advocating for themselves through voting. CJS staff were able to accomplish this by assisting clients with registering to vote and by encouraging clients to get to the voting polls to vote for someone who is aligned with their personal beliefs.

Program Director collaborated with the Successful Transition and Re-entry Program (STAR) located within the Morris County Correctional Facility to provide clients with tools for preparation, service provision, and long-term support and supervision to reduce recidivism.

During FY 2020, CJS staff were able to successfully link clients to 39 community linkages.

CJS Morris consumers, in collaboration with all other MHAEM adult programs, attended a picnic at Hedden Park and a holiday party held by Holiday Express.

Foothold Technology AWARDS system continues to assist Morris 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.

Trainings

In FY 2020, CJS Essex Program Director collaborated with Crisis Intervention Team (CIT) and assisted in providing trainings to criminal justice workers, mental health providers and law enforcement officers. A total of 27 individuals were trained. Due to the COVID-19 pandemic and CDC guidelines and recommendations, many in-person trainings were cancelled/postponed. CJS will continue to collaborate with CIT in order to engage and provide trainings in a safe and secure manner.

Throughout FY 2020, CJS Morris Program Director provided a total of 11 hours of mental health training to 45 individuals from law enforcement through CIT training.

CJS staff have attended several trainings throughout the year through Relias Learning and the DOL Grant. Training topics included but were not limited to: HIPAA for Healthcare Professionals, Corporate Compliance and Ethics, Cultural Diversity, Crisis Management, Defensive Driving and Suicide Prevention. Morris CJS staff attended a live Safety in the Community training.

Advocacy

Essex County participates in the following systems meetings in Essex County: System Review Committee (SRC), Professional Advisory Board (PAC/PACADA), and the Essex County

Prosecutor's Office Mental Health Diversion Program. The above mentioned meetings are held on a monthly basis.

Morris County also participates in the Acute Care Meeting. This is a monthly meeting convened by the Director of Screening Services at Saint Clare's Behavioral Health. 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 the mental health system in the county.

Morris and Essex County also collaborates with the Statewide CJS Directors meetings convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings is 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 and protocols of the CJS program.

Morris and Essex County 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).

Upcoming Year Recommendations:

Essex

- Program Director and Forensic Case Managers will work towards 100% electronic health records for all consumers enrolled in CJS.
- 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 served).
- CJS will continue to enhance clinical documentation through internal focus audits and by attending in-services.
- Staff will continue to collaborate with Essex County Correctional Facility, Office of Public Defenders, Essex County Probation, Essex County Prosecutor's Office, and other community providers 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 CIT, 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.

Morris

- CJS Morris staff will work on increasing the total number contacts with consumers, their families and service providers.
- CJS Morris will continue to work closely with the Public Defender's Office to increase collaboration for consumer success.
- CJS Morris will continue to collect data and will closely monitor all performance indicators.
- CJS Morris will continue to work with consumers to empower them to reach their goals.

- CJS Morris will attend any relevant trainings to increase their knowledge in best practice measures.
- CJS Morris will continue to conduct trainings and presentations as needed to those wanting to learn the role of CJS Morris, as well as to local law enforcement.
- CJS Morris will continue to work collaboratively with Morris County Correctional Facility to increase referrals.

CENTER FOR BEHAVIORAL HEALTH (CBH)

The Center for Behavioral Health (CBH) continues to provide quality outpatient mental health treatment that includes comprehensive intake assessments, weekly psychotherapy, initial psychiatric evaluations and medication management services. CBH works towards the mission of providing high quality behavioral health services serving low-income consumers, many of whom are uninsured or have limited financial means to pay for private practice care.

Personnel

The program operates under the direction of the full-time Program Director, part-time Medical Director/Psychiatrist, part-time Advanced Nurse Practitioner (APN), part-time administrative support, and seven part-time LCSW Clinicians. Throughout the year, CBH also works with graduate social work interns who provide clinical services under the supervision of the Director. This fiscal year, the program housed three interns.

Service Provision

The Center for Behavioral Health continues to provide high quality mental health services to the low-income and uninsured population. CBH provided services to 135 individuals during fiscal year 2020 with a total of 6,727 contacts. Overall, CBH exceeded its target for on-site contacts, new consumers to the program, family therapy sessions, and medication maintenance appointments. CBH reached 97% of the targeted number of contacts overall. CBH does maintain a small group of consumers who see a panel therapist in the community, however, this model continues to be slowly phased out as there are now only three panel therapists remaining.

CBH consumers are insured through Medicaid (50%), Medicare (35%), uninsured and enrolled in NJMHAPP (10%), and other (5%).

COVID-19

Beginning on March 19, 2020 continuing through the end of the fiscal year, CBH services were converted from face to face to telehealth. The majority of individual therapy and medication management sessions were held through a HIPAA compliant telehealth platform (doxy.me); these platforms have been adopted across the field in order to provide best-in-class virtual services. For consumers who did not have access to either a computer or a smart phone, CBH provided audio-only services to ensure there was no barrier in connecting to services. CBH was able to provide continuously uninterrupted care, which gave the CBH consumers some much needed stability in these uncertain times. With direction from the State of New Jersey and the Department of Health and Human Services, CBH was able to continue to bill Medicaid and Medicare for telehealth services at the same rate as face-to-face.

During the pandemic, CBH has been able to increase service provision as many consumers requested more frequent sessions (due to increased symptoms) and the no-show/cancellation rate decreased. When comparing service usage in the quarter prior to the pandemic to the quarter during the pandemic, CBH had a 22% increase. More specifically, psychiatric contacts increased by 48% while individual therapy contacts increased by 23%. Comfort Zone, our weekly drop-in mood disorder support group, also was hosted virtually and averaged about 14 consumers attending weekly, compared to an average of about 8 attending weekly pre-COVID-19 pandemic.

On-site medication injections continued uninterrupted and were provided throughout the pandemic to ensure consumers had no disruption in medication administration. Intake was reopened in May 2020 and all incoming consumers screened are now made aware of the current status of services to ensure that telehealth services are appropriate for them, given their level of current symptoms.

Beginning in June 2020, CBH introduced a new weekly group therapy service to supplement current department program offerings. This one-hour group was open to all CBH consumers and focused on teaching a new coping skill or therapeutic technique while also providing an opportunity to gain additional therapeutic support.

Highlights

The highlights for the past fiscal year include:

- The department was able to transition to a telehealth model virtually overnight to ensure services could continue, with little to no disruption.
- Billing mechanisms have continued throughout the pandemic, which has not led to a loss in revenue.
- Created a more robust group therapy program by introducing a new curriculum coping skills group while also maintaining the “Comfort Zone” group, a community drop-in support group for those diagnosed with a mood disorder.
 - Both groups were held virtually during the COVID-19 pandemic times.
- Continued focus on maximizing our efficiency with our therapists maintaining an average 91% productivity rate, weekly.
- Began offering on-site medication injections for consumers who required this level of care.
- Increased psychiatric coverage as CBH now has a part-time Psychiatric APN, along with our longtime Medical Director/Psychiatrist. By having two prescribers on staff, CBH has more availability to schedule appointments at times convenient for our consumers as well as the ability to increase frequency and duration of appointments for consumers in need.
 - CBH continues to provide integrated medical and mental health treatment. Our psychiatrist supervises our APN, which has led to a strong collaborative relationship.
- Our psychiatric providers maintained an average 8% no show rate and an 88% productivity level, both marks are far above industry standards.
- Continued to provide a multitude of therapeutic approaches and practice from a trauma informed care lens.
- Two clinicians were trained in new trauma informed approaches: EMDR (Eye Movement Desensitization and Reprocessing) and somatic processing. These are both specialized practices

designed to address trauma symptoms, which furthers CBH's ability to treat consumers who have trauma histories.

- CBH remains a learning environment by hosting both MSW level interns and LSW level clinicians.
 - CBH hosted two MSW students in their second year who were in the field three full days per week, which allowed them to take on a large caseload, administrative and intake duties, and facilitate many additional non-billable services for the consumers on their caseloads. The interns also took on cases in the Riskin Children's Center (RCC). From doing outreach phone calls to agoraphobic consumers to doing phone debriefs with consumers after medical appointments in the community, the interns were able to engage with our consumers in these beneficial though non-billable services.
 - LSW clinicians (who work in different parts of the agency) in need of clinical hours and supervision, are assigned a small caseload separate from their normal department job duties in order to gain clinical skills as well as clinical hours and supervision needed for the next stage of licensure.

Ongoing Programs

CBH continues to provide comprehensive assessments for consumers who participate in the ReNew program of US District Courts Federal Probation and Parole's Re-entry Program. These assessments provide an overview of a consumer's biopsychosocial functioning to provide recommendations for reintegration into a post incarceration society and avoid re-incarceration. This year, eight individuals were assessed and three were also seen for ongoing weekly therapy sessions which continued during the pandemic.

CBH continues to provide ongoing collaboration with other community agencies, including Caldwell University and The Bridge. CBH has provided psychiatric evaluations for consumers at The Bridge for consumers in need of psychiatric evaluation and medication monitoring services. Staff from CBH again collaborated with the members of the counseling center of Caldwell University in October 2019 to conduct another successful National Depression Screening Day where over 80 students and faculty were screened for anxiety, depression, traumatic stress reactions, and suicidal thoughts.

Performance Indicators

The performance indicators, which measure efficiency in CBH, are the "wait for an intake appointment" and the "wait for assignment to a therapist." This fiscal year, the average wait for an intake appointment was four business days and the average wait for assignment to a therapist was one day.

CBH continues to use the DASS-21 (Depression, Anxiety, and Stress Scale) to obtain a clinical measure of a consumer's functioning in those three areas. The inventory is completed at the initial intake appointment and repeated six months into treatment. Thus far, 75% of individuals surveyed showed an improvement in negative symptomatology when the inventory was distributed six months after admission. At admission, we also provide the PC-PTSD5 screen that measures traumatic reactions and symptoms of PTSD, as trauma plays a major role in many consumers' treatment.

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic,

MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

Fiscal Year 2021

As the pandemic continues, the Center for Behavioral Health is well positioned to continue to provide high quality, strengths-based behavioral health services to consumers through telehealth platforms. The department continues to maintain some short-term therapy slots for consumers in need of services due to mental health needs emerging from the pandemic while also continuing to provide more traditional long-term services. Virtual groups will also continue with the CBH Group Therapy group, becoming a continuously provided service, alongside the Comfort Zone. With this being said, CBH is poised to continue to provide virtual services for as long as is necessary. Once conditions improve, CBH is able to seamlessly transition back to traditional in person services.

CBH will be expanding our services as CBH has now hired a full-time clinician. The clinician began on June 29, 2020 and is expected to maintain at least a 70% productivity rate (which is industry standard in outpatient). By having a full-time clinician, CBH now has more slots available overall which should also increase our consumer census, amount of on-site services provided, and revenue.

This fiscal year, CBH looks to maximize our revenue and productivity in order to maintain the program's financial stability in this fee-for-service environment while continuing to serve our mission of providing high quality services to the low income and uninsured population.

By implementing more outcome measures, we are able to track progress in treatment more effectively to see how services have impacted their functioning. We continue to balance a mix of long-term chronically mentally ill consumers with those with more short-term adjustment disorders and more minor mental health concerns.

With staff specifically trained and certified in trauma techniques and models, CBH is able to offer these specific models of treatment to a population that typically is not able to access these more specialized services. EMDR is a highly effective therapy for those with trauma symptoms when traditional talk therapy cannot address these symptoms, and one that CBH can now offer its consumer base. CBH clinicians continue to seek additional clinical training to enhance their practice while also taking advantage of the many in-house opportunities for clinical training including monthly peer supervision groups. CBH continues to be a strong learning environment for students, newly established clinicians, and more seasoned clinicians. A theme that will continue in the next fiscal year and beyond.

The Riskin Children's Center (RCC)

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.

RCC provides comprehensive outpatient mental health services for youth ages 3 to 18 at our Montclair location. We provide a variety of services including intake assessment, individual therapy, family therapy, psychiatric evaluation, medication management, and parenting skills consultations. At RCC, the mission is to provide high quality, low-cost, comprehensive, accessible, and culturally relevant services to children, adolescents, and their families.

Personnel

RCC operates under the direction of the full-time Program Director, administrative support, part-time Medical Director/Psychiatrist, three part-time LCSW clinicians, and one LSW clinician who provides services under the supervision of the Director. Throughout the year, the Program also works with graduate social work interns (who also saw cases in CBH) who provide clinical services under the supervision of the Director.

Service Provision

RCC continues to provide services to the low-income youth of Essex County. This fiscal year, RCC provided services to 48 individuals, all of whom were engaged in psychotherapy, 29 of these youth also received psychiatric services. RCC provided 1,043 units of service and served 10 new consumers. The Center works with families who have Medicaid or are uninsured. For those who are uninsured, RCC offers services on a sliding scale fee basis.

COVID-19

Beginning on March 19, 2020 and continuing through the end of the fiscal year, RCC services were converted from face-to-face to telehealth. The majority of individual therapy and medication management sessions were held through a HIPAA compliant telehealth platform (doxy.me); these platforms have been adopted across the field in order to provide best-in-class virtual services. For families and youth who did not have access to either a computer or a smart phone, RCC provided audio only services to ensure there was no barrier in connecting to services. RCC was able to provide continuously uninterrupted care, which gave the youth and families some much needed stability in these uncertain times. With direction from the State of New Jersey and the Department of Health and Human Services, RCC was able to continue to bill Medicaid for telehealth services at the same rate as face-to-face.

With the shift to telehealth, we did see an overall increase in service utilization, particularly with medication management appointments. Comparing the quarter prior to telehealth to the quarter during the pandemic, there was a 37% increase in medication management appointments with a virtually zero percent no-show rate. With psychotherapy, we saw an 11% decrease when comparing those same two quarters. Youth have been much more hesitant to engage in telehealth platforms than adults have, as it is less play focused and can feel similar to the many other virtual platforms they are engaging with (i.e., school). The staff at RCC have been creative in their approaches to engage youth by using interactive gaming websites and drama therapy (through the telehealth platforms) to simulate the same interactivity that sessions with youth have in person.

Highlights

The highlights for the past fiscal year include:

- The department was able to transition to a telehealth model virtually overnight to ensure services could continue, with little to no disruption.
- Billing mechanisms have continued throughout the pandemic, which has not led to a loss in revenue.
- Continued focus on maximizing our efficiency with our therapists maintaining an average 95% productivity rate, weekly.
- Improved collaboration amongst Clinicians, Interns, and Psychiatrist as monthly treatment team meetings were held to improve communication and treatment planning on difficult cases.
- Improved communication and collaboration with Montclair Public School System, PerformCare, and Mountainside ER to facilitate local referrals.
- Like CBH, RCC remains a learning environment by hosting both MSW level interns and LSW level clinicians.
 - RCC hosted two second year MSW students, who split their time between CBH and RCC, who were in the field three full days per week, which allowed them to take on a large caseload in both departments, administrative and intake duties, and facilitated many additional non-billable services for the consumers on their caseloads.
 - MSW interns also organized and updated the play and toy resources available at the agency that the therapists can use in session.
 - LSW clinicians (who work in different parts of the agency) in need of clinical hours and supervision, also saw cases in RCC giving them an invaluable experience to work with youth in a clinical setting.

Performance Indicators

The performance indicator which measures efficiency in RCC is the wait for service. This fiscal year, the wait for an intake appointment was two business days and there was a zero-day wait for assignment to a therapist. Consumers were assigned to the therapist during the intake appointment.

To measure effectiveness with our clinical interventions, RCC uses a variety of validated evidence based outcome measures. RCC continues to use the Child Behavior Checklist (CBCL) for youth receiving RCC services. This tool measures aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints, thought problems and is filled out by the caregiver, teacher, and the youth who are between the ages of 11-18. Overall, 85% of service recipients showed a decrease in negative symptoms when surveyed a year after beginning services. RCC has also begun to implement the DASS-21 (Depression, Anxiety, and Stress Scale) for youth, 14 and older, in order to obtain a clinical measure of a

client's functioning in those three areas. The inventory is completed at the initial intake appointment and repeated six months into treatment.

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

Fiscal Year 2021

As the pandemic continues, the Riskin Children's Center is well positioned to continue to provide high quality, strengths-based behavioral health services to consumers through telehealth platforms. As the therapists become more comfortable using game websites and other integrative tools, the youth are becoming more engaged in telehealth therapy services which should lead to an increase in service usage. The department continues to maintain some short-term therapy slots for youth in need of services due to mental health needs emerging from the pandemic while also continuing to provide more traditional services.

In the upcoming year, RCC looks to expand its capacity for consumers served. A new full-time clinician was hired for CBH but the clinician will also be taking on consumers in RCC as well, which should increase the number of slots we have available. We have noticed the lack of available similar type services for youth in our service area, so with the increase in slots available, we envision being able to serve more of our community.

RCC also looks to add group therapy to the services offered. We plan to develop a social skills drop-in group for RCC youth in their preteen and teen years. As many of the youth in RCC struggle with socialization and social anxiety, this group idea has been discussed previously but due to limited staff, it has not become a reality. With the mental health fall out from the pandemic, we believe adding this group therapy option to the service offerings will be a wonderful adjunct service for our consumers.

RCC clinicians will continue to expand their knowledge and clinical skills by attending relevant professional development workshops, both at the agency and in the community.

Community Support Services (CSS)

The mission of Community Support Services (CSS) is to increase accessibility to quality affordable housing in Essex and Morris counties 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 capacities, resiliencies 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.

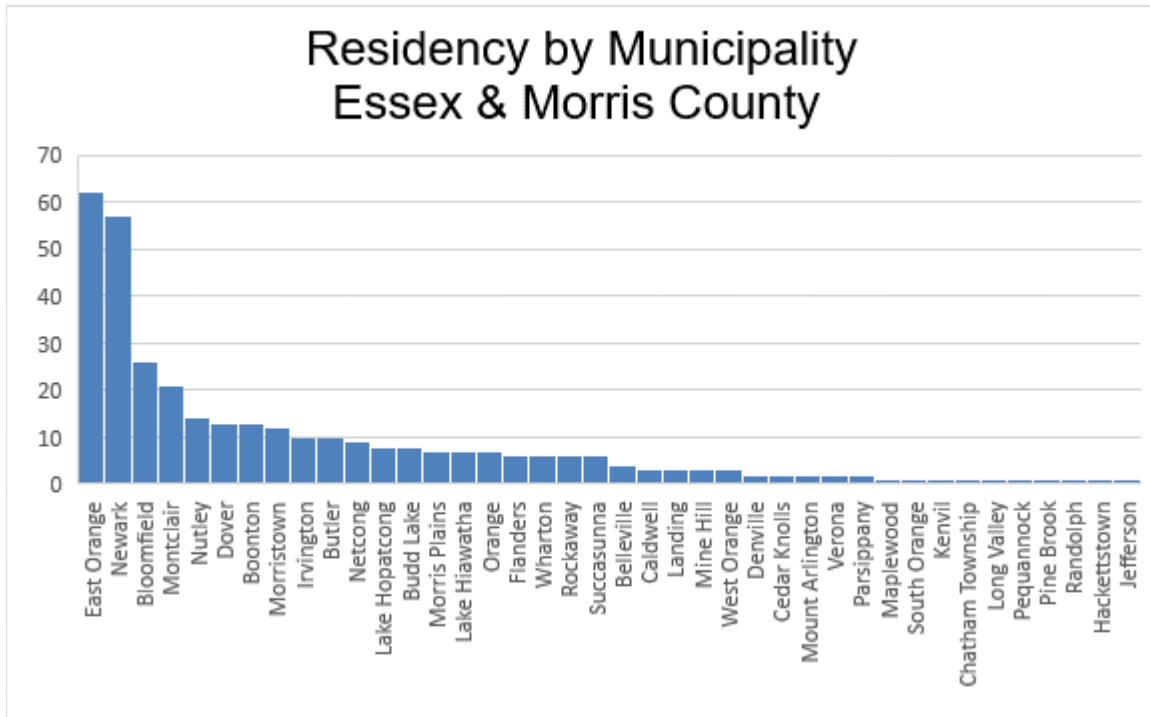
Caseload

Community Support Services has successfully placed over three hundred twenty one (321) 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 seventy three (73) individuals who have their own residence, but needed additional care to ensure their stability in the community.

Demographics

As of June 30, 2020, the active caseload for the Community Support Services was 347. On this date, there were 169 males (48%), 174 females (50%), and 3 (.8%) transgender male to female (1%) and one (1) transgender female to male (.2%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 13 Hispanic/Latino (3%); two hundred ninety-eight non-Hispanic/Latino (85%), and thirty-six individuals who did not want to disclose (10%). The self-reported races of the consumers enrolled with CSS are as follows: 1 American-Indian or Alaskan Native (.2%); 1 American-Indian or Alaskan Native & Black or African American (.2%); 1 American-Indian or Alaskan Native & White (.2%); 5 Asian (1%); 6 Black or African American & White (1%); 136 Black or African-American (39%), 6 multi-racial (1%); 1 Native Hawaiian or Other Pacific Islander (.2%); 4 other (1%); 151 White (43%); 38 who did not want to disclose (10%).

CSS works with consumers throughout Essex and Morris counties. 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.



Personnel

The CSS quality services are provided by 1 Director, 2 Recovery Coordinators, 4 Clinical Coordinators, 10 Senior Recovery Counselors, 13 Recovery Counselors, 2 Housing Specialists, 2 Full-Time Nurses, 1 Full-Time LPN, and 1 Administrative Assistant. Staff are culturally diverse and representative of the persons served. CSS has two staff fluent in Creole.

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 and 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 Quality Assurance Committee (QAC) 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 of these rates of recidivism are below the threshold of twenty percent (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 11% of our consumers to secure and/or maintain involvement with employment, vocational programs or schools.

Health and Wellness continues to be one of the primary areas of focus within the CSS program. CSS offers each individual a nursing assessment. 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 with Prospect House Primary Healthcare.

In addition to the nursing assessments offered, the CSS full-time nurses provide health education groups that are offered on a monthly basis to all consumers served within the agency. This helps promote the agency's mission of integrating physical healthcare as well as our accreditation as a behavioral health home. Groups vary month to month as the nurses provide education on different topics, i.e., nutrition.

Furthermore, 100% of individuals participating in CSS were educated on "Summer Heat and Sun Risks for Antipsychotic Medication Users". The CSS staff provide ongoing medication education and support. This includes identification and management of side-effects.

Consumer Satisfaction Surveys

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

CSS Highlights

Community Support Services had to change service delivery starting in March of 2020 due to the COVID-19 pandemic. Following the CDC recommendations, services that were being provided face-to-face were quickly changed to telecommunication. Consumers were informed of these changes in real time and gave consent for CSS to provide telecommunication services before moving forward. Services were modified for consumers who were considered high risk and were unable to complete certain tasks on their own, i.e., food shopping was completed on behalf of the consumer to ensure the safety of each consumer. CSS staff schedules were changed to decrease the amount of individuals in the office as per CDC recommendations and modified services continued without any interruption. CSS staff were provided with the necessary personal protective equipment to utilize while in the office and in the field and were provided with instructions from MHAEM's Health Home Department to ensure services were being provided as safely as possible. CSS staff continue to meet the unique needs of the consumers served either through telecommunication, services on behalf of consumers (food shopping/food delivery to the consumer), or through safe, socially distant case visits.

Community Support Services continues to hold health education groups and socialization groups via web-based services on a monthly basis. Groups being held consist of education/support surrounding the COVID-19 pandemic, education on coping mechanisms and ways to decrease isolation during this time, and bingo to encourage socially distant socialization.

Community Support Services connected with a local food pantry, Joi's Angels, that provides weekly food donations to MHAEM for consumers served. This food is distributed to all 4 counties served by MHAEM and has helped individuals living independently, individuals in boarding homes, and individuals experiencing homelessness.

MHAEM was awarded an AmeriCorps VISTA grant that provided one member to be utilized to help build the landlord support program in Morris County. The landlord support program was created through the Neighbors in Need Committee/Community Assessment Team which the Community Support Services Program Director works closely with. The VISTA grant is a 3-year grant that will help build, support and implement this vital program in Morris County.

Community Support Services continues to utilize the Bed Enrollment Data System (BEDS). This database allows other social service agencies access to availabilities at Community Support Services.

Community Support Services continues to be an active participant in the Continuum of Care/Comprehensive Emergency Assistance System (CoC/CEAS) and the Community Assistance Services (CAS) committees.

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

MHAEM ensures that the buildings' exterior and interior meets or exceeds the quality of the housing in the neighborhood. MHAEM 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 and Morris counties 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 HIPPA 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), Motivational Interviewing, Safety in the Community and CPR.

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 Recovery Coordinators attended a Psychiatric Advance Directive training held by the Division of Mental Health and Addiction Services; this training was held to discuss the new system that is being implemented to assist individuals with registering a Psychiatric Advance Directive.

The CSS program director assisted the Community Assessment Team in Morris County, “Neighbors in Need,” submit a grant to AmeriCorps for a VISTA member that will be instrumental in implementing the landlord engagement program. This program has a pilot launch date of January 1, 2021. This program will focus on engaging landlords and encouraging them to accept housing subsidies to house the most vulnerable population, individuals experiencing homelessness, in Morris County.

Since Supportive Housing was transitioned to Community Support Services in March 2017, both Essex and Morris CSS programs had a full inspection through the Office of Licensing. Both sites were awarded full licensure, as well as at the Bloomfield owned residences.

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.

The agency continues to advocate for the Fair Market rent to be increased in Morris County as housing inventory is limited due to high rents.

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

- Comprehensive Emergency Assistance System (CEAS)
- Community Assistance Services (CAS)
- Essex and Morris County Residential Meeting (which is a sub-committee to the System Review Committee (SRC))
- Community Assessment Team (CAT)

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. MHAEM has established Supported Employment Services to help clients find employment.

Personnel

Supported Employment Services is staffed by three full-time employees, which includes the master's level Program Coordinator and two Employment Specialists who have a minimum educational requirement of a BA or BS in a related social service field. SES also had administrative support from a Transitional Employment-Clerical Assistance (TE) for fiscal year 2019. Supported Employment staff is culturally diverse and represents the local population, which MHAEM serves in Essex County. For fiscal year 2019-2020, SES operated with one full-time Employment Specialist.

Supported 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 and off site job coaching to provide additional support when possible and continuously monitor the consumer's progress.

Caseload

Between July 1, 2019 and June 30, 2020, SES served 94 clients. There were 44 new clients referred and accepted from various other sources such as: Intensive Family Support Services (IFSS), self, community referrals, Collaborative Justice Services (CJS), Assisted Outpatient Treatment (AOT), Prospect House (PH), Integrated Case Management Services (ICMS), Northwest Essex Community Healthcare (NWECH), Community Support Services (CSS), Rutgers UBHC, Project LIVE, Inc., Greystone Park Psychiatric Hospital, Ancora Psychiatric Hospital, Trenton Psychiatric Hospital, Center for Behavioral Health, East Orange Substance Abuse Treatment, Community Psychiatric Institute, Family Connections and Essecare.

Demographics

The majority of the clients served are African-American with a smaller population of Caucasian, Asian, and Hispanic. A 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, Verona, Caldwell and West Caldwell.

Performance Outcomes

The target number of clients served was 130. SES served 95 and achieved 73% of our goal. SES placed 17 clients into full-time employment (28%), and placed 61 clients in part-time employment at (610%) and 1 client was replaced on a job (3%). At the end of this fiscal year, SES caseload was 73.

The unemployment rate in NJ is 16.6% as of June 2020 due to the COVID-19 pandemic. SES placed 1% of our clients into employment within 120 days of their entry into the program. One hundred percent (100%) of the clients were placed in an occupation of their choice. At the end of the year, 84% of clients retained employment for three months or more. The Employment Specialists worked diligently to motivate clients and made multiple outreaches to employers to ensure a smooth transition. Staff engaged clients to participate in Job Readiness activities, which focused on multiple areas including interviewing skills, work ethics and positive communication. The target wait for intake is three business days and admission to the program is within one day. Clients' individual service plans were established with the clients input and were reviewed as the monthly and quarterly progress was also reviewed as was necessary to help the clients to meet their objectives. The staff/client ratio is 1:35, 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 goals.

Client Satisfaction Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. In response to the COVID- 19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

Training

Specialized training workshops for staff continued throughout the year:

- WRAP
- Psychopharmacology
- Effective Job Coaching
- Motivational Interviewing
- Safety in the Community

Highlights

- Individuals were placed in competitive jobs as Food Service Workers, Retail Workers, Home Health Aides, Certified Nurse Aides, Dietary Aides, Housekeeping and Package Handlers.

- Continued outreach to Career Closet and utilization of their services to obtain interview clothing. Bus cards for clients were provided by MHAEM.
- Continued support for Clerical and Maintenance Transitional Employees.
- MHAEM has staff who are Certified Application Counselors to assist those without health insurance to apply for coverage.
- One third of SES caseload continued to work as Essential Workers during the COVID-19 national pandemic.
- SES continued to be an internship site for Rutgers School of Health Professional's Psychiatric Rehabilitation Program.

Advocacy

- Monthly Outreach Community Meetings to increase collaboration and in-house referrals.
- Participation at Professional Advisory Committee (PAC) Meetings.
- Participated in Job Fairs to increase client opportunities for employment.

Recommendations for Fiscal Year 2021

- SES will continue to collaborate with community providers to secure work opportunities through word-of-mouth or resources within their organizations/agencies.
- SES will continue to work on improved employment outcomes and reduced gaps in the service system with increased linkages and smooth transitioning of services for consumers.
- SES will run telecommunication support groups for client support who are working over fiscal year 2021.

Family Resource Center (FRC)

The FRC includes the following programs and services:

- I. IFSS - Intensive Family Support Services –Essex and Sussex County**
- 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. Information and Referral Services**

I. Intensive Family Support Services (IFSS) in Essex and Sussex County

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 learn skills to help them cope with the associated stress of caring for a loved one with mental illness.

Location and Hours of Operation:

IFSS Essex- Services are provided from the office located at 33 South Fullerton Avenue, Montclair. IFSS hours are Monday to Friday 8:30AM to 8:45PM. Families can also reach out and connect to an Essex IFSS on-call worker anytime the agency is closed.

IFSS Sussex- Services are provided at 83 Spring Street, Suite 302B, Newton, during the hours of 9:00AM to 5:00 PM, Monday through Friday, with flexibility for evening appointments when requested.

Personnel:

IFSS Essex- 1 F.T.E. Senior Director and (1.5 F.T.E.) Family Support Specialists with several graduate interns and community volunteers

IFSS Sussex- 1 F.T.E. Family Support Coordinator + 2 (.3 F.T.E.) Family Support Counselors

Essex Program Highlights:

During fiscal year 2020, IFSS conducted **9 psycho-educational workshops for families**, facilitated **68 in person and virtual family support group sessions**, and **virtually hosted our Second Annual IFSS Family Tea Party** to provide respite and relief from the stress of caregiving for overly burdened family members. Families were invited to wear a favorite hat or piece of clothing, show a special mug or teacup, and to share one positive experience or story with the group.

Psychoeducational Workshops for Families: *Family and Consumer one day workshop:* In July 2019, a six-hour comprehensive workshop for families and consumers was provided which consisted of an overview of mental illness, stigma, coping factors and the evidence based structure of the multi-family group model. ***AOT presentation:*** December, 2019 a stand-alone presentation and discussion about Assisted Outpatient Treatment services was coordinated in response to family need and interest. IFSS invited AOT Director Achille DeJean to educate families and answer their questions about AOTS program components, goals, eligibility and referral process. ***Spring seven-week workshop series:*** From January through April 2020, IFSS conducted a seven-week workshop series, hosted by Verona Public Library, and Toni’s Kitchen. Families learned about the different types, causes, and symptoms of mental illness, with in depth information provided about schizophrenia, bipolar disorder, and depression. Available treatments options were reviewed, and participants had the opportunity to discuss the impact that mental illness has had on their lives, and to learn about effective coping strategies, and community resources.

Families also learned how to handle a crisis, and were familiarized with the process of accessing Psychiatric Emergency Screening Services. Facilitators implemented interactive learning modalities like role playing, group problem solving, video, and discussion. Difficult topics like suicide, treatment non-compliance, and limit setting were addressed. The series was briefly interrupted because of the outbreak of covid-19, and the team pivoted the series' focus to managing mental health and adapting to changes in household dynamics during a pandemic, implementing the psycho-educational content using virtual technology. Over the course of the spring series, **55 individuals attended**.

In addition to its menu of core services, IFSS served the larger community through the following avenues:

Suicide Prevention Education for Public School Staff: IFSS staff Marvin Gorsky and Emily Zelner continued their collaboration with the **Codey Fund for Mental Health** and facilitated **6 workshops in 5 towns across 3 counties** to provide education about signs, symptoms, risk factors, and warning signs of suicide. These workshops focused on creating a network of informed support for students within the educational system. IFSS staff provided support, education, communication tips, and information about mental health resources to educational, administrative, and support staff in elementary, middle, and high schools. The workshops were conducted during the months of July 2019 through February 2020, and the total number for attendance of the 6 workshops surpassed **500 individuals**. In addition to this, on November 4, 2019, Gorsky and Zelner were invited to facilitate a discussion on suicide prevention at St. James Episcopal Church in Montclair for **33 congregants**.

Law Enforcement Education: IFSS provided information about the family perspective to approximately **40 law enforcement officers and mental health professionals**, as part of the September 2019 quarterly **CIT, Crisis Intervention Trainings**. Information about mental health resources, family support resources, and a history of **NAMI (National Alliance on Mental Illness)** was provided. From October 22nd, through November 1, 2019, a total of **160 law enforcement officers, firefighters, and EMS first responders** attended at least **1 of 8 IFSS workshops** designed to increase mental health literacy, reduce stigma and raise awareness about mental health issues. Information was provided about area resources

Depression Screening at Caldwell University: In October 2019, IFSS collaborated with the Caldwell University Student Counseling Office as part of National Depression Screening Day. Three MHAEM licensed clinicians, together with 5 graduate social work interns conducted a screening for depression, bipolar disorder, anxiety, and PTSD for a total of **80 Caldwell University students**.

2 Mental Health First Aid Courses were presented during FY19/20. **30 employees of the East Orange Board of Education School District**, and **50 nurses, administrators, and social workers** from different sites of **Atlantic Corporate Health** were trained by MHFA certified IFSS staff.



Images: 1. Portrait installation at Morris County Second Annual Legislative Breakfast; 2. Suicide Prevention at St. James Episcopal Church in Montclair; 3. IFSS Essex and Sussex Team virtual planning meeting for psycho-educational webinars.

Mental Health Themed Exhibits: MHAEM's **Inside Out Project Group Action** called *Out in the Open. In it Together*, continued to be in demand well beyond its first year of inception. Comprised of evocative larger than life sized portraits, IFSS staff were able to mount these portraits and their accompanying anti-stigma message at **4 venues:** Caldwell University's Werner Hall Gallery, the Wellmont Theater in Montclair, the Second Annual Morris County Legislative Breakfast, and Congresswoman Mikie Sherrill's District 11 office in Parsippany. MHAEM's arts based initiatives are currently featured as sample exhibits on the **National Museum of Mental Health Project** website, dedicated to research related to exhibits about mental health and wellness. Despite the outbreak of Covid-19, IFSS staff continued to work on the virtual steering committee for *Montclair Bounce: A Festival of Optimism and Resilience*, assisting in identifying family friendly online resources to promote mental health, as the festival adapted from a week long, in person event, to an ongoing, responsive effort in fostering optimism and resilience at a time when it is needed more than ever before.



Images: Inside Out Project Group Action: At The Wellmont Theater; Caldwell U Interns behind the scenes; Portrait Example

NJPAC partnership: IFSS staff and graduate interns designed and implemented a Creative Rap Session event for the NJ Performing Arts Center Saturday Arts Program students. Designed to promote social interaction, emotional literacy, and improve coping skills, the IFSS team set up 5 arts based and interactive stations at the NJPAC Rector Street School. *Conversation Jenga*, *Shred your Worries*, *Work it Out Puzzle Stations*, and *Just Breathe Mindfulness Mandalas* were several of the activities enjoyed by the students, ages 10 through 18. Staff also created and implemented a workshop on December 10, 2019 for NJPAC teaching artists called *The Trauma Informed Classroom for Teaching Artists*, which provided history, context, and research about the prevalence and impact of trauma, how the arts help to address trauma and promote resilience, and included an interactive mindfulness based art activity for all participants. In-class support was provided to students when tapping into sensitive themes, and ongoing parent support groups were co-facilitated by IFSS and CBH clinicians. Mental health support for NJPAC students, parents, and teaching artists was provided through a grant to NJPAC by The Healthcare Foundation of New Jersey.



Images: 1. *Let it Go* shredding station, *Just Breathe* mandala making activity, *Mandala Quilt* comprised of staff and student work

Sussex Program Highlights:

IFSS Sussex facilitated **79 family support group sessions** and **20 psychoeducational program sessions**. In addition to education provided to families, IFSS staff provided mental health education to the community through **2 Mental Health First Aid Classes** and **Crisis Intervention Team trainings, (CIT)** to law enforcement and behavioral health crisis workers. A module on “The Family’s Experience,” was presented to these CIT classes in October 2019. In March, this training was cancelled due to COVID-19. Future trainings for both Mental Health First Aid and CIT will depend on obtaining authorization for virtual service provision.

Suicide Prevention: Working with the new **Suicide Prevention Department** at the Mental Health Association of Essex and Morris, IFSS provided **4 trainings to the schools and youth of Sussex County**. Sandyston, and Byram Townships requested faculty and staff trainings. IFSS assisted in creating these modules and presenting them to these districts. In addition, The Family Partners of Morris and Sussex Counties (FSO) requested suicide prevention activities to their youth group and to the parents and faculty who serve them. The youth partnership group of the FSO participated in our suicide prevention program in Feb 2020 and the parents/faculty participated in a virtual program in May 2020.

Respite/Retreat for Families: With families feeling increased stress due to the pandemic, IFSS recognized a heightened need for respite. Families were clearly in need of a break from their caregiving roles. The Sussex and Essex teams provided family respite by hosting a **Virtual Tea Party** to help families connect on a purely social level. The Sussex event took place on April 27, 2020. In addition, the Sussex Team created a power point of slides for a **Virtual Trivia Game** for families that used the virtual platform of Amazon Chime. This event took place in 2 rounds of games in June 2020.



VIRTUAL TRIVIA GAME: IFSS Family Social/Respite event

Join the IFSS team to have a little fun and break from your care-giving role. We will share our questions with you and test your "USELESS" knowledge! This event is simply expected to give us all a laugh and bring together families on a totally new level.

Images: 1. Suicide prevention at Sandyston Elementary School. 2. Tea Party Respite 3. Virtual Trivia power point

Sussex County Change Direction Campaign IFSS continued to work with the Mental Health Task Force of Sussex County to amplify its anti-stigma campaign, “Change Direction.”

Sussex IFSS used local marketing materials and images to promote the campaign's message which were attached to and/or distributed at all hosted events. The task force created a video (click below to watch) describing the importance of managing social isolation and "changing direction" for your mental health. Members of the task force described activities each person used to change the direction of negative isolation effects to positive outcomes.



Sussex County Mental Health Task Force invites you to Change Direction toward mental health and wellness. See their video here <https://youtu.be/-hekNjMe2S0>

Post your own with [#changedirection](#) and be part of the national week to Change Direction!

Mental Health First Aid: 2 Courses and 26 individuals were provided. IFSS Sussex continues to provide residents of Sussex County the opportunity to become certified in Mental Health First Aid. The MHFA course is an 8-hour class designed to teach participants how to recognize the symptoms of mental health problems, how to offer and provide initial help and how to guide the individual to professional help if appropriate. Participants included family members, consumers, professionals and community members.

Psycho-Educational Community Presentations: IFSS provided 20 psychoeducational presentations. These were programs designed to teach families and/or the community about diagnosis, treatment options, available services, and coping skills they need to know to help their loved one. In September 2019, Using Wellness Respite Services in Northern NJ to prevent crisis, a presentation by Javier Argueta, Senior Coach was hosted at our Newton office and 9 families were in attendance. This included information about the benefits of using Wellness Respite Services to the consumer as well as to the family caregiver. In October 2019, 4 families also attended Accessing Housing Services at Community Hope, Inc. This event was a presentation about how individuals with a mental health condition can enter a shared housing placement. Also in October 2019, IFSS collaborated with NAMI Sussex, and the Center for Prevention and Counseling to provide a seminar to families and the community about the co-occurring incidence of mental illness and substance use disorders. Co-Occurring Disorders of Mental Health and Substance was presented by Rachel Wallace, LCSW, LCADC, and Director of Clinical Services at the Center for Prevention and Counseling. Information on the dual diagnosis, treatment options and community resources were included and there were 16 participants. Levels of outpatient care available to your loved one in the Community was another educational event hosted by this program in November 2019, where 7 families attended. Scott MacLean, Coordinator of Outpatient Services at Newton Medical Center was the featured speaker and described the provisions offered, how they are accessed and the benefit of these to the loved ones of our families.

IFSS Sussex regularly attended the Concerned Families meeting at **Greystone Park Psychiatric Hospital**, assisting Sussex County families in advocating for their loved ones who were Greystone patients. At this venue, in October 2019, IFSS Sussex presented a lecture on the topic of Schizophrenia/Schizoaffective Disorder. The presentation included information about the signs and symptoms, causes, and treatment of Schizophrenia. It also covered, the impact of substance use, current and future research, and how to support and cope with a loved one who is living with schizophrenia/schizoaffective disorder.

IFSS Essex and Sussex Collaborations and Virtual Services: Adapting to the limitations of CDC social distancing recommendations, during the final quarter of FY 2020, IFSS Essex and Sussex provided all IFSS services (family consultations, support groups, educational seminars and respite events) remotely through telehealth modalities. These services were adapted to keep families connected to the program while maintaining health and safety of all participants. Implementation of remote services began on March 16, 2020. Education and instruction on the use of a virtual platform for this provision began immediately with staff and is still ongoing with families who need our services. Responding to the immediate need of families who are coping with the stress of a global pandemic, while also caring for a loved one with mental illness, **IFSS Essex and Sussex collaborated to create a webinar** for family members. This webinar was presented live online, then posted in three segments on the MHAEM you tube channel, viewable here:

Part 1: https://youtu.be/3KjRwPFn_T0 Mental health and the impact of stress during uncertain times.

Part 2: <https://youtu.be/fAnQ3ad3rxg> Core principles of mindfulness, and how they help us cope.

Part 3: <https://youtu.be/67vOTIY8fc> A 3-minute mindfulness based art activity for everyone.

Limit Setting and Communicating Part One: A webinar was also designed to teach families how to cope with their loved one's difficult behaviors in their home, especially during the quarantine mandated in our community. This virtual webinar was provided to Sussex and Essex County families on 2 separate dates to accommodate evening and day time scheduling.

IFSS Essex and Sussex teams also worked with leadership of MHAEM to record **3 public service announcements** posted on the MHAEM Facebook page, you tube channel, and agency website:

Developing Emotional Intelligence During a Pandemic: <https://youtu.be/USV6VDNj-4c>

Tips for Parents with Kids During Covid-19: <https://youtu.be/gy2YkyvcTE>

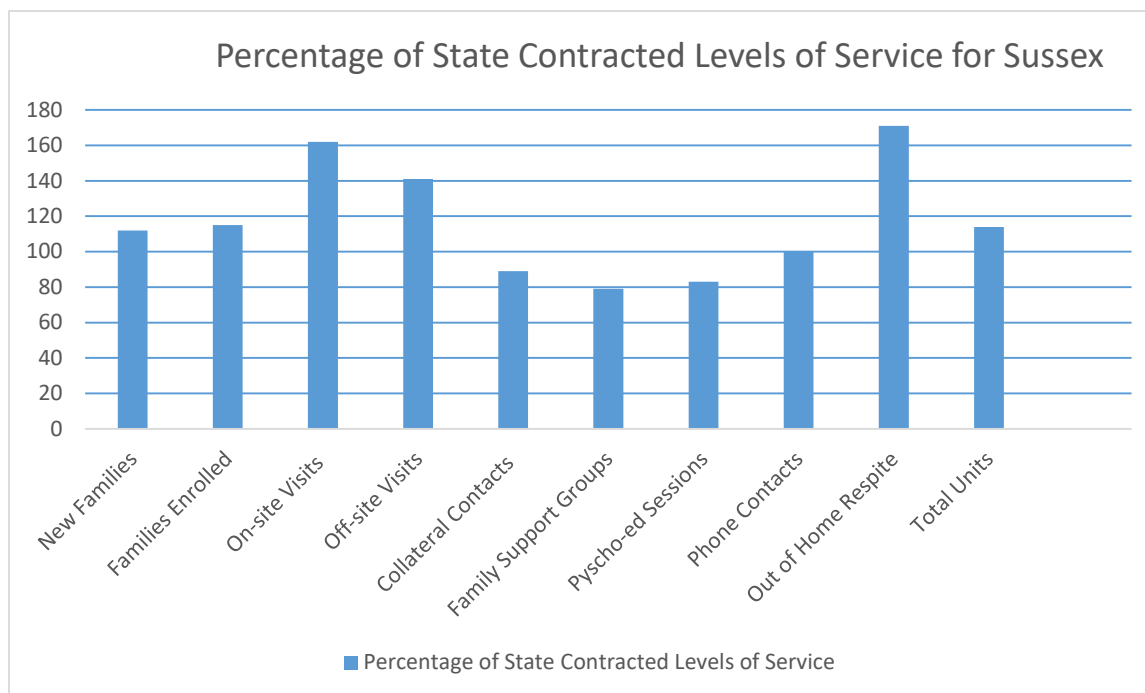
Coping During Covid-19: <https://youtu.be/1qjTFPMV93c>

Performance Outcomes: IFSS Essex

The IFSS program produced 2262 units of service, 107% of its overall targeted program commitments for the 2019-2020 fiscal year. Social distancing guidelines from CDC were in place from mid-March 2020, and significantly contributed to very low percentages of in home respite, face to face respite and off-site face to face contacts. Collateral contacts continue to be an area identified for improvement by the team. On-site visits, including telehealth virtual counseling sessions, (131%) exceeded the contracted levels of service, as did Psycho-educational Sessions, including webinars (149%) and Multiple Family Support Groups (119%) conducted remotely. Supportive Telephone Contacts (87%) were below expected thresholds, when families opted for telehealth video enabled platforms. During this fiscal year, IFSS Essex was able to serve 234 individuals from 178 families.

Performance Outcomes: IFSS Sussex

IFSS Sussex Performance Outcomes: IFSS Sussex produced 1963 units of service, 114% of its overall targeted program commitments for the fiscal year 2020. The program provided levels of service exceeding program commitments overall and specifically in 5 other areas: New families served, enrolled families, on site visits, offsite visits, and out of home respite. A total of 97 individuals from 86 families were served.



This graph shows the performance of Sussex IFSS in relation to the state expected levels of service

II. IFSS Out-of-Home Family Respite Services “Thursdays” Consumer Drop-In Center 2019-2020

Description: “Thursdays” is a consumer drop-in center that meets every Thursday for 2.25 hours from 6:30 PM to 8:45 PM. Through this service, IFSS families are provided with 2.25 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: (1) Part-time Health and Wellness Coordinator, graduate social work and counseling interns and community volunteers

Highlights and Data: For the 22nd 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 fiscal year before Covid-19 shut down the program, consumers who attended “Thursdays” planned and participated in many diverse activities. These “wellness” activities included walks in the park, and interactive presentations on health, chair yoga, and guided meditation. There continued to be artistic and enjoyable activities such as karaoke along with a backyard BBQ in August 2019. With a continued emphasis on fresh fruit, vegetables, and physical exercise, “Thursdays” continued to espouse a wellness philosophy that promoted healthy eating and positive lifestyle choices.

March 12, 2020 was the last time that “Thursdays” gathered in the MHAEM Montclair office. Safety concerns closed the doors of MHAEM to avoid person to person contact and protect consumers and staff from covid-19 transmission. Outreach efforts to form a virtual online “Thursdays” social group using different software platforms proved unsuccessful. Many consumers stated that they didn’t have the equipment or knowledge, or funds needed in their data plan, to connect with each other and join a virtual meeting.

A total of **61** non-duplicated consumers attended this drop-in center over the past fiscal year which from July 2019 to March 2020. An average of **14** consumers attended “Thursdays” each week. A total of **10** different IFSS families received this specialized out-of-home “respite” service during this past fiscal year.

III. 2019-2020 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 in local acute care hospital emergency rooms accompanying their loved ones through the psychiatric screening process. 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 hospital 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: (1) Full-Time Project F.ER.S.T. Counselor and (1) Part-Time Project F.ER.S.T. Liaison

Highlights: During this past fiscal year, Project F.ER.S.T. faced challenges not unlike other programs due to the Covid-19 pandemic and the need to quickly adapt to the use of tele-therapy for service delivery. However, what is unique to Project F.ER.S.T. is that this family support program is designed to provide primarily **onsite** emergency room support to families with a loved one experiencing a psychiatric crisis. By Mid-March of 2020, families were no longer allowed into the emergency rooms with their loved ones and Project F.ER.S.T. staff began working remotely. Despite these challenges, Project F.ER.S.T. outreached hospital emergency rooms and worked collaboratively with hospital staff to reach those families in need. Staff provided supportive counseling, education and linkage to ongoing services via tele-therapy, adapting quickly to a new and successful model of service. Over the course of the fiscal year, Project F.ER.S.T. served 184 families, 97% of the target number, and provided follow-up contact to 58 families, 129% of the projected number. Throughout the year, Project F.ER.S.T. has maintained a presence at the monthly meetings of the Essex County Systems Review Committee, which has provided an opportunity to collaborate with community providers. Project F.ER.S.T.’s ongoing outreach efforts, whether marketing services to hospitals, community agencies, or other community providers, is evident in the sustainability of services even during this last quarter when hospital-based services, the essence of Project F.ER.S.T., was no longer possible..

Performance Outcomes:

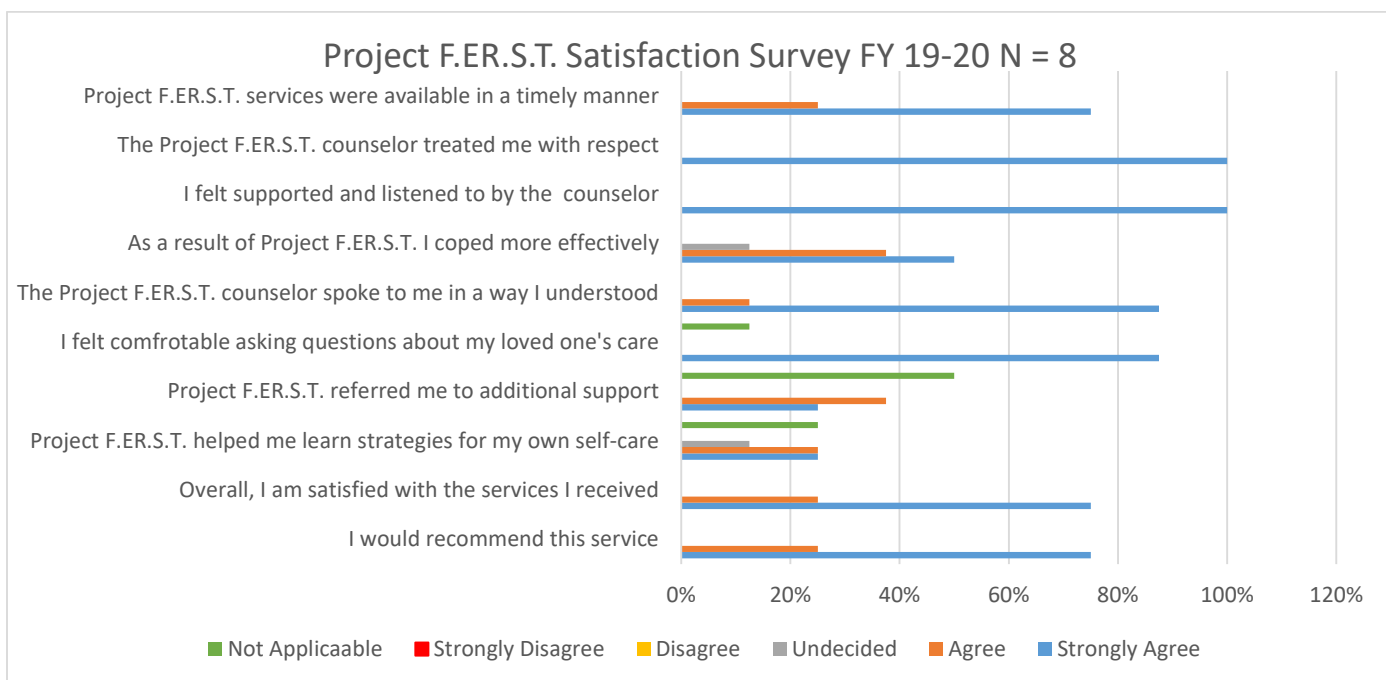
Efficiency: It is very important during a crisis situation to respond quickly, as families who are in crisis need immediate help. Efficiency is established by tracking how quickly staff responded to a referral.

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 well within the expected 48 hour window.

Outcome Data:

- Satisfaction:** In order to insure that the highest level of quality services are delivered to families, a 12-item questionnaire is mailed out at the end of each month to families who received services. Due to COVID-19 restrictions as of March 2020, Project F.ER.S.T. was no longer providing services in the ER and staff were unable to have families complete questionnaires in-person. During this past FY19-20, 8 surveys were returned, which were all completed prior to COVID-19. Upon return of the completed questionnaire, the data was aggregated and analyzed. A weighted average was calculated from the responses for each question.

According to the survey responses, 100% of the respondents agree or strongly agree that they would recommend Project F.ER.S.T. and that they were satisfied with the services they received. 100% agreed that they were treated with respect by the Project F.ER.S.T. counselor. 88% reported they coped more effectively with their loved one's hospitalizations as a result of receiving Project F.ER.S.T. services. 100% felt supported and listened to by the Project F.ER.S.T. counselor.



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

- “It was very helpful to have Project F.ER.S.T staff’s guidance in the ER at Mountainside Hospital. Thank you!!”
- “Project F.ER.S.T staff was incredibly helpful and supportive. This service provided has been incredibly helpful to me. I am grateful!”

IV. East Orange School-Based Counseling 2019-2020

Description: For well over 2 decades, the MHAEM has applied for and been awarded a Community Development Block Grant (CDBG) from the City of East Orange to provide supportive mental health counseling services to the students in several East Orange schools.

Personnel: This year using 1 licensed social work clinician, and 2 graduate social work interns, the MHAEM provided supportive counseling to students in Cicely Tyson School for the Performing Arts, Stem Academy, and the John L. Costly and Patrick F. Healy Middle Schools.

Highlights: From September 2019 to March 2020, school-based clinicians provided a combined total over 500 direct service hours, counseling students in the East Orange schools. A total of **86** different students received counseling services over the school year. In all 4 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. Counseling also helped students with issues surrounding gender identity, sexual activities and managing interpersonal relationships.

Due to Covid-19, the East Orange Schools closed their doors in March 2020. Using Zoom and Amazon Chime platforms, our School-based clinician was able to continue to engage with 10 of her students and still provide them with support especially as they were feeling the negative impact of Covid-19 in their community and with their own family members. Unfortunately, some students were lost to contact as they had too many obstacles to overcome in order to get on line and connect with a counselor.

2019-2020 Montclair Child Development Center- Mental Health Consulting.

Description: In the past fiscal year, the MHAEM continued to provide clinical mental health consultation services to the Montclair Child Development Center (MCDC) at their three locations, Montclair, Glen Ridge and Orange for their Head Start and Early Head Start programs. This fee-for-service arrangement has enabled MHAEM to provide MCDC with a part-time licensed counselor and registered art therapist to make classroom observations, assessments and provide in-class supportive interventions. This counselor/art therapist also provided individual counseling and focused group counseling on topics such as social skills, impulse control, feelings and coping skills. This counselor/art therapist conducted teacher consultations in order to promote effective classroom-based strategies to better support the children. Services included parent meetings where information on growth and development were discussed. Psychoeducation on childhood development along with positive behavioral support strategies were taught. Information on mindfulness and social emotional learning were also shared and discussed.

Personnel: 1 part-time mental health clinician/art therapist working 20 hours each week for 11 months was able to provide evaluations, assessments, and counseling to MCDC preschool students, their families and MCDC staff.

Highlights: Due to the covid-19 pandemic, the Montclair Child Development Center closed its doors in March, 2020. Services were able to quickly transition into remote learning which continued for the remainder of the school year and beyond.

During this time, the MHAEM Art Therapist/Counselor began a **Virtual Staff Support Group** to assist staff through these significant changes. This virtual support group covered topics such as mindfulness, meditation and stress management techniques.

Daily activities were provided for children through an application called Class Dojo, where parents and children were able to interact with the counselor/art therapist. Mindfulness exercises were completed on a daily basis in addition to art-based therapeutic activities. Individualized zoom sessions for children were also offered and completed. Images from sessions with children both in person and virtually are included in this report and can be located beneath the Outcome Data of this report.

Outcome Data: Over the 2019-2020 school year, a total of **56** unduplicated students and their families were referred for mental health consultation services both in person and virtually. Due to the unusual circumstances of COVID-19, performance indicators such as distributing surveys to parents and faculty on observed social and behavioral changes in their children, were unable to be completed.



A.

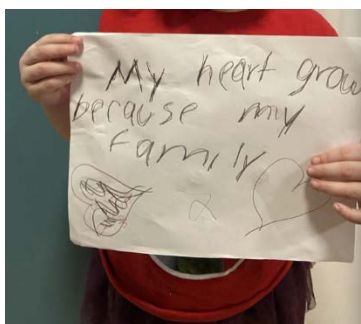


B.

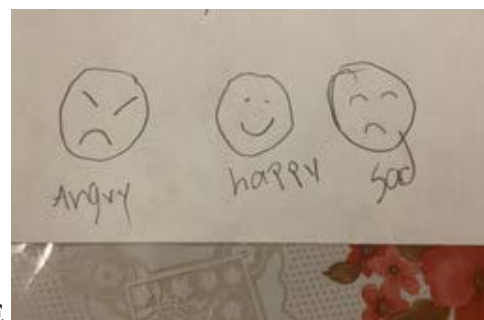


C.

Images: From left to right: (A) An image created using watercolor in an open studio format at Orange. (B) A family portrait created during an open studio session at Glen Ridge. (C) Portrait of the therapist, created during an individual session at Orange.



D.

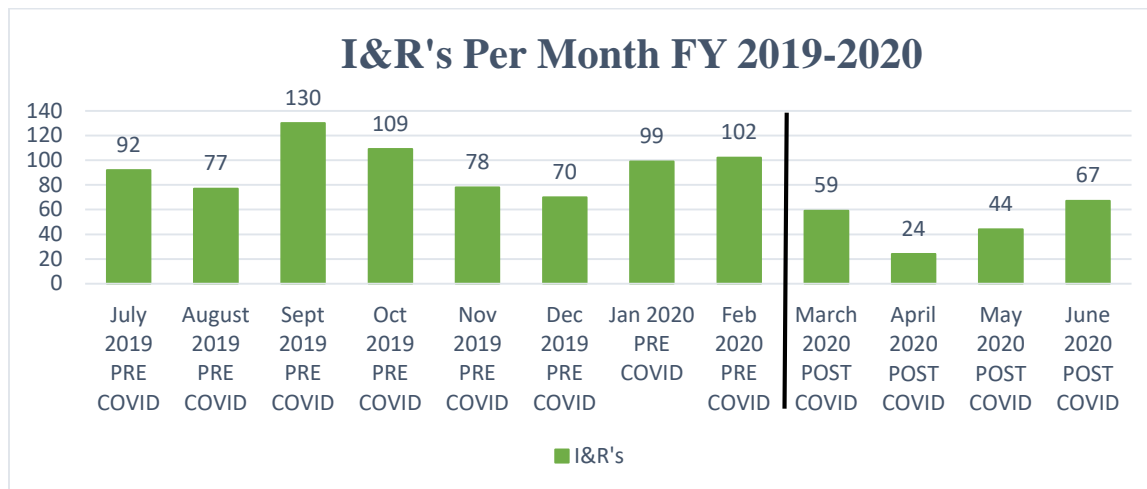


E.

Images: Virtually completed: (D) “What makes your heart grow?” followed by (E) “Create your own feelings charts

I. Information and Referral Services 2019-2020

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 **951 documented requests for information and referral** were received in this 2019-2020 fiscal year. **This is a 39% decrease in I&Rs received from the last fiscal year.** While the agency quickly pivoted to virtual services due to the Covid-19 pandemic, the impact of closing the agency doors for in-person visits, along with staff working from home resulted in a significant decline in recorded I&R requests. However, during the pandemic, agency efforts to produce webinars, podcasts and psychoeducational sessions have resulted in significantly increasing the number of requests over the last few months. Additionally, the agency's increased presence on social media platforms seemed to have contributed to an upward trend in these numbers. Lastly, a closer examination of the reason why people were calling the MHAEM were related to their need to seek therapy and enroll in our adult outpatient treatment program.

ASSISTED OUTPATIENT TREATMENT (AOT)

The mission of Assisted Outpatient Treatment (AOT), 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. AOT helps these consumers live safely in the community, avoid repeated inpatient hospitalizations, arrests 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.

Service Modifications Due to COVID-19 Pandemic

Due to the COVID-19 pandemic, starting in March 2020, Assisted Outpatient Treatment (AOT) had to change the approach to service delivery. Following CDC recommendations and guidelines, services that were previously being provided face-to-face were subsequently changed to telecommunication. Consumers were informed of these changes in real time and gave consent for AOT to provide telecommunication services before moving forward. Modifications were made, as needed, for consumers who were considered high risk and were unable to complete certain tasks on their own, i.e., food shopping. As a result, these daily need tasks were completed on behalf of the consumer in order to ensure their safety.

In regard to on-site staffing, AOT staff schedules were changed to decrease the number of individuals in the office, as per CDC recommendations, and modified consumer services continued without any interruption. AOT staff were provided with the necessary personal protective equipment to utilize while in the office and in the field in addition to being provided with instructions from MHAEM's Health Home Department to ensure services were being provided as safely as possible. AOT staff continues to meet the unique needs of the consumers served either through telecommunication, services on behalf of consumers (food shopping/food delivery to the consumer), or through safe, socially distant in-person visits. During this time, MHAEM was able to connect with a local food pantry, Joi's Angels, that was able to provide weekly food donations to the agency for consumers served. The food was distributed to all four counties served by MHAEM and has helped individuals living independently, individuals in boarding homes, and individuals experiencing homelessness.

In order to promote the health and safety of both staff and consumers, AOT continues to provide consumers with education/support surrounding the COVID-19 pandemic including: education on coping mechanisms, ways to decrease isolation during this time, and CDC best practice safety guidelines and recommendations. MHAEM also continues to provide personal protective equipment to consumers in need in order to promote safety among staff and consumers.

Personnel

In addition to one (1) full-time Program Director, AOT Essex is currently staffed by three (3) full-time, master's level Case Managers, one (1) part-time Administrative Assistant, and two (2) part-time Psychiatrists.

AOT Sussex is currently staffed by one (1) part-time Program Director, two (2) full-time master's level Case Managers, and one (1) part-time Psychiatrist.

AOT Morris is currently staffed by one (1) part-time Program Director, two (2) full-time Case Managers (one (1) bachelor's level, one (1) master's level), and one (1) part-time Psychiatrist.

The AOT staff is culturally diverse and is representative of the population served.

Caseload

Essex

As of June 30, 2020, there were forty (40) active cases. During fiscal year 2020, sixty-eight (68) referrals were enrolled into the AOT program. Sixty-eight percent (68%) of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings. Eighteen percent (18%) were made through conversion hearings at long-term facilities, i.e., Essex County Hospital Center (ECHC) and/or state hospitals. The remaining four percent (4%) of the referrals were labeled "other", i.e., transfers or jail.

Sussex

As of June 30, 2020, there were twenty-one (21) active cases. During fiscal year 2020, nineteen (19) referrals were enrolled into the AOT program. Fifty-eight percent (58%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Twenty-six percent (26%) were made through conversion hearings at other hospitals. Five percent (5%) were state hospital referrals and eleven percent (11%) of the referrals were made through the designated screening facility.

Morris

As of June 30, 2020, there were seventeen (17) active cases. During fiscal year 2020, fifteen (15) referrals were enrolled into the AOT program. Seven percent (7%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Sixty-seven percent (67%) were made through conversion hearings at other hospitals, zero (0%) were made through screening, and twenty-six percent (26%) were state hospital referrals.

Demographics

The AOT programs provide services to residents of Essex, Sussex and Morris counties who are 18 years and older, diagnosed with a serious and persistent mental illness (SPMI) and who are a danger to self, others and/or property in the foreseeable future.

Gender

At the end of the fiscal year, the Essex caseload was forty percent (40%) female and sixty percent (60%) male; the Sussex caseload was forty-eight percent (48%) male and fifty-two percent (52%) female; and the Morris caseload was fifty-three percent (53%) female and forty-seven percent (47%) male.

Ethnicity

At the end of the fiscal year, AOT Essex provided services for fifty-eight percent (58%) African-Americans, seven percent (7%) Hispanics, thirty-six percent (36%) Caucasians, three percent (3%) Asians and four percent (4%) individuals who identified as multiracial. AOT Sussex provided services for eighty-six percent (86%) Caucasians, ten percent (10%) African-Americans, and four percent (4%) Hispanics. AOT Morris provided services for seventy-one percent (71%) Caucasians, six percent (6%) African-Americans, and twenty-three percent (23%) Hispanics.

This is reflective of the diverse population in all three counties.

Age

AOT Essex serviced twenty-nine percent (29%) of individuals between the ages 18-29, twenty-two percent (22%) were between the ages of 30-39, fifteen percent (15%) were between ages 40-49, twenty-two percent (22%) were between ages 50-59, and twelve percent (12%) were above age 60.

AOT Sussex serviced ten percent (10%) of individuals between the ages 18-29, forty-three percent (43%) were between the ages of 30-39, and forty-seven percent (47%) were above the age of 40.

AOT Morris serviced twenty-nine percent (29%) of individuals between the ages 18-29, twelve percent (12%) were between the ages 30-39, and fifty-nine percent (59%) were above the age of 40.

Performance Outcomes

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

Essex

In its eighth year of operation, AOT Essex has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT 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 2020, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

- 50 enrollees went to a local ER for screening: Monthly Threshold ≤ 72
- 5 enrollees were admitted to Long Term Care: Monthly Threshold ≤ 36
- 0 enrollees were arrested: Monthly Threshold ≤ 36
- 0 enrollees were incarcerated: Monthly Threshold ≤ 36
- 24 enrollees were voluntarily hospitalized: Monthly Threshold < 36
- 1 enrollee was homeless: Yearly Threshold < 36
- 100% of AOT consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

Sussex

In its fifth year of operation, AOT has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT 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 2020, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

- 3 enrollees went to a local ER for screening: Yearly Threshold ≤ 36
- 3 enrollees were admitted to Long Term Care: Yearly Threshold ≤ 24
- 1 enrollee was arrested: Yearly Threshold ≤ 12
- 1 enrollee was incarcerated: Yearly Threshold ≤ 12
- 9 enrollees were voluntarily hospitalized: Yearly Threshold < 12
- 1 enrollee was homeless: Yearly Threshold < 12
- 100% of AOT consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

Morris

In its fifth year of operation, AOT has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT 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 2020, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

- 0 enrollees went to a local ER for screening: Yearly Threshold ≤ 48
- 0 enrollees were admitted to Long Term Care: Yearly Threshold ≤ 24
- 1 enrollee was arrested: Yearly Threshold ≤ 24
- 1 enrollee was incarcerated: Yearly Threshold ≤ 24
- 4 enrollees were voluntarily hospitalized: Yearly Threshold < 24
- 0 enrollees were homeless: Yearly Threshold < 24
- 100% of AOT consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

Consumer Satisfaction Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

AOT Highlights

Essex

- During the past fiscal year, fifteen (15) consumers were able to successfully accomplish their goals with the least amount of intervention from AOT and graduate from the program.
- AOT Program Director, AOT Psychiatrist, and MHAEM Chief Executive Officer attended the AOT National Symposium and Learning Collaborative in Ohio, where they

had an opportunity to share and receive resources from AOT program providers from all around the country.

- AOT implemented psychoeducation groups for consumers transitioning or approaching gradation from AOT. These groups focused on raising consumers' self-awareness regarding their emotions, identifying and establishing social supports outside of AOT and education on the importance of medication adherence.
- AOT continued to collaborate with and educate staff at all Essex County Screening Centers, six Short Term Care Facilities, Essex County Hospital Center (ECHC), state psychiatric institutions and private hospitals.
- Program met with various hospitals in the community in order to educate hospital staff about AOT.
- AOT met with several outpatient mental health treatment providers, as well as housing and substance abuse treatment providers, to educate them on this program.
- AOT consumers, in collaboration with all other MHAEM adult programs, participated in a holiday party.

Morris/Sussex

- In October 2019, Program Director, alongside Quality Assurance Coordinator presented to a national audience at the 2019 Zarrow Mental Health Symposium in Tulsa, Oklahoma on "Rethinking Recidivism: Utilizing Performance Improvement Techniques".
- AOT continued to collaborate with and educate staff at the Saint Clare's Behavioral Health inpatient unit and screening center, as well as Greystone Park Psychiatric Hospital (GPPH).
- AOT met with several outpatient mental health treatment providers to educate them on this program.
- During the past fiscal year, eleven (11) clients from Morris County, and three (3) clients from Sussex County were able to successfully accomplish their goals and graduate from the program.
- During FY 2020, AOT staff assisted clients with advocating for themselves through voting. AOT staff were able to accomplish this by assisting clients with registering to vote and by encouraging clients to get to the voting polls to vote for someone who is aligned with their personal beliefs.
- Program Director continued to attend rounds at Short Term Care Facility at Newton Medical on a regular basis in order to collaborate and educate staff.
- AOT continued to collaborate with and educate staff at the Newton Medical Center's inpatient unit and screening center.
- Program Director provided trainings on AOT to several outpatient mental health treatment providers to educate them on this program.
- AOT continues to collaborate with local law enforcement agencies to utilize Crisis Intervention Team (CIT) trained officers to successfully respond to clients during times of crisis. Throughout FY 2020, AOT Program Director provided a total of 11 hours of mental health training to 45 individuals from law enforcement through CIT training.
- AOT consumers, in collaboration with all other MHAEM adult programs, attended a picnic at Hedden Park and a holiday party held by Holiday Express.

System Advocacy

AOT 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). All counties participate in their perspective county's Systems Review Committee (SRC). SRC is a monthly meeting convened by the Mental Health Administrator of that 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. Each county also participates in the Statewide IOC Directors' meeting convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings is 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 and protocols of the IOC programs.

AOT also participates in the following county specific meetings, task forces, and committees:

Essex

- **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.

Morris

- **Acute Care Meeting** is a monthly meeting convened by the Director of Screening Services at Saint Clare's Behavioral Health. 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 the mental health system in the county.

Sussex

- **Law Enforcement/Mental Health Meeting** is a quarterly meeting convened by the Sussex County Prosecutor's Office. The purpose of these meetings is to meet with community providers, local law enforcement, and the court system to identify service gaps, and to provide education and advocacy on the needs of mental health consumers within the county.
- **Mental Health Board Meeting** is a monthly meeting convened by the Sussex County Mental Health Administrator to promote access to and availability of efficient, adequate, integrated health care services for adults with serious mental illness and/or substance use disorders.

Upcoming Year Recommendations

Essex, Morris & Sussex

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

Projects for Assistance in Transition from Homelessness (PATH)

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 consumer's 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 that 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 and Morris counties 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. It is the belief of the program that with PATH's wraparound support and access to basic needs, our consumers will achieve a higher quality of life.

Essex and Morris PATH programs are fully participating in the respective counties Coordinated Entry system as required by the U.S. Department of Housing and Urban Development. This process is a systemic response to homelessness that strategically allocates resources and uses a Housing First approach to gaining access to shelter and permanent housing.

COVID-19 Response

PATH had to change service delivery starting in March of 2020 due to the COVID-19 pandemic. Following the CDC recommendations, services that were being provided face-to-face were quickly changed to telecommunication. Consumers were informed of these changes in real time and gave consent for PATH to provide telecommunication services before moving forward. Services were modified for consumers who were considered high risk and were unable to complete certain tasks on their own, i.e., food shopping was completed on behalf of the consumer to ensure the safety of each consumer. PATH staff schedules were changed to decrease the amount of individuals in the office as per CDC recommendations and modified services continued without any interruption. PATH staff were provided with the necessary personal protective equipment to utilize while in the office and in the field and were provided with instructions from MHAEM's Health Home Department to ensure services were being provided as safely as possible. PATH staff continue to meet the unique needs of the consumers served either through telecommunication, services on behalf of consumers (food shopping/food delivery to the consumer), or through safe, socially distant case visits.

Essex

- PATH Registered Nurse continues to hold health education groups via web-based services on a monthly basis. Groups being held consist of education/support surrounding the COVID-19 pandemic, education on coping mechanisms and ways to decrease isolation during this time.
- PATH Director collaborated with The City of Newark in their effort to create two shelters; one shelter to quarantine homeless individuals who tested positive for COVID-19 and one low-barrier shelter for homeless individuals who were negative for COVID-19.
- PATH Program Director and Director of Self-Help, Advocacy and Education provided training to the staffing at the low-barrier shelter on mental health symptoms, substance use, de-escalation techniques, and crisis resources.
- PATH provided bi-weekly outreach services at the low-barrier shelter outside the shelter, under a tent and by following CDC recommendations to engage individuals into PATH services. PATH enrolled over 30 individuals into services due to these efforts.
- PATH worked with The City of Newark, The Salvation Army of Newark, and Bridges Outreach to screen and prioritize individuals at both new shelters to obtain Newark Housing Authority vouchers that will result in permanent housing for over 150 consumers.

Morris

- PATH Program Director, Director of Self-Help, Advocacy and Education and Director of CSS partnered with six houses of worship, Interfaith Food Pantry and Joi's Angels to ensure a steady flow of food was brought into the PATH pantry to be delivered to consumers who did not have access to food.
- Outreach Specialist's role was shifted to focus on food delivery during quarantine months as well as engage with consumers residing in motels who were in need of PATH services.
- Edna's Haven Resource Center staff assisted the Faith Kitchen of Trinity Lutheran Church with providing curbside food distribution out of the soup kitchen when volunteers were not willing to come into the community.

Caseload

Since July 1, 2019, Projects for Assistance in Transition from Homelessness (PATH) outreached a total of five hundred seventy-five (575) homeless and those at imminent risk of homelessness across both counties. Of those outreaches, three hundred thirteen (313) consumer received case management services through the PATH program. PATH provides weekly outreaches in the community including all townships spanning from the farthest corner of Essex County to the farthest point of Morris County wherever homeless are reported. Areas outreach include but are not limited to: Newark International Airport, Newark Penn Station, Morristown and Dover train stations, and other local stations, local drop-in centers (including Salvation Army Montclair and

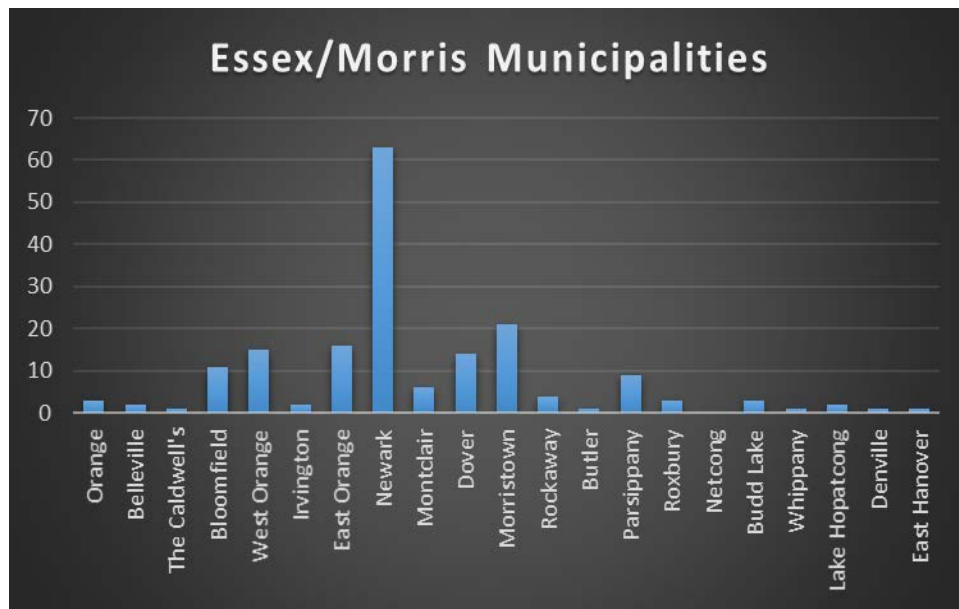
NJCRI, Edna's Haven, Our Promise Community Soup Kitchen, Dover Faith Kitchen), as well as other local churches and soup kitchens.

Referrals were received from all local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, Saint Michael's Medical Center, Morristown Medical Center, Saint Clare's Hospital, Summit Oaks, Bergen Regional, Chilton Hospital, as well as outpatient treatment centers), local police departments (including Montclair, East Orange, West Orange, Orange, Irvington, Caldwell, Verona, Nutley, Essex County Sheriff, NJ Transit Police, NJ/NY Port Authority Police, Morristown Police, Dover, Jefferson, Parsippany, Budd Lake, Netcong, Lake Hiawatha and any other municipalities that identify homeless) as well as other social service providers. Referrals are also obtained through the Coordinated Entry wait list.

Demographics

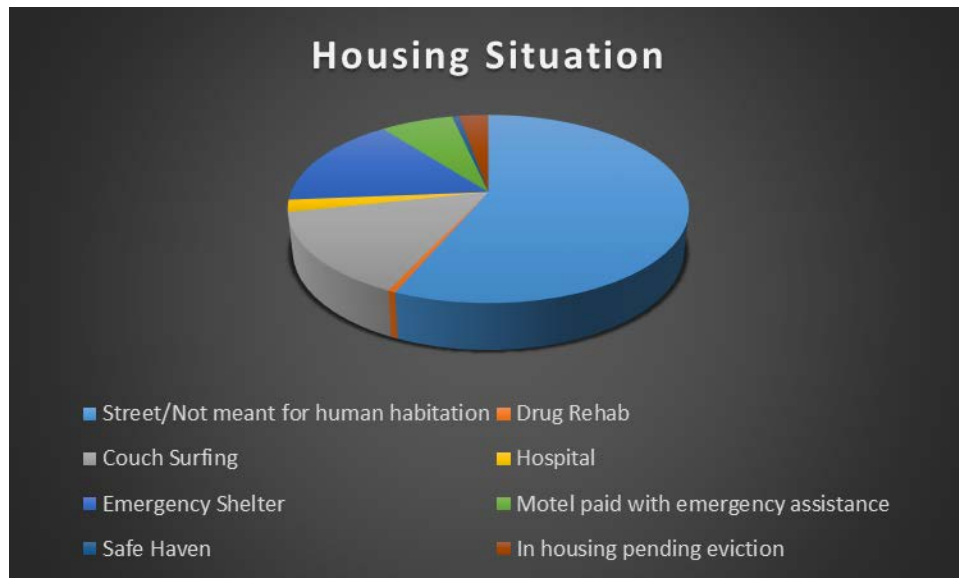
On June 30, 2020, the active caseload for Essex and Morris Projects for Assistance in Transition from Homelessness was one hundred eighty-five (185). On this date there were; males 102 (55%) and females 80 (43%) and transgender 3 (3%). The self-reported ethnicities of the consumers were as follows: Hispanic/Latino 20 (11 %) and Non- Hispanic/Latino 149 (81%). The self-reported races of the enrolled consumers with PATH are as follows: Multiple Races 4 (2%); Other 0 (0%); Caucasian 65 (35%); African-American 115 (62%); and Asian 1 (1%). Others serviced did not wish to provide this information.

PATH makes every effort to provide services to homeless consumers throughout Essex and Morris Counties, with the understanding that homelessness does not only afflict consumers in the urban municipalities. The following reflects the municipality in Essex and Morris County where the consumers reported they slept the night before being outreached by PATH: three (3) Orange; two (2) Belleville; one (1) The Caldwell's; eleven (11) Bloomfield; fifteen (15) West Orange; six (6) Irvington; sixteen (16) East Orange; sixty-three (63) Newark; six (6) Montclair; fourteen (14) Dover; twenty-one (21) Morristown; four (4) Rockaway; one (1) Butler; nine (9) Parsippany; three (3) Roxbury Township; zero (0) Netcong; three (3) Budd Lake; one (1) Whippany; two (2) Lake Hopatcong; one (1) Denville; one (1) East Hanover.



Consumers outreached by the PATH program reported sleeping in the following locations the night before engagement. Street or place not meant for human habitation 324 (56%); Emergency Shelter 91 (16%); Safe Haven 4 (.06%); Drug rehab 3 (.05%); Motel paid with emergency assistance 40 (7%); couch surfing 84 (15%); inpatient hospital 12 (2%); housing pending eviction 16 (2%).

Of enrolled consumers, 87 (47%) 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

Essex PATH services are provided by one Director, one master's 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.

Morris PATH services are provided by one master's level Director, one Peer Outreach Case Manager, four Case Managers, one part-time Resource Navigator for Coordinated Entry and one part-time Resource Center Coordinator. Staff are culturally diverse and represent the consumers served. PATH has one staff fluent in Spanish. In the event a case manager is unavailable for live translation, staff utilize a Language Line, which is capable of translating 200 languages.

Performance Outcomes

PATH participates in the agency-wide Quality Assurance Committee (QA), which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHAEM program.

As tracked by the QA Committee, PATH's performance indicators measure the number of homeless reached through outreach in the community and the number of homeless engaged in PATH services. 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 this fiscal year, Essex and Morris PATH outreached five hundred seventy-five (575) individuals or 86% of the contract commitment and serviced three hundred thirteen (313)

individuals or 104% of the contract met. During the past fiscal year, PATH successfully linked to the following services: one hundred sixteen (116) to Community Mental Health; forty-four (44) to substance abuse treatment; eight-two (82) to financial benefits; seventy-seven (77) to temporary housing; eighty-four (84) to permanent housing; thirty-four (34) to medical/dental; and eighteen (18) to rehabilitation/habilitation services.

In addition, 100% of PATH enrollees in Essex and Morris Counties 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

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

PATH Highlights

MHAEM’s PATH program has been servicing the homeless in both counties as one entity since August 1, 2017. This year, our most proud accomplishment is seventy-eight (78) chronically homeless individuals with severe and persistent mental illness and co-occurring substance abuse disorders have a place to call home.

Essex

- 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 bus tickets.
- PATH Director participated in the U.S. Department of Housing and Urban Development (HUD) mandated Point-In-Time Count for the entire County of Essex. Due to the COVID-19 pandemic, official results of the count have not yet been obtained.
- PATH outreach staff participated in the NJ Transit Police Department’s Community Officer’s monthly table event to engage homeless individuals in Newark Penn Station into services. The monthly table events resulted in over 20 consumers being enrolled into PATH.
- PATH Director worked closely with local police departments. Upon request from the police departments, PATH Outreach staff would engage homeless individuals throughout Essex County and would link individuals to shelter placement, detox programs, or mental health treatment, when appropriate.

Morris

- PATH Director and staff organized and staffed this year's Morris County Project Homeless Connect as we have for the past nine years. During this event, PATH staff were able to outreach over 120 homeless individuals and provide care packages that included toiletries, snacks, Dunkin Donuts gift cards, coats, clothing and much more. Forty agencies attended to offer services and 37 haircuts were provided at the event.
- The PATH Director served as the press coordinator for the U.S. Department of Housing and Urban Development (HUD) mandated Point-In-Time Count for Morris County. Due to the COVID-19 pandemic, we have not received the reported outcomes of the count for 2020.
- The PATH team attended to the local warming centers to provide assessment for services during Code Blue. Staff ensured that all unsheltered individuals had a place to stay on the nights Code Blue was called and advocated for placement to be extended until May 31, 2020.
- The PATH program shifted its focus of service to meet food insecurity needs during the COVID-19 pandemic by delivering food and hygiene products to homeless shelters, motels and the streets.
- Despite the mandatory quarantine and barriers to access housing, the PATH program was able to house 17 individuals during pandemic months.

Advocacy

Essex

- PATH Director is a voting member for the Essex County Continuum of Care (CoC)/Comprehensive Emergency Assistance System (CEAS).
- Member of the Outreach Committee for the Essex County Continuum of Care (CoC)/Comprehensive Emergency Assistance System (CEAS). Through this committee, PATH outreach staff participated in organized outreaches with 10+ agencies to provide
- regular outreach and develop a list of the county's chronically homeless to assure they are prioritized for housing.
- Member of the CoC/CEAS's Coordinated Assessment Committee - this is a subcommittee of the CoC/CEAS and is used to develop a HUD mandated Coordinated Entry (No Wrong Door) into the homeless service system.
- Member of the CoC/CEAS's Housing and Homeless Prevention Committee - this is a subcommittee of the CoC/CEAS and is used to develop strategies to house and maintain housing for individuals.
- 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.

Morris

- Member of the Morris County CoC/CAS (Community Assistance Services) Committee. This committee is tasked with planning and coordinating the delivery of emergency services to the homeless and those at risk of homelessness.
- PATH Director remains chair of the Project Homeless Connect/Everyday Connect Committee. This is a subcommittee of the CoC/CAS used to organize and plan the county annual Project Homeless Connect Event as well as coordinate service providers to visit local drop in center sites on a rotating basis to allow “everyday access” to needed services for the homeless. Due to the COVID19 pandemic the mission statement of this committee has been re-focused to work toward ensuring access to needed services in Morris county is available to homeless individuals every day rather than just one day a year.
- Member of the CoC/CAS’s Coordinated Assessment Committee. This is a subcommittee of the CoC/CAS and is used to develop a HUD mandatory coordinated entry (No Wrong Door) into the homeless service system.
- Member of the CoC/CAS’s Data Quality and Performance Evaluation Committee. This is a subcommittee of the CoC/CAS and is used to track homeless systems and housing systems quality of care and compliance with contracts.
- Member of the Code Blue subcommittee tasked with improving the procedure for Morris County which resulted in a small committee developing to include local service providers partnering with the Office of Temporary Assistance, local fire departments and the Office of Emergency Management to develop a solution to meet the new legislative mandate to provide warming centers in municipalities that have 10 or more homeless residents. No reported environmental deaths occurred this year.
- Quarterly DMHAS’s PATH Coordinators Meeting

Edna’s Haven Resource Center (Morris)

The mission of Edna’s Haven is to offer temporary relief from the pressures of homelessness and poverty and to provide companionship and constant inspiration. We will use positive encouragement, our time, talents and existing community resources to provide a safe and welcoming daytime refuge for all, foster self-sufficiency, renew hope, give comfort and enrich lives.

Edna’s Haven Resource Center was founded in January 2012 and is open from 1:00pm to 5:00pm, Monday through Friday, at the Trinity Lutheran Church in Dover, NJ. Homeless individuals come to the resource center for relief from the pressures of homelessness. The center offers refreshments, public restrooms, computer and Wi-Fi access, movies and a variety of enrichment activities. From the moment they walk in the door, regardless of how much information they are willing to share, they can begin receiving assistance immediately with no formal intake process. The center is equipped with resource materials of various community service providers for linkage and referral based on the individuals need. Services provided include but are not limited to, skills groups, presentations by third party service providers, health screenings, job searching/resume writing, transportation resources including bus passes,

assistance with locating temporary shelter, food and clothing. Edna's Haven also serves as a mailing address for homeless individuals to ensure they receive important mail pertaining to benefits, health care and other entitlements.

When a person enters the center, Edna's Haven Coordinator is there to greet them, offer refreshments and sign them in. A small profile of the individual is created in an electronic health record, which may consist of any amount of information they are willing to share. Once further trust is developed and they begin to share more information, the Coordinator can determine if the individual is eligible for PATH or other case management services. Edna's Haven staff use a progressive engagement model to link each individual to any service they might need based on their situation.

Edna's Haven Resource Center has been an access point for the Morris County Coordinated Entry System for its first full year. This project was developed in response to the U.S. Department of Housing and Urban Development (HUD) Continuum of Care priority to create a systemic response to homelessness that strategically allocates resources and uses a Housing First approach to gaining access to shelter and housing. A Resource Navigator is stationed at Edna's Haven specifically to assist individuals in need of shelter and housing to bring them through the process of coordinated entry. The Resource Navigator serves as a point of contact to individuals on the county shelter and housing wait list and directs each individual to any other needed resources.

Caseload

Edna's Haven uses a drop-in center model and does not hold a formal caseload. A log of visitors is kept to determine how many individuals are served each year. Contact information is collected so follow-up is possible, when necessary.

Demographic

Due to the structure of the resource center and informal intake process, specific demographic information is not required. Although all are welcome, the population served generally come from the Dover, Rockaway, and Roxbury Townships because the center is easily accessible to them on foot or through public transportation.

Personnel

Edna's Haven services are overseen by the PATH Morris Director - master's level, one part-time Coordinator – bachelor's level, one Resource Navigator – bachelor's level, dedicated to Coordinated Entry and two volunteers. The MHAEM staff are culturally diverse and represent the consumers served. One Spanish speaking case manager is available on an as needed basis to assist the resource center staff with communicating with the Spanish speaking population. In the event the case manager is unavailable, the resource center staff utilize a Language Line, which is capable of translating 200 languages.

Performance Outcomes

Edna's Haven participates in the agency-wide Quality Assurance Committee (QA), which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHAEM program. During this fiscal year, Edna's Haven provided 326 linkages to services and resources to individuals who visited.

COVID-19 Response

Due to the COVID-19 pandemic, the resource center has had to make some safety modifications to service delivery. Since March 2020, the resource center suspended all guests from entering the building and provided assistance curbside to provide food and linkage to resources. As supplies became available, the center was able to invite one person in at a time for walk-in case management while observing safety recommendations from the CDC. All guests are required to wear a mask prior to entering the building. If they do not have access to a mask, one is provided to them. All guests must sanitize their hands prior to entering and again upon exiting. A log of visitors who enter the building is kept along with contact information so telecommunication follow-up can be provided. The center is now offering a weekly virtual support group through video call. Individuals who do not have access to video technology are welcome to phone in to the conference line to participate.

Consumer Satisfaction Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

Edna's Haven Highlights

- The center continued to partner with Atlantic Health System to have free quarterly HIV screenings along with counseling services to discuss results until required to stop agency visitors.
- Provided many needed items to homeless individuals including winter coats, blankets, scarves, hats and hand warmers, hygiene products, bus passes, etc. In the warmer months, guests were provided with sunscreen, bug spray and chapstick.
- Edna's Haven Coordinator organized two small curbside canned food drives so there would be food available for consumers who needed emergency food.
- Center for Addiction and Recovery Services (CARES) held all weekly recovery meetings at the center to discuss maintaining sobriety in an open, non-therapy format until this service was required to stop due to in-person gathering restrictions of COVID-19.

- HOPE One and Navigating Hope mobile outreach vans were stationed outside of Edna's Haven once a month to provide NARCAN training, kits and access to mobile social services.
- Edna's Haven partnered with Zufall Health Clinic to get individuals tested if they suspected they had COVID or were experiencing symptoms.
- Acted as a mailing address for homeless individuals to ensure they do not miss important mailings related to housing, financial benefits, etc.

Self-Help, Advocacy and Education

Self-Help, Advocacy and Education had to change service delivery starting March of 2020 due to the COVID-19 pandemic. Following the CDC recommendations, services that were being provided face-to-face will be modified until the public health crisis permits. Self-Help, Advocacy and Education staff worked their normal schedule and modified services continued without any interruption. Staff was also provided with the necessary personal protective equipment to utilize while in the office and out in the field and were provided with instructions from MHAEM's Health Home Department to ensure services were being provided as safely as possible.

Self-Help, Advocacy and Education includes the following programs and services:

- I. Community Education - Mental Health First Aid
- II. Hope One
- III. Mental Health Players
- IV. Peer-to-Peer Support Line
- V. Social Club
- VI. Community Companion
- VII. Information and Referral Services
- VIII. Mental Health Resource Network
- IX. Mental Health Faith Liaison Program
- X. Self-Help Programs
 - a. Exercise Group
 - b. Community Garden
 - c. Community Rides
 - d. All About You
 - e. Advocacy
- XI. Elizabeth T. Dorl Educational Assistance Fund
- XII. Peer Support to Greystone

I. Community Education – 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. We also provide community education programs to alleviate the stigma of mental illness.

Personnel: One (1) Master's Level Program Director, One (1) Master's Level Assistant Program Director, One (1) Associate's Level Case Manager, One (1) Program Coordinator. Three employees are trained and are nationally certified as Mental Health First Aid Instructors.

Data and Highlights: Throughout this fiscal year, the MHAEM conducted 14 separate 8-hour Mental Health First Aid classes in either the Senior, Adult or Youth Module and certified over 240 individuals as Mental Health First Aiders. In addition to providing resources and services, the MHAEM provided trainings and

presentations to approximately 2,500 attendees, at over 45 schools, houses of worship, healthcare staff, partial care programs, police officers, public library staff, senior programs, support groups, Chambers of Commerce, Congresswoman Mikie Sherrill's office, as well as participated in community festivals and fairs throughout the fiscal year. They included Montville Day, Girls, Guts, and Glory, Morristown Festival on the Green, Denville Energy Assistance, Project Homeless Connect, Atlantic Health Suicide Awareness, United Way Caregivers Conference and Caregivers Meetings, West Orange Police Department, William Paterson University, Saint Elizabeth University, and the play *Every Brilliant Thing*, and Recovery Sunday, Artistic Academy.

As of March 2020, presentations and trainings that could be completed virtually for the community, organizations, houses of worship, etc., were. Self-Help, Advocacy and Education staff participated in virtual panel discussions, presentations and trainings that addressed a variety of topics and issues. Some of the titles and topics are Faith, Spirituality and the Connection to Mental Health, Mental Health and COVID-19, Maintaining Your Mental Health During COVID-19, Mental Health and Suicide Awareness, Overview of Mental Illness and De-escalation, and Breaking the Stigma.

II. Hope One

Description: Hope One is a mobile outreach vehicle that travels around Morris County offering access to addiction and recovery services. The Morris County Sheriff's Office is partnered with the Center for Addiction Recovery Education and Success (CARES), the Morris County Department of Human Services and the Mental Health Association of Essex and Morris, in this combined effort to combat the opioid epidemic. Hope One is able to provide clients immediate access to services and treatment facilities, putting them on the road to recovery and wellness. In addition, NARCAN training and kits are provided at no cost to family members and friends of those suffering from opiate addiction.

Personnel: One (1) Peer Recovery Specialist (from CARES), One (1) Sheriff Officer (from Morris County Sheriff's Office) and One (1) mental health professional (from the Mental Health Association of Essex and Morris) and an occasional volunteer and/or intern that is able to join the team on the truck.

Data and Highlights: Hope One has continued to make amazing strides in combating the opioid epidemic not just in Morris County, but throughout the state of New Jersey. From July 2019 – June 2020, the truck has made 134 stops, 4,272 community contacts. From the truck, 31 people went to rehab/recovery services, 41 people received mental health services, 660 people were NARCAN trained and several hundreds more received other services, given brochures, gift cards, toiletries, and food. In addition to those services, PAARI (Police Assisted Addiction and Recovery Initiative) which provides law enforcement support, resources and assistance for individuals who are struggling with addiction and mental health issues. Hope One has assisted other counties to launch or are in the process of launching their own Hope One Van. In October 2019, Hope One received an award by the International Association of Chiefs of Police and the Security Industry Association for the great work being done and working so well with community partners. As a result of being recognized internationally, Morris County Freeholders presented Hope One and its community partners with a Proclamation.

In the beginning months of the pandemic, the Hope One vehicle did not go out, however, services were being delivered. Hope One provided Narcan trainings virtually and delivered the Narcan kits and certificates to participants at a later date. The Hope One team provided education, linkage, and meals to the community at local food pantries, soup kitchens, and churches.

As of May 1st, Hope One resumed its normal hours and days of operating and some weeks they go out additional days to provide services, education and trainings as it did prior to COVID-19.

III. Mental Health Players

Description: Mental Health Players educate audiences through interactive role-plays to address important issues such as employment issues, staff conflicts, aging, drug/alcohol abuse, parent/child conflicts, and mental illness. Role-playing is an effective way to engage audiences and encourage interaction where lectures and other traditional methods of education can leave audiences cool and unresponsive. Performances last approximately one hour and consist of 2-3 role-plays. They can be scheduled at varying times of the day or evening at almost any location.

Personnel: One (1) Master's Level Assistant Director of Self-Help, Advocacy and Education and 13 volunteers (currently).

Data and Highlights: There has been six performances by the Mental Health Players for over 431 audience members in the 2019-2020 fiscal year. These performances were done for Dover High School, CARES breakfast and Employment Horizons.

IV. Peer-to-Peer Support Line

Description: Peer-to-Peer Support Line is a warm line that is staffed by mental health consumers for people with mental illness. The hope and goal of this service is to provide telephone peer support to mental health consumers in lieu of costly and intrusive emergency psychiatric services. Per the sub grant requirement, the Line is expected to provide 1,460 Peer Line Service hours to a minimum of 160 unduplicated clients during the year. All Peer-to-Peer Support Line staff complete an individualized training program prior to working on the Line. The Line operates 7 days a week, 365 days a year from 5pm-10pm. Callers are able to call in using three (3) separate lines and are provided peer counseling support services by trained staff.

Personnel: 16 Peer Line Staff

Data and Highlights: A third line and an additional staff was added due to the increase in call volume. The Peer-to-Peer Support Line provided hope, encouragement and resources to 273 people during 4,734 hours of calls to the Peer-to-Peer Support Line.

During COVID-19, MHAEM saw that there was a need for callers during the day to have someone to talk to for support and comfort. Therefore, Peer-to-Peer Support Line had daytime hours. One line operates Monday – Friday from 11:00am -2:00pm and three lines operate 7 days a week, 365 days a year from 5pm-10pm. Callers are able to call in using three (3) separate lines and are provided peer counseling support services by trained staff.

V. Social Club

Description: Social Club provides low to no cost activities for individuals with a history of hospitalizations, homelessness or are at risk of hospitalization and are residents of Dover, Morristown, Boonton and surrounding areas. The Club allows individuals to meet people, make friends, and take part in social events. It promotes health and wellness and provides a social support network for mental health consumers. The program operates every Tuesday evening and Saturday afternoon. There are central meeting spots to pick up individuals and additional pickups are available.

Personnel: Two (2) Part-Time Social Club Directors and One (1) Bachelor's Level Social Club Director.

Data and Highlights: During the 2019 – 2020 fiscal year, The Club held 89 group sessions, 4,383 units of service was delivered and 65 consumers were served. The number of clients served this fiscal year has been impacted due to COVID-19.

Self-Help, Advocacy and Education continues to hold socialization groups via web-based services twice a week. Groups being held consist of trivia games, fun facts, Family Feud, etc. Consumers are also encouraged to participate in all of the wellness groups hosted by the nurse at MHAEM. Consumers who would typically take part in other activities offered were called weekly and provided education/support surrounding the COVID-19 pandemic, education on coping mechanisms, and utilizing the social media, text, emails and other ways to decrease isolation and to stay connected with loved ones. Staff also put together care packages that included handmade magnets, journals, pens, markers, adult coloring books and delivered them to consumers.

VI. Community Companion

Description: The Community Companions Program provides one-to-one companionship and assistance in daily living for people with mental illness. The goal of the program is to increase socialization and general wellness. Volunteers visit the client at least 2 hours a week, participating in mutually agreeable activities. Together they find new socialization opportunities and share in a supportive friendship. Volunteers commit to being paired with consumers for 3 months. They can then decide if they would like to extend the pairing or be paired with someone else.

Personnel: Nine (9) Volunteers

Data and Highlights: This fiscal year, six consumers were paired with a volunteer and 326 pairing hours were completed.

Companions of the program continued to work with the consumer they were matched with and provided companionship through weekly telephone conversations and letters during the pandemic.

VII. Information and Referral

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 Parsippany office. It also involves responding to requests for mental health services from individuals who walk in off the streets, communicate through e-mail, or make inquiries on the agency's website. Most agency requests for information and referral are handled by the staff of Self-Help, Advocacy and Education.

Personnel: One (1) Master's Level Program Director, One (1) Master's Level Assistant Program Director, One (1) Coordinator, One (1) Associate's Level Case Manager.

Data Highlights: Data collected revealed that a total of 790 documented requests for information and referral were received in this 2019-2020 fiscal year. Most requests were related to finding a therapist in the community. Self-Help, Advocacy and Education staff have provided information about mental illness and mental health resources to participants of several community health fairs. Others included schools, Community Festivals, Atlantic Health, Hike for Hope, Suicide Awareness Fair, Dover Health Fair, Faith Community Retreat, Project Homeless Connect, law enforcement, treatment providers and various other programs.

Information and Referral continued to operate as normal during the pandemic without any interruptions. There has been an increase in calls and referrals during the pandemic. Many people expressing fear, anxiety and depression as a result of COVID-19.

VIII. Mental Health Resource Network

Description: Mental Health Resource Network consist of over 35 houses of worship in the county that agreed to assist in helping consumers of the Mental Health Association of Essex and Morris.

Data Highlights: These houses of worship give needed resources to clients such as microwaves, furniture, cleaning supplies, bedding, pots, pans, bookcases, vacuums, coats, gloves, food, clothing, shoes and air conditioners. In addition to helping consumers, four churches have stepped up and hosted a total of four dinners serving 250 people. In December 2019, Church of God in Christ in Morristown provided 27 selected consumers with complete holiday meal boxes and personalized gifts. The Presbyterian Church of Chatham Township provided clients with gift cards, toiletries, clothing, blankets and household items for the holiday. Pine Brook Jewish Center also filled the PATH pantry with food on four separate occasions, which helped our homeless consumers enormously. In addition, the Women's Club of Morristown provided gifts to over 119 consumers, their families and children, and the United Way of Northern New Jersey provided backpacks and school supplies to 33 consumers and holiday gifts to 20 consumers. St. Peter's Episcopal Church and First Presbyterian Church of New Vernon believe strongly in the work that is being done at the MHAEM and made monetary donations in support of that.

Self-Help, Advocacy and Education connected with six of the houses of worship from the Mental Health Association Faith Resource Network during the pandemic to help meet the food needs of our consumers. Pine Brook Jewish Center, First Presbyterian Church of New Vernon, Presbyterian Church of Chatham Township, and Chabad Randolph have raised money and/or held a food drive. All the donations have filled our food pantry with non-perishable food. St. Peter's Episcopal Church and Notre Dame of Mount Carmel Church provide weekly donations of non-perishable food for the pantry. These two houses of worship have also assisted in getting the MHAEM community garden cleaned, watered, etc. since consumers cannot tend to the garden at this time. Notre Dame of Mount Carmel Church also provides prepared lunches Monday – Friday to over 75 consumers. In addition to food donations from the houses of worship, weekly donations from West Essex YMCA, 7-11, a local bagel shop, a local deli and a local pizzeria have feed our consumers and their families. This food is distributed to all four counties served by MHAEM and has helped individuals living independently, individuals in boarding homes, in the shelter, and individuals experiencing homelessness.

Self-Help, Advocacy and Education has also connected with two non-profits during COVID-19 that provided needed items to consumers.

- Healthy Right, a non-profit whose mission is to raise awareness about mental health, substance misuse and homelessness in youth. Healthy Right put together 160 mental health kits during this pandemic for MHAEM consumers. The kits contained positive messages and self-care items such as tea bags, bath bombs and inspirational quotes. These mental health kits were distributed to consumers across all four counties served by MHAEM.
- Girls Helping Girls. Period. They believe feminine hygiene is a matter of basic health and dignity. They are dedicated to educating people on the need and collecting/distributing products. Those items are not covered by food stamps and some families are forced to cut back or choose other critical

purchases. This wonderful organization donated 15,336 feminine products for our clients throughout the agency.

IX. Mental Health Faith Liaison Program

Description: Clergy are on the front lines in addressing mental health in the community, but often feel ill equipped to address the issues that come before them. In response to requests from area clergy members for added support in addressing the mental health challenges that arise among their congregants, the Mental Health Faith Liaison Program was created. The program includes three components:

- a. Direct Clinical Support – Once a faith leader identifies a mental health challenge in their congregation, they can refer the congregant to MHAEM through a written referral. Depending on the need, the MHAEM will send a licensed therapist, addiction specialist or geriatric care manager to meet with the congregant for up to ten free sessions. These sessions are meant to diagnose the problem and provide a clear pathway to resolution.
- b. Information and Referral – Offering information and referral to clergy, individuals and families to mental health programs and a variety of community resources.
- c. Education About Mental Health Issues:
 - Mental Health First Aid** - an 8-hour training that teaches people to recognize the symptoms of a mental health issue and utilize appropriate strategies to intervene.
 - Speakers, Roundtables and Presentations** - designed to meet the needs of your group or congregation. Some topics include stress management, addiction, mental health, suicide, etc.
 - Mental Health Faith Resource Network** - an opportunity for congregations to provide material support to the consumers of the MHAEM.

Personnel: Six (6) Licensed Consultants, One (1) Licensed Geriatric Care Manager Consultant

Data and Highlights: In the 2019-2020 FY, 19 presentations/groups and 1 Mental Health First Aid class were given. In total, over 700 attendees were present during the presentations/groups on grief, mental health, anger management, suicide, mental health services, and mental illness in the aging population. Twelve (12) people were certified in Mental Health First Aid. Funding for clinical services ended in January 2020, however, referrals continue to come in from 11 houses of worship that were linked to programs within the agency or in the community. In addition, one of the licensed consultants provided free counseling to three individuals who were struggling with isolation, loneliness and anxiety during the pandemic. MHAEM is actively exploring funding options for the program.

X. Self-Help Programs

Description: Consumer Advocacy Program provides opportunities for mental health consumers discharged from psychiatric hospitals to have companionship, socialization, personal wellness and mobility as a way to help them stabilize in the community. Several self-help groups are facilitated in hopes of allowing people with mental illness to develop skills necessary for independence and to have normal, healthy lives that include socialization and recreation.

Personnel: One (1) Master's Level Program Director, One (1) Master's Level Assistant Program Director, One (1) Coordinator, Two (2) Part-Time Van Drivers

Data and Highlights: Consumers were informed of program changes as a result of the pandemic in real time. Self-help programs were held virtually for consumers. Staff checked in with consumers weekly to give support and tools to help them maintain their mental health while at home. Services were modified for consumers to make sure their basic needs were being met, i.e., picking up their food supply from the food pantry, delivering personal hygiene products, water and food to consumers.

- a. **Exercise Group** which focuses on physical wellness through exercise. Eighteen sessions were held with participation by 90 people.
- b. **Community Garden** involves mental health consumers developing and tending a community garden to help them stay active in the community and contribute to the community. One hundred pounds of produce was donated to the food pantry and shelter. Over 24 hours, collectively, was spent at the garden.
- c. **Community Rides** facilitates independent living for people who have been discharged from psychiatric hospitals by helping them to meet their basic needs in the community. Approximately 920 trips were provided to over 40 consumers.
- d. **All About You** helps consumers create a positive self-image of themselves. Once a week, up to 10 consumers are transported to Artistic Academy Beauty School to get manicures, pedicures, facials, or haircuts. The goal is to have their beautiful outside appearance help them feel positive and beautiful on the inside. This fiscal year, 24 sessions were held for 168 individuals.
- e. **Advocacy** which is commonly known as CAP, is a self-help and consumer advocacy group. Over 60 CAP consumers were active and vocal in helping to create a mental health system that is more responsive to their needs.
- f.

XI. Elizabeth T. Dorl Educational Assistance Fund

Description: The MHAEM recognizes that a large percentage of people living with mental illness develop their illness during their young adulthood, a time when many are seeking to further their education or begin their careers. The onset of mental illness can be such a detriment to those afflicted that many are never again in a position to fulfill educational and vocational goals and dreams.

Data and Highlights: The MHAEM Educational Fund allows consumers of mental health services, who are eligible, to receive an Educational Certificate valued up to \$1,000. In the fiscal year, this fund allowed the MHAEM to help three consumers to fund educational pursuits such as professional certification classes and educational classes to obtain high school diploma.

XII. Peer Support to Greystone

Description: No one understands what it's like to be hospitalized at a state psychiatric hospital more than someone who has already been there. The Peer Support to Greystone program provides mental health consumers, who have successfully transitioned from the hospital into the community, the opportunity to speak to those currently hospitalized to share experiences and provide hope.

Data and Highlights: In the 2019-2020 fiscal year, MHAEM peer representatives visited with 33 patients at Greystone Park Psychiatric Hospital.

Get Out The Vote

This year being a major election year, we want our clients and staff to vote for the chance to have their voices heard on all kinds of issues that impact their lives and the lives of others. MHAEM has made registering to vote an important advocacy initiative and topic of discussion with our clients and staff. The pandemic did not cease our effort in getting as many staff, clients and/or their family members registered to vote.

The results are as follow:

- **5** staff and **1** volunteer registered to vote
- **67** clients registered via phone or by mail and **13** changes of address completed
- **11** registered from the community
- **6** registered at the soup kitchen/food pantry (Morris County)
- **2** registered at the soup kitchen (Essex County)
- **7** registered and **2** changes of address at MHAEM Montclair office
- **23** of their residents are registered and **5** changes of address at 7 boarding homes (Essex County)
- **19** of their residents are registered and completed **1** change of address from 3 Group Homes, 4 Rooming Houses, 5 Apartment Programs (Morris County)
- Registered **5** walk-ins at MHAEM Parsippany office
- Assisted with transportation for **2** clients to vote in the primaries.

As of June 30, 2020, **146** Registered to Vote and **21** Changes of Address.

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. In response to the COVID- 19 pandemic, MHAEM has steadily followed all CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Consumer Satisfaction Survey has been postponed to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modifications of services. Consumer Satisfaction Surveys will be distributed once the public health crisis permits.

Suicide Prevention Education

We recognize that suicide is a serious public health problem and that more can be done to prevent suicides. Each year, 800,000 individuals across the entire world die by suicide. In the United States, suicide deaths have increased at an alarming pace. Suicide is now the second leading cause of death among young people. In 2018, 48,344 Americans died by suicide. Here in New Jersey, more youth have died by suicide in the first half of 2020 than in all of 2019. As an organization whose mission is all about improving mental health, the MHAEM felt compelled to take action to address this issue.

Research has proven that when increased resources are targeted at this suicide problem, it makes a difference and lives are saved. Over the last several years, the MHAEM clinical staff have responded to increasing community need and taught numerous workshops on suicide prevention. These suicide prevention workshops have been taught in Morris, Essex, Bergen, Union and Hudson Counties to numerous school faculty, administrators, educational, support personnel and to the students themselves. Other MHAEM staff have taught Mental Health First Aid courses and suicidal prevention to community groups in several counties. MHAEM staff also taught mental health/suicidal workshops for local law enforcement recognizing that this represented another important group along with first responders that needed knowledge and help on the topic of suicide.

As a large mental health organization with a presence in four New Jersey counties, the MHAEM Board of Directors, the MHAEM CEO, and senior management all felt urgently compelled to make a difference and supported the decision that the organization needed to address the issue of suicide. It was felt that all of the agency's current but fragmented suicidal prevention efforts would be more effective if they were coordinated, branded, and marketed under one program.

Description: Suicide Prevention Services' (SPS) goal is to spread awareness on suicide prevention by offering educational presentations designed for schools, communities, and specialized groups such as law enforcement, first responders, and college professionals. In addition, SPS also has two youth suicide prevention websites:

StopTeenSuicide.mhaessexmorris.org provides information on warning signs and practical ways to speak to a young person having suicidal thoughts. Furthermore, it features testimonials from young people who have attempted suicide and from those family and friends who have been impacted by those who have died by suicide.

YouAreNotAlone.mhaessexmorris.org provides guidance, comfort and hope to young people struggling with suicidal ideations, as well as coping strategies and important resources in the event they are in a crisis.

No sooner than the launch of the program, the COVID-19 pandemic hit and the delivery of services changed. The department was still able to provide the community with education about suicide prevention and mental illness through multimedia outlets, such as Zoom, Facebook, and Instagram. Along with presentations, educational videos were created and uploaded to YouTube to educate a larger population of people. These videos focused on: depression, anxiety, suicide prevention, psychosis and substance abuse.

Personnel: One master's level Program Director

Data and Highlights: Over the first 5 months since this program began, the Suicide Prevention Services program successfully launched two suicide prevention websites. By the end of July 2020, the two teen suicide prevention landing pages have received a total of 7,860 (UPDATE) Page views. Broken down by page:

- stopteensuicide.mhaessexmorris.org - 4,989 Page views
- youarenotalone.mhaessexmorris.org - 2,871 Page views

Since its inception in February, the MHAEM taught 17 presentations to over 800 individuals. These individuals included parents, teachers, support staff, youth, college professors, job counselors, visually impaired adults, community members and childcare staff. Presentations were given at Mountain Lakes School District, Clifton High School, St. Elizabeth College, Eastwick College, Dover High School, and Foundation for the Blind.

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.

Prospect House (PH)

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

Prospect Primary Healthcare

424 Main Street
East Orange, NJ 07018
973-414-6988

Center for Behavioral Health

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

Integrated Case Management Services (ICMS)

Essex Campus

80 Main Street, Suite 500
West Orange, NJ 07052
973-676-9111

Morris Campus

300 Littleton Road, 3rd Floor
Parsippany, NJ 07054
973-334-3496

Passaic Campus

530 Main Avenue
Passaic, NJ 07055
973-470-3142

Supported Employment Services (SES)

80 Main Street, Suite 500
West Orange, NJ 07052
973-395-1000

Collaborative Justice Services (CJS)Essex Campus

80 Main Street, Suite 500
West Orange, NJ 07052
973-509-9777

Morris Campus

300 Littleton Road, 3rd Floor
Parsippany, NJ 07054
973-334-3496

Community Support Services (CSS)Essex Campus

80 Main Street, Suite 370
West Orange, NJ 07052
973-509-3777

Morris Campus

300 Littleton Road, 3rd Floor
Parsippany, NJ 07054
973-334-3496

Intensive Family Support ServicesEssex Campus

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

Sussex Campus

83 Spring Street, Suite 302B
Newton, NJ 07860
973-579-4399

Assisted Outpatient Treatment (AOT)Essex Campus

80 Main Street, Suite 500
West Orange, NJ 07052
973-842-4141

Morris Campus

300 Littleton Road, 3rd Floor
Parsippany, NJ 07054
973-334-3496

Sussex Campus

83 Spring Street, Suite 302B
Newton, NJ 07860
Office (973) 579-4399

Projects for Assistance in Transition from Homelessness (PATH)

Essex Campus

80 Main Street, Suite 150
West Orange, NJ 07052
973-842-4127

Morris Campus

300 Littleton Road, 3rd Floor
Parsippany, NJ 07054
973-334-3496

Self-Help, Advocacy and Education

300 Littleton Road, 3rd Floor
Parsippany, NJ 07054
973-334-3496

Suicide Prevention Education

300 Littleton Road, 3rd Floor
Parsippany, NJ 07054
973-334-3496



33 South Fullerton Avenue
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(973) 509-9777
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