

Mental Health Association
of Essex and Morris, Inc.

2018

Management



Report

Mental Health Association of Essex and Morris, Inc.

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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 2018. 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.

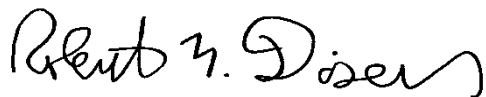
Strategically the agency advanced its mission by merging with the Mental Health Association of Morris County, Inc. to become the Mental Health Association of Essex and Morris, Inc. effective August 1, 2017. The merger ensures that the values, vision and mission of both organizations remain intact for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

MHAEM continued to focus on innovative service delivery, emphasizing wellness and recovery. The agency advanced its strategic plan, highlighted by the implementing of a \$151,000 annualized grant to provide Intensive Family Support Services in Sussex County and being awarded an approximately \$600,000 contract to provide Intensive Case Management Support in Passaic County. The agency received and implemented a numerous foundation grants across the service area. MHAEM met the service needs of the community via its counseling, case management, partial hospitalization, supportive 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 walks of life. Proudly the agency continued to be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) including an accredited Health Home post-merger, a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral healthcare, and community and social support services.

Raising mental health awareness and re-branding the merged organization was the centerpiece of MHAEM's performance for fiscal year 2018 with a concerted campaign of TV, radio, billboard, bus and train ads. Press releases concerning mental health topics and the merger were published throughout Essex and Morris County. A guest columnist article and letters to the editor by the Chief Executive Officer were published in the Star Ledger and the New York Times. Opinions pieces authored by Board members appeared in the Daily Record and the Asbury Park Press. The Chief Executive Officer and the PATH Director appeared on Caucus New Jersey with Steve Aduato to discuss mental illness and homelessness. Additional activities included participating in local events e.g. town fairs, community colleges and being a prime sponsor of the South Mountain International Blues Festival.

Advocacy on behalf of individuals with mental illness and their families was a continued focus in fiscal year 2018. MHAEM advanced its advocacy efforts with its 17th annual Legislative Breakfast attended by over 300 people, including numerous elected officials. Staff advocated in Newark, Trenton and Washington, DC for legislation, mental health funding and the care of individuals with mental illness.

The environment of care is in excellent condition. MHAEM successfully moved its Morris County offices to a new location in Parsippany, which was a significant upgrade from the prior location. 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 service.



Robert N. Davison, Chief Executive Officer

Agency Strategic Goals

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

CHIEF EXECUTIVE OFFICER

Goals and Objectives

July 1, 2018 – June 30, 2019

GOAL	OBJECTIVE / OUTCOME MEASURE
<p>1. Successfully complete the transition from Grant Funding to Fee for Service/Managed Care.</p> <p>Ref: Strategic Goal # 6</p>	<p>a. Work with Finance Committee, COO, CFO and Directors to ensure smooth transition of agency from grant funding to Fee for Service e.g. Medicaid</p> <p>Outcome Measure: Successful service provision, billing and collections as per budget.</p> <p>Target Date: Ongoing (subject to state delays)</p>
<p>2. Increase public awareness of mental health and branding of MHAEM</p> <p>Ref: Strategic Goal # 1, 4</p>	<p>a. Work with the Advocacy Committee and Director of Development to continue raising awareness. Specifically, via a branding campaign for MHAEM</p> <p>Outcome Measure – High impact media drops (e.g. Newspaper and cyber press releases, Op/Eds, etc.) and well attended events.</p> <p>Target Date: Ongoing</p>
<p>3. Continue Advocacy efforts at MHAEM</p>	<p>a. Organize 2 Legislative Breakfasts (Essex & Morris) – advocate for the following:</p> <ul style="list-style-type: none"> • Reduction in stigma • Appropriate Rates re: Fee for Services • Appropriate services • State Psychiatric Hospitals

<p>Ref: Strategic Goal # 1,2,3,4, 5</p>	<ul style="list-style-type: none"> • Housing <p>Outcome Measure – Hold well attended legislative breakfasts in each county with meaningful representation from elected officials. Quantitative action concerning the above initiatives.</p> <p>b. Meet with Office of the Governor, State Senators and Assemblymen/women in regard to the above-mentioned issues.</p> <p>Outcome Measure – Meeting with 10 elected officials. Quantitative action concerning the above funding.</p> <p>c. Meet with federal elected officials (senators, congressmen) in regard to federal issues, e.g. regulations, mental health funding, etc.</p> <p>Outcome Measure – Meet with 1 senator and three congressmen</p> <p>d. Involve board members and community supporters in advocacy efforts, e.g. legislative visits, Legislative Breakfast; letter writing, Mental Health Awareness Campaign, etc.</p> <p>Outcome Measure – 100% board involvement in at least one aspect of “hands on” advocacy and/or public awareness.</p> <p>Target date: June 30, 2019</p>
<p>4. Maintain ICMS in Passaic County</p> <p>Ref: Strategic Goal #2, 3</p>	<p>a. Working with Senior Staff and ICMS Passaic Director respond to RFP and get awarded permanent contract.</p> <p>Outcome Measure- Secure contract award.</p> <p>Target Date: June 30, 2019</p>
<p>5. Recruit new members of the Board of Directors</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with the Board, Board Chair and Nominating Committee Chair to recruit 2-3 new and diverse Board members for FY 2020.</p> <p>Outcome measure: 2-3 new Board members</p> <p>Target Date: June 30, 2019</p>
<p>6. Develop fundraising with Morris County Constituency</p> <p>Ref: Strategic Goal # 5</p>	<p>a. Working with Development Committee, Board and Senior Director of Development and newly hired Development Associate develop fundraising in Morris County as well as other potential opportunities.</p> <p>Outcome Measure: Exceed MHAEM Budget of \$374,000</p> <p>Target Date: June 30, 2019</p>

<p>7. Relocate Essex ICMS, SES, CSS, PATH and AOT to new and improved site</p>	<p>a. Working with Director of Operations and appropriate Board members and staff relocate office space to a single (if possible) site, convenient for consumers and service provision.</p> <p>Outcome Measure: Relocate</p> <p>Target Date: June 1, 2019</p>
<p>8. Secure public grant for mental health services</p>	<p>a. Working with Senior Staff successfully secure public support for mental health services, e.g. Riskin Children Center</p> <p>Outcome Measure: secure \$100,000 of public funding</p> <p>Target Date: June 30, 2019</p>
<p>9. Continue to use technology in order to increase access to support and treatment</p>	<p>a. Work with Management staff to increase the use of technology e.g. Integrated phone system, tablets, Personal Data Devices, texting apt. reminders</p> <p>Outcome Measure – Use technology in all programs to increase service participation.</p> <p>Target Date: June 30, 2019</p>
<p>10. Secure funds to continue vehicle replacement and maintain owned facilities (33 So. Fullerton, Prospect House, Supportive Living Services sites)</p> <p>Ref: Strategic Goal #1, 2,6</p>	<p>a. Replace 3 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, 2019</p>
<p>11. Contain Medical Benefit Plan Costs and leverage the impact of the merger</p> <p>Ref: Strategic Goal # 6</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, 2018.</p>
<p>12. Maintain fiscal stability and improve financial position</p> <p>Ref: Strategic Goal # 6</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>b. Finish FY 19 on budget or better, e.g. no operational deficit.</p>

	<p>Target Date: June 30, 2018</p> <p>c. Working with Finance Committee, CFO and key staff, develop fiscally sound budget for FY '20, approved by the Board and accepted by the State.</p> <p>Target Date: June 30, 2019.</p>
<p>13. Coordinate a successful Presidents Club, Annual Appeal and 2019 Gala, cultivating and involving the Morris constituency.</p> <p>Ref: Strategic Goal # 5</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, 2019.</p>
<p>14. Educate the Board of Directors</p> <p>Ref: Strategic Goal # 4,5,6, 7</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>15. Attend Continuing Education programs and conferences</p> <p>Ref: Strategic Goal # 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>16. Emphasize the integration of physical and mental health in all MHAEM services</p> <p>Ref: Strategic Goal # 3</p>	<p>a. Provide appropriate education for all staff</p> <p>Outcome Measure - MHAEM becoming accredited as a Health Home.</p> <p>Target date: Ongoing</p>
<p>17. Secure foundation and corporate support of agency</p> <p>Ref: Strategic Goal # 1,2,3,4,5, 6</p>	<p>a. Work with Senior Director of Programs, Executive Assistant and other staff to secure \$50,000 of new grants/support for FY 2018</p> <p>Outcome Measure – Successfully secure \$50,000 of grants/support.</p> <p>a. Work with board/community members to identify “known contacts” at various foundations/government/Companies.</p>

	<p>Outcome Measure – Board/community members making contracts that result in successfully funded grants</p> <p>Target Date: June 30, 2016</p>
<p>18. Engage in national leadership as a Board member of the National Council for Behavioral Healthcare.</p> <p>Ref: Strategic Goal # 1, 2, 3</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>Target Date: Ongoing</p>
<p>19. Comply with accreditation requirements re: CARF triennial survey.</p> <p>Ref: Strategic Goal # 1,2,3,4</p>	<p>a. Work with COO and other management staff to ensure agency maintains full 3-year accreditation for all relevant programs in the merged environment.</p> <p>Outcome Measure – Full 3-year accreditation for MHAEM</p> <p>Target Date: ongoing (next site review expected to be in Oct. 2019)</p>

STRATEGIC PLAN

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

II. Mission

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

IV. Organizational Strengths, Weaknesses and Threats

Organizational Strengths:

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

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

Organizational Weaknesses

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

Organizational Threats

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

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

V. Opportunities

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

VI. Three Year Plan

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

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

VII. Implementation

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

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

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

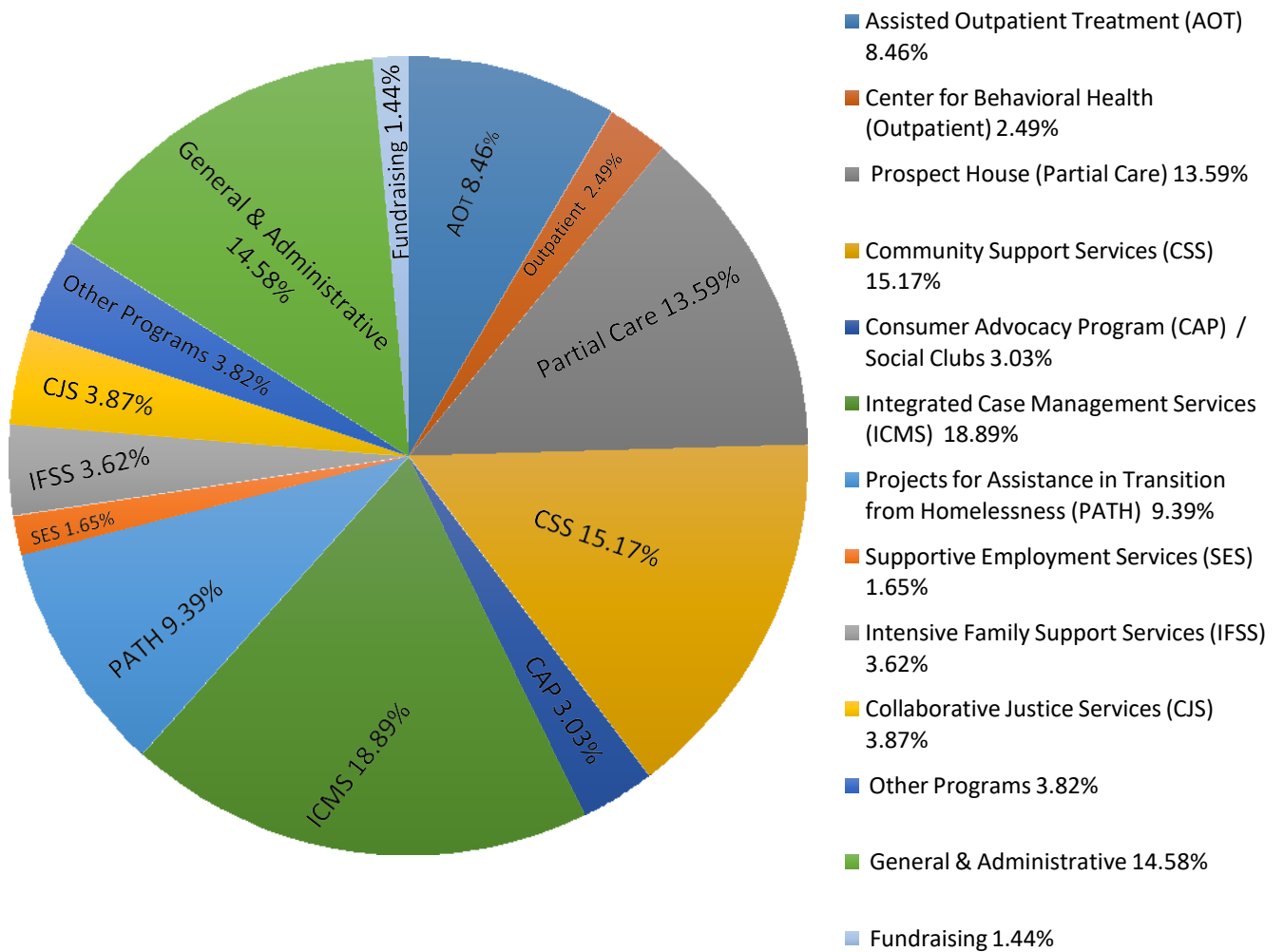
Reviewed and adopted by
Board of Directors
May 16, 2016

FINANCE

During the fiscal year ended June 30, 2018 the Agency merged effective August 1, 2017 and became the Mental Health Association of Essex and Morris, Inc providing services in three counties. The financial results represent 12 months of Essex and 11 months of Morris activity. The Agency remains fiscally sound with a current ratio of 1.85 indicating the ability of the Agency to meet its obligations. Financial highlights for the fiscal year ended June 30, 2018 are as follows:

- As of January 1, 2018 the Agency was awarded the Intensive Family Support Services (IFSS) – Sussex program for \$105,553. This is a deficit funded program and provides supportive services to families of adult individuals who suffer from mental illness.
- As of July 1, 2017 the Agency's housing program in Essex County transitioned to Community Support Services (CSS). This is a housing fee-for-service Medicaid program. State wide the transition of this program to fee-for-service experienced challenges and the state responded by allowing providers to choose to transition back to a deficit funded contract. The Agency elected to transition back as of January 1, 2018.
- Effective May 5, 2018 the Agency became the interim provider of Integrated Case Management Services (ICMS) in Passaic County. This is a fee-for-service program and the Agency has ICMS Programs in Essex and Morris Counties as well.
- The Agency's line of credit for the fiscal year ended June 30, 2018 did not have an outstanding balance. As the size of organization grew the Agency secured the approval of an increase in the line of credit to \$1,125,000.
- The State approved the replacement of 4 vehicles during June 30, 2018. We continue to maintain and review our fleet of vehicles to keep the vehicles under ten years old.
- Based upon the budget for June 30, 2019 general and administrative expenses are 14.58% while fundraising expenses represent 1.44%.
- The merged entity's services based upon the budget for June 30, 2019 are made up of Assisted Outpatient Treatment (AOT) 8.46%, Center for Behavioral Health (Outpatient) 2.49%, Partial Care (PH) 13.59%, Community Support Services (CSS) 15.17%, Consumer Advocacy Program (CAP) / Social Clubs 3.03%, Integrated Case Management Services (ICMS) 18.89%, Projects for Assistance in Transition for Homelessness (PATH) 9.39%, Supportive Employment Services (SES) 1.65%, Intensive Family Support Services (IFSS) 3.62%, Collaborative Justice Services (CJS) 3.87% and Other Programs 3.82%.

Program Budget Distribution



CORPORATE COMPLIANCE

The Mental Health Association of Essex & 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 wrong doing, 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 or staff, consumer 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 December 2017 and February 2018 from the Corporate Compliance Officer (CCO) when the Compliance Officer changed. This memo indicated who the Corporate Compliance Officer was, the process for filing compliant, that the CCO has direct access to the Board of Directors and Chief Executive Officer.
- Client Grievance Procedure was updated and distributed, as new CCO was appointed.
- Human Resources conducted criminal background checks upon hire and then every two years, thereafter.
- Driver's License checks were completed upon hire and yearly.
- Clinical license checks continue to be conducted upon hire and upon renewal.
- Conflict of Interest forms continue to be updated yearly.
- There were no reports within our programs for fiscal year 2018 pertaining to malpractice, violation of the code of ethics or grievance.
- There were no reported incidents pertaining to malpractice or violation of code of ethics.
- Sobel & Company completed an independent financial audit.

Program Activity

- Prospect House and ICMS Essex & Morris were audited by Medicaid throughout the year. All reported no significant findings.
- The Office of Licensing performed a site review of agency owned properties and MHAEM received full licensure for each property.
- The Office of Licensing performed a site review on Community Support Services and received licenses for both Essex and Morris sites.
- MHAEM was awarded the Sussex IFSS in January 2018 and receive a DMHAS license in February, 2018.
- CSS Essex had a successful external audited by the Essex Continuum of Care committee.
- PATH Morris had a successful external audited by the Morris Continuum of Care committee.
- The Quality Assurance Coordinator presented to the Board of Directors in June, 2018.
- All Senior Management, Management and supervisory staff received a Sexual Harassment training in January, 2018 by Robin Ross, Esq.

Upcoming year plan

- Employees will continue receiving the annual Corporate Compliance training through Relias Learning web-based classes.
- Corporate Compliance Committee will continue to meet quarterly.
- CCO will continue to complete quarterly audits with recommendations if needed and corrections.
- Corporate Compliance Officer will distribute a memo to all staff in August 2018 and February 2019, updating staff in regards to compliance procedure as well as the role of the CCO. All new staff will continue to receive this memo upon hire.
- CCO will present to the Board of Directors with a yearly overview of compliance for the agency in June, 2019.

DEVELOPMENT

The development efforts of the Mental Health Association of Essex and Morris, Inc. (MHAEM) were tremendously affected by the merger of the two previously separate organizations during the past year. The marketing/public relations/branding efforts necessitated to launch the merged association were formidable and, fortunately, were successful.

In order to assess the development efforts of the MHAEM during its inaugural year, it is important to put our fundraising/development efforts into a larger perspective. According to the latest *Giving USA 2018* numbers covering giving in 2017:

- Overall giving increasing by more than five percent in 2017 to an estimated \$410 billion
- Total giving remains at about 2% of the U.S. Gross Domestic Product (GDP). Historically, giving as a percentage of GDP has hovered in the 1.8 – 2.2% range. So, while the growth in giving was strong, we are still fundraising in essentially the same kind of environment that we have been for the past several decades.
- Significantly, the growth in major gifts and even mega-gifts (which *Giving USA 2018* defined as more than \$300 million) continues unabated. We are continuing to see the trend of fewer donors giving more money to charity.
- More giving is occurring through vehicles where the money won't necessarily be used immediately. The biggest increase was giving to foundations, which rose by more than 15%. Combine that with the 5% growth in giving to public-society benefit charities, which includes donor-advised funds, and that's a fair number of funds being left for future years. In a recent presentation, Aggie Sweeney, chair of the Giving USA Foundation, said that "at least 12% of giving in 2017 did not go out to nonprofits providing direct services."

Consistent with virtually every tracking mechanism ever employed to measure philanthropic giving, individuals were the overwhelmingly dominant source of charitable support with 80% of total contributions (8% of which came from bequests). The remaining 20% was also consistently represented with corporations at 5% and foundations at 15%.

There are a number of factors which cloud the coming year in uncertainty when it comes to charitable giving. The entire not-for-profit sector is experiencing a period of uneasy anticipation as we wait to see how changes to tax laws, specifically as they pertain to charitable deductions, may potentially impact philanthropic giving in the United States.

What these insights mean to the Mental Health Association of Essex and Morris, Inc. as we continue to refine our fundraising strategies is fairly straight-forward and virtually unchanged from our last report to Management, even with the merger. We must, at all times, operate from a donor-centered point of view... we must employ technology to steward our existing donor base as well as to develop new support... and we must focus all of our appeals on the current needs of the individuals we serve and the vital importance of the programs we offer to the local community. Integrating the donor constituencies of our expanded Morris County service area will continue to present challenges as well as opportunities.

REBRANDING

With the realization of the newly merged agency came a total re-branding initiative. A new logo was designed for the merged association and a series of public relations activities were developed to launch the multi-county organization. A 'Launch Breakfast' was held at the Morris Museum in mid-September which coincided with an extensive press campaign, billboard advertising, print media placements and numerous community-based activities. These included the South Mountain International Blues Festival, the 'Girls, Guts, Glory' Dual-a-Thon, the Lakeland Hills YMCA 5-K Run, and the Morristown Festival on the Green. When the Morris County campus was consolidated into new office space in Parsippany, a well-attended Open House event was held to further introduce the merged entity to the community. From a fundraising perspective, what is most encouraging is that the merged entity is being embraced on both sides with little or no donor dissent.

REORGANIZATION

Given the significant expansion of the overall agency, it became clear that additional investment needed to be made in the area of fundraising and institutional advancement. One of the first and foremost integration activities was the merging of the two association's databases. This was successfully implemented by the official legal date of the merger. It is, and will continue to be, an area that requires attention and ongoing maintenance as the content of the donor records are challenging.

In an effort to maximize the effectiveness of an expanded/revamped Development office, the services of an established fundraising consultant/professional were engaged. Connie Alexis Laona, formerly of the Rutgers University Foundation and Kean University Foundation offices, began working with staff to assess the current operations within the Development Department, analyze industry standards, and develop recommendations for a re-vamped structure that would model industry best practices and optimize fundraising effectiveness and results. Most significantly, a job description was developed and a candidate was subsequently recruited to become a Development Associate, effectively doubling the size of the department. Also, plans have been developed and endorsed by the Board of Directors to establish a formal Legacy/Planned Giving initiative.

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

President's Club – MHA's annual giving society for higher-end donors generated proceeds that were consistent with last year's strong performance. Of particular note, however, was continued money raised as a result of the recently introduced giving option included in the solicitation. In addition to standard President's Club membership at \$500 and Leadership levels beginning at \$1000, donors once again had the option of making an additional gift specifically to benefit the Riskin Children's Center. Response to this option continues to be overwhelmingly positive and all of the donations made as additional President's Club contributions qualify for the Anonymous Donor Match Challenge. Despite the success of this year's solicitation, it is important to note that members of President's 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 tend to skew the analysis significantly.

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

2018 Spring Gala – This year's Gala event generated approximately \$75K in net proceeds, representing almost double the proceeds from last year's event. A well-attended and overall successful event, the gala continues to be a challenging event from a fundraising perspective. Significant changes were made to the format and fundamental approaches to this event and additional adjustments will need to be made moving forward to enable this event to reach its financial objectives.

In terms of involvement and support of the agency's advocacy efforts, staff coordinated an ongoing, multi-media awareness campaign that began with Main Stage sponsorship of the South Orange International Blues Festival in September, 2017. These efforts were followed by a return to our partnership with Seton Hall University's Men's Basketball program that commenced in November, 2017 and continued through March, 2018.

Some other areas of meaningful progress in the overall area of development include targeted efforts to expand our electronic universe, using events to augment our e-mail database and the continued design/distribution of our e-blast newsletter to raise awareness and visibility. Our subscriber base for this communication had more than doubled during the prior year and our open and click-thru rates continue to exceed industry standards. The new, merged association now reaches almost 2500 e-mail subscribers. The association also participated in "Giving Tuesday" again this year with significantly increased results, all of which are eligible for the anonymous donor match challenge.

Sources:

"Giving USA," Report

compiled by the Indiana University Lilly Family School of Philanthropy

The Chronicle of Philanthropy

July, 2017 Issue

HUMAN RESOURCES (HR)

As of June 30, 2018, there were 192 active employees to fill 206 positions. For fiscal year 2018 the annual turnover rate was 41%. This rate increase for FY 2018 can be attributed to the Agency's rapid growth during the August 2017 merger with Mental Health Association of Morris County, Inc. As history shows, mergers and acquisitions have a tendency to influence and increase voluntary turnover. We expect that for coming year FY 2019, this turnover rate will return to the usual standard.

The Employee Opinion Survey was conducted through Survey Monkey in June of 2018. 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. This annual survey allows staff an opportunity to evaluate MHAEM anonymously. Results of the survey indicated an overall satisfaction rating of 86% among those staff that chose to participate. 102 respondents participated in the survey. Suggestions, criticisms and compliments are given careful thought and consideration among Management and our Quality Assurance Committee. Outcomes are addressed by management and discussed with staff appropriately by way of memos addressed to staff and our Quarterly Staff Meetings.

Effective October 1, 2017 the Agency renewed its existing medical plans and also began offering an additional plan through Horizon Blue Cross Blue Shield of NJ. Our dental plan with Principal Dental was also renewed effective December 1, 2017. At that time, the Agency negotiated a short renewal period in order to simplify the Open Enrollment Schedule with both Medical and Dental renewing each October going forward. Both Horizon and Principal continue to offer competitive plans that are cost-effective and meet the Agency's budgetary standards. In addition, the Agency continues to offer a comprehensive employee benefit package which includes the following:

- The Omnia 2 Tier, Exclusive Provider Organization and Direct Access medical plans, 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 2 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 the annual salary to a maximum of \$175,000.
- The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 214 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 salary deferrals between 3% and 5% of employee compensation. The safe harbor matching contribution is 100% vested.
- The Agency continues to offer a well-structured paid-time-off policy.

- The Agency offers supplemental income to employees 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.

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.

This marks the 5th 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. In addition, there have been benefit presentations from both Aflac and Colonial Life introducing their portable benefits policies (life insurance, disability, hospital, accident, etc.). Staff members are notified of the open enrollment period and given the opportunity to sign up if interested.

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.

AmTrust North America is the Agency’s current Worker’s Compensation provider. The Agency had five workers compensation claims for the FY 2018.

Online training for all staff members are conducted through Relias. 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.

The following annual live trainings were conducted this year:

- The “Safety in the Workplace” training was conducted, which focuses on safety strategies that are used in the community and in an Agency based setting.
- The “Psychopharmacology” training was conducted by the Advanced Practice Nurses on staff. There were five sessions provided at different locations for the convenience of our staff. The training provides an overview of mental disorders, psychiatric medications and potential side effects, including heat & sun-risk.
- The “Trauma Informed Care” training was conducted on site this year by Barbara Maurer, MA, LPC, CTS. The training provided 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 and is now available to all direct care staff upon hire through Relias Learning online training.

- CPR/First Aid/AED training was provided for the 8th consecutive year by an ASHI certified instructor from the West Orange First Aid Squad. This year MHAEM also began offering 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. We now offer CPR/First Aid/AED certification classes at least quarterly.
- TB testing was conducted at MHAEM's Primary Health Care Facility as well as our Parsippany office by Certified RNs. The testing was offered to all employees at no cost.

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.

INFORMATION TECHNOLOGY (IT)

The mission of the Mental Health Association of Essex and Morris (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:

On August 1, 2017, MHAEC merged with MHAMC to become the Mental Health Association of Essex and Morris. The merger came with some challenges and barriers which the IT department was able to successfully overcome. Throughout the year, the IT department had to do research and testing for many of the projects.

- The IT department was tasked with merging the IT infrastructure for two agencies. This required research in order to create the best plan.
- IT started by merging two different domains and windows networks. Once the windows networks were merged successfully, IT connected all existing computers from both sites into a new windows network. All staff accounts and data were merged into the new domain without any downtime. All servers were moved into the new network without any data loss.
- The IT department was able to successfully merge both email systems and transfer all existing data from the old system into the new one without interruption or data loss.
- The IT department also worked with the Development department to create and setup the new website for the merged agency.
- The Chief Information Officer (CIO) worked with Foothold Technology to merge the electronic health record software from the two different Awards systems.
- The CIO worked with each program throughout the agency, as well as Foothold Technology staff, to make sure there was no loss of data and minimum downtime for staff during this merger project. This required numerous tests prior to executing the project.
- The IT department put together a plan and was able to successfully complete the merger of the Awards systems.
- Once the Awards merger was completed, the IT department was able to re-setup all of the agency program billing in the new Awards in one weekend. The agency had no billing interruption while the Awards merger was being completed.
- IT worked with Foothold to successfully connect MHAEM's new Awards to the HMIS system so the programs could upload required data into the HMIS system.
- IT deployed 55 agency tablets which outreach staff could take out into the field to complete timely and accurate paperwork. IT also created forms that staff and clients could sign electronically.
- The CIO researched and negotiated a new cellphone contract for all agency staff cellphones. IT closed the old Morris cellphone account and moved all Morris staff into the new agency cellphone account. Because of the new cellphone contract, the agency was able to save money on both the staff cellphones and the monthly cellphone bill.
- IT researched and successfully implemented the new Wi-Fi network in all MHAEM offices.
- MHAEM moved the Mountain Lake offices to Parsippany. The IT department worked with each of the IT vendors to move all of the IT services from the old office to the new office without interruption.
- The IT department was able to move our windows network from the old office to the new office and set up all computers and copiers in the new office in a timely manner with no significant downtime for staff. The phone system was also moved without any issues.

- In May 2018, the agency also took over the ICMS Passaic program from another agency on an interim basis. The planning and setup of the new ICMS program in the Passaic office was time sensitive. The project was completed in two weeks with no downtime for ICMS staff. IT was able to create a new windows network and install a new Wi-Fi system there. IT also deployed new laptops and cellphones at the ICMS Passaic office.
- The IT department also setup the ICMS Passaic program in Awards and trained all ICMS staff on how to use Awards this year. The IT department finished setting up billing for Medicaid and New Jersey Mental Health Application for Payment Processing (NJMHAPP) in Awards for ICMS Passaic program.
- On July 1, 2017, our CSS program moved to Fee-for-Service for 6 months. This was a major change in how this program worked. With the help of the CSS Director and COO, the IT department was able to setup CSS Medicaid and NJMHAPP program billing in Awards and was able to start billing Medicaid starting July 2017. There were many technical issues with CSS billing in Awards and IT was able to solve them. The CIO worked with CSS staff and billing staff to troubleshoot billing issues and implement changes in Awards to correct those issues.
- This year, the CIO continued to work with the State in order to complete testing of the NJMHAPP system. While helping the State, the CIO developed a very strong working relationship with NJMHAPP staff in order to test and implement NJMHAPP's Fee-for-Service portal for billing. Our agency was first in the State of New Jersey to go Fee-for-Service in NJMHAPP for CSS and all other programs.
- Successfully conducted quarterly staff trainings for Awards for the entire agency. Morris billing staff was also trained on how to use Awards to do full accounting inside Awards.
- This year was the busiest year for the IT department. This Management Report only reflects the "major" goals of the IT department for FY 2018. The IT department has completed many other minor and major changes and upgrades at each office throughout the year in order to help staff utilize technology to finish their work.

QUALITY ASSURANCE ANALYSIS

The Mental Health Association of Essex & Morris, Inc. (MHAEM) strives to provide the highest quality behavioral health services to those who live or work in Essex, Morris and Sussex County. 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 issues, 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, and monthly reviews of service problems and unusual incidents to analyze program problems, and then take corrective action. This may include tracking additional performance indicators, modifying service approaches, training/retraining staff, among other corrective action, to ensure compliance.

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, 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, and safety and security. This sub-committee meets six times per year.
- Cultural Competency Committee: composed of interested, designated multi-ethnic and bi-cultural staff members who reflect persons served and who represent all programs and all levels of employees. This committee is responsible to ensure cultural diversity, sensitivity and competence among staff, monitoring of trainings and education regarding cultural diversity, and updating the list of interpreters. This 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, 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 occur 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.

Highlights of Quality Assurance

- Intensive Family Support Services - Sussex was inspected by the Office of Licensing in February, 2018 and received licensure.
- MHAEM received full licensure for all agency owned properties.
- MHAEM took on the Integrated Case Management Services of Passaic County in May, 2018.
- 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 and Twitter are easily accessible and newly updated since the merger. 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 in assisting individuals in applying for and receiving benefits. MHAEM has five staff trained as Presumptive Eligibility Counselors and is a Presumptive Eligibility site. The Presumptive Eligibility Counselors are able to provide quick access to temporary Medicaid for approximately one month while eligibility is being determined for NJ Family Care.
- MHAEM understands the importance of ongoing education and training. Therefore, in-services are conducted throughout the year, such trainings to include, but are not limited to: Ethics and Legal Issues, Psychopharmacology, Safety in the Community and CPR, First Aid and AED training. Other trainings which are program specific are provided through our Relias Learning which is a web-based training program.
- MHAEM currently has six 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 in Essex and Morris 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.
- MHAEM's Annual Provider Survey indicated a 91% overall satisfaction rate.
- 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, improved billing has resulted from progress notes documenting the services provided.
- Quarterly staff meetings are held in order to provide staff with up to date information.

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2017 - 2018			2017						2018						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AOT ESSEX															
Indicators:															
ER (screening)	Monthly	≤ 15 percent		14%	19%	19%	12%	16%	15%	10%	12%	19%	18%	4%	14%
Voluntary admissions	Monthly	≤ 7 percent		2%	4%	2%	4%	4%	7%	3%	7%	7%	7%	3%	5%
Involuntary admissions	Monthly	≤ 6 percent		7%	9%	17%	4%	6%	7%	13%	10%	5%	9%	3%	8%
Long Term Care	Monthly	≤ 8 percent		0%	5%	2%	2%	0%	3%	0%	3%	0%	3%	0	2%
Arrests	Monthly	≤ 7 percent		2%	2%	0%	0%	4%	3%	3%	0%	5.00%	0%	0	2%
Incarceration	Monthly	≤ 7 percent		2%	2%	0%	0%	4%	3%	3%	0%	2%	3%	3%	2%
Homelessness	Monthly	≤ 7 percent		5%	2%	2%	2%	2%	2%	2%	2%	5%	5%	5%	3%
Satisfaction Survey	Annual	85%											100%		100%
Sun Risk Education	Annual	100%										100%			100%
AOT MORRIS															
TECHNICAL AUDITS	Quarterly	baseline		90%	90%	90%	87%	96%	92%	94%	81%	87%	86.50%	93%	90%
Focused:															
Service Access:															
Wait for service	Monthly	baseline		<3 days	<3 days	<3days	< 3days	< 3days	< 3days	<3days	<3days	<3 days	<3 days	<3days	<3days
Screening referrals	Monthly	baseline		0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	baseline		4	1	3	0	2	0	1	2	1	4	3	21
Long Term Care (LTC) referrals	Monthly	baseline		4	0	2	1	2	0	1	0	0	0	0	10
Number of transport orders	Monthly	baseline		0	1	0	0	0	0	0	0	1	0	0	2
Linkage to medical care	Quarterly	baseline		0	0	0	0	0	0	0	0	0	2	0	2
60 day discharge follow up															
Indicators:															
ER (screening)	Monthly	baseline		0%	22%	7%	0%	0%	0%	0%	0%	0%	0%	0%	3%
Voluntary admissions	Monthly	baseline		1%	0%	7%	0%	0%	0%	4%	4%	4%	1%	4%	2%
Involuntary admissions	Monthly	baseline		13%	18%	3%	0%	0%	0%	0%	4%	0%	1%	8%	4%
Long Term Care	Monthly	baseline		1%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0	0%
Arrests	Monthly	baseline		0%	0%	0%	0%	0%	0%	0%	0%	0.00%	0%	0	0%
Incarceration	Monthly	baseline		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Homelessness	Monthly	baseline		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Satisfaction Survey	Annual	baseline											100%		100%
Sun Risk Education	Annual	baseline											100%		100%
AOT SUSSEX															
TECHNICAL AUDITS	Quarterly	baseline			95%	100%	96%	100%	100%	100%	97%	97%	94%	79%	96%
Focused:															
Service Access:															
Wait for service	Monthly	baseline		< 3 days	<3 days	< 3 days	< 3 days	<3 days	<3 days	<3days	<3days	<3 days	<3days	<3 days	3days
Screening referrals	Monthly	baseline		0	0	0	0	0	0	0	0	1	0	0%	1
Inpatient referrals	Monthly	baseline		1	2	1	3	0	3	0	1	0	0	2	13
Long Term Care (LTC) referrals	Monthly	baseline		0	0	1	0	0	0	0	1	1	1	1	5
Number of transport orders	Monthly	baseline		0	0	0	0	0	0	0	1	0	0	0	1
Linkage to medical care	Quarterly	baseline		0	1	0	0	0	0	0	2	0	1	0	4
60 day discharge follow up															
Indicators:															
ER (screening)	Monthly	baseline		20%	0%	23%	5%	0%	0%	11%	0%	0%	5%	0%	6%
29															

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2017 - 2018			2017						2018						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
ICMS ESSEX															
Justified Continued Stay	Monthly	90%		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%
Closed Chart Audits	Monthly	80%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Short Term Care Facility Recidivism	Monthly	≤20%		4%	3%	5%	4%	5%	6%	6%	3%	4%	5%	2%	4%
Recidivism to County or State Hospitals	Monthly	≤20%		3%	1%	3%	2%	0%	3%	2%	4%	1%	2%	3%	2%
Voluntary Recidivism	Monthly	≤20%		4%	5%	3%	3%	5%	6%	6%	4%	5%	2%	2%	4%
Client Employment	Quarterly	62 clients			17			15			18			16	66
Satisfaction Survey	Annual	80%											92%		92%
Sun Risk Education	Annual	100%										100%			100%
ICMS MORRIS															
TECHNICAL AUDITS		Baseline			85%			80%			76%			88%	82%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	Baseline			64%			82%			88%			85%	80%
Med. Education	Monthly	Baseline		31%	29%	55%	60%	65%	79%	77%	78%	81%	80%	82%	65%
Linkage to medical care	Monthly	Baseline		0	2	1	1	2	3	2	2	4	2	6	25
Wait for service	monthly	Baseline		2days	2 days	2 days	2 days	2	2	2	2	2	2	2	2 days
60 day discharge follow up	Monthly	Baseline					100%	100%	100%	100%	100%	100%			100%
Justified Continued Stay	Monthly	Baseline		100%	100%	87%	100%	100%	100%	100%	100%	100%	100%	100%	99%
Medicaid Justification	Quarterly	Baseline			96%			78%			100%			100%	94%
Closed Chart Audits	Monthly	Baseline		100%	100%	89%	95%	100%	100%	100%	100%	100%	100%	100%	99%
Indicators:		Baseline													
Short Term Care Facility Recidivism	Monthly	Baseline		0%	0%	0%	0%	0%	2%	1%	4%	0%	3%	0%	1%
Recidivism to County or State Hospitals	Monthly	Baseline		0%	1%	0%	0%	0%	0%	0%	1%	2%	0%	0%	0%
Voluntary Recidivism	Monthly	Baseline		0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	0%
Client Employment	Quarterly	Baseline			3			1			4			2	10
Satisfaction Survey	Annual	Baseline											94%		94%
Sun Risk Education	Annual	Baseline										100%			100%
PROSPECT HOUSE															
TECHNICAL AUDITS	Monthly	85%		92%	92%	92%	92%	88%	92%	95%	95%	96%	97%	98%	94%
Focused:					100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Height, Weight, & BP	Monthly	85%		87%	100%	93%	93%	82%	87%	87%	100%	100%	92%	100%	93%
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%		100%	86%	78%	75%	0%	0%	50%	70%	0%	100%	83%	
6 Month Psych	Monthly	100%		100%	100%	80%	100%	78%	90%	100%	100%	100%	83%	100%	94%
Consent Forms	Monthly	85%		67%	40%	60%	60%	60%	73%	87%	80%	87%	75%	100%	72%
Comprehensive Assessments completed within one month of acceptance into the program	Monthly	90%		100%	100%	92%	75%	72%	100%	63%	75%	80%	100%	83%	

Mental Health Association of Essex and Morris																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2017 - 2018			2017						2018							
Topic/Issue Requesting																
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	
PROSPECT HOUSE																
Consumer smoking status:																
Currently smoking	Quarterly	35%			25%			34%			35%			28%	31%	
Quit smoking	Quarterly	10%			16%			17%			15%			15%	16%	
AIMS	Quarterly	90%		87%			82%			73%			94%		84%	
BMI	Quarterly	90%		93%			95%			78%			100%		92%	
Informed Consent for meds	Quarterly	100%			93%			89%			80%			87%	87%	
Medical office visits	Annual	200		31	20	26	24	10	15	22	25	21	29	12	235	
Wait for service	Monthly	baseline		2	3	2	3	3	2	2	3	2	3	3	28	
Indicators:																
Employment	Quarterly	20 consumers		2	3	5	3	0	4	1	1	2	4	3	28	
Access	Annual	10 consumers		1	2	1	2	0	2	0	0	2	4	1	15	
Sun Risk Education	Annual	100%										100%			100%	
Client Satisfaction	Annual	80%											75%		75%	
PROSPRECT PRIMARY HEALTHCARE																
BMI <27	Monthly	25%		56%	38%	43%	50%	30%	33%	30%	20%	36%	26%	30%	36%	
Vitamin D >30	Monthly	25%		30%	50%	25%	33%	75%	29%	43%	60%	22%	18%	67%	41%	
Glucose Level <100	Monthly	60%		80%	60%	63%	55%	40%	50%	78%	57%	50%	50%	67%	59%	
Blood Pressure < 140/90	Monthly	80%		83%	82%	90%	85%	90%	100%	95%	100%	84%	90%	95%	90%	
Number of clients seen	Monthly	300		41	27	35	30	15	18	23	26	24	33	14	286	
Satisfaction Survey	Annual	80%											60%			
SES																
TECHNICAL AUDITS	Monthly	80%		82%	96%	88%	98%	100%	100%	100%	100%	100%	100%	100%	97%	
Focused:																
CIA w/SNAP	Monthly	80%		100%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	99%	
Tx. Plans: update/measurable	Monthly	80%		100%	100%	86%	100%	100%	100%	100%	100%	100%	100%	100%	99%	
Support Plan	Quarterly	80%			100%			88%			100%			100%	97%	
Appropriate Admissions	Quarterly	80%			100%			100%			100%			100%	100%	
Closed Chart Audits	Quarterly	80%			100%			100%			100%			100%	100%	
Progress on Goal attainment	Quarterly	80%			81%			82%			100%			88%	88%	
Linkage to medical care	Monthly	15%		0	1	2	0%	0%	0%	0%	0%	0%	1	2%	6%	
Wait for service	Monthly	3 days%		0	0	0	0	0%	0%	0	0%	0	0	0%	0%	
Indicators:																
Linkages to Community Service	Quarterly	80%			10%			60%			70%			70%	53%	
Interviews	Quarterly	115			26			0			3			7	36	
Placed within 4 months of admin.	Quarterly	30%			11%			2%			0%			5%	18%	
Discharge Follow Up 90 Days	Quarterly	80%		100%	100%	100%	100%	100%	100%	100%	100%				100%	
Job retention > 3 months	Quarterly	80%			81%			79%			97%			85%	86%	
Client Satisfaction	Annual	80%											?		#DIV/0!	
Sun Risk Education	Annual	100%										100%			100%	
CJS ESSEX																
TECHNICAL AUDIT	Monthly	85%		93%		92%	93%		93%	94%		86%	87%	90%	91%	
Focused:					95%			93%			98%			96%		
Quarterly Progress with Measurable Objectives	Monthly	80%		100%	94%	100%	80%	80%	100%	67%	95%	67%	100%	90%	88%	
Medication Education	Monthly	80%		100%	100% ³²	100%	100%	100%	86%	100%	97%	100%	100%	99%	98%	

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2017 - 2018			2017						2018						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
CSS ESSEX															
Linked to Medical Services	Monthly	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up	Semi-Annual	80%													
Objectives/interventions linked to notes	Quarterly	75%		83%	79%	96%	67%	61%	88%	93%	90%	93%	87%	93%	85%
Closed Chart Audits	Quarterly	80%			100%			100%			100%		100%		100%
Wait for service	Monthly	baseline		0 days	0 days	0 days	3 days	0 days	0 days	0 days	0 days	2 days	0 days	5 days	3 days
Indicators:															
Employment	Quarterly	≥10%		10%			3%				3%			6%	6%
Recidivism to County/State	Monthly	≤20%		0%	1%	0%	0%	0%	1%	0%	0%	0%	0%	6%	1%
Recidivism to STCF	Monthly	≤20%		1%	1%	0%	1%	1%	1%	1%	3%	1%	1%	0%	1%
Nursing Assessments	Monthly	≥90%		83%	71%	48%	72%	67%	16%	20%	40%	36%	63%	57%	52%
Satisfaction Survey	Annual	80%													#DIV/0!
Sun Risk Education	Annual	100%										100%			100%
Permanent Housing	Quarterly	80%			99%			99%			100%			99%	99%
Linked to benefits	Monthly	90%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Natural Community social supports	Monthly	90%		100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%		100%	83%	87%	83%	78%	60%	80%	70%	71%	50%	93%	78%
CSS MORRIS															
TECHNICAL AUDIT	Monthly	Baseline		71%	76%	70%	70%	56%	58%	48%	69%	90%	73%	66%	68%
Focused:															
Med. Education	Monthly	Baseline		66%	31%	46%	7%	58%	57%	30%	0%	90%	20%	60%	42%
Client Consent	Monthly	Baseline		66%	46%	0%	31%	0%	1%	40%	30%	100%	60%	30%	37%
Psychiatric Advance Directives	Monthly	Baseline		33%	100%	92%	100%	25%	0%	10%	40%	100%	80%	80%	60%
Linked to Medical Services	Monthly	Baseline		100%	44%	99%	100%	100%	100%	100%	100%	100%	100%	100%	95%
Discharge Follow Up	Semi-Annual	Baseline						100%				100%			100%
Objectives/interventions linked to notes	Quarterly	Baseline		50%	100%	100%	100%	91%	1%	10%	0%	90%	90%	100%	67%
Closed Chart Audits	Quarterly	Baseline			100%				100%		100%			100%	100%
Wait for service	Monthly	Baseline		0 days	0 days	0 days	0 days	0 days	3 days	0 days	5 days	2 days	5 days	5 days	
Indicators:		Baseline													
Employment	Quarterly	Baseline			1%			1%			1%			1%	1%
Recidivism to County/State	Monthly	Baseline		1%	1%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%
Recidivism to STCF	Monthly	Baseline		0%	0%	1%	0%	1%	1%	1%	1%	1%	3%	4%	1%
Nursing Assessments	Monthly	Baseline		50%	0%	7%	0%	8%	2%	10%	40%	100%	90%	20%	30%
Satisfaction Survey	Annual	Baseline											93%		93%
Sun Risk Education	Annual	Baseline										100%			100%
Permanent Housing	Quarterly	Baseline		100%				99%		99%	99%			99%	99%
Linked to benefits	Monthly	Baseline		100%	83%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Linked to Natural Community social supports	Monthly	90%		100%	44%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%		50%	85%	85%	100%	100%	71%	40%	60%	100%	20%	30%	67%

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2017 - 2018			2017						2018						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
PATH - ESSEX															
TECHNICAL AUDIT	Monthly	80%		80%	75%	90%	88%	75%	90%	90%	100%	90%	89%	78%	86%
Focused:															
Med. Education	Monthly	80%		75%	100%	70%	88%	87%	100%	100%	100%	100%	100%	89%	92%
Client Consent	Monthly	80%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Goal Attainment	Monthly	80%		100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	100%	99%
Indicators:															
Number of outreaches	Monthly	500		99	44	31	39	33	37	62	36	36	23	35	475
Number of individuals served	Monthly	200		105	14	6	7	7	14	13	15	12	9	5	207
Linked to Community MH services	Monthly	132		27	16	8	4	8	5	5	8	9	7	10	107
Linked to financial benefits	Monthly	40		22	16	4	5	5	4	5	5	4	3	4	77
Linked to permanent housing	Monthly	40		14	1	3	1	8	2	6	5	5	5	6	56
Linked to temporary housing	Monthly	35		11	10	6	4	11	3	1	5	3	7	8	69
Linked to substance use tx. services	Monthly	35		6	8	1	4	3	1	3	3	1	2	2	34
Linked to medical/dental services	Monthly	30		11	5	0	5	0	3	3	3	0	3	2	35
Linked to rehabilitation services	Monthly	10		3	5	0	1	0	1	5	4	1	1	0	21
Sun Risk Education	Annual	100%		0								100%			100%
Satisfaction Survey	Annual	80%		0										85%	85%
PATH - MORRIS															
TECHNICAL AUDIT	Monthly	80%		90%	100%	90%	90%	90%	80%	99%	90%	90%	90%	90%	91%
Focused:															
Med. Education	Monthly	80%		90%	100%	100%	100%	100%	50%	33%	100%	100%	1	100	988%
Client Consent	Monthly	80%		100%	100%	100%	100	100%	0	100%	100%	100%	1	100	1891%
Indicators:															
Goal Attainment	Monthly	80%		19%	23%	11%	13%	15%	20%	20%	11%	0%	17%		15%
Number of outreaches	Monthly	400		5	9	10	6	32	23	16	45	10	9	11	176
Number of individuals . enrolled	Monthly	118		7	15	4	10	21	5	4	8	3	5	7	89
Linked to Community MH services	Monthly	77		2	9	8	12	7	3	6	5	1	2	9	64
Linked to financial benefits	Monthly	60		3	6	4	7	8	6	6	3	5	5		53
Linked to permanent housing	Monthly	30		4	2	1	5	2	5	1	1	1	1	8	31
Linked to temporary housing	Monthly	60		3	4	2	7	2	10	1	5	1	1	7	43
Linked to substance abuse treatment services	Monthly	17		3	1	1	2	1	2	2	1	0	0	2	15
Linked to medical/dental services	Monthly	47		1	1	0	1	3	1	1	2	1	0	3	14
Linked to vocational/educational services	Monthly	5		2	2	1	1	0	1	0	0	0	0	0	7
Sun Risk Education	Annual	80%		0%	0%	0	0	0	0	0	0	100%	0	0	9%
Satisfaction Survey	Annual	80%		0%	0%	0	0	0	0	0	0	0	0	91%	91%
IT															
System Upgrades	Monthly	Completed		5	3	4	2	1	0	4	5	3	2	0	29
Trouble Ticket Response	Monthly	≤5 days		1	1	2	2	2	2	2	2	2	1	2	19
Trouble Ticket Received	Monthly	≤200		10	12	16	14	10	10	14	11	13	9	12	131
Hardware Inventory	Annual	90%									97%				97%
Software Inventory	Annual	90%									96%				96%
New callers	Quarterly	60			15	35		12			17				17%

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2017 - 2018			2017						2018						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
IT															
Satisfaction Survey	Annual	80%					100%	100%			N/A				100%
PEER TO PEER LINE															
Number of calls	Quarterly	1460			79			89			840			870	1878
New callers	Quarterly	60			15			12			17			6	50
Satisfaction Survey	Annual	80%					100%	100%			N/A			N/A	100%
EDUCATION															
Number of MHFA	Quarterly	4			1			2			0	1		1	5
Satisfaction Survey	Quarterly	80%			94%			99%			0			99%	73%
Social Club															
Number of Openings	Annual	4						7						N/A	7
Numger of Attendees	Annual	1443						1414						N/A	1414
Activities	Annual	90						96						N/A	96
Sun Risk Education	Annual	100%						100%				100%		N/A	100%
MHA-AGENCY-WIDE															
Indicators:															
Staff Turnover	Monthly	≤30%		4.00%	4.00%	5.00%	3.00%	3.00%	2.00%	2.00%	2.00%	2.00%	5.00%	2.00%	3.10%
Staff Satisfaction		↑satisfaction													86%
	Annual	↑response													53%
90 day New Hire Survey Satisfaction	Quarterly	75% Satisfaction		X	86.00%	x	x		x	x		x	x		86%
Community Provider Survey	Annual	80%		0	0	0	0	0	0	0	0	0	100%	0	0%
Safety First Calls	Monthly	<20		1	2										3
Suggestions	Monthly	NA		0	0							0	0		0
Complaints	Monthly	0		0	0							1	1		0
Grievances	Monthly	0		0	0	1						0	0		0
Corporate Compliance	Quarterly	Completed				100%			100%			100%			100%
External Financial Audit	Annual	Completed													
External Audits					ICMS Essex - Medicaid 9/9 CSS - OOL 9/6 - 9/8 PH- Medicaid 9/11 OOL ICMS audit E - 9/20 M - 2/25							ICMS Essex- Medicaid 4/15 AOT Sussex Audit CJS Morris Audit	PH Medicaid Audit 5/18		
	Annual	Completed													
Psychiatrist Peer Review	Quarterly	Completed												6/21	
Medication Errors	Monthly	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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2018
PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2017 – June 30, 2018
THRESHOLD: CALENDAR
Outcomes

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.

2017: 2.5% average monthly turnover rate

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

2017: 5% increase in satisfaction; 39% rate of response

Community Agency Satisfaction: Annually, this agency conducts a survey of community providers who refer clients or collaborate with us, or to whom we refer clients and collaborate. Results of this survey provide information regarding community needs, assessment of services and collaborative efforts, marketing needs, professional reputation and relationship to providers.

2017: 30% response rate; 94% overall satisfaction

Access: MHAEM, Inc. has programs in both suburban and urban areas of Essex County. We provide residential services throughout Essex & Morris County. We are in schools in Montclair and the surrounding areas. We have offered Psycho-Ed sessions throughout Essex & Morris County.

2107: 3005 consumers received services from MHA

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

2017: 39% was the lowest number achieved

Decrease in staff turnover and decrease monthly percentage
3.1% average monthly turnover rate

Increase in satisfaction and increased percentage of staff respondents
4% decrease in satisfaction (86% from 90%)
Response rate was 53% (14% increase)

83% satisfaction and increased response rate: annual:
30% response rate
95% overall satisfaction

MHAEM will provide services to 5000 consumers annually
Over 7000 consumers received services from MHAEM

90% commitment achievement rate for all programs contracted with NJDMHS: quarterly
74% was the lowest number achieved

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2018

PLAN FOR OUTCOME MEASURES

July 1, 2017 – June 30, 2018

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

CENTER FOR BEHAVIORAL HEALTH (CBH)

Access: Wait for service and wait for assignment are measures of efficiency, required by NJDMHAS. They are indicators of standards of professionalism and operations. Thresholds of performance are ≤ 5 business days between initial call and intake and between intake and assignment to service. *2017: 5 days wait for intake; 1 day wait for assignment*

Effectiveness: The Center uses the Patient Stress Questionnaire which is an inventory that is adapted from the Patient Health Questionnaire 9 and measures depression, anxiety, traumatic stress reactions and substance use. *2017: Clients showed improvement in their self-reported functioning after three months of therapy in all areas of the Patient Stress Questionnaire. In addition, 88% showed a decrease in symptoms.*

Client Satisfaction: Annually, CBH conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services. *2017: 98% satisfaction*

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

≤ 5 business days: monthly

5 days wait for intake

Days; 1 day wait for assignment

Clients reporting lessened symptoms and increased functioning: @ three months
Clients showed improvement in their self-reported functioning after three-six months of therapy in all areas of the Patient Stress Questionnaire. In addition, 100% showed a decrease in negative symptoms.

80% satisfaction: annually

92% satisfaction reported

90% Productivity: annually

87% productivity reported

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2018
PLAN FOR OUTCOME MEASURES

July 1, 2017 – June 30, 2018
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

INTEGRATED CASE MANAGEMENT SERVICES
(ICMS)

Access: Clients discharged from county and state psychiatric hospitals are seen within 72 hours of discharge. **2017: 98% of clients were seen within 72 hours of discharge.**

80%: monthly
98% 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. **2017: 10% recidivism to all hospitals; 3% to state and county hospital; 5% to community hospitals; 4% short term care facilities**

≤20% annually: monthly monitoring, annual aggregate
*10% recidivism to all hospitals
4% to state and county hospital
2% to community hospitals
4% 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, targeted and supportive employment, part-time and full-time. **2017: 64 consumers are employed**

62 clients employed: yearly
66 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. **2017: overall satisfaction was 97%**

80% satisfaction: annually
92% overall satisfaction

Efficiency: In reviewing justified continued stay: Continue stay rates among ICMS clients are tracked and monitored as a benchmark of efficiency, reduction in clients remaining on the active case load. Rates are based on six and eighteen month's length of stay. This process saves time, money and gives clients a chance to be more independent. Tracked monthly and aggregated annually, rates of continued stay are expected to occur less than 10% of the active caseload, per year. **2017: 14% required continued stay; 100% were justified continued stay**

10% of caseload will require continued stay: quarterly
*18% required continued stay;
100 % Justified continued stay*

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2018

PLAN FOR OUTCOME MEASURES

July 1, 2017 – June 30, 2018

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

HEALTH HOME (CARE COORDINATION)

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

2017: BMI- avg. of 29% within normal range; Vitamin D- avg. of 45% within normal range Glucose level-avg. of 60% within normal range; Blood Pressure-avg. of 91% within normal range

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.

2017: 298 visits were made to MHAEM's Prospect Primary Care; 298 visits were made to an external physician's office

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

2017: 2 business days

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

2017: 81% 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 36% within normal range

Vitamin D- avg. of 41% within normal range

Glucose level-avg. of 59% within normal range

Blood Pressure-avg. of 95% within normal range

Care coordination will increase physician visits by 20%

286 visits were made to MHAEM's Prospect Primary Care.

≤5 business days: monthly

2 business days

80% overall satisfaction rate: annually

60% overall program satisfaction

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PROSPECT HOUSE (PH)

Effectiveness: Recidivism to Co-Occurring services: partial care, in concert with successful integration to community living and needed social/ Co-Occurring supports will result in low rates of readmissions to intensive Co-Occurring services. *2017: ≤ 1% of members were referred to intensive Co-Occurring services*

Effectiveness: Employment: it is hypothesized that through partial care providing pre-vocational skills training, that members will gain skills needed to become employable. *2017: 5% of members became employed.*

Efficiency: Service Delivery: by utilizing two part time Advanced Practitioner Nurses and decreasing the consulting psychiatrist schedule, it will increase psychiatric time for less money per hour. In addition, we will be able to provide services to over 400 members. *2017: Medical staff onsite 4 days a week for over 9 months.*

Access: Admissions: when an admission is questionable during the intake process, medical staff will complete a preliminary psychiatric evaluation within 24 hours to determine if appropriate for admissions as opposed to an immediate denial. In the past, upon referral, many were denied admissions without consulting with medical staff. With focusing on wellness and recovery, we will be able to meet the needs of the consumers immediately therefore, having immediate access to services. *2017: 19 potential members were referred to medical staff regarding a questionable admission within 24 hours.*

Client Satisfaction: Clients complete a survey that rates satisfaction with program and staff, perceived empowerment to manage illness, self-assessed improvement in activities of daily living *2017: 83% overall program satisfaction*

≤ 1%: quarterly

≤ 1% of members were referred to intensive Co-Occurring services.

≥ 15%: quarterly

4% of members became employable.

Medical staff onsite: 4 days a week

Medical staff onsite 4 days a week

24 hours: preliminary psychiatric evaluation by medical staff

13 potential members were referred to medical staff regarding a questionable admission within 24 hours.

80% satisfaction: annually

75% overall program satisfaction

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SUPPORTED EMPLOYMENT SERVICES (SES)

Efficiency: Expected speed of placement for clients is 50% placed in a job within four (4) months of entry to program. *2017: 8% of consumers were placed into employment within the targeted period*

Efficiency: 4715 units of service are expected; staff productivity will continue to be monitored. *2017: 32% 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. *2017: 85% of consumers placed retained employment for 3 months or more.*

Effectiveness: Client-oriented programs strive to place individuals in occupations of their choice. *2017: 100% of consumers placed were placed in occupations of their choice.*

Client Satisfaction: Annually, satisfaction with services, responsiveness of staff, and preparation for employment are surveyed. *2017: 79% of the consumers that responded were always or frequently satisfied with the level of service provided, and their responsiveness.*

Employer Satisfaction: Annually, employers with whom we place clients are surveyed for satisfaction with their collaboration with SEP staff. *2017: 95% of employers with whom we placed consumers were satisfied with their collaboration with SES.*

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. *2017: 24 new consumers were registered and referred. The average time for intake was 5 business days and enrollment into SE was 1 business day.*

50% in 4 months: quarterly

10% of consumers were placed into employment within the targeted period of time.

4718 units of service are expected;
100%: Quarterly
26% of units of service were achieved.

60% retention: Quarterly
81% of consumers placed successfully retained employment

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

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

80% satisfaction: annually
86% of employers with whom we placed consumers were satisfied with their collaboration with SES.

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

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COLLABORATIVE JUSTICE SERVICES (CJS)

Effectiveness: Community linkages--It is hypothesized that clients' community reintegration can be measured by the number of linkages to local mental health programs and social organizations.
Essex 2017: 59 consumers were successfully linked to community providers

Effectiveness: Recidivism to jail within 30 days
Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 30 days.
Essex 2017: 8 consumers returned to jail within 30 days for the entire fiscal year

Effectiveness: Recidivism to jail within 60 days
Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 60 days.
Essex 2017: 7 consumers returned to jail within 60 days for the entire year

Efficiency: Divert/Pre-adjudication-Consumers will be identified by UBHC/CJS and will either be diverted and/ or pre-adjudicated.
Essex 2017: 10 consumers were diverted post-booking, pre-adjudicated

Client Satisfaction: Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers.
Essex 2017: 93% overall satisfaction

Access: Wait for Service: The target wait for intake and/or admission to the program is within 5 days.
Essex 2017: The average wait for service for intake and/or admission was 4 business days.

75 clients linked to community providers: monthly
Essex: 74 consumers were successfully linked to community services as outlined in their Individualized Service Plan
Morris 2018: 76 linkages to mental health and social organizations.
Morris: During the fiscal year, CJS successfully provided 76 linkages to mental health and social organizations.

Less than 25 clients: monthly
Essex: 9 consumers for the entire fiscal year.
Morris 2018: 2 consumers returned to jail within 30 days throughout the fiscal year.

Less than 50 clients monthly
Essex: 5 consumers for the entire fiscal year.
Morris 2018: 3 consumers returned to jail within 60 days throughout the fiscal year

20 clients: monthly
Essex: 7 consumers were diverted post-booking, pre-adjudicated.

Essex: 80% satisfaction: annually
Essex 2018: The rate of overall satisfaction with CJS services is 93%.
Morris 2018: 97% overall satisfaction rate

Less than 5 days: monthly
Essex 2018: The average wait for service for intake and/or admission was 6 business days.
Morris 2018: The average wait for service for intake and/or admission was 2 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.

2017: 12% employment rates

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. *2017: 0% recidivism rate to County/State hospitals, 2% recidivism to Short Term Care Facilities*

Effectiveness: Residential Stability: The main goal of a supportive housing program is to stabilize the residential circumstances of a vulnerable population. Mc-Kinney-Vento funded programs measure residential stability as one of three major goals. Effective services provided and appropriate housing opportunities correlate with tenant retention rates. *2017: 98% 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. *2017: 94% of charts were complaint*

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

≥10% employment: quarterly monitoring
7 % employment rates

≤ 20% recidivism rate to psychiatric hospitals: monitored monthly
1% 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
75% of charts were compliant

≥80% client satisfaction: monitored yearly
89% of individuals felt staff were available when needed.

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INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

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.

2017: 93% rated IFSS services 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.

2017: 1.7 days wait for service; 4.2 days wait for intake.

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

2017: 80% of IFSS families reported reduced burden.

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

2017: 100% overall satisfaction rate

Measured: Annually

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

92% felt IFSS services were accessible.

Measured: Quarterly

Baseline: \leq 5 business days.

1.5 days wait for service.

3.9 days wait for intake.

Measured: Semi-Annually through pre and post-tests.

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

75% of IFSS families reported reduced burden.

Measured: Annually

Baseline: Threshold of achieving 90% satisfaction among respondents.

95% of families reported being satisfied with IFSS services.

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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. *2017: 4 days wait for service, 0 days wait for assignment*

Effectiveness: The Child Behavior Checklist is distributed to all children upon intake and following six months of treatment. This tool measures aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints, and thought problems. Effective treatment is expected to decrease negative symptoms. *2017: 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. *2017: 95% of all parents and children surveyed indicated satisfaction with RCC services*

Efficiency: The use of the Footholds/Awards program, the agency's electronic clinical database, for RCC documentation allows for efficient clinical record keeping. Also, through multiple report modules, the Program Director and Medical Director are better able to track staff interventions and potential crises. Using an electronic clinical record also allows for multi-disciplinary coordination of treatment between Medical Director and clinical staff. Awards is utilized by the State of NJ for collection of HMIS data. *2017: 100% 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. *1 days wait for service, 0 days wait for assignment*

80% of consumers will decrease negative symptoms of anger, depression, anxiety and conduct problems and to increase positive self-esteem. *97% 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 *96% of all parents and children surveyed indicated satisfaction with RCC services*

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

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ASSISTED OUTPATIENT TREATMENT (AOT)

Access: AOT insures easy access and availability for referral via screening, Short Term Care Facility (STCF) and/or Long Term Care (LTC) in order to assess consumers for appropriateness to 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.

Essex 2017 Screening: 1 annual referral; STCF: 6 referrals; LTC: 3 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.

Essex 2017: 89% of charts were compliant.

Effectiveness: AOT measures the recidivism rates to insure quality of services and outcome via court order treatment on a monthly basis; these statistics are then calculated yearly. Recidivism is defined as any instance of hospitalization visits including ER (screening) visits, psychiatric admissions including involuntary, voluntary, long term care, and arrests, incarceration, and homelessness.

Essex 2017: 14% ER (screening); 5% Voluntary admissions; 8 % Involuntary admissions; 2% Long Term Care; 2% Arrested; 2 % Incarcerated; and 3% Homeless

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

Essex 2017: 86% overall satisfaction rate

Measured: Monthly

Essex:

Screening: 1 referral

STCF: 7 referrals

LTC: 3 referrals

Morris 2018: Screening: 0 referral; STCF: 21 referrals; LTC: 10 referrals

Sussex 2018: Screening: 1 referral; STCF: 13 referrals; LTC: 5 referrals

Measured: Quarterly

≥80% chart compliance

Essex

89% of the charts were compliant.

Morris 2018: 90% of charts were compliant.

Sussex 2018: 96% of charts were compliant.

Measured: Monthly

Essex

≤ 15% ER (screening);

≤ 7 % Voluntary admissions;

≤ 6% Involuntary admissions;

≤ 8 % Long Term Care;

≤ 7 % Arrested;

≤ 7 % Incarcerated;

≤ 7 % Homeless

Morris 2018: ≤ 3% ER (screening); ≤ 2%

Voluntary admissions; ≤ 4 % Involuntary

admissions; ≤ 0 % Long Term Care; ≤ 0 %

Arrested; ≤ 0 % Incarcerated; and ≤ 0 %

Homeless

Sussex 2018: ≤ 6% ER (screening); ≤ 2%

Voluntary admissions; ≤ 4 % Involuntary

admissions; ≤ 1 % Long Term Care; ≤ 0 %

Arrested; ≤ 0 % Incarcerated; and ≤ 1 %

Homeless

Measured: Annually

≥85%

Essex

86% overall satisfaction

Morris 2018: 92% overall satisfaction rate

Sussex 2018: 94% overall satisfaction rate

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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 & Morris County.

Essex 2017: PATH outreached 469 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 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.

Essex 2017: 201 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources.

Effectiveness: PATH monitors successfully 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 shelter allows consumers to focus on their mental and physical health needs and effectively opens up the path to ending their homelessness. *Essex 2017: 69 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.

Essex 2017: 30 Consumers 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.

Essex 2017: overall consumer satisfaction was 93%.

Essex: 500 Outreaches: Yearly
2018 Essex: 469 consumers were outreached
2018 Morris: PATH outreached 168 homeless or at imminent risk of homelessness consumers

Essex: 200 Individuals to be served: Yearly
Essex 2018: 201 consumers were served
Morris 2018: 52 homeless consumers were enrolled in PATH Program and were provide linkages to needed resources.

Essex: 35 Consumers linked to Temporary Housing: Yearly
Essex 2018: 197% (69) consumers linked
Morris 2018: 43 Consumers were successfully linked to Temporary Housing (Shelter)

Essex: 40 Consumers linked to Permanent Housing: Yearly
Essex 2018: 140% (56) consumers linked
Morris 2018: 31 Consumers were successfully linked to safe, affordable permanent housing

Essex: 80% Satisfaction Rate: Yearly
Essex 2018: 93% consumer satisfaction
Morris 2018: overall consumer satisfaction was 91%

Health and Safety

The Risk Management/Safety Committee at the Mental Health Association of Essex and Morris, Inc., 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 & Save 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 in completing evacuation drills that mimic real life scenarios, as well as tabletop exercises where staff discuss their responsibilities and how they would react to emergency 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 areas 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 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 complete an annual analysis on incident reports that identifies causes, trends, and improvement plans.

In the event of an emergency that involves staff, the Human Resource 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 preformed if needed.

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

In the past year MHAEM had (2) power failures and (1) 911 to the fire department at our Mountain Lakes office. All emergency procedures were followed, and staff were relocated at the time of the incidents to continue to work.

Vehicle Safety

At the time of this report, MHAEM has a total of 87 vehicles that are insured by the Selective Insurance Agency. During Fiscal Year 2018 there were (10) vehicle incidents.

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 include 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 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 good working condition. Consumers cannot be transported in a personal vehicle.

A grant that was awarded to the Morris campus in 2017 became a valuable tool for the agency post-merger to monitor 54 of the vehicles in 3 counties. The devices have been installed in vehicles since September 2017 and are having a positive impact. Because the devices also are tied to fuel purchases, MHAEM is able to keep better track of our employee's use of the gas cards, and our fuel expenses. In addition, the devices are contributing to added safety and efficient use of staff and client time. For example, recently one vehicle suffered a flat tire while the staff and client were in the car. Using the GPS, we were able to find another vehicle close by. That staff person picked up the client and continued on to the appointment while the original staff person stayed with the vehicle. Identification, re-direction and transfer of the client all took place in about 10 minutes, ensuring that the client reached their appointment on time. In addition, the devices are contributing to added safety and efficient use of staff and client time. Finally, we receive speeding reports on each vehicle, allowing us to discuss appropriate driving habits and speed control with those staff members who are exceeding the speed limit. MHAEM has observed staff paying greater attention to their speed control. In June 2018, MHAEM were awarded another grant to install the devices in the remaining vehicles and look forward to having that completed by the end of the year.

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/location 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. This past year was the first time since the program/location implementation that MHAEM received a compliment for how well our staff and vehicle obeyed the traffic rules as it relates to school buses and crosswalks near school.

Health and Safety Plan

In the next year, the Health and Safety Committee will continue to monitor and encourage safe driving and work environment using the tools we currently have in place. MHAEM was recently awarded an additional grant to install the GPS devices in the remaining vehicles and look forward to having that completed by the end of the year. Health and Safety Committee will also begin sharing monthly safe driving tips to keep the conversation fresh and ongoing with all staff. The chairperson of the Committee will have an active role in relocating a portion of the Essex County programs with a laser focus to improving the overall office and work environment for all staff and continue accessibility for our consumers.

INCIDENT ANALYSIS

Incidents occur from time to time as a result of the volume of consumers served at the Mental Health Association of Essex & 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 debriefings with their treatment team and is referred to the agency's Employee Assistance Program for further assistance as needed.

The fiscal year 2018, was the first for the newly merged agency. This first year will act as a baseline for next year's analysis regarding incident reporting. This report does not include comparisons from last year, as this is the first year reporting as a merged agency.

In fiscal year 2018, there was one completed suicide throughout the agency. There were five suicide attempts off-premises in fiscal year 2018. These suicide attempts were reported by the following programs: Integrated Case Management Services in Morris, Project for Assistance in Transition from Homelessness in Morris, Community Support Services in Essex, Assisted Outpatient Treatment in Sussex and Riskin' Children's Center in Essex. These incidents were no more than one suicide attempt per program. 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 twenty deaths all off-premise in fiscal year 2018. Consumer deaths were reported in the following programs: Integrated Case Management Services on Essex reported five deaths, Integrated Case Management Services in Morris reported two deaths, Community Support Services in Essex reported seven deaths, Collaborative Justice Services in Essex reported two deaths, Collaborative Justice Service in Morris reported one death and Prospect House reported one death.

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.

Three incidents of violence and aggression occurred at different locations: one at Project for Assistance in Transition from Homelessness in Essex, one at Community Support Services in Morris and one in Self Help/Advocacy Program. QAC reviewed the violence and aggression

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

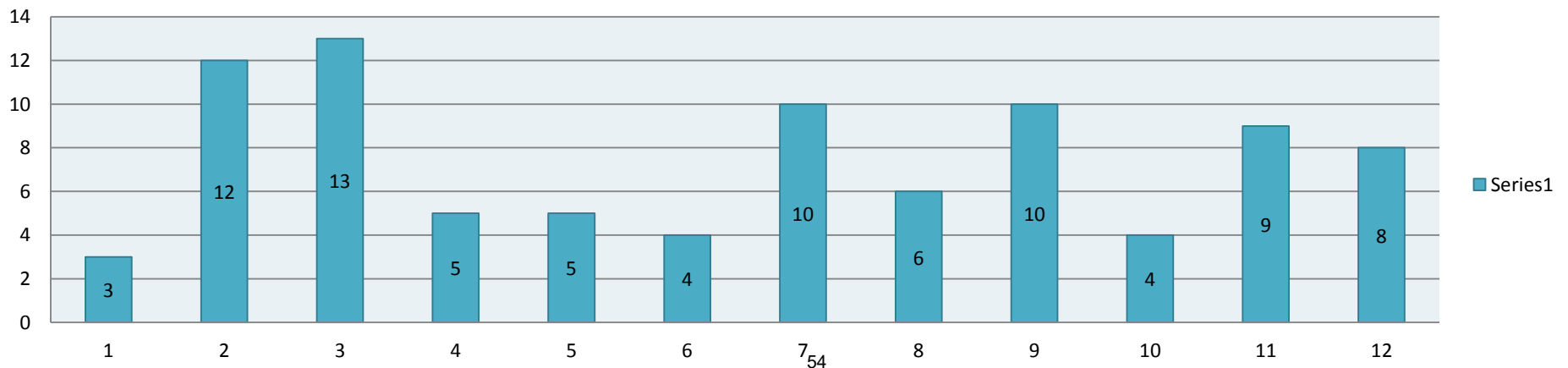
There were a total of twenty ambulance or police response incidents reported during fiscal year 2018. Most of these calls were initiated in Prospect House which is to be expected as there is an average of 100 individuals receiving services in the building on a daily basis. In all incidents staff followed appropriate protocol. QAC reviewed all incidents and after actions plans. There were no trends found. In each incident best practices were followed.

MHAEM had a total of eight nine incidents documented for fiscal year 2018 while serving over 7,000 individuals; this is a .01% average. Of these 89 incidents, only 27 were critical incidents which means they had to be reported to the Division of Mental Health and Addiction Services for review. This low incident percentage rate of .01% is reflective of the quality services that MHAEM provides to the individuals served.

Mental Health Association of Essex and Morris, Inc.
FY 18 Incident Reporting

Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
1. Suicide/Suspected Suicide									1				1
2. Death	1	1	5	1	2	2	2	1	1	1	3	1	21
3. Suicide Attempt		3	1	1									5
4. Serious Inquiry on premises client/staff													
5. Alleged physical abuse/assault-client/staff									1				1
6. Newsworthy incidents													
7. Property damage													0
8. Physical fight/client or staff													
9.Theft loss to agency		1											
10. Medication error/Adverse drug reaction													
11. Infection control/Bio-hazardous accidents													
12. Use or possession of/weapons													
13. Elopement or wandering													
14. Use or possession of licit or illicit substances													
15. Communicable Disease													
16. Violence or Aggression							1		1		1		
17. Ambulance or Police Call	2	4	3	1	1	1	3	1	1	1		3	21
18. Vehicle Accident		1	1	1	2	1	1	1	1			1	10
19. Other		2	3	1	1		3	3	4	2	5	3	27
Total	3	12	13	5	5	4	10	6	10	4	9	8	89

Program MHAEM Aggregated Data



CULTURAL COMPETENCY

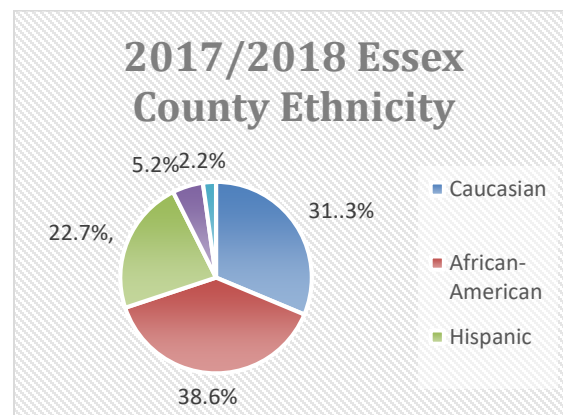
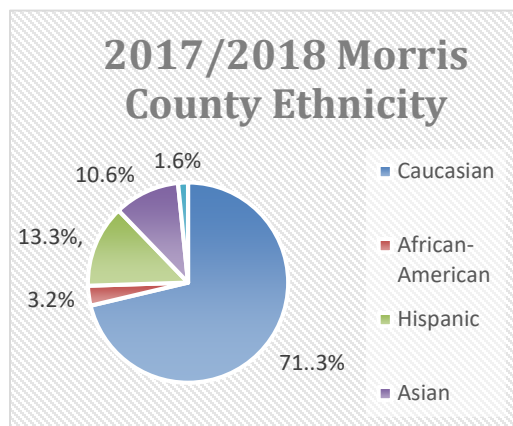
The Cultural Competency Committee was established as a recommendation by the agency's Quality Assurance (QA) Committee formally called Performance Improvement Committee (PIC). The Mental Health Association of Essex and Morris, Inc. (MHAEM) is aware that a thorough understanding of the culture, beliefs, 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 fourteen (14) MHAEM employees representing each program and varied level positions. This committee includes people from diverse racial, ethnic, cultural backgrounds and consist of both males and females. There is one (1) chairperson and one (1) co-chairperson that head the committee.

Demographic Data

According to the last known data collection from 2015/2016 Data USA statistics, Essex County's total population was 796,914. Demographics pertaining to ethnicity included: Caucasian – 31.3%, African-American – 38.6%, Hispanic – 22.7%, Asian – 5.2%, and Other – 2.2%. In Morris County the total population was 498,423. Demographics pertaining to ethnicity included: Caucasian-71.3%, Hispanic-13.3%, 3.2%-African-Americans, 10.6%-Asian, and Other-1.6%.



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 2017-2018 the staff was comprised of thirty-four (34) employees fluent in seventeen (17) different languages and dialects including Haitian Creole, French, Portuguese, Spanish, Swahili, Gujarati, Hindi, Punjabi, Tagalog, Kru (African dialect), Twi (Ghanaian Language), Korean, Hebrew, Russian, German, 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.

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

Trainings 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. “*Lunch and Learn*” sessions have included African Americans, Sikhism, Latinos, Native Americans, Spaniards, Older Americans, LGBT and Irish and Hungarian Americans. This fiscal year MHAEM was able to focus on *Resources for Elders and their Caregivers* and *Immigrant/Refugee* population. In addition to these sessions the committee sends monthly awareness email blasts focused on a specific awareness topic for the month. These included *Mental Health Month*, *Breast Cancer*, *American Heart Disease*, *African-American History*, *National Minority Mental Health Awareness*, *National Children’s Mental Health*, *National Arts in Health*, *Women’s History and Social Work* 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 agency.
3. Cultural Competency Committee has increased number of committee members to increase the advocacy and broaden the committee’s presence in the agency.

Advocacy Events

The agency hosted its Annual Cultural Potluck in April and May 2018 at both Essex and Morris Campus. For this event, MHAEM staff prepared traditional food and drinks from their culture or another and voted for the best dish in three (3) categories. A presentation on *Resources When Working with Immigrant and Refugee* population was conducted by committee members. This annual event had about fifty (50) staff in attendance from the Essex campus and about twenty (20) from the Morris campus. This was a first time event for our Morris Campus and we look to increase the numbers for next year.

The Annual Cultural Competency Survey conducted by the agency was also distributed to all employees. The purpose of the survey is to identify the agency's ability to work effectively in cross-cultural situations. The survey assesses the agency's ability to integrate behaviors, attitudes, policies and practices while working in a culturally diverse population. The survey was electronically distributed to all MHAEM employees and addressed specific questions regarding the effectiveness of cultural competency practices in the agency and provided respondents the opportunity to offer suggestions for improvements. The survey consisted of 14 questions, in which the first question specifically asks respondent about the length of employment at MHAEM and the last question was open-ended asking for feedback on areas that MHAEM can focus on regarding cultural competence. There was a total of sixty-six (66) respondents this year. The following questions were asked and rated utilizing a Likert scale:

- MHAEM's mission statement, philosophy, vision and goals reflect an explicit commitment to diversity. **Over 89% "strongly agree" or "agree"**
- MHAEM identifies and reinforces ethnic/cultural competence as an organizational culture. **Over 89% "strongly agree" or "agree"**
- Cultural awareness/competence is woven throughout our provision of services.
- **Over 87% "strongly agree" or "agree"**
- MHAEM staff reflect the ethnic/cultural characteristics of our consumers and community. **Over 92% "strongly agree" or "agree"**
- MHAEM provides services in the preferred language of the consumer.
- **Over 90% "strongly agree" or "agree"**
- Interpreter/translator services are available if needed.
- **Over 87% "strongly agree" or "agree"**
- Staff receive training and are able to identify and address the specific needs of the Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA) persons in treatment. **Over 81% "strongly agree" or "agree"**
- Staff receive training and are able to identify and address the specific needs of older adults. **Over 83% "strongly agree" or "agree"**
- Staff is sensitive to the role that religious beliefs may have and incorporates consideration when providing treatment. **Over 89% "strongly agree" or "agree"**
- Staff accepts that family is defined differently by different cultures and roles in families may vary significantly among different cultures. **100% "strongly agree" or "agree"**
- Staff receives training and understand and appreciate the various socioeconomics of individuals being served.

Over 93% “strongly agree” or “agree”

- MHAEM provides ongoing and effective continuing education in our organization that addresses all relevant ethnic/cultural consumer groups.

Over 90% “strongly agree” or “agree”

There were eleven (11) comments left in the open-ended portion of the survey. These discussed a need to continue additional training on LGBTQIA and Older Americans. The remaining comments focused on commending committee on the work they do and need for increase of Spanish-speaking staff and bilingual groups. The agency will continue to work on ensuring comments are taken into consideration to ensure best practices are maintained.

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. 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 identify areas of policy, practice and attitudes that may serve as barriers for persons of different cultures to access and/or receive appropriate services. The committee will make recommendations to the appropriate person(s). Articles and Essential Learning trainings will continue to be made available for staff to increase awareness of different cultural practices.
- The Cultural Competency Committee will continue to host the agency Annual Cultural Potluck 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 we serve.

HOME HEALTH (CARE COORDINATION)

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

During fiscal year 2018, MHAEM staff continued to help each consumer choose various service providers and assisted with coordinating services. Each individual was given the option of receiving psychiatric services through MHAEM programs and/or medical services through MHAEM's Prospect Primary Healthcare which is co-located in MHAEM's day treatment program. If an individual chooses to utilize an outside psychiatrist or medical doctor, staff continued to assist with identifying and coordinating services and provided support to facilitate and enhance treatment. By staff ensuring Care Coordination, during Fiscal Year 2018, 286 visits were made to MHAEM's Prospect Primary Healthcare.

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

All programs continued to conduct a Comprehensive Intake Assessment which determined the coordination of services that was needed. Staff gathered information such as medication use, profile and treatment, physical/medical needs, history of hospitalizations, and family history. Other information such as chronic disease status, asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, obesity and other chronic health conditions were also gathered. Staff assisted individuals in identifying appropriate services and scheduling appointments based on the needs indicated. Prospect Primary Healthcare monitored Body Mass Index (BMI), Vitamin D levels, Glucose levels and Blood Pressure continues for the individuals who participated in this program. During Fiscal Year 2018, 36% of individuals' BMI was within normal range; 41% of individuals' Vitamin D levels were within normal range; 59% of individuals Glucose levels were within normal range; and 95% of individuals' blood pressure was within normal range. These have been measured with the hopes of enhancing longevity.

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

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

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

Personnel

During fiscal year 2018, Essex ICMS was staffed by 34 full time employees which consists of: (1) Program Director, (1) Assistant Director, (3) Program Coordinators, (3) Senior Case Managers, (2) Case Manager-MICA, (22) Case Managers, and (2) Administrative Assistants. The ICMS staffing continues to be culturally diverse and representative of the persons served. We have staff who are bilingual in Spanish, Haitian, French, and Kru – African dialect.

Caseload

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

The caseload for ICMS as of June 30, 2018 was 637. This includes 386 people who were on our active caseload list with 119 at high risk, 110 at risk, 157 low risk; 77 people in the hospital and 251 people who were on our enrollee list (currently in a NJ State Hospital or Essex County Hospital Center); 0 people in the County Jail. ICMS admitted 493 individuals to the ICMS active caseload during the fiscal year. Of these admissions, individuals were referred from the State Psychiatric Hospitals, from Essex County Psychiatric Hospital, from Short Term Care Facilities, and from local psychiatric inpatient units and the community (including referrals from other programs within the Mental Health Association of Essex and Morris, referrals from DMHAS and other treatment providers).

Five hundred forty nine (549) clients discharged from the Essex and Morris ICMS active caseloads during the year. The circumstances of the discharges were as follows: individuals were referred to PACT, referred to more appropriate services (including nursing homes, returned to psychiatric hospitals, lived in 24 hour supervised residential housing), individuals attained their treatment goals and "graduated" from ICMS services, moved out of our service area (this also includes consumer deaths/lost to contact) and refused ICMS services.

Demographics

ICMS provides services in four service areas within Essex and Morris Counties. Essex Service area 1 includes the towns in the northwest area of the county (Fairfield, the Caldwells, Cedar Grove, Verona, Montclair, Glen Ridge, Livingston, Roseland and Essex Fells). Service area 2 consists of the Oranges and Maplewood. Service area 3 includes Bloomfield, Nutley and Belleville. Lastly, service area 6 consists of the southward of Newark and Irvington. Morris Service area includes the towns of Boonton, Boonton Township, Butler, Chatham, Chatham Township, Chester, Chester Township, Denville, Dover, East Hanover, Florham Park, Hanover Township, Harding Township, Jefferson, Kinnelon, Lincoln Park, Madison, Mendham, Mendham Township, Mine Hill Township, Montville, Morris Township, Morris Plains, Morristown, Mountain Lakes, Mount Arlington, Mt. Olive Township, Netcong, Parsippany-Troy Hills, Pequannock, Randolph, Riverdale, Rockaway, Rockaway Township, Roxbury Township, Victory Gardens, Washington Township, and Wharton.

Performance Outcome

There were three performance indicators for the year measuring recidivism effectiveness. In Essex County, the Aggregated Recidivism Rate, Employment Effectiveness and Efficiency. The aggregated recidivism rate for the year totaled 10% which is a decrease from last year by 2%. Recidivism rates to Short Term Care Facilities (STFS) were 2% which is the same as last year's re-hospitalizations during FY2017. Specifically, the threshold for the rate of state and county re-hospitalizations were 2% or equal to 20%. Voluntary re-hospitalizations to community hospitals were 4% of the active caseload: this number has decreased by 1% from last year.

Employment rates were a second effectiveness performance indicator for the year. The employment rates are measured quarterly for a total of 66 clients employed. 17 in September 2017, 15 in December 2017, 18 in March 2018 and 16 in June 2018. See the following chart for the rates of employment for each specific work category surveyed. The fiscal year outcomes measured has shown 64 clients employed. The threshold is 62 clients working. Employment rate has increased by four (4) clients.

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

Efficiency was measured in the time lapse between a person's discharge from a state or county hospital and the first face-to-face contacts by a case manager. The threshold for this indicator is more than 80% of the consumers admitted to ICMS being seen within 72 hours of discharge. The threshold was measured on a monthly basis. The sampling of charts revealed 94% compliance for the fiscal year. ICMS exceeded the threshold for this fiscal year. The outcome measures decreased by 4% from last year.

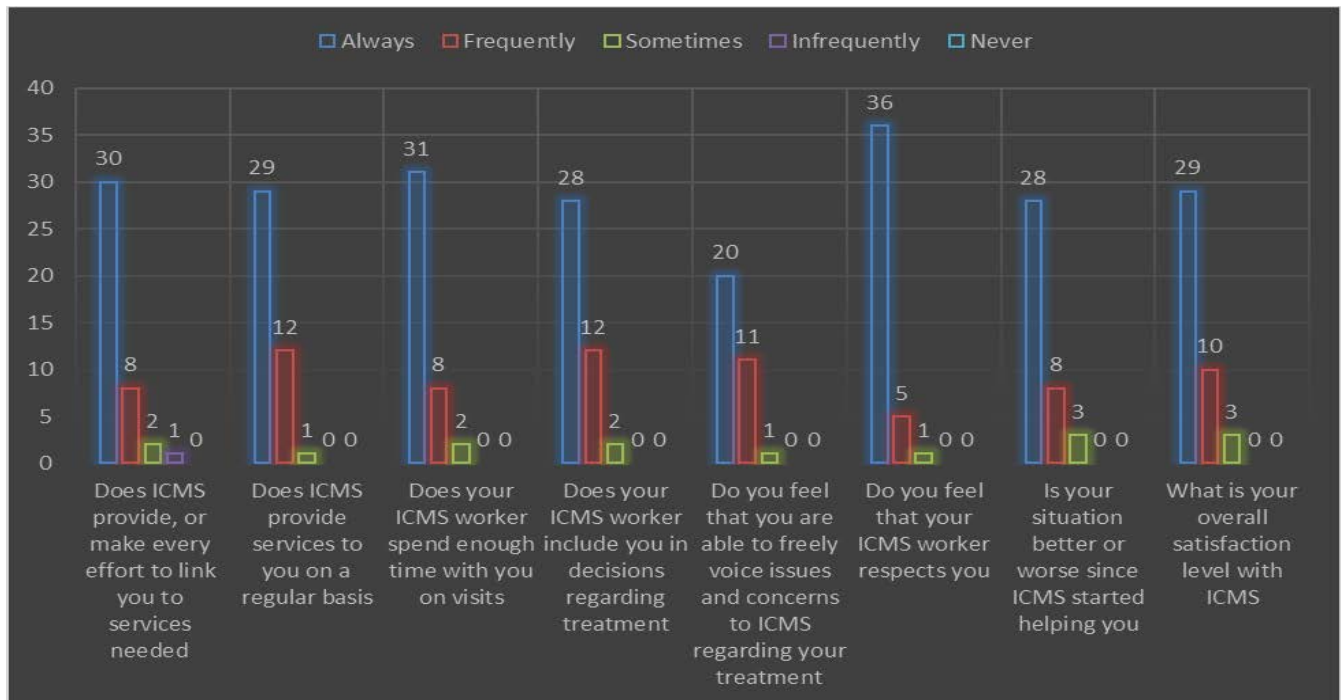
In Morris County, There were three performance indicators for the year measuring recidivism effectiveness. The Aggregated Recidivism Rate, Employment Effectiveness and Efficiency. The aggregated recidivism rate for the year totaled 10%. Recidivism rates to Short Term Care Facilities (STFS) were 2%. Specifically, the threshold for the rate of state and county re-hospitalizations were 2% or equal to 20%. Voluntary re-hospitalizations to community hospitals were 4% of the active caseload.

Efficiency was measured in the time lapse between a person's discharge from a state or county hospital and the first face-to-face contacts by a case manager. The threshold for this indicator is more than 80% of the consumers admitted to ICMS being seen within 72 hours of discharge. The threshold was measured on a monthly basis. The sampling of charts revealed 82% compliance for the fiscal year. ICMS exceeded the threshold for this fiscal year.

Consumer Satisfaction Survey

Essex

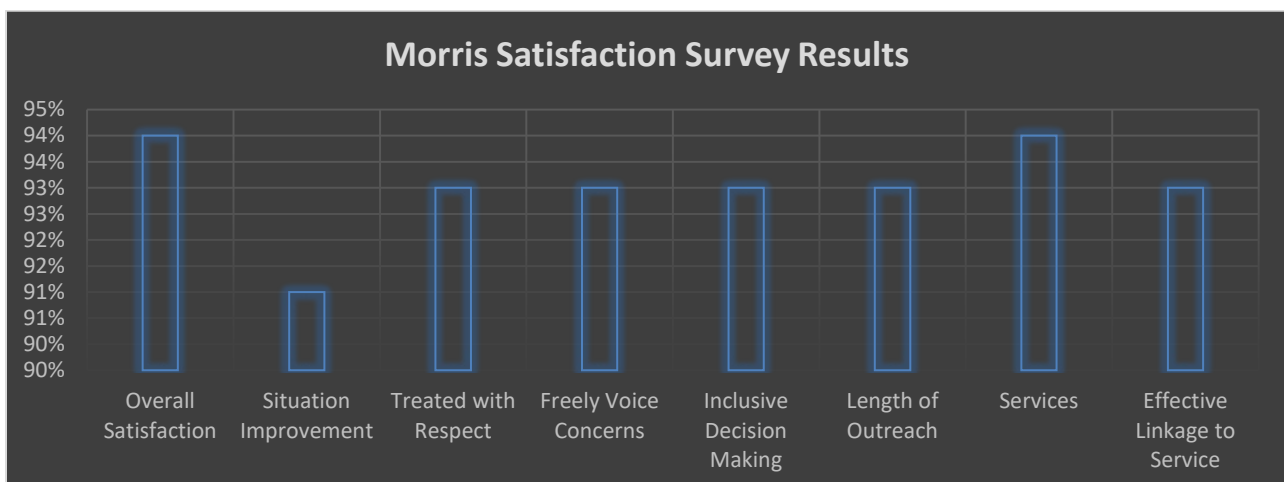
Consumer satisfaction was measured in May 2018. The threshold was 80% satisfaction. The results of the survey indicated an overall satisfaction rate of 92% which is a decrease of 5% satisfaction rate from last year.



Morris

Consumer Satisfaction Survey

Consumer satisfaction was measured in May 2018. The threshold was 80% satisfaction. The results of the survey indicated an overall satisfaction rate of 94%.



ICMS Highlights

This year, the Integrated Case Management program ran as one entity with the program director overseeing both Essex and Morris counties.

MHAEM Essex adult programs sponsored a Picnic/BBQ for their clients at Eagle Rock Reservation for Essex County. Each client received a gift bag and participated in games and other activities. In addition, the adult programs held a Holiday party for over 200 clients. At the Holiday party, MHAEM provided the clients with gift bags and toiletry items that were purchased by the agency. ICMS sponsored October Fest 2017 for an 11th year with 64 clients in attendance. ICMS and Prospect House took over 100 clients on a boat trip to include food, games, prizes and dancing. The MHAEM Valentine Matinee was a hit with our clients with 26 ICMS clients in attendance. ICMS had 32 clients attended the Thanksgiving Dinner at the United Way Bldg. ICMS participated in the Essex County Project Homeless Connect Day event that provided assistance/referrals to clients who are homeless. The Mental Health Association of Essex and Morris participated in the Essex County Point-in-Time Count, Jamming Away The Blues Festival and the Newark Lincoln Park Music Festival - Sustainable Health & Wellness village.

MHAEM Morris adult programs sponsored a Picnic/BBQ for their clients at Tourne Park. Each client received a gift bag and participated in games and other activities. In addition, the adult programs held a Holiday Express party for over 100 clients. At the Holiday party, MHAEM provided the clients with gift bags and toiletry items that were purchased by the agency. The MHAEM Valentine Matinee was a hit with our clients with 30 ICMS clients in attendance. ICMS had 17 clients attended the Thanksgiving Dinner. ICMS participated in the Morris County Project Homeless Connect Day event that provided assistance/referrals to clients who are homeless. The Mental Health Association of Essex and Morris participated in the Point-in-Time Count.

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

Training

All staff attended in-service training on medication/Sun Risk education at the MHAEM. In addition, ICMS staff received trainings provided by Pharmaceutical representatives on various psychotropic medication 4 time a year. ICMS staff are trained in the core areas of case management required by DMHAS annually. All Staff attended 2 trainings at Rutgers University.

System Advocacy Activities

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

- **Essex and Morris Systems Review Committee (SRC)** ICMS participates in these monthly meetings convened by the Mental Health Administrator of Essex County. The purpose of these meetings is to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of 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 DCPD and identify breakdowns in services between providers and or mental health treatment systems. The Committee provides education and advocacy to mental health providers, consumers of mental health services and their families on systems in the county.
- **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.
- **Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task force Meeting**, ICMS participates in a monthly meeting with the Essex County Drug and Alcohol task force to develop ways in which to better assist MICA clients in Essex County through Education and training programs.

PROSPECT HOUSE (PH)

The mission of Prospect House, a psychosocial rehabilitation program, 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.

Personnel

Prospect House staff consists of 35 Employees which includes: one Program Director, three Administrative Staff, one Senior Unit Leader, three Unit Leaders, eleven Case Managers, one Intake Coordinator, one Intake Worker, one Psychiatrist, three APNs, one RN, two Security staff, one Billing Clerk, one Driving Coordinator and five Van Drivers. PH staffing continues to be culturally diverse and representative of the people are serve. PH has staff who are bilingual in Spanish (two people), Haitian Creole (three people), Portuguese (one person), Swahili (one person) and Korean (one person).

Caseload

Prospect House served 258 clients during FY 2018 with 93 being new admissions. The average daily attendance for this fiscal year was 94 as there were many months with days well over 100 consumers attending program. Prospect House continues to receive referrals from local, state and county hospitals. PH also continue to accept referrals from ICMS, CJS, PATH, OPD, AOT, CSS, SES, boarding homes, residential programs and shelters in order to meet our overall goals.

Psychiatric Evaluations

Prospect House continues to ensure the partial care standards of completing a psychiatric evaluation within 14 days of admissions and every 6 months thereafter. Staff have done a good job this year with ensuring that these are completed in a timely fashion. In addition, PH has hired another part time APN. The Director will continue to oversee this to ensure overall compliance.

Demographics

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

Program Services

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

Prospect House programs offer:

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

PH provided Mentally Ill Chemical Abusers (MICA) services to about 50 former substance abusers through therapeutic groups three days a week and linking to outside support services such as an AA meetings weekly.

Performance Outcomes

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

Recidivism in MICA services

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

Employment

Many of our consumers express the desire to work and have been linked to Supported Employment. Last year, 5% of clients were successfully employed. This fiscal year, 4% were successfully employed. This area of concern will continue to be monitored over the next year as many of the consumers have the desire to work but lack motivation to follow through or have external barriers such as family members encouraging them not to work.

Service Delivery

PH did not meet the goal of having medical staff onsite 5 days a week for this entire fiscal year due to not having a full time APN on staff. During this year, medical staff were able to be on site for over nine months for four days a week. Throughout this year, medical staff was able to continue provide medication counseling, monitor BMI, AIMS, promote

healthy lifestyles such diet and exercise, smoking, heart disease, etc. The medical staff continue to make referrals to Prospect Primary Healthcare and other outside medical facilities to follow up with medical concerns as the goal is longevity.

Highlights

Prospect House had another eventful year.

- Successful audit by the Department of Agriculture
- Successful Sanitary Inspection
- Successful Fire Inspection
- Annual boat trip sponsored by the late Mrs. Kruvant
- Attendance of over 20 at the Annual Legislative Breakfast hosted by MHAEM
- Served Thanksgiving lunch to over 123 consumers
- Successful Medicaid audits throughout the year
- Five consumers received an achievement award in June 2018
- Prospect Primary Healthcare provided 235 office visits for this past year to PH consumers.
- Overall attendance increased this year
- Total units of service was 98,435
- Implemented new house groups: Creole Speaking, Smoking Cessation, Art Therapy, Weight Management Group Men's Group and Wellness Group
- Refaced 75% of the building

Having Prospect Primary Healthcare onsite provides a seamless transition to medical services which may not have otherwise be provided; therefore fostering longevity and a better quality of life.

Client Satisfaction Survey

One hundred and fifty (150) surveys were offered/distributed. Ninety-seven were returned, which resulted in a 62% response rate. Overall, survey results indicated that 75% of responders were extremely satisfied or satisfied with Prospect House services. This result is a decrease from last year. Fifty-three consumers declined completing the survey. Most indicated that they did not have any complaints and/or concerns regarding PH and that they just did not want to complete the survey. It is believed that attendance is a true indication of our consumers' satisfaction and with our average attendance to program for the year being 94%, this is a clear indication that PH continues to be a needed and helpful program.

Intake and Exit Interview Surveys

Intake satisfaction surveys are presented to members within the first two weeks of admissions into our program. One hundred percent responded. Members reported being very satisfied with the intake process and feel that they had choices regarding their treatment during this process. Ninety-four consumers were discharged from PH in total this fiscal year. Most were discharged due to re-hospitalization and/or were not interested

in our services; therefore, they had no interest in completing the survey. There was one consumer that graduated PH out of the ninety-four discharges this past year. This individual indicated verbally being extremely satisfied with PH services. An exit interview survey is also provided to members upon discharge. Prospect House did not receive any surveys back this year which was the same as last year. Staff will continue to address any area of concern that is expressed by the members through the Members Representatives and the Quality Assurance Committee at PH on an ongoing basis.

Recommendations for next year

- Continue to work towards going completely paperless
- Continue to enhance clinical documentation through internal focus audits
- Continue to refer consumers to the agency's Primary Care
- Continue to meet the needs of our consumers by providing house groups throughout the year, such as, Art Therapy, Smoking cessation, Men's group and more
- Finalize re-facing of the building

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 via local police departments, municipal court, state prison, other criminal justice providers, community agencies or any other legal organization. Services are started at point of referral and discharge planning starts the day of intake. CJS services are consumer-centered and clients' strengths, need, 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 a therapeutic disposition rather than a correctional disposition and decrease county or state time served. Additionally, CJS educates law Enforcement Officers regarding mental health issues at local municipal levels.

Personnel

CJS continues to benefit from staff retention. In the Essex location, there are currently 4 Forensic Case Managers (FCM), 1 Administrative Assistant, and a Program Director (PD). All staff work within the jail and community completing intakes and developing 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. In the Morris location, there is one (1) full-time Program Director, and 1 full-time Case Manager. (Bachelors 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, released from the jail, referred from the community, and/or are at risk of incarceration. CJS staffing is culturally diverse and is representative of the persons we serve.

Caseload

As of June 30, 2018, CJS, Essex location had 73 active cases. Referrals were made by Essex County Correctional Facility (ECCF) Mental Health and Medical Department- Center for Family Guidance (CFG), Essex County Office of Public Defenders and various criminal justice personnel and community providers such as; Essex County Drug Court, Essex County Probation, NJ State Prisons, New Jersey Transit, ECCF Social Services Dept., Ancora Psychiatric Hospital, Trenton Psychiatric Hospital, community hospitals, Justice Involved Services programs throughout NJ, self-referrals, family members, community treatment providers, and within our own organization. During this same time period in the Morris location, there were sixteen (16) active cases. During fiscal year 2017-2018 referrals were made through the Morris County Prosecutors Office, 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 serious and persistent mental illness (SPMI). CJS inclusionary criteria include DSM V diagnosis of the following disorders:

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

Performance Outcomes

Performance outcomes were measured, as well as observed through MHAEM's Quality Assurance Committee (QA). For Fiscal Year (FY) 2018, Essex CJS QA grid monitored consumer's recidivism to the jail within 30 or 90 days. The threshold indicates that less than 25 consumers would not return to jail during this time frame and 13 consumers were re-incarcerated within 30 or 90 days of their release. CJS QA grid also monitored consumers' recidivism to the jail within 60 day and 120 day. The threshold indicates that less than 50 consumers would not return to jail during this time frame and only 6 consumers was re-incarcerated within 60 or 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 (5) consumers would return within 30 or 90 days, and less than ten (10) consumers would return to jail within 60 or 120 days. During the fiscal year, two (2) consumers returned to jail within 30 days, three (3) returned within 60 days, and zero (0) returned within 90 and 120 days.

This year CJS Essex successfully diverted 7 consumers from a state prison sentence. As a result of the jail diversions, a total of 3,045 days were reduced in our consumers' county sentence and a total of 28,471 days were reduced in our consumers' state prison sentence. CJS continues to monitor the cost-effectiveness for county costs. FY 2018, the program saved approximately \$356,265.00 in county costs. 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 Prosecutors Office and the Morris County Public Defender's Office to link nine (9) clients to the Morris County Prosecutors Mental Health Program. As a result, staff successfully diverted consumers from a county jail sentence by approximately 1,184 days, and 10,018 prison days. For the 2018 fiscal year, the program saved approximately \$171,680 in county costs, and \$1,452,610 in state costs.

Consumer Satisfaction Survey

ESSEX

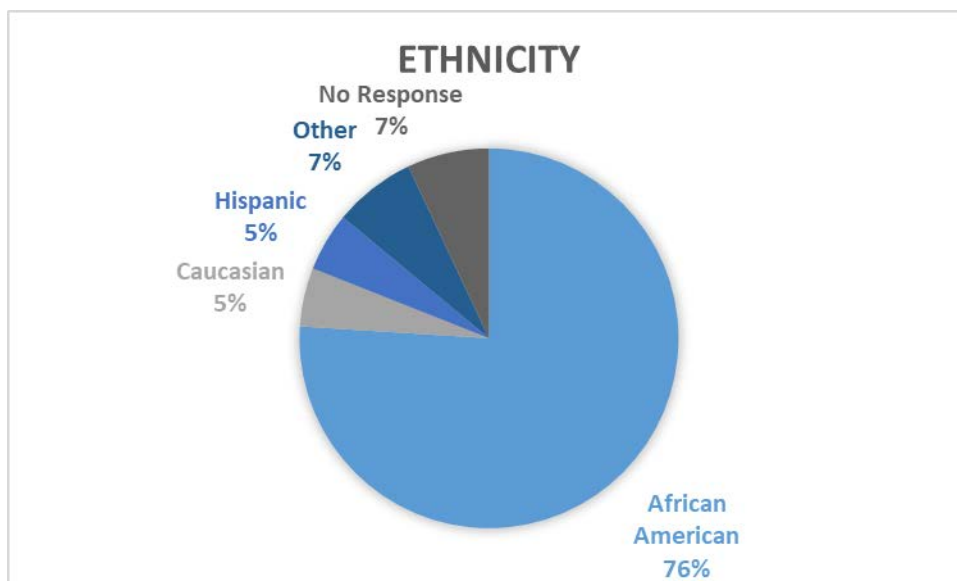
In May 2018, CJS Essex, Consumer Satisfaction survey was conducted. The satisfaction survey included a total of 8 questions. CJS collected 55 surveys out of 65 which were given to consumers. This equals a response rate of 91%. For FY 2017, the overall satisfaction was 93%. For FY 2018, the overall satisfaction is 93%. In comparison to last year, there has been the same amount of satisfaction overall with CJS services.

Gender

Of the fifty-five (55) consumers that responded to the surveys; forty-five (45) are male (86%) and eight (8) are female (14%); five (5) were no responses.

Ethnicity

The fifty-five (55) of these consumer's identified as forty-one (41) consumers as African American (76%), three (3) as Caucasian (5%), three (3) as Hispanic (5%) and four (4) consumers as other (7%). There were four (4) no responses (7%). The ethnicity of the respondents mirrors that of our caseload.



Age

The exact age of the consumers was collected. The ages ranged from 20-66 years old. The mean age for the consumers was 36 years old.



Morris

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

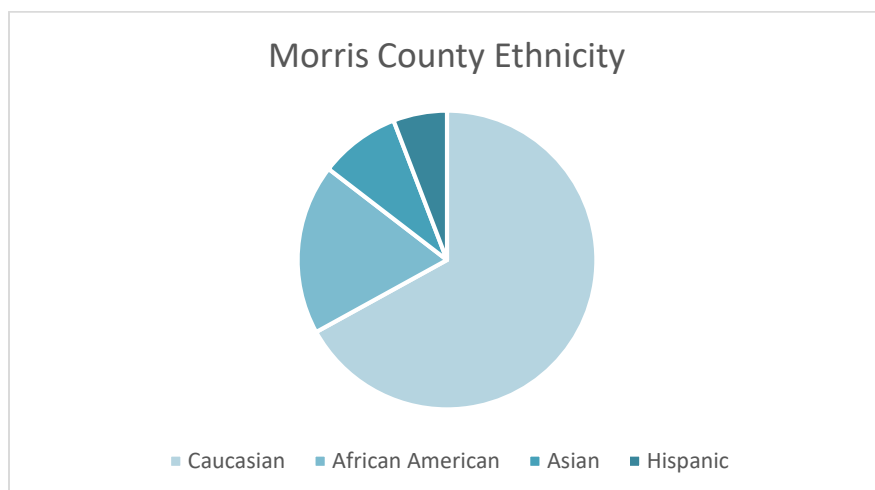
Approximately seventeen (17) surveys were delivered to consumers (hand delivered, mailed and or left at residence). Out of the seventeen surveys, fifteen (15) consumers responded. This accounts for an eighty-eight (88%) response rate. For the fiscal year, the overall satisfaction rate was ninety-seven (97%) percent.

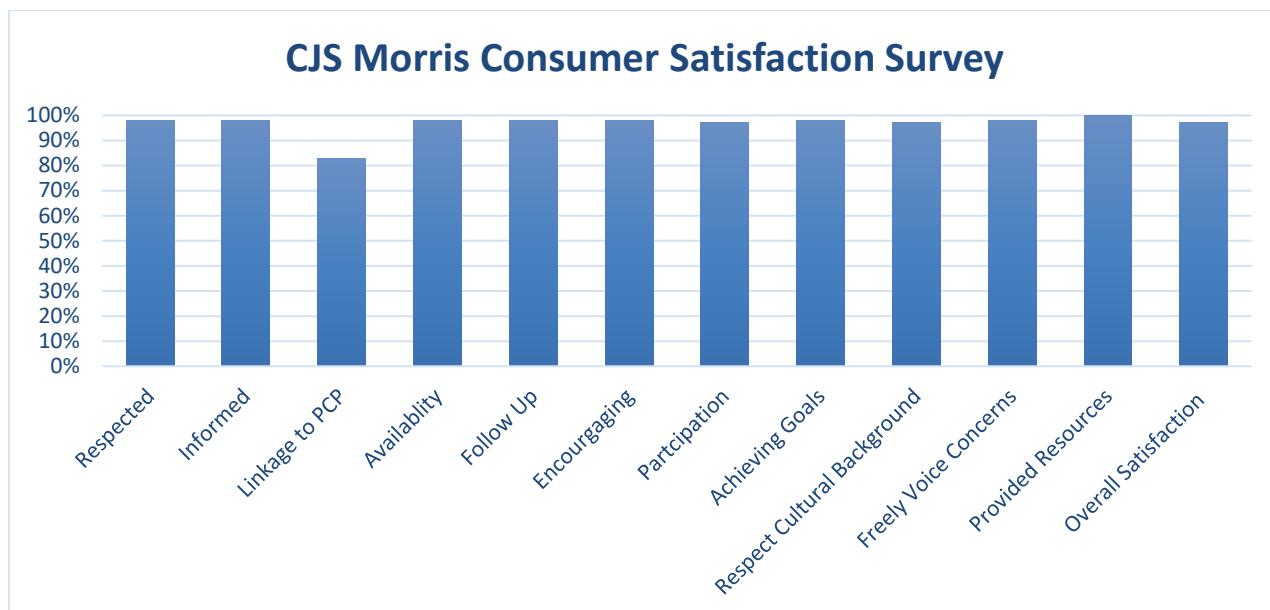
Gender

At the end of the fiscal year, the active caseload was seventy-five percent (75%) male and twenty-five percent (25%) female.

Ethnicity

At the end of the fiscal year CJS Morris provided services for sixty-nine (69%) Caucasians, nineteen percent (19%) African-Americans, six percent (6%) Asian, and six percent (6%) Hispanic.





Highlights

Essex

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

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

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

Morris

During the past fiscal year, the program director worked closely with the Morris County Prosecutors Office and was able to successfully enroll 9 consumers into the Morris County Prosecutors Mental Health Program. The Program Director provided a training to educate the

Morris County Public Defender's Office about CJS Morris and to discuss ways to collaborate with one another. Due to this training and collaboration, referrals from court appointed attorneys have increased, which has significantly decreased the consumers time served in county jail and state prisons.

CJS Morris consumers in collaboration with all other MHAEM adult programs, attended a picnic at Tourne Park, holiday party held by Holiday Express, and participated in the consumer achievement awards. During the achievement awards, consumers are honored and recognized for their success in their recovery.

The Program Director of the Morris location had the privilege of attending the three day 2018 National Council for Behavioral Health Conference in Washington, D.C. At the conference, the Program Director acquired knowledge regarding state-of-the-science services that addressed organizational leadership and strategy, workforce development, systems change, clinical and business best practices, outcome measurements and public education. Also during the fiscal year, CJS Morris relocated offices from Mountain Lakes to their current office in Parsippany. All Morris County MHAEM programs are housed in one office allowing for easier access and collaboration among all programs.

Trainings

In FY 2018, Essex CJS Program Director began collaborated with CIT and assisted in providing trainings quarterly to criminal justice workers, mental health providers and law enforcement officers. A total of 100 individuals were trained.

CJS staff has attended several trainings throughout the year which include: Annual Criminal Justice Advocacy Program Equal Justice Conference, Trauma Informed, and Safety in the Community. All CJS staff, through Essential Learning, were trained on various topics which included but were not limited to HIPPA for Healthcare Professionals, Corporate Compliance and Ethics, Cultural Diversity, Crisis Management, Defensive Driving and Suicide Prevention.

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

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).

Morris County also participates in the following meetings, taskforces and committees: Acute Care Meeting is a monthly meeting convened by the Director of Screening Services at St. Clare's Behavioral Health. 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. Morris County also collaborates with the Statewide CJS Directors meeting is convened by the

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

Upcoming Year Recommendations:

Essex

- To use the AWARDS software system for a better detailed tracking in lapsed client contacts and address issues more efficiently and improve the quality and satisfaction level of care. As the agency moves toward Fee for Service, Program Director will monitoring staff contact hours to ensure expected productivity levels are being met weekly(as it relates to service provision to consumer we serve).
- CJS will continue to enhance clinical documentation through internal focus audits and by attending in-services (given by the agency).
- Staff will continue to collaborate with CFG (ECCF mental health department) and other community providers (NCS) to increase referrals.
- Staff will continue to work on reducing gaps in the service system with increase 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

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. Individual, group and family therapy services are offered by our in-house clinicians in our Montclair office.

Personnel

Presently, the program operates with a full-time Director, part-time Administrative Assistant, part-time Medical Director and eight part-time clinicians. In addition to the clinicians, the program presently works with three graduate social work interns who provide clinical services under the supervision of the Director.

Service Provision

The Center for Behavioral Health served 188 individuals during fiscal year 2018, which was a decrease of 1 individual from the prior year. Additionally, the Center provided 8879 units of service, which was an increase from the previous year. Over this past year, CBH served 56 new individuals which was a slight increase from last year. Overall, CBH exceeded its targets for on-site contacts, group therapy sessions, and medication maintenance appointments. As the Center has shifted the service provision to the use of in-house clinicians in the fee-for-service model, the panel therapist model continues to be phased out and no clients were assigned to therapists in the community for Fiscal Year 2018. Approximately, 18 clients continue to see a panel therapist in the surrounding communities.

Highlights

The highlights for the 2018 fiscal year included:

- Reduced the overall no show rate for appointments by implementing strict cancellation policy thereby increasing staff productivity.
- Successfully changed fee structure for therapists in the program leading to management with non-compliant clients being discharged expeditiously allowing for admission of new clients.
- Continue to assess the prevalence of trauma in our clients' lives and provide trauma informed care in psychotherapy sessions.
- New CBH clinicians were enrolled in Medicare.
- Clients continue to be enrolled in NJMHAPP if they have no insurance further decreasing the non-reimbursable services provided by our staff.

- CBH continues to transition clients who were seen by panel therapists in the community who are retiring to in-house clinicians at our Montclair office. To date, only 12% of our clients are presently being seen by panel therapists.
- Continued providing intake assessments for the US District Courts Federal Probation and Parole's Re-entry court which commenced in May of 2016. Parolees are referred for a comprehensive intake assessment with one of CBH's clinicians who prepares the report and makes clinical and concrete recommendations for the individual's success in reintegrating back into society. This year, 23 individuals were assessed and 3 of the individuals seen for assessments were engaged for ongoing weekly therapy sessions.
- In addition to individual therapy, CBH continues to offer group therapy. "The Comfort Zone", a support group for individuals diagnosed with Depression or Bipolar Disorder continues to meet on a weekly basis and attendance continues to increase with a core group of individuals who regularly attend the Friday 90 minute group sessions. For existing CBH clients, the Center is now able to bill Medicaid and Medicare for this valuable service.
- Lastly, there is an ongoing collaboration between CBH and other community agencies, including Caldwell University and The Bridge. Our affiliation with The Bridge includes providing psychiatric evaluations for their clients who are enrolled in their outpatient services but are 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 2017 to conduct another successful National Depression Screening Day where over 150 students and faculty were screened for anxiety, depression, traumatic stress reactions and suicidal thoughts. Those who scored in the clinically significant category, indicating the need for additional treatment, were referred to appropriate community resources including Caldwell University's Counseling Department. On National Depression Screening Day, MHAEM's Montclair location was also set up for walk-ins to come and have a "mood check-up" with one of our trained staff. Staff will be on sight at Caldwell University on October 11, 2018 for another day of providing "mood check-ups."

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. During fiscal year 2018, the average wait for an intake appointment was 5 business days and the average wait for assignment to a therapist was 1 business days. The wait for intake is lower than the target of 7 days and the wait for assignment is significantly lower than the target of 5 days. Due to the shift to fee for service, the Center now offers initial intake appointments when clinicians have vacancies on their caseloads. The individual is now assigned to a therapist

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

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

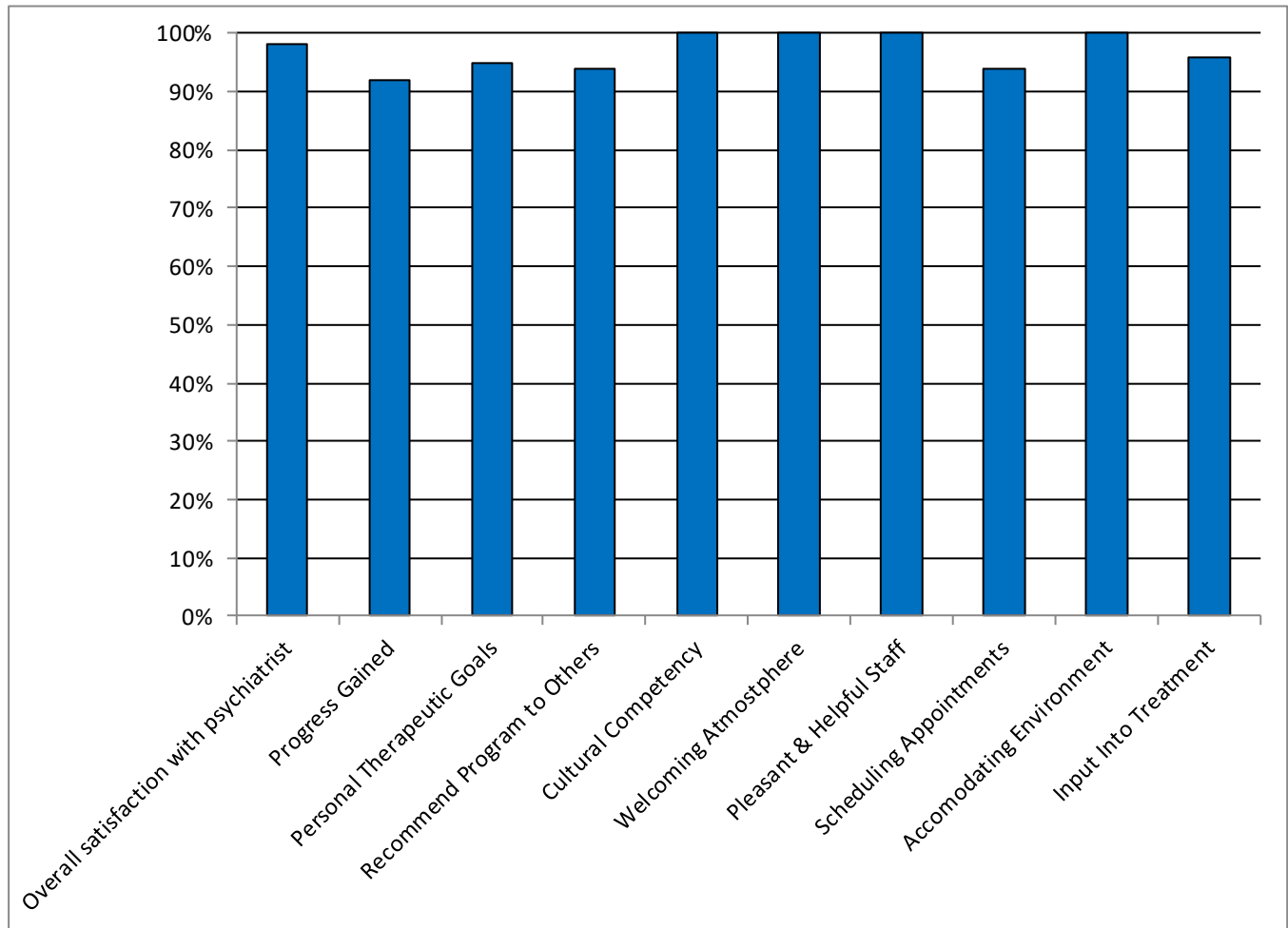
Patient Stress Questionnaire Data

	<u>Initial</u>	<u>After 3-6 months</u>
<u>Depressive Symptoms</u>	38	27
<u>Anxiety</u>	15	9
<u>Traumatic Stress Reactions</u>	5	2
<u>Substance Use</u>	2	1

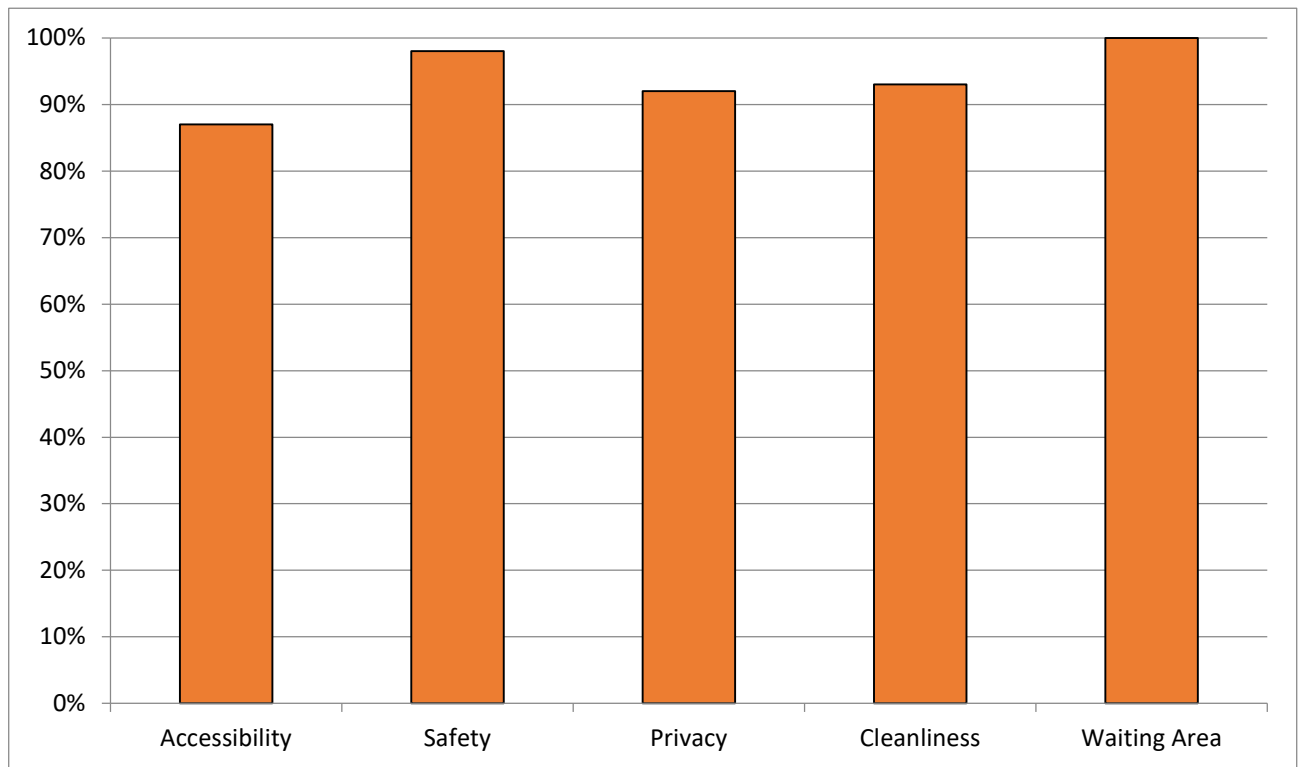
The results of this year's client satisfaction survey indicate a continued high level of satisfaction among the clients of CBH. This past year, 65 surveys were distributed and 42 surveys were completed. For the eleventh consecutive year, clients' satisfaction in all areas exceeded the 80% satisfaction threshold. The trend of satisfaction continued from previous years' surveys with 92% of clients surveyed reporting that they are satisfied with CBH services. This was the same level of satisfaction as last year. Comments on the questionnaire included:

- *"Don't change a thing, everyone is wonderful"*
- *"The goals we have set are constantly being worked and that is amazing"*
- *"More mindful and "feel" that I have a great support system here. Thanks!"*
- *"From the first time I contacted the center, my life has improved in the following ways, I have been able to start controlling my OCD symptoms and anxiety associated with it"*

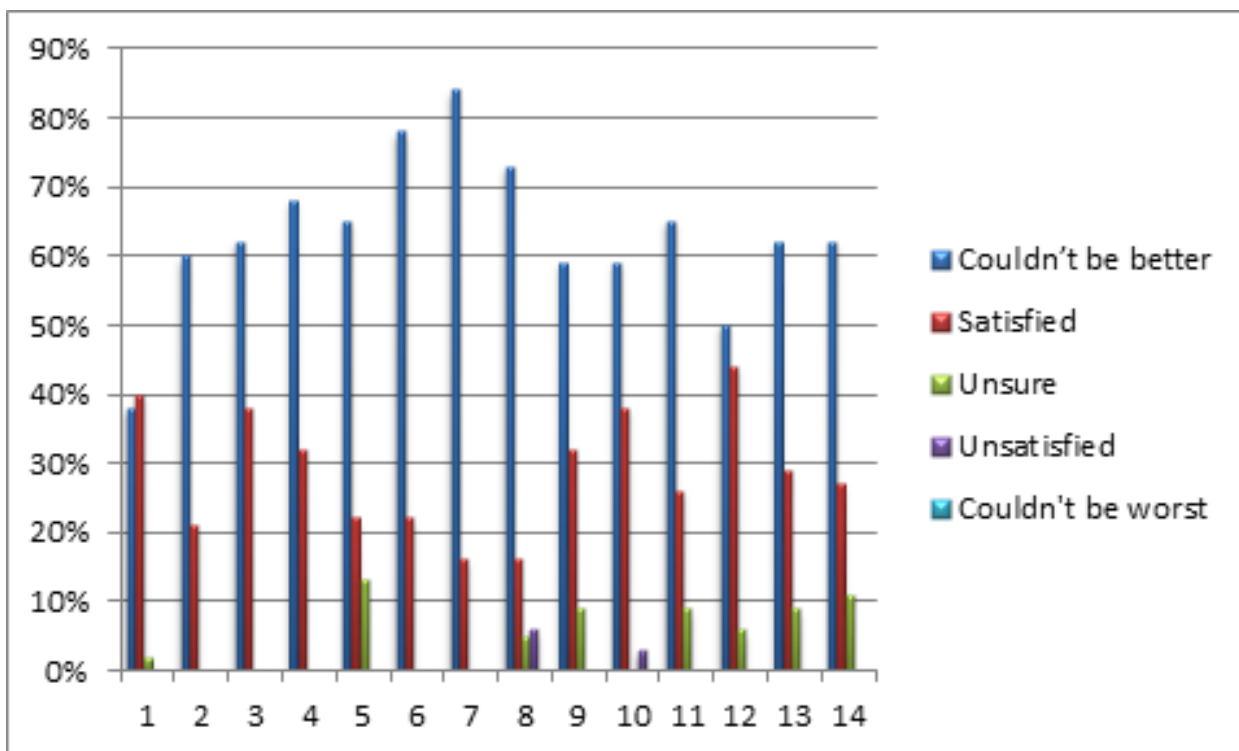
Center for Behavioral Health
Client Satisfaction Survey: Therapeutic Experience
July 2018
Number of Responses= 42



Center for Behavioral Health
Client Satisfaction Survey: Physical Setting
July 2018
Number of Responses= 42



Overall results



Fiscal Year 2019

During the Fiscal Year 2019, the Center for Behavioral Health will continue to provide high quality psychotherapy and psychiatric services in our Montclair offices. The Center will continue to monitor utilization rates for services and to reduce the number of missed appointments to maximize revenue in the fee-for-service environment and to increase the progress made in treatment by our service recipients. The Director, part-time clinicians and our Medical Director will continue to work with individual clients to increase utilization rates as attendance at weekly appointments is imperative for their progress in treatment and for the program's financial stability.

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

The Riskin Children's Center

Program Description

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

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

At RCC, the mission is to provide high, quality, low-cost, comprehensive, accessible and culturally relevant services to children, adolescents and their families. The Center works with families who have Medicaid.

Highlights

In the seventh year of operation, RCC shifted to provide services with three part-time clinicians, along with our part-time child and adolescent psychiatrist. During fiscal year 2018, RCC served 61 youth and out of these, 40 clients are still being seen and 25 continue to be monitored by our psychiatrist. Out of the 61 who were served, there were 20 new intakes in FY 2018.

In addition to providing direct service, RCC continues to sponsor events to raise community awareness of children's mental health needs and also to reduce the stigma of seeking mental health services for children in need. In September of 2017, RCC sponsored a children's art display at the Montclair Public Library. The theme was "Worry Dolls and Bully Busters." In addition to painting canvases of their experiences with bullying and displays of bravery, children created "Worry Dolls" and a history of doll usage in therapy was detailed. Furthermore, the

display, which was featured in the children's library on the 3rd floor for the whole month of September, featured the private doll collection of Dr. Sylvia Riskin. Dolls from around the world were on display along with the creations by RCC children. The kick-off event was held on September 28, 2017 and was open to the public as an opportunity for program recipients, family members and the general public to enjoy the art work, doll collection and to listen to the family members and the children who receive therapy and psychiatric services discuss their experiences with RCC. Children who attended the show left with goody bags.

Performance Indicators

The performance indicator which measures efficiency in RCC is the wait for service. During this year, the wait for an intake appointment was 4 days and there was no wait for assignment to a therapist. Clients were assigned to the therapist during the intake appointment. The wait for intake was higher than fiscal year 2017 as staffing patterns were reduced with no full-time clinicians at this time.

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

The last performance indicator measured by RCC, satisfaction, is obtained by the RCC Satisfaction Questionnaire which is completed by both the child and the child's caregiver. The survey solicits feedback on the following areas: parental inclusion in the child's treatment, progress made by child, access to therapist, satisfaction with services provided by the child psychiatrist, whether they would recommend RCC to others, whether the services have improved their child's quality of life and whether they would contact RCC in the future for services. Overall, 84% of RCC children and parents/guardians indicated satisfaction with the services which they receive. This was a slight decrease from last year.

Riskin Children's Center

Child/ Youth Satisfaction Surveys Results

38 surveys offered, 17 received

July 2018

Method

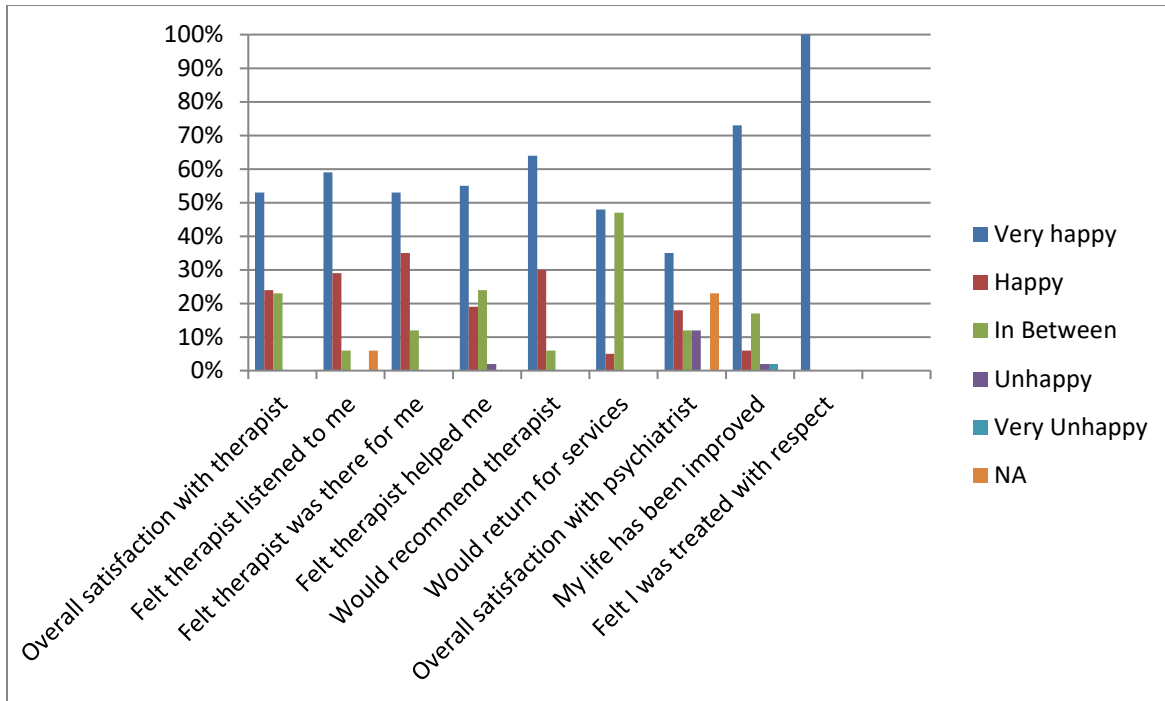
The surveys were given to our clients in person at the time of their appointments at the Montclair office. It was explained that their input was important in helping improve our services.

Objective

To ensure that 80% of clients are satisfied with our services.

Results

	Very happy	Happy	In Between	Unhappy	Very Unhappy	NA
Overall satisfaction with therapist	53%	24%	23%	0%	0%	0%
Felt therapist listened to me	59%	29%	6%	0%	0%	6%
Felt therapist was there for me	53%	35%	12%	0%	0%	0%
Felt therapist helped me	55%	19%	24%	2%	0%	0%
Would recommend therapist	64%	30%	6%	0%	0%	0%
Would return for services	48%	5%	47%	0%	0%	0%
Overall satisfaction with psychiatrist	35%	18%	12%	12%	0%	23%
My life has been improved	73%	6%	17%	2%	2%	0%
Felt I was treated with respect	100%				0%	



Riskin Children's Center

Parent Satisfaction Surveys Results

28 surveys offered, 6 received

July 2018

Method

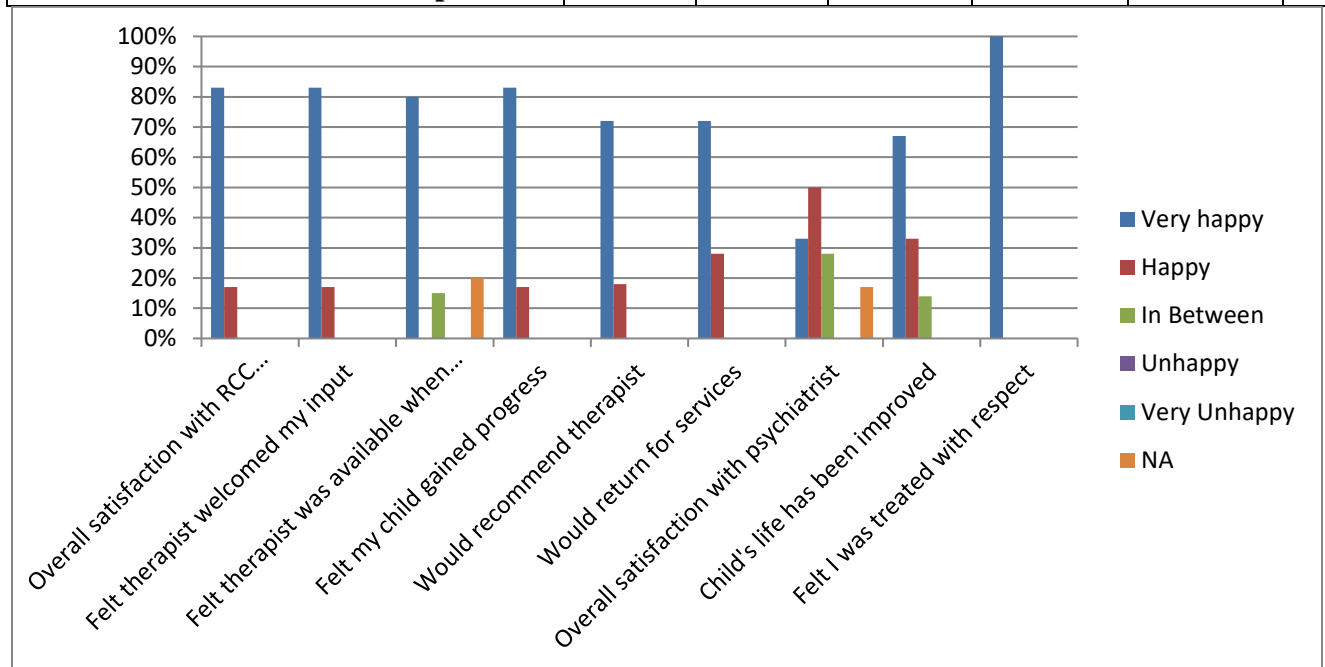
The surveys were given to parents of clients in person at the time of their appointments at the Montclair office. It was explained that their input was important in helping improve our services.

Objective

To ensure that 80% of clients are satisfied with our services.

Results

	Very happy	Happy	In Between	Unhappy	Very Unhappy	NA
Overall satisfaction with RCC services	83%	17%	0%	0%	0%	0%
Felt therapist welcomed my input	83%	17%	0%	0%	0%	0%
Felt therapist was available when needed	80%	0%	15%	0%	0%	20%
Felt my child gained progress	83%	17%	0%	0%	0%	0%
Would recommend therapist	72%	18%	0%	0%	0%	0%
Would return for services	72%	28%	0%	0%	0%	0%
Overall satisfaction with psychiatrist	33%	50%	28%	0%	0%	17%
Child's life has been improved	67%	33%	14%	0%	0%	0%
Felt I was treated with respect	100%					



Fiscal Year 2019

In the upcoming year, RCC will continue to monitor compliance with treatment, progress made toward treatment goals and the need for additional services such as therapeutic groups. RCC clinicians will continue to expand their knowledge and clinical skills by attending relevant

professional development workshops including incorporating Trauma-Informed Care into service provision due to the prevalence of adverse childhood events in the lives of those whom we serve.

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

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

Community Support Services (CSS)

The mission of Community Support Services (CSS) is to increase accessibility to quality affordable housing in Essex 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 two hundred ninety (290) 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 twenty-two (22) individuals who have their own residence, but needed additional care to ensure their stability in the community.

Demographics

As of June 30, 2017, the active caseload for the Community Support Services was 271. On this date, there were 133 males (45.86%), 154 females (53.10%), and three (3) transgender male to female (1.03%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 7 Hispanic/Latino (2.58%); 264 non-Hispanic/Latino (97.42%), and twelve (12) individuals who did not want to disclose. The self-reported races of the consumers enrolled with CSS are as follows: one (1) American –Indian or Alaskan Native (.37%); three (3) Asian (1.11%); one hundred and fifteen (115) African-American (42.59%), two (2) multi-racial (.74%); four (4) Native Hawaiian or Other Pacific Islander (1.48%); one (1) other (.37%); one (1) other multi-racial (.37%); one hundred forty-three (143) Caucasian (52.96%); and one (1) who did not want to disclose (.37%).

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.

The following reflects the number of consumers living in each town throughout Essex and Morris Counties: three (3) in Belleville; twenty-four (24) Bloomfield; twelve (12) Boonton; six (6) Budd Lake; eleven (11) Butler; one (1) Caldwell; one (1) Chatham Township; two (2) Denville; fourteen (14) Dover; forty-eight (48) East Orange; ten (10) Flanders; one (1) Hackettstown; nine (9) Irvington; one (1) Jefferson; one (1) Kenil; ten (10) Lake Hiawatha; five (5) Lake Hopatcong; two (2) Landing; one (1) Lincoln Park; one (1) Long Valley; one (1) Mine Hill; twenty-six (26) Montclair; ten (10) Morris Plains; twelve (12) Morristown; two (2) Mt. Arlington; seven (7) Netcong; twenty-one (21) Newark; thirteen (13) Nutley; eight (8) Orange; two (2) Parsippany; one (1) Pine Brook; two (2) Randolph; one (1) South Orange; six (6) Succasunna; three (3) Verona; three (3) West Orange; eight (8) Wharton.

Personnel

The CSS quality services are provided by 1 Director, 2 Recovery Coordinators, 4 Clinical Coordinators, 9 Sr. Recovery Counselors, 11 Recovery Counselors, 2 Housing Specialists, 1 Wellness Coach, 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 and one staff fluent in Spanish.

CSS provides flexible services to each individual according to their needs. Our program has proven to go above and beyond the typical supportive housing services and has been creative with our services and referrals. The CSS staff are available for support and crisis intervention 24 hours per day 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 1% and the recidivism rate for Short Term Care Facilities was 2%. Both

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 7% of our consumers to secure and/or maintain involvement with employment, vocational programs or school.

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

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

Consumer Satisfaction Surveys:

All CSS consumers were given the opportunity to complete a consumer satisfaction survey. They were informed that their answers are anonymous and confidential. Thirty-one (31) surveys were completed and returned to CSS..

GENDER

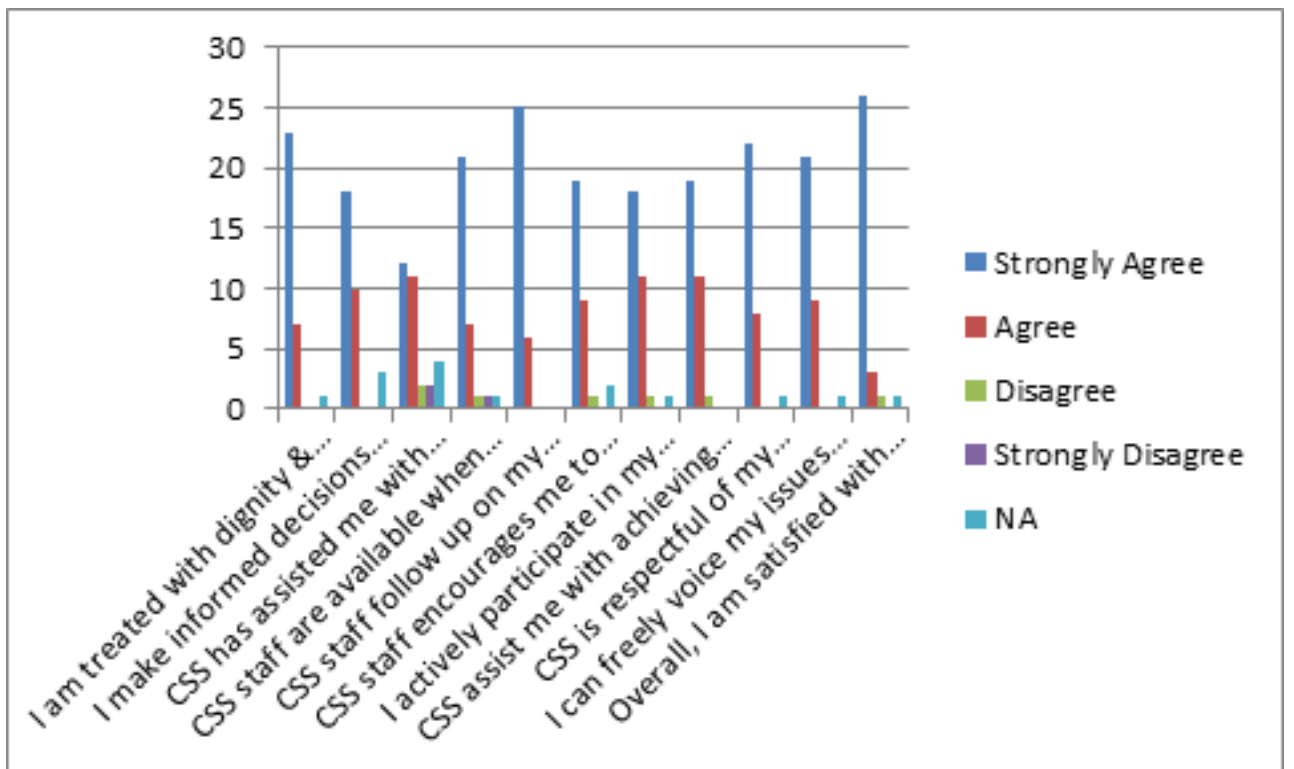
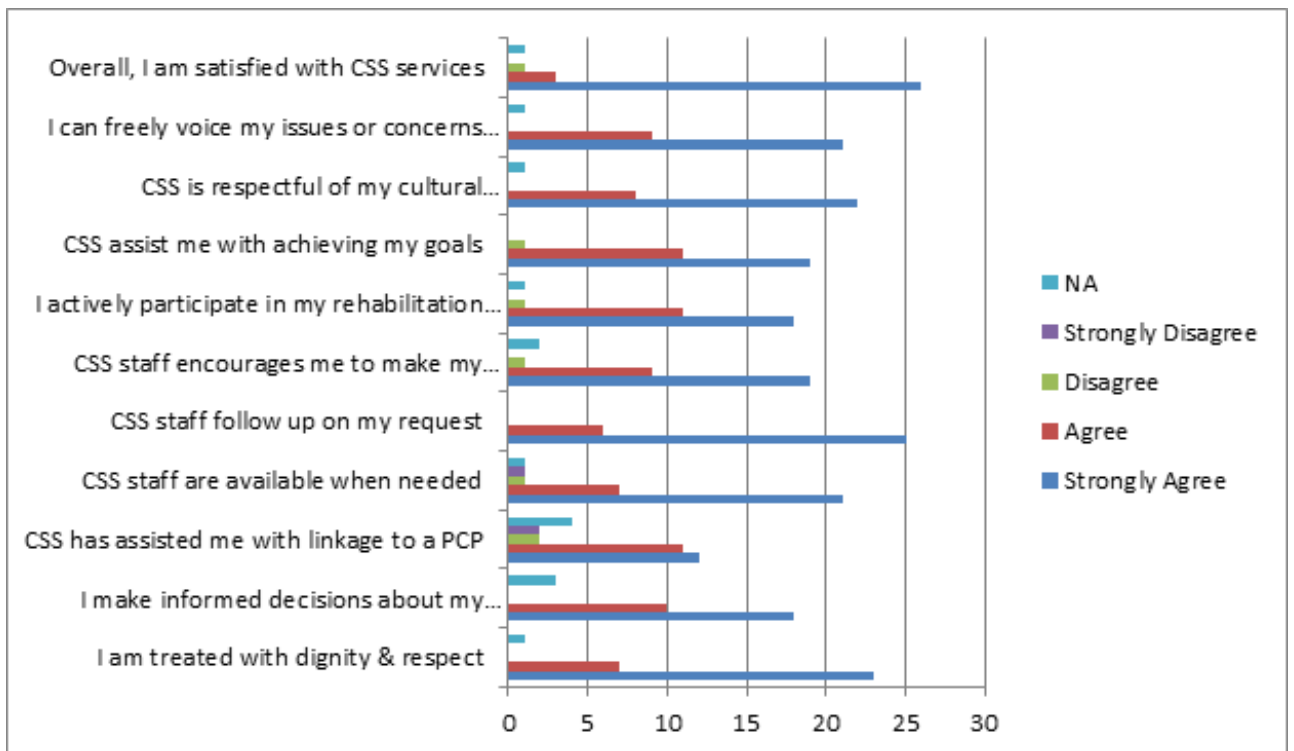
Thirty consumers responded in which thirteen (13) are male (41.94%) and sixteen (16) are female (51.61%) and two (2) consumers (6.45%) did not respond to this question.

AGE

Ages ranged from twenty-nine (29) through seventy-one (71) years of age. The average age is fifty-one (51).

ETHNICITY

Eleven (11) consumers identified as African American (35.48%), eleven (11) consumers reported they are Caucasian (35.48%), one (1) consumer reported they are Hispanic (3.23%), three (3) consumers reported other as their ethnicity (9.68%), and five (5) consumers did not answer this question (16.13%).



CSS Highlights

This year, the Community Support Services program ran as one entity with the program director overseeing both Essex and Morris counties.

Community Support Services is working with one developer on a low income tax credit project which CSS will be able to house additional consumers. It is anticipated that this project will be complete in early 2019.

Community Support Services continues to utilize the Bed Enrollment Data System (BEDS). This data base 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 2 six 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, in collaboration with MHAEM adult programs, sponsored its annual Picnic/BBQ held in both Essex and Morris Counties, and the Annual Holiday Parties; all events were well attended by CSS participants. This year, MHAEM held its 9th Annual Consumer Achievement Awards Luncheon, for both Essex and Morris Counties, where an individual from each program was honored and recognized, with an award, for their success in their own recovery.

The CSS program director was invited to participate in a performance improvement project with the Division of Mental Health and Addiction Services. This project focused on the subsidy award process and ways to decrease the discharge time from a state hospital once the subsidy is awarded.

The CSS program director was also asked to participate in two CSS focus groups, an outstanding supervisors and RIST focus group. Each group asked for feedback pertaining to services that need to be provided but are not reimbursable, challenges with staffing and challenges with CSS documentation.

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))

SUPPORTED EMPLOYMENT SERVICES (SES)

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

Personnel

Supported Employment Services is staffed by 3 full time employees which includes the Masters 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 has administrative support from a Transitional Employment-Clerical Assistance (TE) for fiscal year 2018. Supported Employment staff is culturally diverse and represents the local population which MHAEM serves in Essex County.

Prospect Employment Services

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

Caseload

Between July 1, 2017 and June 30, 2018, SE served 111 clients. There were 51 new clients referred and accepted from various other sources such as: Intensive Family Support Services (IFSS), Collaborative Justice Services (CJS), Assisted Outpatient Treatment Services (AOTS), Prospect House (PH), Integrated Case Management Services (ICMS), Northwest Essex Community Healthcare (NWECH), Community Support Services (CSS), Community Psychiatric Institute (CPI), East Orange General Hospital (EOGH), FEDCAP Inc., and Project LIVE Inc.

Demographics

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

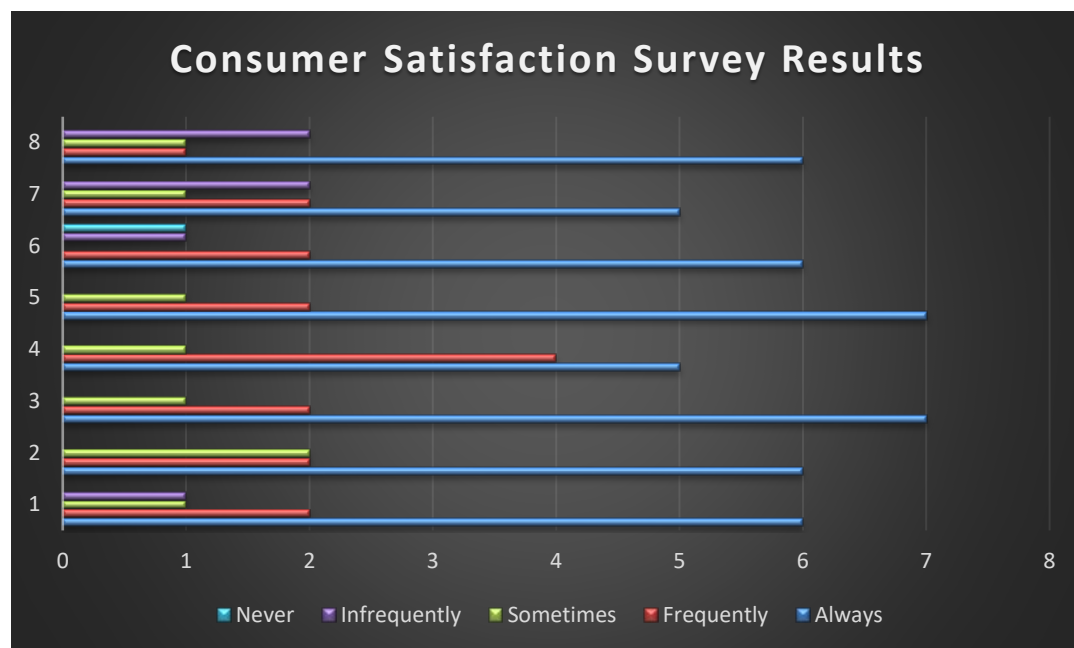
Performance Outcomes

The target number of clients served was 130. We served 123 and achieved 85% of our goal. New clients served target was 60; we served 51 and achieved 85% of this goal. We placed 25 clients into full time employment (140%), and Part time employment at (29%) and an additional 12 clients (32%) were re-placed on a job. At the end of this fiscal year, our caseload is 42.

The unemployment rate in NJ is 4.6% as of March 2018 however SES was successful in placing 5% of our clients into employment within 120 days of their entry into the program. 100% of the clients were placed in an occupation of their choice. At the end of the year, 86% of clients retained employment for 3 months or more. The Employment Specialist worked diligently to motivate clients and made multiple outreaches to employers to ensure a smooth transition. Staff encouraged clients to participate in the scheduled Job Readiness groups which focused on multiple areas including interviewing skills, work ethics and positive communication. The target wait for intake is 5 business days and admission to program is within 5 days. Client individual service plans were established with the clients input and were reviewed as were the monthly and quarterly progress as was necessary to help the client to meet their objectives. The staff/ client ratio is 1:23 respectively. In the upcoming fiscal year, staff will continue to secure every opportunity, coordinate team efforts and resources to increase the service delivery to clients and will be more focused in documenting all areas of job development and client contact to meet our goals.

Client Satisfaction Survey

The threshold is 80% satisfaction and rate of return. In the final analysis client satisfaction survey rate of participation was 8% with a decrease of 5% response rate. We achieved 80% satisfaction over all.



Training

Specialized training workshops for staff continued throughout the year:

- WRAP Trained (1 staff)
- Psychopharmacology
- Effective Job Coaching
- Motivational Interviewing
- Co-Occurring Disorders and Employment
- Trained in Social Security benefits
- Disability rights and Laws pertaining to employment
- Mental Health First Aid
- Safety in the Community
- The Program Director also attended several workshops including the American Counseling Association, DSM V Training, and Incident report training and NJMAPP

Highlights

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

Advocacy

- Monthly Outreach Community Meetings to increase collaboration and in-house referrals.
- Participation at Professional Advisory Committee (PAC) Meetings.
- Participation in Job Fairs to increase client opportunities and for functional assessments of clients.
- Participated in Essex County Homeless Day Event and consumers were able to gain access to valuable resources.
- Staff attended the Annual Legislative Breakfast sponsored by the MHAEM.
- Social Security benefits presentations.

Recommendations for Fiscal Year 2019

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

Family Resource Center (FRC)

The FRC includes the following programs and services:

- I. IFSS - Intensive Family Support Services**
- II. “Thursdays” Family Respite Consumer Drop-In Center**
- III. Project F.E.R.S.T. – Family Emergency Room Support Team**
- IV. East Orange School-Based Counseling**
- V. Montclair Child Development Center - Mental Health Consulting**
- VI. School Based Mental Health-Camden Street School Newark**
- VII. St. Benedict’s Preparatory School Collaboration**
- VIII. Collaboration with NJPAC on production of “Slut” the Play**
- IX. Information and Referral Services**

I. Intensive Family Support Services (IFSS)

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

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

IFSS highlights: During fiscal year 2017/2018, IFSS facilitated **42 psycho-educational workshops** and facilitated **75 family support group sessions**. The team engaged in a variety of activities characterized by collaborations with NAMI Essex/Passaic, special outings and film screenings, and the launch of art based advocacy initiatives. In addition to presentations intended to provide support for families, IFSS staff provided mental health education to the community through **14 customized workshops** to address the unique concerns of mental health providers, library staff, law enforcement officers, emergency response personnel, family support agencies, and preschool and middle school staff.

NAMI collaborations: IFSS staff delivered presentations at 4 monthly meetings of NAMI Essex/Passaic. **22 individuals** participated across the four meetings, with an average attendance of 13 individuals at each meeting. IFSS facilitated a workshop on *Motivation for Change*, including stages of change, and tools for communication, as well as presented material about *Understanding the Mental Health System*. The topic of resilience was addressed when IFSS counselors facilitated a mindfulness based exercise, followed by a discussion designed to identify strengths and resiliency traits. By popular request, IFSS conducted a third screening of the documentary, *Healing Voices*, where mental health consumers and family members viewed the film and engaged in discussion about lived experience with mental illness, alternative coping skills, and available treatment options from a non-medical perspective. IFSS concluded their 10 week family psycho-educational series with a special presentation called, *In Our Own Voice*, which featured two speakers from NAMI NJ who shared the challenges and successes of their lived experience in coping with severe mental illness. A total of **33 individuals**, representing **28 families** attended this presentation..

Stand-alone workshops for families: The fiscal year started out with emphasis on self-care for caregivers with an expressive arts workshop, *Guided Visualization for Stress Reduction* that included an experiential component. IFSS revisited this topic by hosting, The Creativity Caravan, a local art studio, as they conducted a hands on personal book making workshop for families, and scheduled a Guided Meditation

and Sound Healing Workshop with a visit from Lemongrass Montclair Meditation Center. In response to family feedback, the IFSS provided a special pair of workshops called, *Limit Setting Part One and Two*, to address family members' questions about establishing household guidelines and following through with limits. The Mental Health Players facilitated an interactive presentation titled, *Get a life...but maybe not just yet?* to explore and illustrate the impact of mental illness on the family. IFSS invited the Assisted Outpatient Treatment (AOT) case managers to provide information about AOT and to respond to questions and concerns from families about intensive case management for treatment resistant individuals. IFSS also scheduled information sessions featuring Community Support Services (CSS) and Projects for Assistance in Transition from Homelessness (PATH).

Ten week workshop series: Beginning in January 2018, the IFSS team facilitated a 10-session psycho-educational workshop series attended by a total of **72 unduplicated participants with an average weekly attendance of 26 participants per week**. Families learned about the different types of mental illness, their causes, symptoms, available treatments, coping strategies, and community resources. Utilizing family feedback, last year's communication segment was updated, and a new workshop on understanding suicide was added. Also new this year was an in-depth, workshop on substance use and treatment options. The series ended with the NAMI NJ, *In Our Own Voice* presentation, noted above.

Special outings and film screenings: IFSS hosted an encore presentation of the documentary film, *Healing Voices*, which presents the phenomenon of psychosis within a non-medical paradigm, and which was followed by a facilitated discussion on stigma and its effects. IFSS combined education with the relaxation inducing effects of humor by showing the film, *Cracking Up*, a Canadian documentary that follows twelve individuals who, under the guidance of a mental health counselor, used their struggles with mental illness as creative content for standup comedy. Attendees enjoyed ice cream treats and brainstormed about how MHAEM might utilize humor or comedy for future workshops. IFSS staff and interns coordinated a trip to the one man interactive show entitled *Every Brilliant Thing*, at the Dreamcatcher Repertory Theatre, and offered subsidized tickets for 16 individuals, representing 12 families. This performance dealt with the themes of depression and suicide, and was followed by a talk back session.

Psycho-Educational Community Presentations: Family support agencies and events: IFSS counselors presented, *Understanding Mental Illness*, to staff members of the Irvington Family Success Center in Irvington. IFSS visited Partnership for Children where they facilitated a presentation and round table discussion with 14 supervisors concerning the unique challenges faced by parents of children with mental illness. IFSS participated in a Health Advisory Committee Meeting at the Montclair Child Development Center in Orange. IFSS counselors facilitated a discussion on mental health with parents, staff and members of the community which provided information on developmental tasks and challenges for the preschool child, and ways that parents can support their children's mental health and wellness.

The team also facilitated a discussion with 14 family members, consumers and staff at the Wellness House Family and Friends Event in East Orange, and provided information and answered questions about Essex County mental health resources at the Faith Based Community Health Fair in Newark.

The IFSS team provided education to about **50 library staff** in the Bergen County Cooperative Library System (BCCLS) over the course of three 90 minute workshops entitled, *Understanding Mental Health with a Focus on Communication*. The counselors elicited real life scenarios to enact role playing to practice communication tools, and facilitated problem solving with the participants.

Law enforcement and emergency response: IFSS was invited to provide information on the family perspective to law enforcement officers and mental health professionals as part of the October 2017 and June 2018 quarterly CIT, *Crisis Intervention Trainings*. IFSS family member and mental health advocate

joined the IFSS team to share anecdotes based on lived experience. Helpful tips from law enforcement were elicited by the IFSS counselors, compiled in a handout, and provided to IFSS family members. A total number of **69 law enforcement officers** attended.

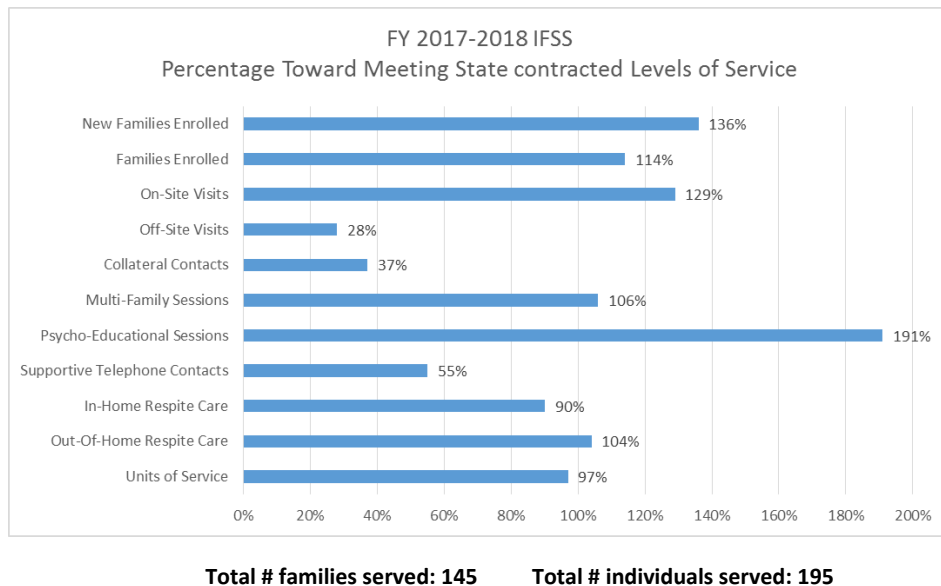
To further familiarize families with how to respond in an emergency, IFSS invited the new Essex County PESS provider, Clara Maas Medical Center, to provide an informational session on what to expect regarding the psychiatric emergency screening process. A presentation called, *Dealing with Mental Health Emergencies*, was provided to 27 members of the South Orange Rescue Squad. IFSS team members also provided community education on mental illness through speaking with members of the Millburn-Short Hills Rescue Squad.

On June 15th, IFSS staff collaborated with the **Codey Fund for Mental Health** and facilitated two one hour workshops for the West Orange school district auxiliary staff. An approximate total of **120 individuals** (60 per workshop) received education about signs, symptoms, risk factors and warning signs of suicide.

Art Based Advocacy Initiatives: May 2018: IFSS acknowledged the importance of the maternal/child relationship during Mental Health Awareness month through the conception of a unique art exhibit, *My Mother's Keeper*, which featured artwork by 22 female artists who created artwork centered on the theme of their mothers' mental illness and the impact on their lives. The exhibit was co-curated and exhibited in collaboration with local art studio, The Creativity Caravan. The exhibit included work by IFSS family members who created pieces using art therapy directives employed by IFSS. The gallery included written statements by each artist, and the opening, on May 4th, was attended by approximately **200 visitors** from the community. In conjunction with the exhibit, *An Evening of Readings*, was conducted with IFSS participation, where 8 women read poems and essays that supported the theme of the exhibit, prompting discussion about stigma and the impact of mental illness on the family. Information about IFSS was made available and about **32 visitors** from the community were in attendance. MHAEM printed a catalog of *My Mother's Keeper* group exhibit to be used as an educational tool for the community.

The fiscal year came to a close with the launch of a public art initiative as part of the JR Inside Out Group Action. On June 27th, IFSS staff facilitated the first of three educational presentations about mental illness, the impact on the family, and discussion about engagement in mental health advocacy through visual art. Participants had the opportunity to pose for photographic portraits and write anonymous personal statements about how mental illness has impacted their lives. This workshop was attended by 12 individuals and yielded 8 portraits to be used in the public art project, which will be posted on the internet, shared through social media, and displayed in the community to raise awareness and reduce stigma surrounding mental illness. **The MHAEM Group Action is called, *Out in the Open, In it Together*.**

IFSS Performance Outcomes: The IFSS program produced 2036 units of service, 97% of its overall targeted program commitments for the 2017-2018 fiscal year. Off-site, in-home respite, phone, and collateral contacts did not meet expected thresholds and will continue to be prioritized to increase their production in the next fiscal year. On-site visits (129%) exceeded the expected, contracted levels of service, as did Out-of-Home Respite Care (104%), Psycho-educational Sessions (191%) and Multiple Family Support Groups (106%).



Performance Indicators:

Accessibility: IFSS continued to ensure easy access of services for all family members by having professional staff on call 24 hours a day, every day of the year, including holidays. In this past fiscal year, **92% of families** indicated that IFSS staff was available when they needed them.

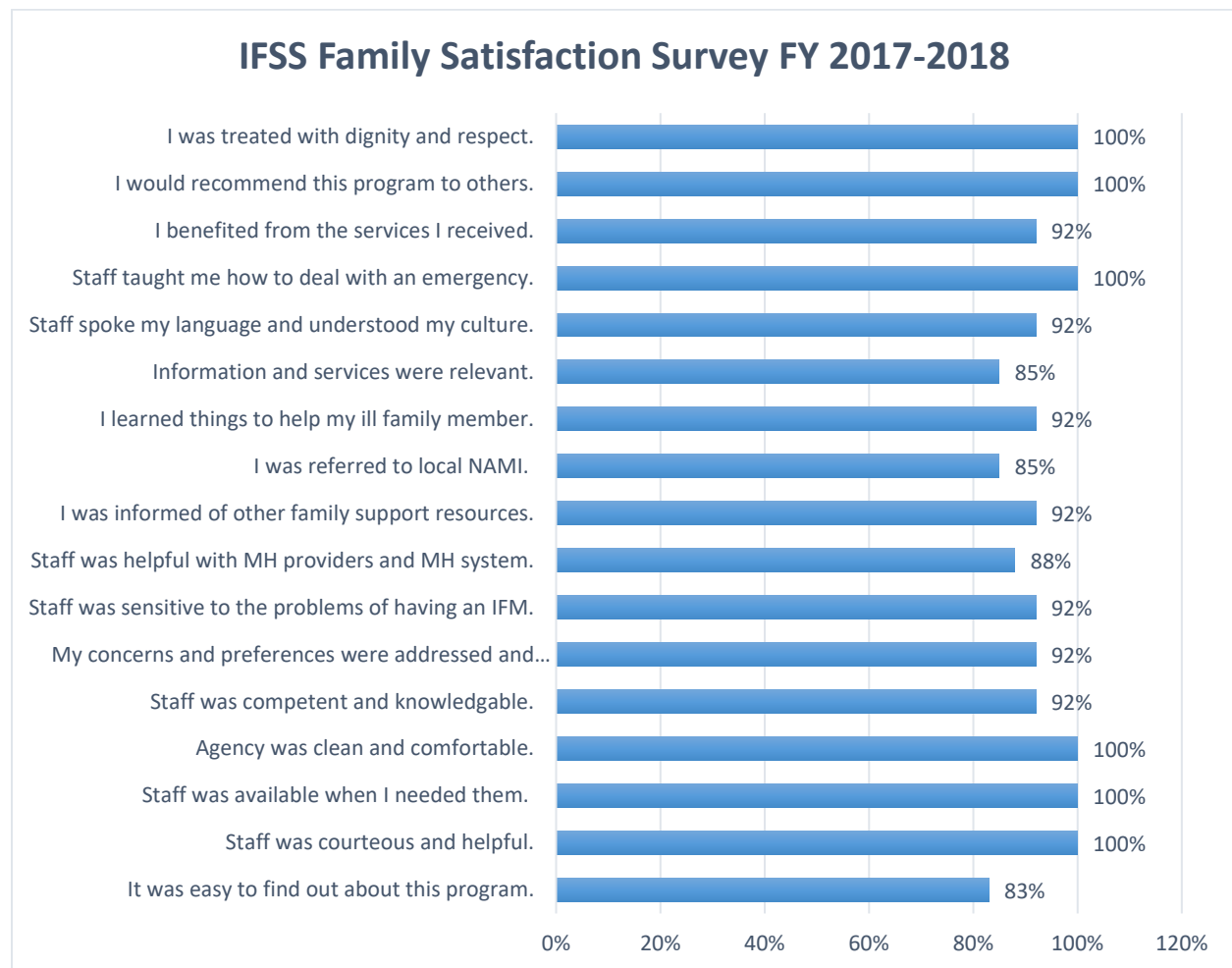
Efficiency: IFSS utilized “Wait for Service” as a key performance indicator of efficiency. In this past fiscal year, the average time elapsed from IFSS referral to 1st contact, was 1.5 or **less than 2 business days**. The average time from this contact to intake was 3.9, or **less than 4 business days**. Both indicators of IFSS efficiency were below the established thresholds, indicating that IFSS remains efficient in responding to families in need.

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

Technical Data: Monthly chart audits of all active IFSS families were implemented with an annual compliance rate of 93%.

Satisfaction: Satisfaction with the IFSS program was measured by a NJDMHAS approved instrument that was sent out to approximately 145 IFSS families in May 2018. With an 18% return rate, 26 questionnaires were returned to MHAEM’s QA Coordinator, who aggregated the raw data for further analysis. **100% of the families served by IFSS felt they were treated with dignity and respect.** Results showed that 26 out of 26 families (100%) agreed that staff taught them how to deal with an emergency, and 100% agreed that staff was available when needed. 24 out of 26 (92%) of respondents felt that IFSS staff were sensitive to the problems of having a relative with mental illness, and 100% of all families that responded that they would recommend the IFSS program to others. The IFSS satisfaction questionnaires, included many accompanying positive comments about services and staff that further validated a high level of satisfaction from the families enrolled in the IFSS program. Commonly expressed comments from families describe the high need for family support. Data suggested an ongoing need to raise awareness of the impact that mental illness may have on family members of loved ones living with mental

illness, as well as the need to effectively inform communities about the help which is available through IFSS programs.



Comments from FY 2017-2018 Family Satisfaction Survey:

“From the second I walk in, I’m greeted with kindness...”

“I feel better able to cope with my loved ones issues. I feel that I do not have to let their problems/ illness consume my life.”

“My journey is a long one and the most practical and helpful advice I ever received, and consistently receive is from IFSS. It has truly changed my life for the better.”

“Learning to separate the illness from my loved one has helped me respond more effectively. I’ve learned to set boundaries and accept people as they are while supporting and loving them in difficult times.”

“...The staff is very caring. Compassionate and nonjudgmental, which makes it easier for everyone. What I value the most is getting real life practical tips and advice.”

“My life is no longer the embattled drama it once was. I have learned and continue to relearn coping mechanisms to deal with whatever comes my way...”

“The agency has been a BIG help. There was no stigma or judgement. People helped me deal with my daughter’s poor social skills and skewed thinking. Many times they saved me from a break down myself.”

“I have referred three people to your agency. The amount of support and knowledge from your agency is priceless. It saved my marriage and my sanity dealing with an ill spouse.”

“The therapy has helped me many times and I enjoyed the group programs. I learned many coping skills. I learned I am not alone with my problems.”

II. IFSS Out-of-Home Family Respite Services “Thursdays” Consumer Drop-In Center 2017-2018

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

Personnel: (1) Part-time Health and Wellness Coordinator, graduate social work and counseling interns and community volunteers

Highlights and Data: For the **20th** consecutive year, “Thursdays” continued to operate primarily as an IFSS family respite service. Families took comfort in knowing that their loved one was able to get out of the house, socialize, and be surrounded with positive supportive people. Throughout the year, the consumers who attended “Thursdays” planned and participated in many diverse activities. Some of these included interactive presentations on health, wellness, chair yoga and guided meditation. Other activities included walks in the park, artistic and wellness-themed activities along with a backyard BBQ and karaoke. With its emphasis on fresh fruit, vegetables, and physical exercise, “Thursdays” continued to espouse a wellness philosophy that promoted healthy eating and positive lifestyle choices.

A total of **88** non-duplicated consumers attended this drop-in center over the past fiscal year. An average of **19** consumers attended “Thursdays” each week. A total of **11** IFSS families received this specialized out-of-home “respite” service during this past fiscal year.

III. 2017-2018 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. Liaison and (1) Part-Time Project F.ER.S.T. Liaison

Highlights: Project F.ER.S.T. produced 400 units of service, 94% of the target amount of units for this past fiscal year. A total of 229 families, 120% of the target number, were served both onsite in hospital emergency rooms and offsite at the MHAEM office. These numbers show a marked increase in utilization from the prior year. Over the course of this fiscal year, Project F.ER.S.T. has continued to actively market

services and increase visibility, constantly looking for new opportunities to educate families and mental health professionals about acute care family support services. In addition to outreaching crisis team supervisors and screeners, ER directors and staff at participating Essex County Hospitals, Project F.ER.S.T. increased outreach to community agencies and psychiatric inpatient units. This included presentations to the staff of the Irvington Family Success Center and to families of Wellness House, an Intensive Outpatient Program and providing education on how families can access support when their loved one is in crisis. In June of this year, Project F.ER.S.T. successfully initiated a collaboration with East Orange General Hospital, consisting of an acute care family support staff presence during evening visiting hours one night a week. This goal of this collaboration is to capture referrals that may have been missed upon initial screening and to provide on-site support to families in the community since many families find it difficult to access additional services while in the throes of crisis. Throughout the year, Project F.ER.S.T. has maintained a steady presence at the monthly meetings of the Essex County Systems Review Committee, which has offered opportunities to connect with the various community providers and established Project F.ER.S.T. as an integral member of the mental health system of care.

Performance Outcomes:

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

Outcome Data:

- **Accessibility:** Project F.ER.S.T. staff continued to provide on and offsite direct face-to-face services for families in local emergency rooms from 9 AM until 9 PM, Monday through Friday. On Call telephone consultation services were also available to families 24 hours a day, 7 days a week, through a rotating staff schedule.
- **Satisfaction:** In order to insure that the highest level of quality services for families are maintained, a 12-item questionnaire is mailed out at the end of each month to families who received services. Upon return of the questionnaire, the data is aggregated and analyzed. During this past FY17-18, 27 surveys were returned out of 180 sent, resulting in a 15% return rate. A weighted average was calculated from the responses for each question.

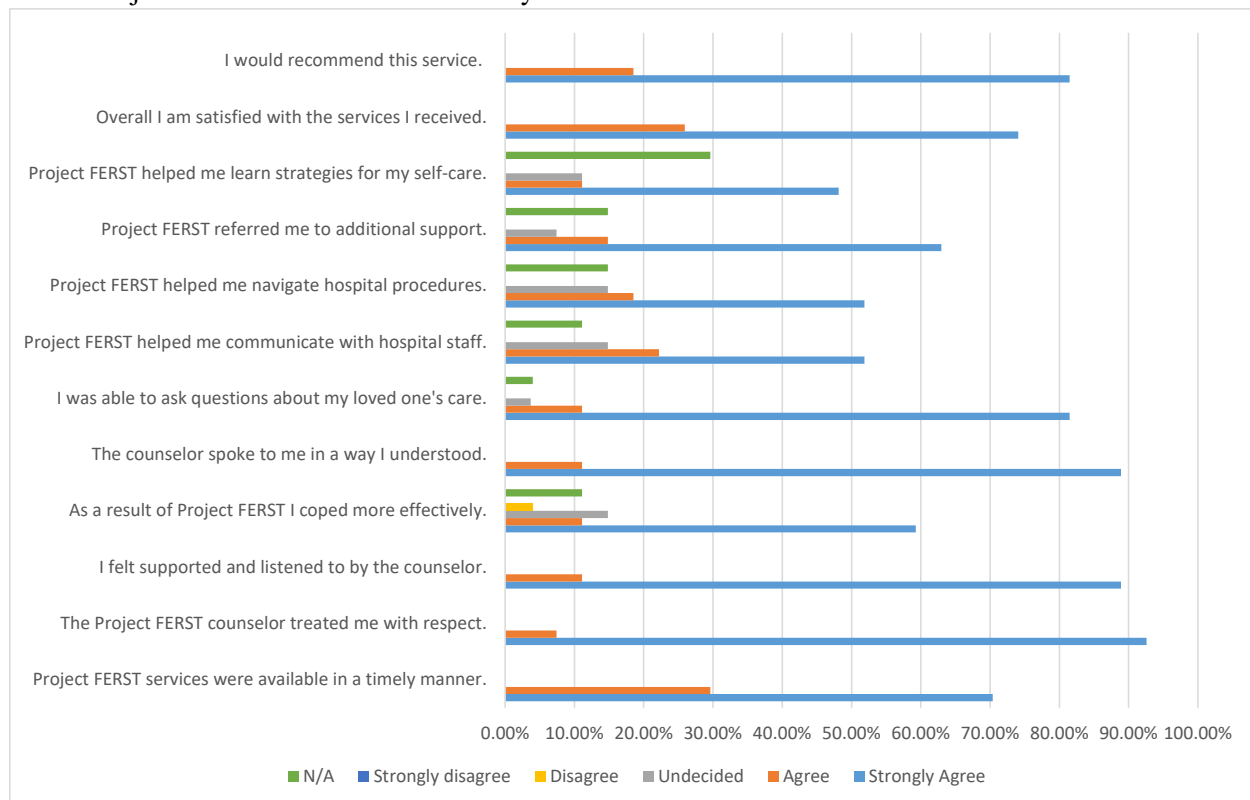
According to the survey responses, 100% of the respondents would recommend the Project FERST program to others. 100% were overall satisfied with the services they received. 100% agreed that they were treated with respect by the Project FERST counselor. 100% felt supported and listened to by the Project F.ER.S.T. counselor.

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

- “I found the staff to be extremely supportive and compassionate. They were even available to us during “off hours” when we were having a crisis. They are wonderful and I don’t know what we would do without them.”
- “Emily was FANTASTIC! She was a lifeline for us, a vital point of contact during a very tumultuous period of time. If I could have taken her home with us, I would have! Thank you Emily!”

- “We cannot begin to impart to you just what a great thing that your services have helped our family. Thank God for Mel! The continued support that you all have been giving to us and the future education we look forward to. Thank you!!”
- “I felt supported, and learned so many ways to help my family.”
- “All the staff members were accommodating and willing to answer questions to assist me with my son’s care and understanding.”
- “Prayers go up. Blessings come down. We have Project F.ER.S.T. to thank. The hospital was on point reaching out to Project F.ER.S.T. They responded right away. Project F.ER.S.T. provided resources to help families with mental illness. My family thanks you for your services.”
- “Keep up the important service. You offer much needed services.”
- “Emily was AMAZING! Very kind and compassionate. She truly chose the right profession! Thank you!”
- “They were an unexpectedly pleasant surprise and very supportive. They were a light during a very difficult time. Thank you!”

Table: Project F.ER.S.T. Satisfaction Survey FY 2017-18 N=27



Ongoing Challenges for FY17-18:

Project F.ER.S.T. will continue to outreach hospital crisis staff as well as Psychiatric Screening Coordinators, to let them know that acute care family support services are readily available. Project F.ER.S.T. staff will visit all the participating hospitals in Essex County on a regular basis to distribute brochures and educate staff about services. During the upcoming year, inpatient units will continue to be targeted as a source of additional referrals. With the successful collaboration with East Orange General Hospital underway, Project F.ER.S.T will seek to replicate this model at other hospitals bringing acute care family support to inpatient family visiting hours.

IV. East Orange School-Based Counseling

Description: For the FY 2017-2018, 1 licensed social work clinician plus 1 graduate social work intern were sent into 4 East Orange Public Schools. Through a Community Development Block Grant from the City of East Orange, supportive mental health counseling services were again delivered to students attending the Cicely Tyson School for the Performing Arts, the East Orange Alternative High School, the East Orange Alternative Middle School, and STEM, formerly known as East Orange Campus Nine High School.

Highlights: From September 2017 to June 2018, school-based clinicians provided a combined total **617.5** direct service hours, counseling students in the East Orange schools. A total of **52** 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. Other issues in the schools that have been brought into the counseling discussions have involved gender identity, sexual activity, managing interpersonal relationships, and strategies to disengage from gang activities.

V. Montclair Child Development Center - Mental Health Consulting

Description: In this last fiscal year, the MHAEM has provided clinical mental health consultation services to the Montclair Child Development Center (MCDC) at their sites in Montclair, Glen Ridge and Orange for their Head Start and Early Head Start program. This fee-for-service arrangement has enabled MHAEM to provide MCDC with a licensed counselor to make classroom observations and assessments, provide individual counseling and in-class supportive interventions. When possible, teacher consultations were also implemented to promote more effective classroom-based strategies. Services included parent meetings where information on growth and development were disseminated, and social-emotional concerns were addressed. Parents were educated and provided with support for their efforts at using positive discipline and in implementing behavioral strategies.

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

Outcome Data: Over the 2017-2018 school year, a total of **71** unduplicated students and their families were referred for mental health consultation services. Both teachers and parents were asked to complete pre and post surveys on any social and behavioral changes they observed over the course of the year. The results indicated that the area of greatest growth for these young children appeared to be in their overall social skills, followed by an improvement in controlling their emotions, and in their ability to follow the classroom rules.

Program Expansion: During this past fiscal year, the MHAEM was again able to use monies received from the United Way of Northern New Jersey Success by 6 grant, to provide additional services to the children of MCDC. The Success by 6 grant promotes a whole-child approach to education that combines cognitive learning with social-emotional development. The MHAEM used United Way funds to hire a board-certified Art Therapist (ATR-BC) with additional certification in child development and trauma, to work with the children at Montclair Child Development Center. The pilot program began in the summer

of 2016, continued until Summer 2017, and picked up again for Winter and Spring of 2018. There are 3 MCDC sites, totaling 27 classrooms of children ages 3-5. In collaboration with Caldwell University, a graduate intern was assigned to one site for 2 full days per week, and the ATR-BC spent 3-5 hours/week at the other 2 locations (total of 14 classrooms, with a focus on 11 of them). Teachers and site supervisors identified children in need of extra support, and with parental permission, the art therapist complemented MCDC's goal of providing the children with healthy cognitive, physical, and social emotional development in a safe, supportive, and nurturing setting.

The ATR-BC's primary focus was push-in services joining the classrooms and either conducting an art therapy directive for the whole class or working in small groups. Additionally, she maintained a small caseload for pull-out services, for children who needed extra one-on-one support. Parent and family engagement is an integral part of the MCDC community. This engagement was encouraged through information sessions and an interactive art-based activity that resulted in a parent created mobile that expressed wishes for their children. Teachers and staff at MCDC William Street location learned about the art therapy program through the information sessions as well as various meetings held at the school. For Mental Health Awareness day, the ATR-BC organized an art therapy project for the whole school, "Trees of Strength", which taught about the differences between physical and mental health, with an emphasis on feelings, and identification of the children's existing supports and strengths. Together with the mental health clinician and graduate intern, this activity was expanded upon during the month of May.

The art therapist focuses on the process rather than the product, and uses a variety of media, play, and mindfulness exercises to engage the child, cultivate creativity, and to reinforce a sense of control and accomplishment. Goals include enhancing self-esteem, improving socialization skills and interpersonal communication, reducing stress, and developing healthy coping strategies and self-regulation.

The following is a sample of the activities that the children engaged in: free drawings, self-portraits, family drawings, animal drawings, playdough sculptures, media exploration, puppet play, doll house family play, reading children's books, deep breathing coping skills, progressive muscle relaxation, and feeling charades. (Pictured below: Trees of Strength, Individual Session, Parent Information Table.)



VI. MHAEM School-Based Services with Camden Street Middle School, Newark

Program Description: From November 13, 2017 to June 8th, 2018, the MHAEM partnered with the Camden Street Renew School in Newark to provide in-school counseling for their K to 12 students. Camden Street School had received a grant from the Newark Trust for Education and then sub-contracted with the MHAEM. The MHAEM hired a part-time, licensed social worker who was a former teacher. Working an average of 22 hours per week, the social worker was able to provide supportive counseling to **58** unduplicated children over the course of seven months.

While working with all grades, the social worker primarily focused her work with children from the lower grades who were manifesting problematic behaviors such as angry outbursts, temper tantrums, while displaying poor social and communication skills. Our clinical social worker used her creativity to

successfully transform a school science lab into a workable therapeutic counseling space. Most importantly, she was able to be a positive, consistent, caring adult who was able to form therapeutic relationships with her assigned children.

VII. MHAEM Collaboration with St. Benedict's Preparatory School, Newark

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

Personnel: 1 Full-Time School-Based Family Support Clinician.

Program Highlights: The third year of this initiative began in July 2017, and served **48** families. Services included therapeutic family counseling sessions along with case management support. Of the 48 families, 7 families had two parent households where both parents participated in therapeutic support. Eleven families were single mothers or guardians due to death, divorce or single parent adoption and the remaining five families were blended families where only the biological parent participated in therapeutic sessions. The remaining 25 families were introduced to the initiative and the family services at, *Meet the Teachers Night*, and other similar events in the second half of the year. All but 3 families had students in the high school, the other families were part of the lower school.

Typically, the family and individual sessions were held on a weekly basis for 50-60 minutes. Some families who had done well with maintaining regular visits and showed improvement were reduced to biweekly and eventually monthly visits. Referrals and other case management issues were done on an as needed basis.

Performance Outcomes: Families were able to develop trust with the counselor in order to discuss difficult themes including their own domestic abuse, suicide, teenage pregnancy, substance abuse, parental illness, family conflicts, death, and growing up without a father figure. Having the opportunity to confront issues and family secrets gave the families and their children a chance to express their emotions regarding past events in a safe and supportive environment.

Services offered by this grant initiative have had a positive impact on the St. Benedict's community, with a key benefit being an overall reduction of stress within the household. Many families in the target population struggle with being single parent households, and struggle to maintain a balance with work and family needs. In single family households much of the family tension and strain stemmed from poor coping mechanisms of both mother and son, which often devolves into frustration, anger, and lashing out on both ends. Poor communication, and lack of support significantly contributed to negative family relationships. Through individual and family counseling, family members were able get support, and focus on their treatment goals. The safe therapeutic space provided in the family sessions has been instrumental in helping parent and child address sensitive issues, develop better coping skills and positive communication patterns.

An assessment of the family counseling experiences during this final year **showed a clear reduction in stress among family members as well as an improvement to family communication**

Quantitative outcomes for this project were measured by keeping record of all family and student referrals. Additionally, this clinician kept session notes on individual and family sessions and dates, as well as documented all intake assessments. Qualitative outcomes for this project's activities were measured using the family BASC. This measure was distributed after the first family counseling session and a post measure was administered just prior to termination.

VIII. Collaboration with New Jersey Performing Arts Center and the Newark Board of Education surrounding the production of "Slut-the Play."

In July, 2017, The MHAEM entered into a collaborative project entitled, "Shattering the Silence: Catalyzing Dialogue in Newark High Schools Around Sexual Assault, Mental Health and "Slut-Shaming." This unique collaboration, funded by the Healthcare Foundation of New Jersey, involved a Newark High School student-cast production of "Slut, The Play" which is a work about teens negotiating sexual norms and struggling to address the impact of slut-shaming and rape culture that surround them. The MHAEM assembled a team of 3 excellent female licensed clinicians to provide emotional support to the female cast made up of high school students. These clinicians were present with the girls from their very first casting call to the final production of the play to the public. For many of the teens in the cast, their past traumatic experiences of sexual violence and assault were triggered by the play. Thus, our clinical team was always on hand to provide the emotional support and counseling to the cast. Additionally, the team provided several related in-service education presentations to Newark public school social workers, guidance counselors and administrators. The end result was a powerfully moving production that served to educate the public and move toward breaking the silence around issues of sexual abuse, sexual violence, and body shaming. Success was also seen in the female cast having increased their self-confidence and feeling more empowered to speak up and take action on their own behalf and on behalf of their peers and other victims of all types of sexual abuse.

IX. Information and Referral Services

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

Data Highlights: Data collection revealed that a total of **1,330 documented requests for information and referral** were received in this 2017-2018 fiscal year. A total of 40% of all I&R requests were related to requests for outpatient treatment. During the past fiscal year, staff of the IFSS and Project F.E.R.S.T. programs provided information about mental illness and mental health resources to participants of several community health fairs. Included in these outreach efforts were the Donna T. Darrien Memorial Foundation for Sickle Cell Health and Resource Fair at the Weequahic Park in Newark, and the Essex County Hospital Center mental health fair, as part of Essex County's first Mental Health Awareness Day.

ASSISTED OUTPATIENT TREATMENT (AOT)

The mission of the Assisted Outpatient Treatment Services (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, arrest or incarcerations, and ensure they have access to comprehensive outpatient services. By adherence to a court- ordered treatment plan, consumers have the opportunity to better engage in consistent, ongoing treatment and to ultimately graduate to less restrictive mental health services

Personnel

In addition to one (1) full time Program Director, AOT Essex is currently staffed by three (3) Master's Level full time Clinical Case Managers, one (1) part-time Administrative Assistant, one (1) per-diem nurse, and two (2) part-time Forensic Psychiatrists. AOT also employs a reserve psychiatrist in the event coverage is needed.

AOT Sussex is currently staffed by (1) part-time Program Director, 2 full-time Case Managers (1 Bachelors Level, and 1 Masters Level) and a part-time Psychiatrist. AOT also employs a reserve psychiatrist in the event coverage is needed.

AOT Morris is currently staffed by (1) part-time Program Director, 2 full-time Case Managers (2 Bachelors Level) and a part-time Psychiatrist. AOT also employs a reserve psychiatrist in the event coverage is needed.

The AOT staff is culturally diverse and is representative of the population served. AOT has one (1) staff that speaks Punjabi and Hindi; one (1) staff that speaks Spanish; (1) staff that speaks Italian and (1) staff that speaks Twi (Ghanaian Language).

Caseload

Essex

As of June 30, 2018, there were forty-two (42) cases. During fiscal year 2017-2018, seventy-two (72) referrals were enrolled into the AOT program. Seventy-two percent (72%) of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings. Twenty-six percent (26%) were made through conversion hearings at long term facilities i.e. Essex County Hospital Center (ECHC) and/or state hospitals. The remaining two percent (2%) of the referrals were labeled "other" i.e. transfers or jail.

Sussex

As of June 30, 2018, there were twenty (20) active cases. During fiscal year 2017-2018, seventeen (17) referrals were enrolled into the AOTS program. Thirty-five percent (35%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Twenty-nine percent (29%) were made through conversion hearings at other hospitals. Twenty-nine percent (29%) were state hospital referrals and six percent (6%) of the referrals were made through the designated screening facility.

Morris

As of June 30, 2018, there were twenty-five (25) active cases. During fiscal year 2017-2018, thirty-five (35) referrals were enrolled into the AOTS program. Forty percent (40%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Thirty-seven percent (37%) were made through conversion hearings at other hospitals, and twenty-three percent (23%) 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. In addition to the criteria listed above, during last fiscal year AOT was able to determine that approximately thirty-four percent (34%) of all AOT consumers also have a co-occurring illness with a substance abuse diagnosis.

Gender

At the end of the fiscal year, the Essex caseload was forty-two percent (42%) female and fifty-eight (58%) male; the Sussex caseload was fifty percent (50%) female and fifty percent (50%) male; and the Morris caseload was thirty-six percent (36%) female and sixty-four (64%) male.

Ethnicity

At the end of the fiscal year Essex AOT provided services for fifty-two percent (52%) African-Americans, fifteen percent (15%) Hispanics, twenty-four percent (24%) Caucasians and nine percent (9%) Asians. Sussex AOT provided services for eighty-eight (88%) Caucasians, eight percent (8%) African-Americans, and four percent (4%) Hispanic. Morris AOT provided services for sixty-seven (67%) Caucasians, four percent (4%) African-Americans, six percent (6%) Asian, and twenty-three percent (23%) Hispanic.

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

Age

Essex AOT serviced twenty-four (24%) percent individuals between the ages 18-25, thirty-four (34%) percent were between the ages of 26-40 and forty-two (42%) percent were above the age of forty-one (41). There was an increase in the amount of younger individuals serviced which informs us that although early interventions and access to services are being offered to younger populations there is still more demand to service this age group. In addition we had several consumers that were categorized as elderly (above the age of 65) which lets us know that this population is also in demand for more needed services.

Sussex AOT serviced twenty (20%) percent individuals between the ages 18-29, thirty (30%) percent were between the ages of 30-39, and fifty (50%) percent were above the age of forty (40). Morris AOT serviced twenty-three (23%) percent individuals between the ages 18-29, twenty-three (23%) percent were between the ages of 30-39, and fifty-four (54%) percent were above the age of forty (40).

Performance Outcomes

Essex

In its sixth year of operation, Essex 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 2018-2019, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF) units and three (3) individuals will be referred from Long Term Care facilities.

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:

- **14%** of enrollees went to a local ER for screening: **Monthly Threshold \leq 15%**
- **2%** of enrollees were admitted to Long Term Care: **Monthly Threshold \leq 8%**
- **2%** of enrollees were arrested: **Monthly Threshold \leq 7%**
- **2%** of enrollees were incarcerated: **Monthly Threshold \leq 7%**
- **5%** of enrollees were voluntarily hospitalized: **Monthly Threshold $<$ 7%**
- **3%** of enrollees were homeless: **Monthly Threshold $<$ 7%**
- **100%** of AOT consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

Sussex

In its second year of operation, AOT is still a relatively new program that 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 2018-2019, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF) units and three (3) individuals will be referred from Long Term Care facilities.

- **6%** of enrollees went to a local ER for screening: **Monthly Threshold \leq 15%**
- **1%** of enrollees were admitted to Long Term Care: **Monthly Threshold \leq 8%**
- **0%** of enrollees were arrested: **Monthly Threshold \leq 7%**
- **0%** of enrollees were incarcerated: **Monthly Threshold \leq 7%**
- **2%** of enrollees were voluntarily hospitalized: **Monthly Threshold $<$ 7%**
- **1%** of enrollees were homeless: **Monthly Threshold $<$ 7%**
- **100%** of AOT consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

Morris

Although in its second year of operation, AOT is still a relatively new program that 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 2018-2019, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF) units and three (3) individuals will be referred from Long Term Care facilities.

- **3%** of enrollees went to a local ER for screening: **Monthly Threshold $\leq 15\%$**
- **0%** of enrollees were admitted to Long Term Care: **Monthly Threshold $\leq 8\%$**
- **0%** of enrollees were arrested: **Monthly Threshold $\leq 7\%$**
- **0%** of enrollees were incarcerated: **Monthly Threshold $\leq 7\%$**
- **2%** of enrollees were voluntarily hospitalized: **Monthly Threshold $< 7\%$**
- **10%** of enrollees were homeless: **Monthly Threshold $< 7\%$**
- **100%** of AOT consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

Consumer Satisfaction Survey

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

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

Essex

In Essex AOT, approximately forty two (42) surveys were delivered to consumers (hand delivered, mailed and or left at residence). However, only thirty two (32) consumers responded. This accounts for a seventy-six percent (76%) response rate which has increased from previous fiscal year by four percent (4%).

Gender

Of the thirty two (32) consumers that responded to the surveys; sixteen (16) were male (50%) and sixteen (16) were female (50%).

Ethnicity

Twenty-eight percent (28%) of these consumer's identified as African-American, thirty-one percent (31%) consumers identified as Caucasian, thirteen percent (13%) as Hispanics, six percent (6%) identified as Asian and six percent (6%) identified as Other. An additional sixteen percent (16%) left this section blank. The ethnicity of the respondents mirrors that of our caseload and population in the county.

Age

The exact age of the consumers was collected. The ages ranged from nineteen (19) through seventy-two (72) years of age. Eleven (11) consumers (34%) were between the ages of 18-30 years old; eighteen (18) consumers (56%) were between the ages of 31-50 years old and three (3)

consumers (10%) were above the age of fifty-one (51+). The mean age for the consumers was 37 years old.

Linkage to services

Twenty-six (26) consumers (81%) rated they “strongly agree” and/or “agree” that efforts to link to needed services are made. The results suggest that although consumers are on an involuntary outpatient commitment treatment plan, AOT is able to assess the individual needs of consumers and link to appropriate supports/services that best suit the consumer.

Spend enough time on visits

Twenty-four (24) consumers (75%) rated they “strongly agree” and/or “agree” that enough time is spent with them on visits. These results indicate that sufficient time is spent with consumers to ensure adequate monitoring and support is offered.

Includes in decisions regarding treatment

Twenty-five (25) consumers (78%) rated they “strongly agree” and/or “agree” that they are included in decisions regarding treatment. The results suggest that although consumers are on an involuntary outpatient commitment treatment plan both staff and consumers are collaborating when discussing treatment.

Able to freely voice issues and concerns regarding treatment

Twenty-five (25) consumers (78%) rated they “strongly agree” and/or “agree” that they are able to freely voice issues and concerns regarding their treatment. The results align with the AOT philosophy of working closely with consumers to ensure they are able to express their concerns regarding treatment. This will allow case managers to help shape how consumers achieve their goals.

Treats me with respect

Twenty-five (25) consumers (78%) rated they “strongly agree” and/or “agree” that they are treated with respect. The results indicate that case managers are working closely with consumers to ensure genuine concern and respect is being conveyed in all interactions.

Situation better or worse

Thirty-six (26) consumers (81%) rated they were in a better situation since AOT starting to help them. These results indicate that although services are court-ordered most consumers are able to determine that AOT has assisted in improving their overall state.

Overall Satisfaction (AOTS)

Twenty-seven (27) consumers (86%) rated they “strongly agree” and/or “agree” that they are satisfied with AOT services.

Sussex

Approximately seventeen (17) surveys were delivered to consumers (hand delivered, mailed and or left at residence). Out of the seventeen surveys, fourteen (14) consumers responded. This accounts for an eighty-two (82%) response rate.

Gender

Of the fourteen (14) consumers that responded to the surveys; seven (7) are male (50%) and seven (7) are female (50%).

Ethnicity

Of the fourteen (14) consumer's surveyed, they identified as nine (9) consumers as Caucasian (64%), five (5) as other (36%). The ethnicity of the respondents mirrors that of our caseload.

Age

The exact age of the consumers was collected. The ages ranged from 26-53 years old. The mean age for the consumers was 33 years old.

Linkage to services

Eleven (11) consumers (79%) indicated that they “strongly agree” that AOT provides, or makes every effort to link consumers to needed services. The overall satisfaction for this category was 4.79 out of a possible 5.0 (96%). The results suggest that AOT is able to assess the individual needs of consumers and link to appropriate supports/services.

Spend enough time on visits

Eleven (11) consumers (79%) indicated that they “strongly agree” that enough time is spent on visits. The overall satisfaction for this category was 4.8 out of a possible 5.0 (96%). These results indicate that sufficient time is spent with consumers to ensure adequate monitoring and support is offered.

Includes in decisions regarding treatment

Ten (10) consumers (71%) indicated that they “strongly agree” that they are included in decisions regarding treatment. The overall satisfaction for this category was 4.71 out of a possible 5.0 (94%). The results indicate that both staff and consumers are collaborating when discussing treatment.

Able to freely voice issues and concerns regarding treatment

Nine (9) consumers (64%) indicated they “strongly agree” they are able to freely voice issues and concerns regarding their treatment. The overall satisfaction for this category was 4.57 out of a possible 5.0 (91%). The results align with the AOT philosophy of working closely with consumers to ensure they are able to express their concerns regarding treatment. This will allow case managers to help shape how consumers achieve their goals.

Treats me with respect

Twelve (12) consumers (86%) indicated they “strongly agree” they are treated with respect. The overall satisfaction for this category was 4.714 out of a possible 5.0 (94%). The results indicate that case managers are working closely with consumers to ensure genuine concern and respect is being conveyed in all interactions.

Situation better or worse

Eleven (11) consumers (79%) indicated that they were in a better situation since AOT starting to help them. These results indicate that although services are court-ordered most consumers are able to determine that AOT has assisted in improving their overall state.

Overall Satisfaction (AOT)

Twelve (12) consumers (88%) indicated that they “strongly agree” they are satisfied with AOT services. The consumers overall satisfaction for this category was 4.71 out of a possible 5.0 (94%).

Morris

Approximately twenty-five (25) surveys were delivered to consumers (hand delivered, mailed and or left at residence). Out of the twenty-five surveys, approximately twenty-one (21) consumers responded. This accounts for an eighty-four percent (84%) response rate.

Gender

Of the twenty-one (21) consumers that responded to the surveys; fifteen (15) are male (71%) and six (6) are female (29%).

Ethnicity

Of the twenty-one (21) consumer's surveyed, they identified as nine (9) consumers as Caucasian (64%), five (5) as other (36%). The ethnicity of the respondents mirrors that of our caseload.

Age

The exact age of the consumers was collected. The ages ranged from 22-60 years old. The mean age for the consumers was 43 years old.

Linkage to services

Fourteen (14) consumers (67%) indicated that they "strongly agree" that AOT provides, or makes every effort to link consumers to needed services. The overall satisfaction for this category was 4.71 out of a possible 5.0 (94%). The results suggest that AOT is able to assess the individual needs of consumers and link to appropriate supports/services.

Spend enough time on visits

Seventeen (17) consumers (80%) indicated that they "strongly agree" that enough time is spent on visits. The overall satisfaction for this category was 4.7 out of a possible 5.0 (94%). These results indicate that sufficient time is spent with consumers to ensure adequate monitoring and support is offered.

Includes in decisions regarding treatment

Fifteen (15) consumers (73%) indicated that they "strongly agree" that they are included in decisions regarding treatment. The overall satisfaction for this category was 4.57 out of a possible 5.0 (91%). The results indicate that both staff and consumers are collaborating when discussing treatment.

Able to freely voice issues and concerns regarding treatment

Fifteen (15) consumers (73%) indicated they "strongly agree" they are able to freely voice issues and concerns regarding their treatment. The overall satisfaction for this category was 4.57 out of a possible 5.0 (91%). The results align with the AOT philosophy of working closely with consumers to ensure they are able to express their concerns regarding treatment. This will allow case managers to help shape how consumers achieve their goals.

Treats me with respect

Fourteen (14) consumers (67%) indicated they "strongly agree" they are treated with respect. The overall satisfaction for this category was 4.714 out of a possible 5.0 (91%). The results indicate that case managers are working closely with consumers to ensure genuine concern and respect is being conveyed in all interactions.

Situation better or worse

Fifteen (15) consumers (73%) indicated that they were in a better situation since AOT starting to help them. These results indicate that although services are court-ordered most consumers are able to determine that AOT has assisted in improving their overall state.

Overall Satisfaction (AOT)

Fourteen (14) consumers (67%) indicated that they “strongly agree” they are satisfied with AOT services. The consumers overall satisfaction for this category was 4.43 out of a possible 5.0 (89%).

AOT Highlights

Essex

- During the past fiscal year, seventeen (17) consumers were able to successfully accomplish their goals with least amount of intervention from AOT and graduate from the program
- Program Director presented at a quarterly state IOC directors meeting on the route in which we acquired a referral through the psychiatric screening center
- AOT successfully completed an audit by the state with no citations.
- AOT conducted a psycho-education workshop with IFSS to present on AOT
- Program Director worked closely with private hospital, Princeton House to ensure that ongoing referrals can be made regardless of their restrictions pertaining to outside psychiatrists.
- DMHAS contracted with Rutgers University and hired an independent team to evaluate the effectiveness of IOC for the state of New Jersey. AOT was one of the original six (6) IOC programs started in August 2012 and although the research team concluded their interviewing in 2016, in 2017 they were able to complete the gathering of all needed documentation. The report with all findings has been submitted to DMHAS for review and will be released soon showing AOT as an effective form of practice.
- AOT continued to collaborate with and educate staff at all 3 Essex County Screening Centers, 6 Short Term Care Facilities, Essex County Hospital Center (ECHC), state psychiatric institutions and private hospitals.
- Program Director was able to educate the Public Defender’s Criminal Division about AOT and discuss ways to collaborate with one another. This has been requested to be done annually.
- An AOT graduate was selected to commission some of his artwork for the agency as well as private agencies in the community.
- Three AOT consumers were able to enroll in higher education programs (Union County Culinary School, Kean University and NJIT)
- Five AOT consumers were able to successfully obtain and maintain employment.
- AOT met with several outpatient mental health treatment providers, as well as housing and substance abuse treatment providers to educate them on this program.
- Program Director was able to attend a seminar training on Mental Health Law 101
- Program Director developed an ongoing pre-graduation celebration for those consumers on path to successful completion of the program. Celebration is designed to discuss stressors, recovery, supports and path to continued success post-graduation from AOT.
- AOT consumers in collaboration with all other MHAEM adult programs, attended a wonderful picnic/BBQ at Eagle Rock Reservation, an annual boat ride, holiday party and participated in the consumer achievement awards.

Morris

- During the past fiscal year, eleven (11) consumers were able to successfully accomplish their goals with least amount of intervention from AOT and graduate from the program.
- AOT continued to collaborate with and educate staff at the St. Clare's Behavioral Health inpatient unit and screening center, as well as Greystone Park Psychiatric Hospital (GPPH).
- Program Director was able to educate the Morris County Prosecutors Office about AOT to discuss ways to collaborate with one another.
- Program Director was able to educate the Public Defenders Officer about AOT to discuss ways to collaborate with one another.
- AOT met with several outpatient mental health treatment providers to educate them on this program.
- Program Director attended the three day 2018 National Council for Behavioral Health Conference in Washington, D.C.
- AOT consumers in collaboration with all other MHAEM adult programs, attended a wonderful picnic/BBQ at Tourne Park, holiday party held by Holiday Express, and participated in the consumer achievement awards.
- During the fiscal year, AOT relocated offices from Mountain Lakes to current office in Parsippany. All Morris County MHAEM programs are housed in one office allowing for easier access and collaboration among programs.

Sussex

- During the past fiscal year, two (2) consumers were able to successfully accomplish their goals and graduate from the program.
- 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.
- Program Director met with the Director of Screening Services at Newton Medical Center to streamline referral process which resulted in the programs first referral from the Designated Screening Service.
- AOT continued to collaborate with and educate staff at the Newton Medical Center's inpatient unit and screening center, as well as Greystone Park Psychiatric Hospital (GPPH).
- Program Director was able to educate the Sussex County Prosecutors Office about AOT to discuss ways to collaborate with one another.
- AOT met with several outpatient mental health treatment providers to educate them on this program.
- AOT consumers in collaboration with all other MHAEM adult programs, attended a picnic at Tourne Park, holiday party held by Holiday Express, and participated in the consumer achievement awards.

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

AOT also participates in county the following county specific meetings, taskforces 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 St. Clare's Behavioral Health. 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.

Sussex

- **Law Enforcement/Mental Health Meeting** is a quarterly meeting convened by the Sussex County Prosecutors Office. The purpose of these meetings are 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 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 the program
- AOT will conduct psycho-education 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

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

PATH is specifically designed to bring treatment and support to those who do not access traditional services and have little or no other support in the community. The goal of the PATH Program is to assist those who have been diagnosed 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.

The Morris PATH program has had a 20 plus year partnership with Homeless Solutions Inc., Safe Haven shelter program. Two case managers are assigned to provide case management services to the 20 shelter bed holders and act as the “gatekeeper” for entry into the shelter using a triage prioritization approach.

In early 2018 Morris County launched a Coordinated Entry System “No Wrong Door” for all homeless individuals in need of shelter. The Morris PATH program is a partner with NJ 2-1-1 and Family Promise to staff and carry out the coordinated entry process. Referrals for shelter are assessed through a single point of entry via NJ 2-1-1 call center. Each consumer is assigned a Resource Navigator to serve as a point of contact while they wait for a bed to become available. 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.

Caseload

Since July 1, 2017, Essex Projects for Assistance in Transition from Homelessness (PATH) outreached four hundred and sixty nine (469) homeless and those imminently at-risk of homelessness. Of those outreaches, ninety eight (201) consumers were successfully enrolled in case management services through the PATH program. PATH provides weekly outreaches in the community including to Newark International Airport, Newark Penn Station and other local stations, up the Passaic River from Caldwell through Newark, local drop in centers (including Salvation Army Montclair and NJCRI), as well as, local churches and soup kitchens. Referrals

were received from all four local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, and St. Michael's Medical Center), local police departments (including Montclair, East Orange, West Orange, Orange, Irvington, Caldwell, Verona, Nutley, Essex County Sheriff, NJ Transit Police, NJ/NY Port Authority Police) and other social service providers.

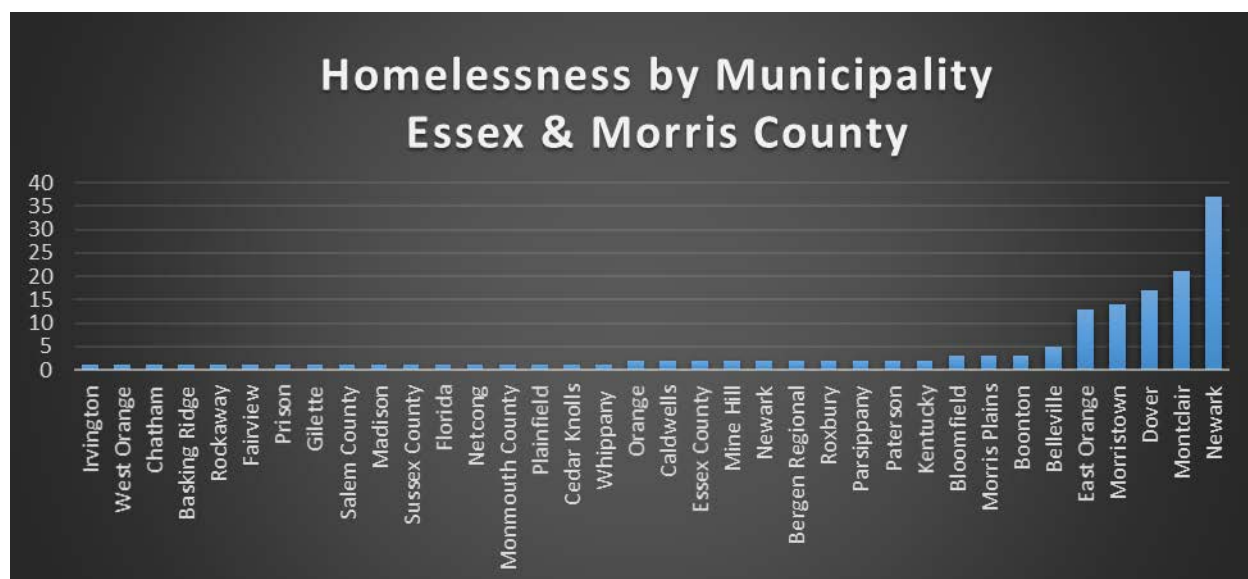
During the current fiscal year, Morris Projects for Assistance in Transition from Homelessness (PATH) outreached 341 homeless and those imminently at-risk of homelessness. Of those outreaches, 119 consumers were successfully enrolled in case management services through the PATH program. PATH provides weekly outreaches to the Morristown Community Soup Kitchen as well as local drop in centers where homeless individuals frequent. The Morris PATH program also runs a drop in center at Trinity Lutheran Church in Dover where individuals in need can come and receive immediate services and referrals to resources in the county. Appropriate candidates are referred back to the PATH program for more in depth case management. Referrals were received from all local Short Term Care Units (St. Clare's Hospital, Morristown Memorial Medical Center, Summit Oaks Hospital and Carrier Clinic) and other social service providers including the Office of Temporary Assistance, the Salvation Army and Our Promise drop in center.

Demographics

On June 30, 2018 the active caseload for Essex Projects for Assistance in Transition from Homelessness was ninety three (93). On this date, there were 51 males (55%) and 41 females (44%) and 1 transgender (1%). The self-reported ethnicities of the consumers were as follows: 15 Hispanic/Latino (16%); 78 Non- Hispanic/Latino (84%). The self- reported races of the enrolled consumers with PATH are as follows: 1 Multiple Races (1%); 2 Other (2%); 26 Caucasian (28%); 64 African American (69%).

In Morris, the active caseload for Projects for Assistance in Transition from Homelessness was 66. On this date, there were 36 (55%) males and 29 (44%) females and one (1%) transgender. The self-reported ethnicities of the consumers were as follows: one (1%) Hispanic/Latino; 65 (98%) Non- Hispanic/Latino. The self- reported races of the enrolled consumers with PATH are as follows: zero (0%) American Indian/Pacific Islander; zero (0%) Asian; one (1%) Multiple Races; 45 (68%) Caucasian; 19 (29%) African- American.

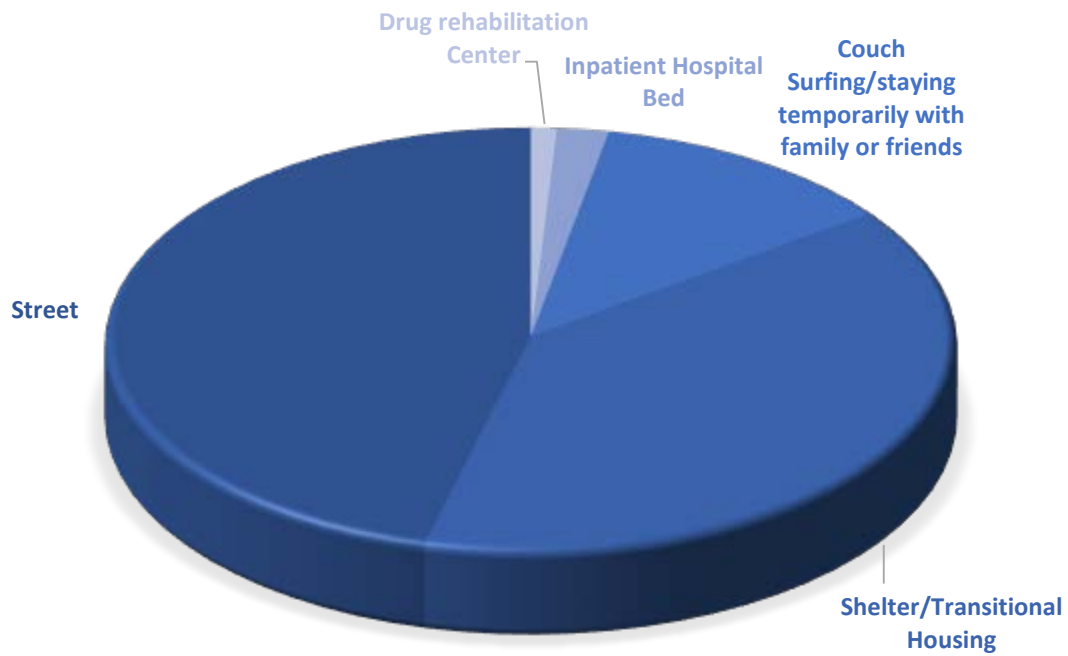
PATH makes every effort to provide services to homeless consumers throughout Essex and Morris Counties, with the understanding that homelessness does not only afflict consumers in the urban municipalities. The following reflects the municipality in Essex County where the consumers reported they slept the night before being outreached by PATH: two (2) Orange; five (5) Belleville; two (2) The Caldwells; nine (9) Bloomfield; three (3) West Orange; one (1) Irvington; thirteen(13) East Orange; thirty seven (37) Newark; twenty one (21) Montclair. In Morris County, Seventeen (25%) were homeless in Dover, fourteen (21%) Morristown, nineteen (28%) were from various other municipalities within Morris County and seventeen (25%) were from out of county.



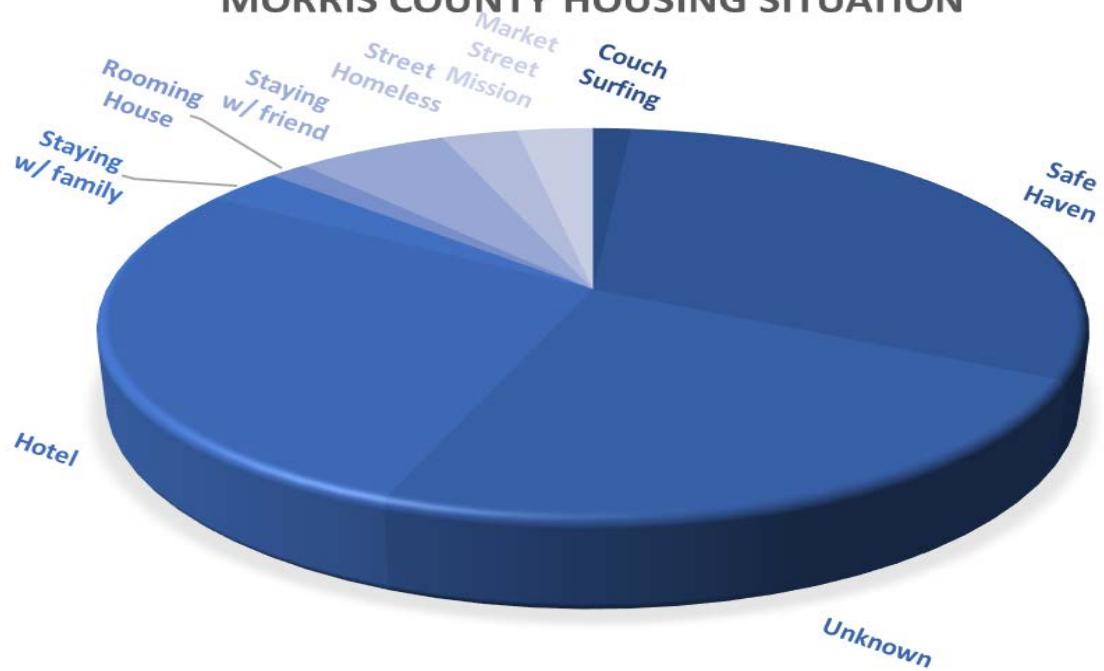
PATH provides services to consumers who are literally homeless (on the streets, emergency shelters) and at imminent risk of becoming homeless with precarious living situations. In Essex County, on the day of outreach, consumers reported sleeping the previous night in the following locations: one (1) drug rehabilitation center; two (2) inpatient hospital bed; eleven (11) couch surfing/staying temporarily with family or friends (not on the lease); thirty six (36) Emergency Shelter/ Transitional Housing for Homeless Individuals; forty three (43) on the streets or place not meant for human habitation. Fifty seven (57) or 61% of enrolled consumers met the definition of “chronically homeless” set forth by the Department of Housing and Urban Development (HUD), meaning being homeless for one year or more or having experienced four periods of homelessness in the past three years equally at least twelve months.

In Morris County, on the day of outreach, consumers reported sleeping the previous night in the following locations nineteen (28%) reported staying in a motel paid for by social services, two (2%) stayed with family, one (1%) in a rooming house prior to eviction, four (5%) stayed with friends, two (2%) were street homeless, two (2%) stayed at the Market Street Mission emergency shelter, Twenty-one (30%) were in Safe Haven, sixteen (24%) did not report where they spent the night before. Thirty-nine or (57%) of enrolled consumers met the definition of “chronically homeless” set forth by the Department of Housing and Urban Development (HUD), meaning being homeless for one year or more or having experienced four periods of homelessness in the past three years totaling at least twelve months.

ESSEX COUNTY HOUSING SITUATION



MORRIS COUNTY HOUSING SITUATION



Personnel

Essex PATH services are provided by 1 Director, 1 Master Level Outreach/Team Leader, 1 Co-Occurring Counselor, 3 Outreach Case Managers, 1 Peer Outreach Case Manager, 1 part-time RN, and 1 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 Masters level Director, one Program Coordinator, one Peer Outreach case manager, and four Case Managers. 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. One part time coordinated entry resource navigator was hired this year per a new partnership with NJ 211 and Family Promise to service clients on the coordinated entry list.

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 MHAEC program.

As tracked by the QA Committee, PATH's performance indicators measure the number of homeless reached through outreach in the community and number of homeless engaged in PATH services. During this fiscal year, Essex PATH outreached 564 individuals or 94% of the contract commitment and serviced 201 individuals or 100% of the contract met. PATH performance indicators also measure linkages for enrolled consumers to community mental health, substance abuse treatment, financial benefits, temporary housing, permanent housing, medical/dental treatment, and rehabilitation/habilitation services. During the past fiscal year, PATH successfully linked to the following services: one hundred and seven (107) to Community Mental Health; thirty four (34) to substance abuse treatment; seventy seven (77) to financial benefits; sixty nine (69) to temporary housing; fifty six (56) to permanent housing; thirty five (35) to medical/dental; twenty one (21) to rehabilitation/habilitation services.

.During this fiscal year, Morris PATH outreached 341 individuals or 85% of the contract commitment and serviced 119 individuals or 101% of the contract met. PATH performance indicators also measure linkages for enrolled consumers to community mental health, substance abuse treatment, financial benefits, temporary housing, permanent housing, medical/dental treatment, and rehabilitation/habilitation services. During the past fiscal year, PATH successfully linked to the following services: 104 to Community Mental Health; 12 to substance abuse treatment; 70 to financial benefits; 52 to temporary housing; 39 to permanent housing; 13 to medical/dental; 12 to rehabilitation/habilitation services

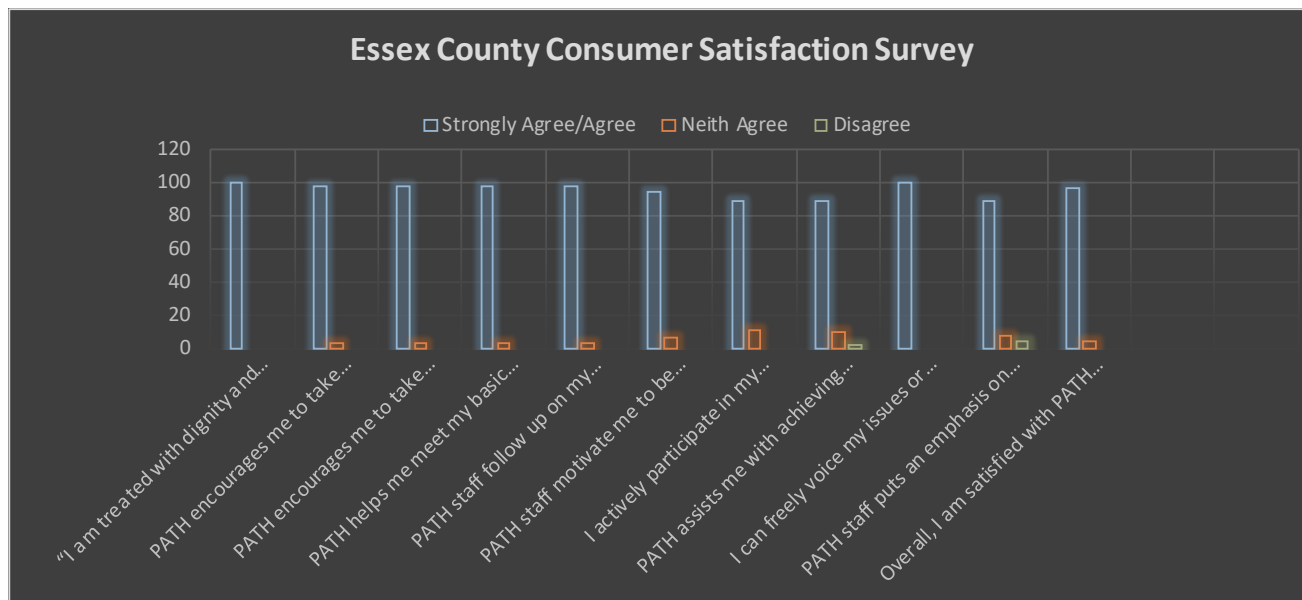
In addition, 100% of PATH enrollees in Essex and Morris Counties were educated on "Summer Heat and Sun Risk" and were provided at least quarterly or at medication change, medication education and support.

Essex Consumer Satisfaction Survey

In Essex County, approximately seventy (79) consumer satisfaction surveys were distributed to consumers enrolled in the Projects for Assistance in Transition from Homelessness (PATH) program. Thirty five (35) surveys were completed and returned to PATH, a 44% response rate.

ESSEX COUNTY SURVEY DEMOGRAPHICS

Of the 35 responses, sixteen (16) or 46% were female and nineteen (19) or 54% were male. The average age of respondents 49 years old. 34% of consumers identified as African American, five (5) or 17% identified as Caucasian, two (2) or 6% identified as Hispanic, two (2) or 6% identified as Asian and two (2) or 6% identified other.

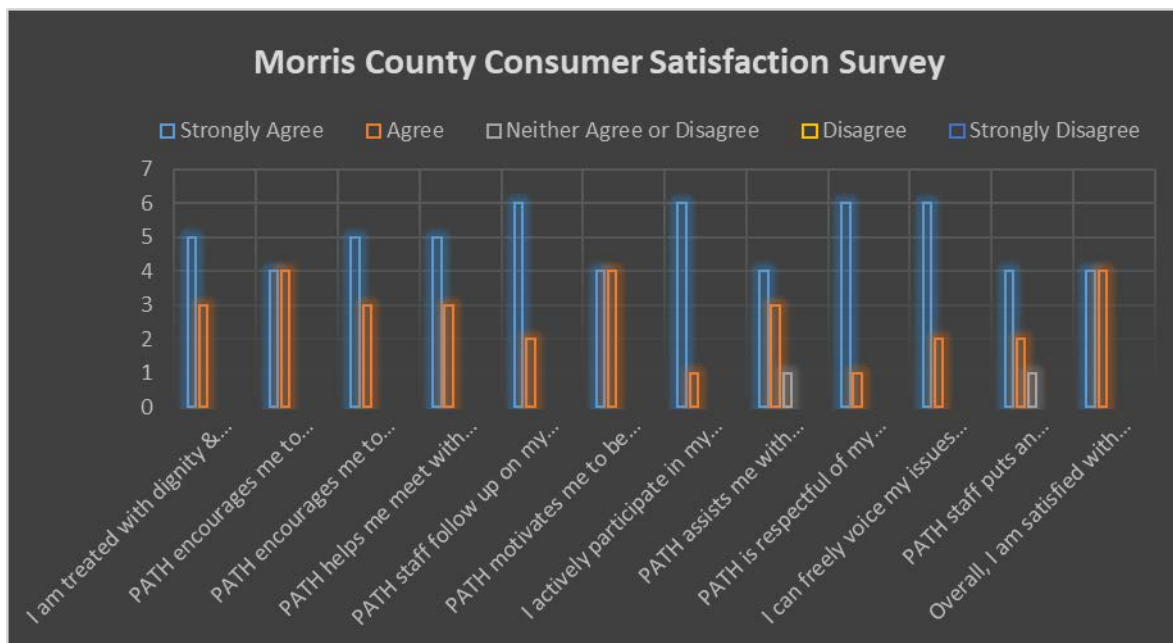


Morris Consumer Satisfaction Survey

In Morris County, Approximately 57 consumer satisfaction surveys were distributed to consumers enrolled in the Projects for Assistance in Transition from Homelessness (PATH) program. Eight surveys were completed and returned to PATH, a 14% response rate.

SURVEY DEMOGRAPHICS

Of the 8 responses, (62%) were female and (38%) were male. Ages ranged from 28 to 55 years old average of 37 years old. Three (38%) of consumers identified as African American, Five (62%) identified as Caucasian, zero (0%) identified as Hispanic, zero (0%) identified as Asian and zero (0%) identified as other.



PATH Highlights

In 2017, MHAEM was awarded the Essex Projects for Assistance in Transition from Homelessness (PATH) grant from the NJ Division of Mental Health and Addiction Services (DMHAS) and began servicing consumers on November 1, 2017. Since opening, PATH is fully staffed with six Outreach Workers and one Registered Nurse who hit the streets of Essex County five days a week, outreaching homeless individuals whether that be at a local soup kitchen or under a bridge. The PATH staff has proven to not shy away from any homeless they encounter. Our most proud accomplishment this year has been, as of July 1, 2017, fifty six (56) chronically homeless individuals with severe and persistent mental illness and co-occurring substance abuse disorders now have a home to call their own.

- PATH outreach staff participated in this year's Essex County Project Homeless Connect. During this event, PATH staff were able to outreach over 100 homeless individuals and provide care packages that included toiletries, snacks, and gift cards to Dunkin Donuts.
- The PATH Director organized and lead the US Department of Housing and Urban Development (HUD) mandated Point-In-Time Count for the entire County of Essex. Through these efforts, 2,228 homeless individuals were counted an increase of 146 or 6% from the previous year. This increase is due in part to the coordination of the count and the success in reaching the homeless.
- The PATH Director assisted NJ Transit Police Department in transitioning a sworn officer into the role of Community Officer to engage homeless specifically in Newark Penn Station and surrounding stations. NJTPD's Community Officer participates in weekly outreaches with the PATH staff and has referred over 35 homeless individuals for PATH services.
- The PATH Director presented to a group of social service providers at the Mental Health First Aid (MHFA) training provided by the Mental Health Association of New Jersey and

MHAEM. After the group was trained in MHFA, they were also given the opportunity to discuss local resources and housing opportunities.

- Peer Outreach Staff was chosen to present to attendees of the Crisis Intervention Team (CIT) trainings to discuss their experience with homelessness, mental health, and substance abuse in both Essex, Passaic, and Bergen Counties. This gave CIT students, mostly Police Officers, a first-hand account of how their handling of mental health crisis situations can exacerbate or ameliorate the person's recovery.
- PATH outreach staff provided weekly outreach and assessment to the newly developed City of Newark walk in shelter and was honored by the Continuum of Care for these efforts to support the homeless in the City of Newark.

MHAEM Morris location was awarded the Projects for Assistance in Transition from Homelessness (PATH) grant from the NJ Division of Mental Health and Addiction Services (DMHAS) and began servicing consumers in 1988. Since opening, PATH is fully staffed with four outreach workers who hit the streets of Morris County five days a week, outreaching homeless individuals whether that be at a local soup kitchen or under a bridge. The PATH staff has proven to not shy away from any homeless they encounter. Our most proud accomplishment has been, as of June 30, 2018, thirty-nine (39) chronically homeless individuals with severe and persistent mental illness and co-occurring substance abuse disorders now have a home to call their own.

- PATH Director and staff organized and staffed in this year's Morris County Project Homeless Connect as we have for the past 8 years. During this event, PATH staff were able to outreach over 100 homeless individuals and provide care packages that included toiletries, snacks, Dunkin Donuts gift cards, coats, clothing and much more.
- The PATH Director served as the press coordinator for the US Department of Housing and Urban Development (HUD) mandated Point-In-Time Count for Morris County. Through these efforts approximately 300 homeless individuals and families were counted which is approximately a 33% decrease from the previous year. This decrease is due in part to the Morris County Permanent Housing consortium where 50 housing vouchers were awarded to the county to provide rental assistance for 50 chronically homeless individuals.
- During this fiscal year the PATH Director and Coordinator participated in a year-long course to become Certified Alcohol and Drug Counselors (CADC). Homeless Solutions Inc. and MHAEM partnered together to have 10 staff trained in order to address increase in consumers served with co-occurring substance abuse disorders. The course was funded by the Department of Labor and Rutgers University. The course was completed in March 2018 and all participants are awaiting approval from the licensing board to sit for the exam to obtain the CADC credential.
- The PATH Director was the lead in organizing the consortium and acted as a direct liaison to the Division of Consumer Affairs (DCA) to monitor all applicants. Through this project the consortium was awarded \$13,000 in furnishing funds which provided a bed to each voucher recipient as well as a "welcome to your home" gift box with household kitchen items and bedding.
- PATH Director was a guest panelist for the Mount Olive Town Council stigma free resolution event. Community program was held in effort to bring together the Mount

Olive community for an afternoon of conversation relating to invisible illnesses and challenges to begin the process towards inclusion. A panel of professionals introduced and explained the barriers those with mental illnesses and other challenges face and answered questions about how to best get help for their family, neighbors and friends in need.

Advocacy

Essex

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

Morris

- PATH Director is a 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. In 2015, the Morris County CEAS was absorbed by the Morris County Continuum of Care (CoC), reformatted to include a variety of tasks to assist the CoC Executive Committee with its roles and responsibilities and renamed the CAS committee which is made up of community providers and stakeholders who support the homeless population through the provision of services.
- PATH Director was elected 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.
- PATH Director was elected co-chair 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.
- PATH Director advocated for a reformat of Code Blue process and 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.
- On July 26, 2017, staff attended the Congressional Reception in the Dirksen Senate Auditorium on Capitol Hill in DC and more than 450 advocates attended. CEO, Robert Davison and PATH Essex Director, Michele Walsh attended as well. MHAEM was one of the partners at the event that focused on "No cuts to Housing." Cuts are hurting the communities that serve low-income families, the homeless and those with special needs. Staff was able to start conversations with fellow providers discussing the housing crisis as well as listen to legislatures and their actions associated with the housing crisis.
- 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 12:30pm to 4:00pm 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 rest rooms, 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. Service 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 and 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.

Beginning in January 2018 the Edna's Haven resource center became an access point for the Morris County Coordinated Entry System. 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. The project is contracted to service approximately 500 unduplicated individuals per year. Attendance is taken daily and new attendees are tracked in an electronic health record containing basic demographic information that they are willing to share.

Demographic

Due to the structure of the drop in center and informal intake process, specific demographic information is not required. Although all are welcome, the population served generally come from the Dover, Rockaway, 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, masters level, one part-time Coordinator bachelors level, one Resource Navigator, bachelor 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 drop in center staff with communicating with the Spanish speaking population. In the event the case manager is unavailable, the drop in center staff utilize a Language Line which is capable of translating 200 languages.

Performance Outcomes

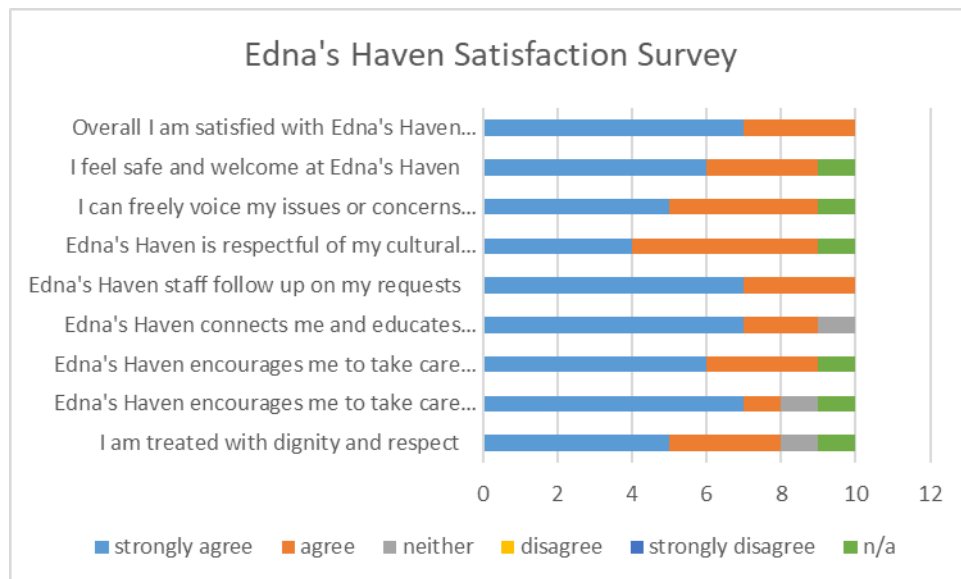
Edna's Haven participates in the agency-wide Quality Assurance Committee (QA) which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHAEM program. Edna's Haven is contracted to service approximately 500 unduplicated individuals and link them to 700 resources and services. During this fiscal year Edna's Haven encountered 439 (88% of contract commitment) individuals and linked them to 527 (75% of contract commitment) resources. The center sees an average of 10-15 individuals per day and is able to link each person to at least one service or resource per day.

Consumer Satisfaction Survey

Ten consumer satisfaction surveys were distributed to consumers who visit the Edna's Haven Drop in Center. Ten surveys were completed and returned to the MHAEM, a 100% response rate.

SURVEY DEMOGRAPHICS

Of the 10 responses, five (50%) were female and five (50%) were male. Ages ranged from 50 to 63 years old average of 55 years old. zero (0%) of consumers identified as African American, nine (90%) identified as Caucasian, zero (0%) identified as Hispanic, zero (0%) identified as Asian and one (1%) identified as other.



Edna's Haven Highlights

- Edna's Haven Coordinator participated in training to become a peer recovery specialist for addiction in response to the growing drug abuse epidemic in Morris County.
- The center was open during all severe weather events this past winter including during a state of emergency in order to provide a safe warm place for homeless individuals. Warm beverages and food were provided during severe weather events.
- The center partnered with Atlantic Health System to have free quarterly HIV screenings along with counseling services to discuss results.
- Edna's Haven held a fall and winter themed party and served a variety of food and beverages as well as giveaways including winter coats, blankets, scarfs, hats and hand warmers.

- Edna's Haven Coordinator assembled emergency meal kits with non-perishable food donated through various churches in county to distribute to individuals on an as needed basis.
- Edna's Haven partnered with the Center for Addiction and Recovery Services (CARES) to hold weekly all recovery meetings to discuss maintaining sobriety in an open non therapy format. In addition, HOPE One is stationed outside of Edna's Haven once a month to provide NARCAN training and kits.
- Zufall Health Van is stationed at the center once a month to provide free medical and dental screenings.
- Edna's Haven held a mini Project Homeless Connect event and hosted 10 agencies to share their services and information to 50 attendees.
- Five long time veterans who were hesitant to engage in services were linked to the VA for medical and psychiatric care.
- The Edna's Haven volunteer linked all interested individuals to a section 8 rental assistance lottery and six center participants were awarded a voucher and are currently searching for affordable housing.
- Edna's Haven had their first baby this year and linked the mother to prenatal care, Social Security Income, WIC benefits, baby food, baby clothing, a crib, high chair and other needed items.

Self Help, Advocacy and Education

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. Libby Dorl Education 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: 1 Master level Program Director, 1 Master level Assistant Program Director, 1 Associate level Coordinator. All 3 employees have been trained and nationally certified as Mental Health First Aid Instructors.

Data and Highlights: Throughout this fiscal year, the MHAEM conducted 7 separate 8-hour Mental Health First Aid Classes in either the Senior, Adult or Veterans Module and certified 117 individuals as Mental Health First Aiders.

The MHAEM also collaborated with, provided training, resources and services to:

- County College of Morris entire faculty and staff on Suicide Prevention.
- Capital Care Day Program
- Morris County Prosecutors Office.
- Morristown Fire Department on Psychosis as they worked with many homeless individuals that exhibited symptoms these symptoms and they were unsure how to help them.

- College of Saint Elizabeth's were trained on Suicide Prevention
- Ridgefield Park School students were trained on Suicide Prevention.
- Teamed up with the Senior Programs/Groups to provide trainings on 'How is your Mental Health' and providing resources/information available in the community.
- Mental Health Association in New Jersey
- Participated in in several community festivals and fairs throughout the fiscal year including Newton VFW Health Fair, Girls, Guts, and Glory, Morristown Festival on the Green, Dawn Family and Fun Day, Denville Energy Assistance, Project Homeless Connect
- United Way Caregivers Conference
- Morris County Consumer Family Forum
- Twilight Walk in Mountain Lakes bringing awareness to mental health.

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 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: 1 peer recovery specialist (from CARES), 1 sheriff officer (from Morris County Sherriff office) and 1 mental health professional (from the Mental Health Association of Essex and Morris) and occasionally volunteers and/or interns will join the team on the truck.

Data and Highlights: Hope One has made a major impact in the community throughout the fiscal year. From July 2017 – June 2018, the truck has made 118 stops, 1575 people visited Hope One in the community. From the truck, 59 people were sent to rehab/recovery services, 51 people received mental health services, 909 people were NARCAN trained and several hundreds more were given brochures, gift cards, and received other services. Hope One has also helped in setting up and launching Hope One in Essex County, Monmouth County and Atlantic County. The week of June 11-15, 2018, Hope One took part in "Operation Helping Hand". This operation was conducted in Morris, Passaic, Sussex and Bergen counties from 9:00 am – 6:00 pm. The purpose of this operation is to identify Morris County drug purchasers in Paterson and arrest them after purchase. The defendants will be transported to the Passaic County Prosecutor's Office in Totowa and offered detox/treatment in lieu of incarceration

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: 1 Master level Assistant Director of Self Help, Advocacy and Education and 13 volunteers (currently).

Data and Highlights: There has been 21 performances by the Mental Health Players for over 1,500 audience member in the 2017-2018 fiscal year. Several of these performances were done at senior facilities throughout the county of Morris however a few were also done in Essex County for United Way Caregivers Coalition, Temple B'nai Shalom, JCC Women's Group and Newark Library Youth Group and in Sussex County, Friends and Neighbors Women's Group, Family Partners in Newton, and Intensive Family Support Services.

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 will provide 1460 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 2 separate lines and are provided peer counseling support services by trained staff.

Personnel: 14 peer line staff

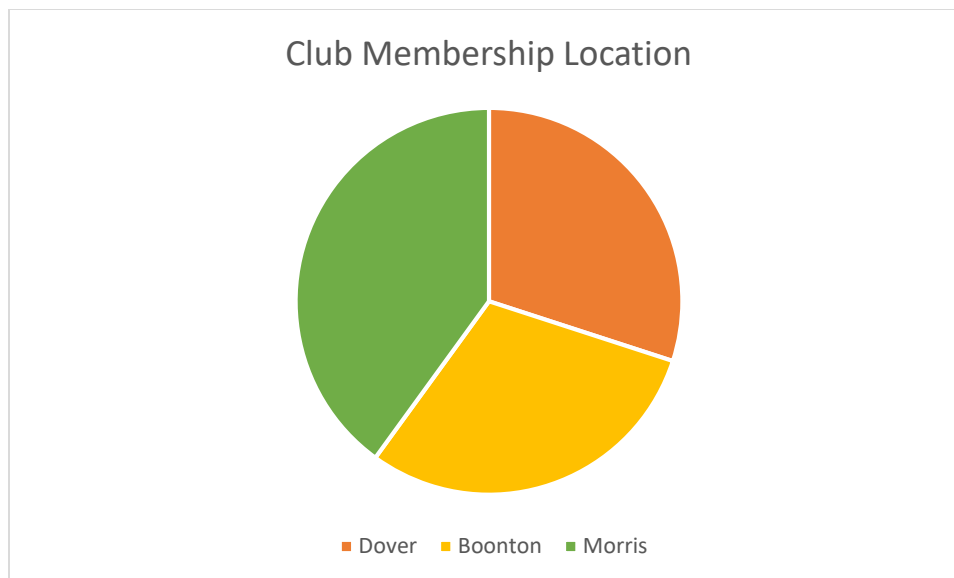
Data and Highlights: The Peer to Peer Support Line provided hope, encouragement and resources to 317 people during 3375 hours of calls to the Peer to Peer Support Line.

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 evenings and Saturday afternoons. There are central meeting spots to pick up individuals and additional pickups are available.

Personnel: 2 Master level part-time social club directors and 1 Bachelor level social club director.

Data and Highlights: During the 2017 – 2018 fiscal year, The Club held 96 group sessions, 4743 units of service was delivered and 66 consumers were served. The number of clients served this fiscal year has been impacted due to weather and vehicle issues.



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 be paired with consumers for 3 months. Then can then decide if they would like to extend the pairing or be paired with someone else.

Personnel: 9 volunteers

Data and Highlights: This fiscal year, 4 consumers were paired with a volunteer and 656 pairing hours were completed.

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 request that come into the Parsippany office. It also involves responding to request 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 request for information and referrals are handled by the staff of Self Help, Advocacy and Education.

Personnel: 1 Master level Program Director, 1 Master level Assistant Program Director, 1 Associate level Coordinator

Data Highlights: Data collected revealed that a total of 537 documented request for information and referral were received in this 2017-20178 fiscal year. Most request 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 and various programing which were mentioned earlier in this report. Others included Dover Health Fair, Faith Community Retreat, Project Homeless Connect, law enforcement and treatment providers.

Mental Health Resource Network

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

Highlights: These houses of worships give needed resources to clients such as microwaves, furniture, cleaning supplies, bedding, pots, pans, bookcases, vacuums, coats, gloves, food, clothing and air conditioners. In addition to helping consumers, 4 churches have stepped up and hosted a total of 6 dinners serving 178 people in total. In December 2017, Church of God in Christ in Morristown provided 20 selected consumers with complete holiday meal box and personalized gifts. In addition, the Women's Club of Morristown provided gifts to over 75 consumer, their families and children. In June 2018, The African American Women's Baptist Church in Essex County help a glove drive to provide new gloves to our consumers before the winter approach us.

VIII. 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 formed. 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. MHAEM will send a licensed therapist, addiction specialist or geriatric care manager, depending on the need, for up to ten free sessions with the clergy or congregant. 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: 1 part time Liaison, 7 licensed consultants, 1 licensed geriatric care manager consultant

Data and Highlights: In the fiscal year, 19 presentations or roundtables, and 1 Mental Health First Aid class was given. In total over 650 attendees were present during the presentations or roundtables and 13 people were certified in Mental Health First Aid. 33 houses of worship made referrals to the Program. 43 congregants or faith leader were actively being seen by one of the MHAEM licensed consultants during the fiscal year. Approximately 220 hours of clinical sessions was provided.

Comments from Satisfaction Survey

Clients using the counseling and geriatric consulting have replied that our consultants have treated them with dignity and respect, have been sensitive to their problems, are competent and knowledgeable, and overall they have benefited from the services.

Some have added to their reply as follows:

- Her *“competence and wide knowledge were very helpful and comforting. She was very kind and took care of many problems that I could not have coped with. I am very grateful to her and thankful for the program.... I hope the program continues and many others receive help”*
- She *“has been a tremendous help in connecting with services in NJ and with local support for myself”*
- *“This has been wonderful for me, the therapist was totally understanding of my problems”.*
- My counselor *“is so kind and compassionate, she helped me so much with my issues. Everything was helpful, ...I could not have managed these last couple of months without her, my anxiety level goes down each time I see her, ...She is a wonderful person and counselor”*
- She *“was very understanding and attentive to my situation and needs. She understood my religious connection and was able to apply it to my counseling... She has been extremely helpful. She is extremely competent, compassionate and appropriate. She has been flexible and accommodating to my schedule” “... a very big “thank you. I hope the program continues so other may receive help”*
- What did you find most helpful? *“The ease of discussing the subject matter with the therapist. Also, the various techniques offered to help overcome the addictive behavior and to sustain such control over it... and supporting my son’s needs”.*

Faith Leaders have replied: That they are likely to continue to use the program, the Faith Liaison was available when needed, treated them with dignity and respect, has been sensitive to their problems, is competent and knowledgeable, they have benefited from the services and they would recommend this program to others.

Faith leaders have commented:

- *“Knowing where to turn when a community member is stuck and has nowhere to go or not enough funds to deal with their issue is peace of mind for all of us. We appreciate the services that your organization provides so graciously and we hope you can continue to offer these services.”*
- *“Meeting the Faith Liaison at my Church was helpful”*
- *“The availability of free services for those who were reluctant to seek help, unable to pay or afraid to tell or tax their family or partner”*
- *“Ability to consult with MHA staff about difficult cases in my congregation. Geriatric services and counseling. Support I’ve received for my own personal needs from the Faith Liaison.”*
- *“I enjoyed the fellowship with other area clergy.”*
- *“Always grateful for this resource”.*
- *“It has been valuable for our parish to have this partnership with the Mental Health Association through the Faith Liaison program. We have had the opportunity to refer some parishioners for assistance and we have also been able to offer support through donations of various items to meet the needs of residents. ”*
- *“The Faith Liaison Program has been very effective. You have always been quick to respond in supplying the people who were able to address specific situations.” Following are the situations: Enrolling a parent who lost a child into a counseling program. The parent reported the counseling was helpful; arranging for a geriatric consultant to meet with an aging member who lives alone. The consultant made suggestions for help and for care. The family is following through so the person is safe; a congregant who suffers from treatment*

- resistant depression (as described) met with a counselor on several occasions & said it was helpful. Thank you for your help over the years!*
- *“We are extremely grateful for the Faith Liaison program! The counselors always check-in with the referring clergy in order to make better initial assessments, and the number of free counseling sessions is very generous. We also like the flexibility of the counselors...they can meet clients in various locales if/when transportation options are difficult for the clients, Bravo!*

IX. 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 also to have normal, health lives which include socialization and recreation.

Personnel: 1 Master level Program Director, 1 Master level Assistant Program Director, 1 Associate level Coordinator, 3 Part Time Van Drivers

Data and Highlights: In the 2017-2018 fiscal year several groups were such as Art with Daisy, Pet Therapy, Spanish 101, Resource Day and Cell Phone 101 were found to have improved the health and well-being of our consumers. Below are a few of the most popular Self Help Programs:

- Exercise Group which focuses on physical wellness through exercise. Consumers are picked up transported to a local gym that donated time once a week to our consumers to exercise. 24 sessions were held with participation by 128 people.
- Community Garden involves mental health consumers developing and tending a community garden to help them stay active in the community and contribute to community. 275 pounds of produce was donated to the food pantry and shelter. Over 50 hours collectively was spent at the garden. Sixteen consumers are utilizing Horticultural Therapy while giving back to their community.
- 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. During the fiscal year, we provided approximately 1,500 trips to over 60 consumers.
- All About You helps consumers create a positive self-image of themselves. Once a week up to 6 consumers are transported to Artistic Academy Beauty School to get manicures, pedicures, facials, or haircuts. The goal is to have their outside how they feel on the inside. This fiscal year 31 sessions were held for 249 individuals.
- Advocacy which is commonly known as CAP, is self-help and consumer advocacy group. When people with mental illness speak in one voice, the community is able to respond with support and assistance. Over 100 CAP consumers were active and vocal in helping to create a mental health system that is more responsive to their needs.

CAP Self-Help & Wellness Programs Consumer Satisfaction Survey Analysis

Totally Number of Responses: 15

Below are the findings for the Consumer Satisfaction Survey for CAP Self Help & Wellness Programs.

Cooking Techniques 4 Very Satisfied 0 Okay 0 Not Satisfied
100% of respondents who attended cooking techniques were very satisfied

CAP Dinner 2 Very Satisfied 1 Okay 0 Not Satisfied
67% of respondents who attended the CAP dinner were very satisfied and 33% considered the dinner okay.

Community Garden 10 Very Satisfied 0 Okay 0 Not Satisfied
100% of respondents who attended the Community Garden were very satisfied.

Exercise Group 4 Very Satisfied 1 Okay 0 Not Satisfied
80% of respondents who attended exercise group were very satisfied, and 20% thought the event was “okay.”

All About U 10 Very Satisfied 1 Okay 0 Not Satisfied
91% of participants were very satisfied with All About U and 9% thought the event was “okay.”

AA Meeting 3 Very Satisfied 2 Okay 0 Not Satisfied
60% of participants were very satisfied with AA meetings and 40% thought the meetings were “okay.”

Jewelry Making 10 Very Satisfied 0 Okay 0 Not Satisfied
100% of participants were satisfied with Jewelry Making.

Meditation 4 Very Satisfied 1 Okay 0 Not Satisfied
80% of participants who attended Meditation were very satisfied and 20% thought meditation was “okay.”

Resource Day 6 Very Satisfied 0 Okay 0 Not Satisfied
100% of participants who attended Resource Day were very satisfied

Which of the following did you learn something new about? (check all that apply)

2%	Basic cooking skills	2%	How to get in shape
93%	How to improve my overall wellness lifestyle	3%	How to incorporate an overall healthy lifestyle

Do you believe that your overall health and well-being has improved as a result of the CAP Self-Help & Wellness activities?

67% Yes 0 No 33% Not Sure

Do you feel better about your self-image as a result of the CAP Self-help & Wellness activities

47% Yes 6% No 47% Not Sure

Do you feel the exercise group has helped you to incorporate exercise into your daily routine?

33% Yes 0 No 67% Doesn't Apply

Do you believe that the CAP Self-Help and Wellness activities have increased your independence in the community?

60% Yes 0 No 40% Not Sure

Do you believe that the CAP Self-Help and Wellness activities have increased your comfort level in socializing with others in a group setting?

73% Yes 0 No 33% Not Sure

Have you incorporated skills learned in CAP Self-Help & Wellness activities into your daily lifestyle?

60% Yes 40% No

X. Elizabeth T. Dori 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 21 consumers to fund educational pursuits such as driver's education, computer classes, CPR classes, college classes, educational classes, ESL classes and continuing education classes.

XI. 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: The fiscal year MHAEM peer representatives visited with 67 patients at Greystone Park Psychiatric Hospital.

MENTAL HEALTH ASSOCIATION OF ESSEX & MORRIS INC.

Prospect House (PH)

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

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

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

Morris Campus

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

Collaborative Justice Services (CJS)

Essex Campus

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

Morris Campus

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

Community Support Services (CSS)

Essex Campus

60 South Fullerton Avenue, Suite 102
Montclair, NJ 07042
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
Office (973) 579-4399

Assisted Outpatient Treatment Services (AOTS)Essex Campus

60 South Fullerton Avenue, Suite 211
Montclair, NJ 07042
973-842-4141
Morris Campus

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

Project for Assistance in Transition from Homelessness (PATH)Essex Campus

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

Morris Campus

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

Self-Help, Education and Advocacy

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



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