

Mental Health Association
of Essex and Morris, Inc.

2019



Management Report

Mental Health Association of Essex and Morris, Inc.

Annual Management Report is developed and written by:

- Robert Davison, Chief Executive Officer
- Nadine Venezia, Chief Operating Officer
- Linda Dalla Riva, Chief Financial Officer
- Lisa Nobilione, Director of Human Resources
- Marvin Gorsky, Senior Director of Clinical Services
- Rose Brown, Senior Director of Programs
- Steve Ryan, Senior Director of Development
- Roshan Trambadiya, Chief Information Officer
- Rebecca Magdon, Director of Operations

Program Directors:

- Femitchell Ashley – Integrated Case Management Services Essex and Morris (ICMS)
- Tracey Blash – Integrated Case Management Services Passaic
- Michele Walsh - Prospect House (PH)
- Taisia Koeppel – Community Support Services Essex and Morris (CSS)
- Deidra White – Collaborative Justice Services Essex (CJS)
- Deanna Ackerman – Collaborative Justice Services Morris (CJS)
- Heather Levitt - Center for Behavioral Health (CBH)
- Heather Levitt - Riskin Children's Center (RCC)
- Femitchell Ashley - Supported Employment Services (SES)
- Achille Dejean – Assisted Outpatient Treatment Essex (AOT)
- Deanna Ackerman – Assisted Outpatient Treatment Morris and Sussex (AOT)
- Beverly Clark – Project for Assistance in Transition from Homelessness Essex (PATH)
- Danielle Pera – Project for Assistance in Transition from Homelessness Morris (PATH)
- Madine Despeine-Udoh – Self-Help, Advocacy and Education

Suzanne Switlyk – Corporate Compliance Officer

Wanetta Williams – Chairperson of Cultural Competency

Suzanne Switlyk – Quality Assurance Coordinator and Ombudsperson

Rebecca Magdon - Health & Safety Officer

Index

Introduction	page 1
CEO Goals	page 2
Agency Strategic Plan	page 8
Finance	page 13
Corporate Compliance	page 15
Development.	page 17
Human Resources	page 20
Information Technology	page 23
Quality Assurance Analysis	page 25
FY2019 Quality Assurance Grid.	page 30
Performance Indicators	page 58
Health & Safety Plan/Care of the Environment	page 72
FY2019 Incident Analysis	page 76
FY2019 Incident Grid	page 78
Cultural Competency	page 80

Program Reports:

Health Home (Care Coordination)	page 84
Integrated Case Management Services	page 86
Prospect House	page 91
Collaborative Justice Services	page 94
Center for Behavioral Health.	page 101
Riskin Children’s Center.	page 105
Community Support Services	page 108
Supported Employment Services	page 114
Family Resource Center	page 117
Assisted Outpatient Treatment.	page 131
Project for Assistance in Transition from Homelessness.	page 142
Self Help, Advocacy and Education	page 152
Program Contacts	page 157

Introduction

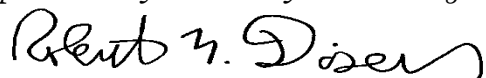
The Mental Health Association of Essex and Morris, Inc. (MHAEM) continued its strong focus on the recovery, safety and mental health needs of consumers and their families in fiscal year 2019. MHAEM exceeded its service and quality expectations while remaining in a strong financial position. The agency operated in a financially sound manner while advancing its mission of providing services to individuals and their families regardless of their ability to pay.

MHAEM continued to focus on innovative service delivery, emphasizing wellness and recovery. The agency advanced its strategic plan, highlighted by the implementing of over \$200,000 in annualized grants to provide clinical services to senior citizens and case management services in Morris County and working with the Community Health Law Project to provide Medical-Legal services in Essex County. MHAEM secured a \$150,000 state grant to continue the operations of the Riskin Children's Center. The agency received and implemented numerous foundation grants across the service area. MHAEM met the service needs of the community via its counseling, case management, partial hospitalization, supported employment, criminal justice, educational, supportive housing, therapeutic jurisprudence, faith-based, consumer advocacy, school-based, family and children's programs. All services were provided in a culturally competent fashion to individuals from all walks of life. Proudly the agency continued to be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) including as an accredited Health Home, a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral healthcare, and community and social support services. MHAEM excelled in its Triennial Licensure review performed by the Department of Health and remains fully licensed.

Raising mental health awareness was the centerpiece of MHAEM's performance for fiscal year 2019 with a concerted campaign of community involvement and education highlighted by an innovative collaboration with the Codey Fund for Mental Health to provide suicide prevention training throughout North Jersey in the schools and a partnership with the Newark Performing Arts Center regarding mental health themed performances. Press releases concerning mental health topics were published throughout Essex and Morris County. Additional activities included participating in local events, e.g. at town fairs, school events, senior citizen facilities and community colleges and being a prime sponsor of the South Mountain International Blues Festival and the Out of the Darkness Walk. MHAEM staff appeared in television interviews on NJTV, FiOS One and News 12 New Jersey.

Advocacy on behalf of individuals with mental illness and their families was a continued focus in fiscal year 2019. The agency advocated strenuously for improving the conditions at Greystone Park Psychiatric Hospital, including supporting the Office of the Public Defender in its lawsuit on behalf of current and former patients against the State of New Jersey. MHAEM advanced its advocacy efforts with its 18th Annual Legislative Breakfast attended by over 300 people, including numerous elected officials in Essex County and its 1st Annual Legislative Breakfast in Morris County attended by over 200 people including numerous elected officials. Staff and Board 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 6 Essex County programs to a new centralized location in West Orange, which was a significant upgrade from the prior locations. The agency continues to replace vehicles as needed and appropriately maintain the physical plant. Consumer, family and provider satisfaction surveys indicate a high level of satisfaction with MHAEM and its services.



Robert N. Davison, Chief Executive Officer

Agency Strategic Goals

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

CHIEF EXECUTIVE OFFICER

Goals and Objectives

July 1, 2019 – June 30, 2020

GOAL	OBJECTIVE / OUTCOME MEASURE
<p>1. Successfully complete the transition from Grant Funding to Fee for Service/Managed Care.</p> <p>Ref: Strategic Goal # 7</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 # 2, 3, 4, 5</p>	<p>a. Work with the Advocacy Committee and Director of Development to continue raising awareness. Specifically, areas as described in Strategic Plan.</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>Ref: Strategic Goal # 1, 2, 3, 4, 5</p>	<p>a. Organize 2 Legislative Breakfasts (Essex & Morris) – advocate for the following:</p> <ul style="list-style-type: none"> • Reduction in stigma • Access to Treatment • Appropriate Rates re: Fee-for-Services • State Psychiatric Hospitals • 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 one 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, 2020</p>
<p>4. Maintain ICMS in Passaic County.</p> <p>Ref: Strategic Goal # 1, 3</p>	<p>a. Working with Senior Staff and ICMS Passaic Director to respond to RFP and be awarded permanent contract.</p> <p>Outcome Measure – Secure contract award</p> <p>Target Date: June 30, 2020</p>

<p>5. Recruit new members of the Board of Directors.</p> <p>Ref: Strategic Goal # 8</p>	<p>a. Working with the Board, Board President and Nominating Committee Chair to recruit 2-3 new and diverse Board members for FY 2021.</p> <p>Outcome Measure – 2-3 new Board members</p> <p>Target Date: June 30, 2020</p>
<p>6. Develop fundraising with Morris County Constituency. Meet matching expectations of fourth installment of Buchner Endowment.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with Development Committee, Board, Senior Director of Development and Development Associate to develop 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, 2020</p>
<p>7. Relocate Passaic ICMS.</p>	<p>a. Working with Director of Operations and appropriate Board members and staff to relocate office space to a site convenient for consumers and service provision.</p> <p>Outcome Measure – Relocate</p> <p>Target Date: June 1, 2020</p>
<p>8. Secure public grant for mental health services.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with senior staff to successfully secure public support for mental health services, e.g., Riskin Children’s Center, Raising Awareness.</p> <p>Outcome Measure – secure \$100,000 of public funding</p> <p>Target Date: June 30, 2020</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 appointment reminders.</p> <p>Outcome Measure – Use technology in all programs to increase service participation.</p> <p>Target Date: June 30, 2020 and ongoing</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 # 7</p>	<p>a. Replace three vehicles and make necessary capital improvements.</p> <p>Outcome Measure – Secure county/state grant and private funding to purchase new cars and make necessary capital improvements.</p> <p>Target Date: June 30, 2020</p>

<p>11. Contain Medical Benefit Plan Costs and leverage the impact of the merger.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Review, in conjunction with Director of Human Resources, CFO and Board, medical benefit plan and remain within budget.</p> <p>Outcome Measure – Improved Plan (within Budgetary restrictions) while maintaining quality.</p> <p>Target Date: September 30, 2020</p>
<p>12. Maintain fiscal stability and improve financial position.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Board, Finance Committee, CFO and Investment Advisor to ensure sound, organizational investments.</p> <p>Outcome Measure – Growth in investments, relative to the market.</p> <p>Target Date: Ongoing</p> <p>b. Finish FY 2020 on budget or better, e.g., no operational deficit.</p> <p>Target Date: June 30, 2020</p> <p>c. Working with Finance Committee, CFO and key staff, develop fiscally sound budget for FY 2020, approved by the Board and accepted by the State.</p> <p>Target Date: June 30, 2020</p>
<p>13. Coordinate a successful Presidents Club, Annual Appeal and 2020 Gala, cultivating and involving the Morris constituency.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Board, Director of Development and the community to organize successful events that raise money and awareness.</p> <p>Outcome Measure – Net more funds than budget, increase media exposure.</p> <p>Target Date: June 30, 2020</p>
<p>14. Educate the Board of Directors.</p> <p>Ref: Strategic Goal # 1-8</p>	<p>a. Provide short, high impact presentations to the Board at Board meetings.</p> <p>b. Provide ongoing information concerning the mental health industry.</p> <p>Outcome Measure – Informed Board of Directors</p> <p>Target Date: Ongoing</p>

<p>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 # 6</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, 7</p>	<p>a. Work with Senior Director of Programs, Executive Assistant and other staff to secure \$100,000 of new grants/support for FY 2020.</p> <p>Outcome Measure – Successfully secure \$100,000 of grants/support.</p> <p>b. Work with Board/community members to identify “known contacts” at various foundations/government/Companies.</p> <p>Outcome Measure – Board/community members making contacts that result in successfully funded grants.</p> <p>Target Date: June 30, 2020</p>
<p>18. Engage in national leadership as a Board member of the National Council for Behavioral Healthcare.</p> <p>Ref: Strategic Goal # 1</p>	<p>a. Work with National Council on Behavioral Healthcare to advocate for Federal funding and legislation to improve mental health and addiction services.</p> <p>Target Date: Ongoing</p>
<p>19. Comply with accreditation requirements re: CARF triennial survey.</p> <p>Ref: Strategic Goal # 1, 2, 3, 4, 5, 6, 7</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 October 2019)</p>

<p>20. Obtain addiction license to provide substance abuse counseling and services.</p>	<p>a. Working with senior staff obtain addictions license and commence providing service.</p> <p>Outcome Measure – Outpatient Addictions License</p> <p>Target Date: June 30, 2020</p>
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STRATEGIC PLAN OF THE MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.

I. Values

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

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

II. Mission

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

III. Vision

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

IV. Organizational Strengths, Weaknesses and Threats

Organizational Strengths:

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

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

Organizational Weaknesses

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

Organizational Threats

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

V. Opportunities

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

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

VI. Three-Year Plan

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

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

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

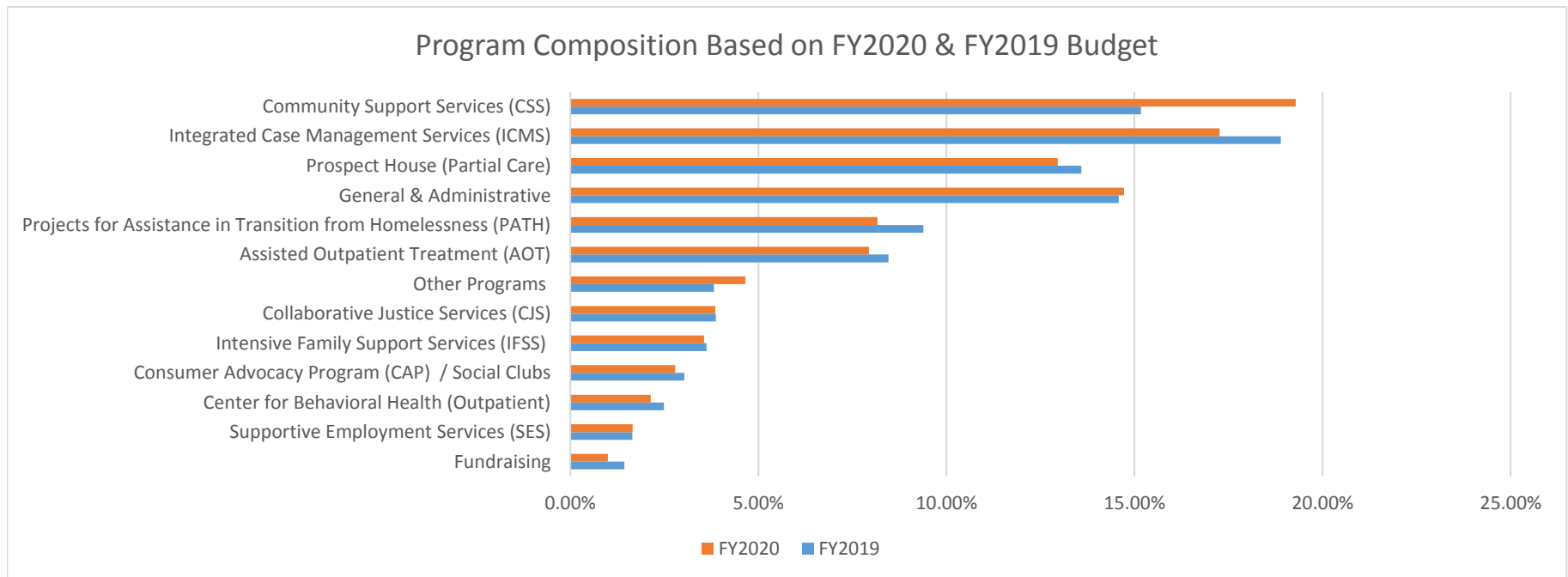
Reviewed and Adopted by
MHAEM Board of Directors
April 15, 2019

FINANCE

The fiscal year ending June 30, 2019 was the first full year of the merged entity of the Mental Health Association of Essex and Morris, Inc. The agency remains fiscally sound with a current ratio of 1.74 indicating the ability of the agency to meet its obligations and is reporting an unaudited surplus of \$194,549. Financial highlights for the fiscal year ending June 30, 2019 are as follows:

- The Agency's housing program, Community Support Services (CSS), remained deficit funded for the fiscal year and will through 6-30-20. With the challenges faced in the billing structure of Community Support Services, the state allowed providers to choose to remain deficit funded through 6-30-20. The state created a CSS focus group to discuss alternative payment methods and the agency was selected to participate.
- As of October 1, 2018, the agency began the billing of services covered by NJ Family Care Managed Care Organizations (MCOs). This is expanded coverage for behavioral health and it is a reorganization of Medicaid.
- The Agency made a one-time 3.00% discretionary 401(k) contribution in the amount of \$145,719. Over a three year period, the agency on average contributed 4.25% per year as a discretionary 401(k) contribution.
- The agency's line of credit for the fiscal year ending June 30, 2019 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 agency replaced five vehicles during FY19. We continue to maintain and review our fleet of vehicles to keep the vehicles under ten years old.
- The Agency made significant investments and improvements in the infrastructure including the renovation of the exterior walls of Prospect House. The Agency significantly upgraded program space for five of its programs relocating them to a new office location in West Orange.
- The Agency's services based upon the budget for 6-30-2020 are made up of Assisted Outpatient Treatment (AOT) 7.94%, Center for Behavioral Health (Outpatient) 2.14%, Partial Care (PH) 12.96%, Community Support Services (CSS) 19.29%, Consumer Advocacy Program (CAP)/Social Clubs 2.79%, Integrated Case Management Services (ICMS) 17.26%, Projects for Assistance in Transition for Homelessness (PATH) 8.17%, Supported Employment Services (SES) 1.66%, Intensive Family Support Services (IFSS) 3.56%, Collaborative Justice Services (CJS) 3.86% and Other Programs 4.65%.
- Based upon the budget for 6-30-20, general and administrative expenses are 14.72% while fundraising expenses represent 1.00%.

Program Composition Based on Budget	FY2019	FY2020
Community Support Services (CSS)	15.17%	19.29%
Integrated Case Management Services (ICMS)	18.89%	17.26%
Prospect House (Partial Care)	13.59%	12.96%
General & Administrative	14.58%	14.72%
Projects for Assistance in Transition from Homelessness (PATH)	9.39%	8.17%
Assisted Outpatient Treatment (AOT)	8.46%	7.94%
Other Programs	3.82%	4.65%
Collaborative Justice Services (CJS)	3.87%	3.86%
Intensive Family Support Services (IFSS)	3.62%	3.56%
Consumer Advocacy Program (CAP) / Social Clubs	3.03%	2.79%
Center for Behavioral Health (Outpatient)	2.49%	2.14%
Supportive Employment Services (SES)	1.65%	1.66%
Fundraising	1.44%	1.00%
Total	100%	100%



CORPORATE COMPLIANCE

The Mental Health Association of Essex and Morris, Inc. (MHAEM) 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 in 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 training.
- Quarterly peer audits were conducted by program Psychiatrists. Corrections identified during audit were made as needed.
- Quarterly billing audits were completed and all areas of concern were addressed and corrected in a timely manner.
- Quarterly clinical audits were conducted by Quality Assurance Coordinator. All items that needed to be addressed were corrected in a timely manner.
- Memos were distributed to staff in August 2018 and April 2019 from the Corporate Compliance Officer (CCO) when the Compliance Officer changed. This memo indicated who the Corporate Compliance Officer was, the process for filing a complaint, and that the CCO has direct access to the Board of Directors and Chief Executive Officer.
- Client Grievance Procedure was updated and distributed.
- Human Resources conducted criminal background checks upon hire and then every two years thereafter.
- Driver's License checks were completed upon hire and yearly.
- Clinical license checks continue to be conducted annually and upon renewal.
- Conflict of Interest forms continue to be updated yearly.
- There were no reports within MHAEM programs for fiscal year 2019 pertaining to malpractice, violation of the code of ethics or grievance.
- Sobel & Company completed an independent financial audit.

Program Activity

- Prospect House and ICMS Essex and Morris were audited by Medicaid throughout the year. All reported no significant findings.
- ICMS Morris, Essex and Passaic had a successful site review from DMHAS.
- OOL performed triennial review and MHAEM was awarded full licensure for all agency programs.
- PATH Morris had a successful external audit by the Morris Continuum of Care committee.
- CSS Essex & Morris had successful external audit by DMHAS and Medicaid.
- Project F.ER.S.T. had a successful DMHAS audit.
- The Quality Assurance Coordinator presented to the Board of Directors in June, 2018.
- All Senior management and management staff received a Reasonable Suspicion training in May 2019.

Upcoming Year Plan

- Employees to continue receiving the annual Corporate Compliance training through Relias Learning web-based training.
- Corporate Compliance Committee will continue to meet quarterly.
- Corporate Compliance trainings will be completed for all staff through Relias Learning web based training upon hire and annually.
- CCO will continue to monitor and report on matters pertaining to corporate compliance policies and procedures.
- CCO will continue to complete quarterly audits with recommendations if needed and corrections.
- Quarterly peer audits will continue to be conducted by program Psychiatrists. Corrections identified during audit will be made as needed.
- CCO will distribute a memo to all staff twice a year, updating staff in regard to compliance procedures as well as the role of the CCO.
- CCO will present to the Board of Directors with a yearly overview of compliance for the agency in June 2020.

DEVELOPMENT

The Development efforts of the Mental Health Association of Essex and Morris, Inc. continued to grow and evolve over the past year. The marketing/public relations/branding efforts necessitated to launch the merged association at its inception continued as we moved through year two and endeavored to firmly establish the MHAEM brand identity and solidify our presence in the community.

In order to assess the development efforts of MHAEM during the past year, it is important to put our fundraising/development efforts into a larger philanthropic perspective. These statistics also provide an important context and framework for our fundraising efforts as we look ahead to the coming year. According to the latest *Giving USA 2019* numbers covering giving in 2018:

- Overall giving declined by 1.7% during the past year. The dip in 2018 is just the 13th inflation-adjusted decline in the past four decades. Some industry leaders see this as a sign of trouble ahead. However, it is worth noting that this is much milder than the drop during the Great Recession, when giving slid by 7.2% in 2008 and 8% in 2009
- Individual giving declined by 3.4%. Historically, individuals have provided at least 70 percent of overall giving, but in 2018, they gave just 68 percent. In recent years, what are referred to as “mega-gifts” have made up for any loss in household contributions, but in 2018, they did not.
- The economy grew by 2.7% last year, yet, as has been noted, overall giving declined. One reason may be that donors, especially wealthy donors, were spooked by the nosedive the stock market took in December, a month which typically sees the most giving by individuals. However, despite a relatively strong economy, donations from individuals have continued to fall this year according to the Fundraising Effectiveness Project, whose research reveals that in the first quarter of 2019, the number of donors shrank by nearly six percent, while overall contributions decreased just over 2 percent.
- The impact of the new tax laws on corporate giving is unknown as well. Corporate giving rose 2.9% last year. For the past 20 years, it has hovered around 1 percent of corporate pre-tax profits. That trend continued in 2018, despite the gains companies saw as a result of the new tax law. Any argument that lower corporate tax rates would result in higher corporate giving percentage-wise clearly was not justified.
- Corporate grant makers are focusing their charitable efforts by increasing support to fewer organizations. The number of grants fell 22 percent between 2015 and 2017, but the median grant amount increased 19 percent.
- Grant making by foundations rose 4.7% in 2018, making foundations an increasingly important source of funding for non-profit organizations. Foundations now make up 18% of all giving, up from 14% in 2008. The downside to this giving trend is that there is a correlating increase in competition for these resources, and access to funding decision makers and compelling cases for giving will be more critical than ever.

Consistent with virtually every tracking mechanism ever employed to measure philanthropic giving, individuals were still the overwhelmingly dominant source of charitable support with 77% of total contributions (9% of which came from bequests). The remaining 23% was also consistently represented with corporations at 5% and foundations at 18%.

What these insights mean to the Mental Health Association of Essex and Morris, Inc. as we continue to refine our fundraising strategies is fairly straight-forward and virtually unchanged from our last report to Management. We must, at all times, operate from a donor-centered point of view... we must employ

technology to steward our existing donor base as well as to develop new support... and we must focus all of our appeals on the current needs of the individuals we serve and the vital importance of the programs we offer to the local community. New to the equation in light of the pending shift to Fee for Service, however, will be diligent monitoring of the need for financial resources for programs should that need arise, and messaging that at all times clearly conveys the importance of continued donor support. Integrating the donor constituencies of our expanded Morris County service area will present new and unique challenges and will require strategic outreach and engagement.

Also new to the Development dynamic has been a genuine embracing by the Board of their responsibilities with regards to fundraising and a strategic commitment to more aggressively seeking support.

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

Presidents Club – MHA's annual giving society for higher-end donors generated proceeds that were consistent with last year's strong performance. Of particular note, however, was more than \$20K in new money raised as a result of the recently added giving option included in the solicitation. In addition to standard Presidents Club membership at \$500 and Leadership levels beginning at \$1000, donors again had the option of making an additional gift specifically to benefit the Riskin Children's Center. Response to this option continues to be very positive and all of the donations made as additional Presidents Club contributions again qualify for the Anonymous Donor Match Challenge. Despite the success of this year's solicitation, it is important to note that members of *Presidents Club* represent a small, albeit extremely loyal and generous, group of donors. Their continued and remarkably consistent support is invaluable. However, the overall number of donors to the appeal remained flat... a dynamic which must be addressed moving forward. It is also important to note, as we have in the past, that the solicitation continues to be buoyed by one or two exceptional gifts, which still tends to skew the analysis significantly.

Annual Appeal - This year end solicitation of lower-end annual donors performed extremely well and was consistent with last year's strong response. Again, donor loyalty and responsiveness are considered to be significant dynamics with this constituency. Also, overall revenue generated by this campaign is modest at best, thus any increase in overall proceeds is negligible. However, the strength of the campaign indicates that this is an area with significant continued growth potential, particularly with regard to the Morris prospect base.

2019 Spring Gala – While this year's gala event fell just short of reaching its budgeted goal of \$75K net, it did successfully engage a number of new constituents and, once again, presented the agency in a positive, successful manner. A disappointing engagement with one of our honorees was a major factor in the final results and reinforced the importance of building a strong leadership team. Fortunately, the other honoree far exceeded expectations and was responsible for generating significant revenue. The Development/Gala Committee also made tremendous strides in terms of reducing expenses relating to the event and created a streamlined program that was very 'agency-centric'.

In terms of involvement and support of the agency's advocacy efforts, staff coordinated an ongoing, multi-media awareness campaign that was set to begin with Main Stage sponsorship of the South Orange International Blues Festival in September, 2017 (this event was cancelled due to inclement weather) and included participation in such community-based events as the Morristown Festival on the Green, the Lakeland Hills YMCA 5K Run, and the American Foundation for Suicide Prevention's *West*

Essex Out of the Darkness Walk. These efforts were followed by a return to our partnership with the Seton Hall University Men's Basketball program that commenced in November 2018 and continued through March 2019.

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 as a result of the merger and our open and click-thru rates continue to exceed industry standards. The association also participated once again in "Giving Tuesday" with a substantial increase in contributions, all of which were eligible for the 'anonymous donor' challenge match.

New to our development efforts this year was the implementation of a planned giving initiative called the *Dorothea Dix Society*. The long-term strategy is to have all Board members asked to become members before expanding the initiative to include external constituents. Moving forward, the agency is also laying the foundation for a major gift campaign to endow our outpatient departments and potentially develop a building fund for a permanent Morris campus.

Of particular note during 2018-19 was the addition of a Development Associate staff position to the Development team. This position has enabled us to greatly enhance our social media presence, re-design existing print materials, and elevate the overall impact of our fundraising efforts.

Sources:

"Giving USA," Report

compiled by the Indiana University Lilly Family School of Philanthropy

The Chronicle of Philanthropy

July 2019 Issue

HUMAN RESOURCES (HR)

As of June 30, 2019, there were 187 active employees to fill 204 positions. For fiscal year 2019 the annual turnover rate was 40%, averaging 3% per month.

The Employee Opinion Survey was conducted through Survey Monkey in June of 2019. 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 90% among those staff that chose to participate. 75 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 during our Quarterly Staff Meetings.

Effective October 1, 2018, the Agency renewed its existing medical plans through Horizon Blue Cross Blue Shield of NJ. Our dental plans with Principal Dental were also renewed effective October 1, 2018. After negotiating a short renewal period going into the 2018 benefit year, MHAEM made the Open Enrollment Schedule for all Health and Welfare plans effective on October 1st each year. This simplified schedule enabled the Agency to hold one Open Enrollment event in order to serve our staff more efficiently. Staff members are notified of the open enrollment period and given the opportunity to enroll in benefit options either for the first time or they may make changes to their existing benefit plan elections.

Both Horizon BCBS and Principal Dental have continued to offer competitive plans that are 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 their annual salary to a maximum of \$175,000.
- The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 250 active participants. The "Safe Harbor" plan requires MHAEM to make a safe harbor matching contribution equal to 100% of the salary deferrals that do not exceed 3% of the employee compensation plus 50% of the salary deferrals between 3% and 5% of employee compensation. The safe harbor matching contribution is 100% vested.
- The Agency continues to offer a well-structured paid-time-off policy.

- 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.
- Beginning October 1, 2019, the Agency is very pleased to begin offering a CollegeAmerica 529 Savings Plan to our staff.

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 6th year that MHAEM has conducted annual and introductory performance evaluations electronically through our vendor “Reviewsnap”. The performance review process continues to operate in an efficient and effective manner allowing both staff and supervisors to play an integral part in the review process.

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

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

Hartford Underwriter’s Insurance Company is the Agency’s current Worker’s Compensation provider. The Agency had 5 workers’ compensation claims for the FY 2019.

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

The following annual live trainings were conducted this year:

- The “Safety in the Workplace” training was conducted for new staff on a quarterly basis. This training focuses on workplace violence, behavioral indicators/warning signs, the importance of early intervention and safety measures that may be used in the workplace.
- MHAEM retained Steve Crimando, MA, BCETS, CHPP, Principal of Behavioral Science Applications to provide “Safety in the Community/Personal Safety for Social Service Professionals” training to MHAEM staff. This training was offered in an effort to empower and better prepare our professionals with practical strategies necessary to enhance their personal safety at the office, while working in the field and during activities of daily work-life.

- The “Psychopharmacology” training was conducted by Advanced Practice Nurses provided by our on-site primary care provider. There were two sessions provided in the month of April at two of our 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, conducted by Barbara Maurer, MA, LPC, CTS is provided to all direct care staff upon hire. The training provides our staff with education on the prevalence of trauma, the knowledge of how to assess individuals for exposure to trauma and tools to provide psychoeducation to our consumers to help them feel safe and empowered in their work with MHAEM. This event was video recorded on site in 2017 and is now available on our online Relias Learning system.
- CPR/First Aid/AED training was provided for the 9th consecutive year by an ASHI certified instructor. In addition, this was the 2nd consecutive year that MHAEM has offered CPR/First Aid/AED certification classes provided by our own staff, certified through the American Heart Association. This has enabled the Agency to provide training more frequently in order to ensure new staff are trained more promptly after hire. We offer CPR/First Aid/AED certification classes at least quarterly.
- Reasonable Suspicion Training was provided to our Directors and Senior Team in May. This training was provided in conjunction with MHAEM’s EAP provider, RWJ Barnabas Health. The purpose of this training was to ensure that all management staff have an understanding of MHAEM’s policy and procedure for addressing performance issues in the event that substance use is suspected in the workplace.
- TB testing was conducted by certified RNs provided by MHAEM’s primary care provider at one of our locations in Essex County and our Morris County location. 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)

Mission Statement

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 from 2018-2019:

- This year, MHAEM had to move some of our client's billing to Managed Care Organizations (MCOs) and this was a major project for our organization. The Chief Information Officer (CIO) worked with staff from different MCOs to enroll our agency into their MCO panels. This allowed the agency to bill for some of our MCO clients. With the help of our Chief Operating Officer (COO), we were able to successfully enroll our agency into four different MCO panels.
- After enrolling into the panels, the IT department worked with each MCO to setup our access to each of their online billing portals. MHAEM staff was trained to use the different portals.
- This year, we replaced the tablets for all Parsippany and Newton staff. New tablets were purchased and set up so that staff could use them out in the field. The IT department researched and received the best prices for the tablets. Staff can now use these tablets in the field while simultaneously working with the client and obtaining the client's signature. This enables staff to complete their paperwork in a more timely and efficient manner.
- The IT department researched and replaced all copiers in our Parsippany and Newton offices.
- A major project for this year was the replacement of two different phone systems into one new phone system. This project needed a lot of planning and research to find a new phone company for our agency. The IT department worked with many different vendors to test their phone systems and to receive a proposal for a new phone system.
- After testing different phone systems for more than 3 months, the IT department was able to finalize a contract with Vonage Business as our new phone provider. The CIO handled significant price and contract negotiations with them in order to save money for the agency.
- With the new phone system, the IT department is also deploying SD-Wan internet technology at all our offices which provides more security and reliability for all our internet needs.
- This year, the IT department also researched and deployed new IT security software for our agency to replace our old security software on all computers. We were able to install new software on all the agency equipment in a timely manner to better protect them against the newest attacks.
- The IT department also researched and was able to install a new fiber internet connection for some of our offices.
- This year, another major project for the IT department was to move four different office locations into one central location in West Orange. This project was completed at the end of May 2019. The IT department worked with each of the IT vendors to move all IT services from the old office to the new office without any downtime or loss of service.
- The IT department also created a plan to install network wiring in the new office suites and it was done before our move-in date.
- The IT department was able to move our windows network from the old office to the new office in a timely manner with no significant downtime for staff. The IT department was able to setup all computers and copiers in the new office in a timely manner.
- For the entire year, the IT department worked with all billing and accounting department staff to troubleshoot and fix any kind of billing issue that arose.
- Successfully conducted quarterly staff training for AWARDS for the entire agency.

- This is a management report of only major goals for fiscal year 2018-2019. The IT department was involved in many other minor and major changes and upgrades at each office throughout the year in order to help staff to properly and efficiently use technology to finish their work.

QUALITY ASSURANCE ANALYSIS

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

The Quality Assurance Committee (QAC) provides oversight and monitoring to ensure agency and programmatic goals and objectives are met. QAC meets on a monthly basis and is chaired by the Quality Assurance Coordinator. The committee members consist of the Chief Operating Office, all MHAEM Program Directors, Director of Operations, Director of Human Resources and the Chief Information Officer. 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.
- Effective tracking format for performance indicators.

Highlights of Quality Assurance

- MHAEM received full licensure for all licensed programs throughout the agency.
- 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, Twitter and Instagram are easily accessible and regularly updated. These features have been enhanced with the expansion of the development department this year. MHAEM will continue to work with its Information and Technology Department to improve services through the use of technology.
- MHAEM continues to provide care coordination ensuring a holistic service approach. All treatment is individualized to meet the needs of each person served. Individuals are encouraged to include a health goal in their treatment/service plan and are encouraged to schedule annual physicals.
- MHAEM continues to be committed 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 include but are not limited to: Ethics and Legal Issues, Psychopharmacology, Safety in the Community and CPR, First Aid and AED training. Other trainings which are program specific are provided through our Relias Learning which is a web-based training program.
- MHAEM currently has four staff certified as Mental Health First Aid Instructors. The Mental Health First Aid instructors educate the public on risk factors and warning signs regarding mental health and addiction concerns. Participants are educated on strategies to help someone in both crisis and non-crisis situations, and provides community resources. This year, MHAEM trained individuals that included clinical and non-clinical mental health staff, graduate students, local deacons of worship, and transportation drivers.
- During this fiscal year, Integrated Case Management Services Essex, Morris and Passaic had successful Medicaid audits. Prospect House had successful Medicaid audits throughout the year.
- MHAEM continues to provide tuition reimbursement to eligible staff for courses that directly relate to the mission of the agency and the employee's job description.
- MHAEM completed the move of programs from scattered sites in Essex County to one centralized location for better access for consumers. During the process, it was imperative to relocate to a building with ample public transportation to ensure consumers would be able to independently transport to offices as well. During this move, no consumer services were interrupted.
- MHAEM's Annual Provider Survey indicated a 98% overall satisfaction rate.
- MHAEM's Annual Consumer Satisfaction Survey indicated a 92% satisfaction rate.
- Prospect House's Consumer Quality Assurance Committee met throughout the year.

- There were several suggestions throughout the year. One of the suggestions discussed the need for a place to display activities for consumers held through MHAEM. As a response to this suggestion, MHAEM placed a bulletin board for posting activities at each location.
- MHAEM's Strategic Plan ensures the agency remains strategically positioned to fulfill our mission. This plan was reviewed and revised by the Board of Directors with input from staff, consumers and family focus groups, County Administrators and other stakeholders.
- MHAEM achieved an overall staff productivity rate of over 50%.
- MHAEM continues to utilize our electronic clinical records in AWARDS. The benefits of the electronic clinical records are improved access to complete and accurate information. In addition, forms are updated on an as needed basis based on consumer need. This year, a new service plan was implemented with collaboration from all levels of staffing.
- Quarterly staff meetings are held in order to provide staff with up to date information.

Fiscal Year 2019 Community Provider Survey

This marks the second year the Mental Health Association of Essex and Morris, Inc. (MHAEM) has distributed the Community Provider Survey as a merged entity. The surveys were distributed electronically and hard copy. The survey was sent to community providers that interact with all of the agency's programs. The participants were asked specific questions and allowed to provide their opinions in detail while remaining anonymous. This year we had a total of 17 respondents which was a 23% response rate.

The goal of this survey was to retrieve objective feedback on the manner in which the Agency is operating. The survey consisted of 12 questions, in which 2 questions were open-ended for comment purposes. The overall community provider survey focused on inquiries pertaining to the organization, collaboration efforts, professionalism, advocacy efforts, and referral processes.

The 2019 Community Provider Survey received an overall satisfaction rate of 98%! This is a 3% increase from last year.

96% of respondents felt the agency's services or programs compare favorably to those of other agencies where they make referrals. When visiting the office, 100% of respondents felt they were greeted promptly and professionally. Respondents collaborate with MHAEM by utilizing referral services, affiliation agreements, mutual clients and resources via information and referral. 98% of respondents felt that MHAEM is responsive to referrals, inquiries or collaborative efforts.

There were a total of 16 statements regarding the strengths of MHAEM programs and 3 statements regarding areas of improvement.

MHA-AGENCY-WIDE															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Indicators:															
Staff Turnover	Monthly	≤30%	4%	2%	3%	2%	4%	3%	4%	2%	2%	1%	5%	5%	3%
Staff Satisfaction		↑satisfaction	x	x	x	x	x	x	x	x	x	x	x	90%	90%
	Annual	↑response	x	x	x	x	x	x	x	x	x	x	x	75	75
90 day New Hire Survey Satisfaction	Quarterly	75% Satisfaction			90%			84%			79%			95%	87%
Resignations	Monthly		7	4	3	2	6	4	7	3	4	2	9	9	60
Community Provider Survey	Annual	80%												98%	98%
Safety First Calls	Monthly	<20	0	6	3	6	2	4	1	1	4	4	5	2	38
Suggestions	Monthly	NA	0	0	0	0	1	2	0	2	0	1	3	1	10
Complaints	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievances	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Corporate Compliance	Quarterly	Completed			9/10/2018			12/3/2018			3/5/2019			6/5/2019	
External Financial Audit	Annual	Completed			X										
Psychiatrist Peer Review	Quarterly	Completed			X			X			X			X	
Medication Errors	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adverse Reactions to Medications	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Center for Behavioral Health (CBH)

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%	89%	NA	NA	NA	NA	NA	80%	95%	80%	80%	80%	80%	83%
Focused:															
Service Plans	Monthly	80%	100%	100%	100%	100%	100%	100%	84%	89%	75%	80%	80%	78%	91%
Progress Notes	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AIMS	Semi-Annual	80%	X			x					X			x	
Medication Sheet	Monthly	80%	100%	100%	100%	100%	100%	90%	90%	90%	90%	90%	n/a	n/a	95%
Justified Continued Stay	Quarterly	80%	100%			X			100%					100%	100%
Closed Chart Audits	Quarterly	80%	100%			100%			n/a	80%			100%		95%
Medication Inventory	Quarterly	Completed	X			X			X					X	
Referred to primary care physician	Quarterly	80%	95%			100%					100%		100%		99%
Service Access:															
Wait for Intake	Monthly	≤7 Days	4	5	5	n/a	n/a	3	4	3	3	4	1	2	3
Wait for Assignment	Monthly	≤5Days	1	1	1	0	0	0	1	1	0	1	0	0	1
Indicators:															
PHQ9	Monthly	↑functioning	n/a	n/a	n/a	n/a	n/a	n/a	6	4					
GAD/7	Monthly	↑functioning	n/a	n/a	n/a	n/a	n/a	n/a	5	3					
DASS-21	Monthly	↑functioning									4	3	1	2	10
Discharge Follow Up	Semi-Annual	80%							80%					80%	80%
Satisfaction Survey	Annual	80%											96%		96%
Sun Risk Education	Annual	100%										100%			100%

Riskin's Children Center (RCC)

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Quarterly	80%	100%	100%	100%	100%	100%	100%	80%	80%	100%	80%	80%	80%	92%
Focused:															
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Progress Notes	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	99%
Wait for intake	Monthly	≤5	0	0	0	0	0	7	1	3	0	5	4	3	2
Wait for assignment	Monthly	≤5	0	0	0	0	0	0	1	1	0	0	0	0	1
Informed Consent	Monthly	80%	100%	100%	75%	100%	10%	100%	80%	80%	80%	100%	100%	100%	85%
Service Plans	Monthly	80%	100%	100%	75%	100%	100%	100%	75%	80%	100%	75%	75%	75%	88%
Closed Chart Audits	Quarterly	80%	100%	100%	100%	100%	100%	100%	80%	80%	100%	100%	100%	80%	95%
Number of individuals linked to pediatrician	Quarterly	80%	100%	100%	100%	100%	100%	100%	None	None	None	none	none	100%	100%
Indicators:															
Child/Youth Symptom Check List	Semi-Annual	10	n/a	n/a	n/a	n/a	n/a	n/a	1	1	1	1	3	2	9
Satisfaction Survey	Annually	80%											95%		95%
Sun Risk Education	Annually	100%										100%			100%

AOT ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018							2019					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%				100%			100%		100%			100%	100%
Focused:															
Medication Inventory	Quarterly	100%	100%			100%			100%		100%			100%	100%
Service Access:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	7 consumers	3	7	5	2	2	4	8	4	5	1	0	8	49
Long Term Care (LTC) referrals	Monthly	3 consumers	4	1	1	0	1	3	3	3	1	0	0	2	15
Number of transport orders	Monthly	<3 transport orders	1	1	1	0	0	0	0	0	0	0	0	0	3
Linkage to medical care	Quarterly	2 consumers	3	3	1	0	0	2	3	2	2	1	0	1	18
60 day discharge follow up	Monthly	????	3	1	0	0	1	0	3	0	0	0	0	0	8
Indicators:															
ER (screening)	Monthly	≤ 15 percent	15%	17%	8%	2%	0%	10%	8%	12%	10%	6%	8%	10%	9%
Voluntary admissions	Monthly	≤ 7 percent	6%	2%	0%	0%	0%	2%	0%	0%	1%	3%	7%	7%	2%
Involuntary admissions	Monthly	≤ 6 percent	12%	7%	7%	5%	5%	6%	8%	10%	13%	9%	7%	6%	8%
Long Term Care	Monthly	≤ 8 percent	0%	5%	0%	0%	0%	0%	0%	0%	4%	3%	3%	6%	2%
Arrests	Monthly	≤ 7 percent	0%	0%	0%	0%	0%	0%	1%	0%	0%	3%	0%	0%	2%
Incarceration	Monthly	≤ 7 percent	0%	0%	0%	2%	0%	0%	0%	2%	2%	3%	0%	0%	3%
Homelessness	Monthly	≤ 7 percent	0%	2%	2%	0%	0%	0%	0%	2%	0%	3%	0%	0%	2%
Satisfaction Survey	Annual	80%											81%		81%
Sun Risk Education	Annual	100%										100%			100%

AOT MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018							2019					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	68%	75%	91%	95%	97%	96%	83%	100%	92%	95%	98%	94%	90%
Focused:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1 consumer	0	1	0	0	0	0	0	0	0	0	0	0	1
Inpatient referrals	Monthly	7 consumers	2	1	3	1	2	1	2	2	2	1	4	3	24
Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	0	2	0	1	1	1	0	2	0	0	7
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	0	0	1	0	0	0	0	0	1
Linkage to medical care	Quarterly	2 consumers	0	0	1	1	0	0	0	1	1	1	0	1	6
60 day discharge follow up	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
ER (screening)	Monthly	≤ 15 percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Voluntary admissions	Monthly	≤ 7 percent	0%	0%	3%	0%	0%	0%	3%	0%	0%	0%	0%	0%	1%
Involuntary admissions	Monthly	≤ 6 percent	7%	4%	0%	1%	0%	0%	3%	10%	6%	3%	3%	0%	3%
Long Term Care	Monthly	≤ 8 percent	0%	0%	0%	0%	0%	0%	0%	6%	0%	0%	0%	0%	1%
Arrests	Monthly	≤ 7 percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%
Incarceration	Monthly	≤ 7 percent	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%	3%	0%	1%
Homelessness	Monthly	≤ 7 percent	0%	0%	3%	0%	0%	0%	3%	3%	0%	0%	0%	0%	1%
Satisfaction Survey	Annual	80%											93%		93%
Sun Risk Education	Annual	100%										100%			100%

AOT SUSSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	85%	97%	97%	95%	97%	100%	97%	100%	100%	100%	100%	98%	97%
Focused:															
Service Access:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	1	1
Inpatient referrals	Monthly	7 consumers	0	0	1	3	0	1	2	1	1	2	0	0	11
Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	0	0	0	0	0	0	0	1	0	0	1
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	0	0	0	0	0	2	0	0	2
Linkage to medical care	Quarterly	2 consumers	0	1	0	0	0	0	0	1	1	0	1	1	5
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
ER (screening)	Monthly	≤ 15 percent	0%	5%	0%	0%	0%	4%	5%	0%	4%	4%	0%	0%	2%
Voluntary admissions	Monthly	≤ 7 percent	5%	15%	6%	0%	0%	9%	0%	5%	0%	0%	0%	0%	3%
Involuntary admissions	Monthly	≤ 6 percent	5%	5%	6%	4%	0%	0%	5%	10%	9%	0%	0%	4%	4%
Long Term Care	Monthly	≤ 8 percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Arrests	Monthly	≤ 7 percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Incarceration	Monthly	≤ 7 percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Homelessness	Monthly	≤ 7 percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Satisfaction Survey	Annual	80%											87%		87%
Sun Risk Education	Annual	100%										100%			100%

IFSS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018							2019					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
IFSS TECHNICAL CHART AUDITS	Monthly	85%	79%	72%	78%	74%	55%	81%	72%	70%	93%	92%	74%	96%	78%
Intake Assess-compltd	Monthly	85%	90%	80%	90%	90%	50%	90%	60%	70%	100%	100%	90%	100%	84%
Svce Pref Form Compltd-Intke, 6mo, yrly	Monthly	85%	70%	40%	30%	50%	40%	90%	80%	60%	100%	90%	80%	100%	69%
Family Concrn Survey (Intke, 6mo, yrly)	Monthly	85%	80%	20%	60%	40%	50%	90%	80%	90%	100%	90%	90%	100%	74%
Closed Chart Audits	Quarterly	80%			80%			100%			100%			93%	93%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days			<1.2			<1			<1			<1	<2
IFSS Wait for Intake	Quarterly	≤5 days			<4.5			<4			<3			<3.5	<4
Proj. FERST Accessibility- respnse time	Quarterly	≤2 days			<1			<0.02			<0.02			0	<0.35
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						-5%						-15%	-10%
IFSS Family Satisfaction Survey	Annual	90%											95%		95%
Project FERST-Fam Satisfactn Survey	Annual	85%												100%	100%
Project FERST-Prvider Satisfactn Survey	Annual	90%											100%		100%
Project FERST Discharge Follow Up	Semi-Annual	90%						90%					95%		95%
Sun Risk Education	Annual	100%										100%			100%

IFSS Sussex																
Mental Health Association of Essex and Morris																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2018 - 2019			2018						2019							
Topic/Issue Requesting																
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	
IFSS TECHNICAL CHART AUDITS	Monthly	85%	98%	100%	93%	98%	90%	96%	90%	100%	88%	88%	95%	88%	94%	
Intake Assess-compltd	Monthly	85%	100%	100%	100%	100%	100%	100%	60%	100%	60%	83%	83%	83%	89%	
Svce Pref Form Compltd-Intke, 6mo, yrly	Monthly	85%	100%	100%	100%	100%	75%	100%	100%	100%	100%	83%	100%	83%	95%	
Family Concrn Survey (Intke, 6mo, yrly)	Monthly	85%	100%	100%	100%	100%	75%	100%	100%	100%	60%	83%	83%	83%	90%	
Closed Chart Audits	Quarterly	85%			80%			100%			76%			87%	86%	
Service Accessibility:																
IFSS Wait for Service	Quarterly	≤5 days			1			1			1			1	1	
IFSS Wait for Intake	Quarterly	≤5 days			5			5			4			2	4	
Indicators:																
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						10%						8%	9%	
IFSS Family Satisfaction Survey	Annual	85%											97%		97%	
Sun Risk Education (April-August)	Annual	100%										100%			100%	

ICMS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		80%			100%			100%			100%			100%	100%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	80%			86%			79%			82%			84%	83%
Med. Education	Monthly	80%	83%	80%	77%	88%	82%	81%	82%	86%	81%	76%	81%	84%	82%
Linkage to medical care	Monthly	33	2	1	0	2	1	2	2	1	2	1	3	2	19
Wait for service	monthly	baseline	100%	100	100	100	100	100	100	100	100	100	100	100	100%
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid Justification	Quarterly	90%			100%			100%			100%			100%	100%
Closed Chart Audits	Monthly	80%	100%	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%	100%
Short Term Care Facility Recidivism	Monthly	≤20%	5%	4%	3%	4%	5%	6%	3%	4%	2%	3%	1%	2%	4%
Recidivism to County or State Hospitals	Monthly	≤20%	2%	3%	4%	3%	3%	5%	2%	3%	1%	1%	0%	1%	2%
Voluntary Recidivism	Monthly	≤20%	4%	5%	4%	6%	2%	5%	3%	2%	4%	1%	1%	2%	3%
Client Employment	Quarterly	62 clients			16			11			27			11	65
Satisfaction Survey	Annual	80%												94%	94%
Sun Risk Education	Annual	100%											100%		100%
External Audits	Annual	Completed		8/7/2018 Medicaid	9/28/19 Site Review	9/19/18 Medicaid		12/17/18 Medicaid						6/5/19 Medicaid	

ICMS MORRIS

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		80%			100%			100%			100%			100%	100%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	80%			84%			92%			81%			86%	86%
Med. Education	Monthly	80%	82%	79%	80%	81%	70%	51%	76%	82%	85%	92%	85%	88%	79%
Linkage to medical care	Monthly	33	0	0	0	0	0	0	0	0	0	0	0	0	0
Wait for service	monthly	baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid Justification	Quarterly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	96%	98%	100%	100%	99%
Short Term Care Facility Recidivism	Monthly	≤20%	3%	3%	2%	2%	1%	1%	2%	3%	1%	1%	0%	1%	2%
Recidivism to County or State Hospitals	Monthly	≤20%	1%	2%	1%	3%	2%	1%	1%	0%	1%	0%	1%	1%	1%
Voluntary Recidivism	Monthly	≤20%	2%	3%	2%	1%	1%	3%	2%	1%	1%	1%	1%	0%	2%
Client Employment	Quarterly	30 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%											93%		93%
Sun Risk Education	Annual	100%										100%			100%

ICMS PASSAIC															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	Baseline	NA	NA	82%	NA	NA	84%	NA	NA	82%	NA	NA	85%	83%
Med. Education	Monthly	Baseline	67%	76%	76%	59%	100%	100%	73%	82%	97%	93%	100%	96%	85%
Linkage to medical care	Monthly	Baseline	58%	62%	70%	74%	74%	70%	66%	64%	75%	88%	88%	87%	73%
Wait for service	monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
60 day discharge follow up	Monthly	Baseline	na	na	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	quarterly	Baseline	na	na	na	na	na	20%	na	na	100%	na	na	na	20%
Medicaid Justification	Quarterly	Baseline	NA	NA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
Short Term Care Facility Recid	Monthly	Baseline	2%	3%	2%	3%	3%	3%	0%	3%	2%	1%	<1%	<1	2%
Recidivism to County or State Hospitals	Monthly	Baseline	0%	<1%	0%	0%	<1%	<1%	<2%	0%	0%	<1%	1%	0%	<1%
Voluntary Recidivism	Monthly	Baseline	2%	2%	0%	3%	2%	<1%	<2%	<2%	<2%	<2%	4%	3%	2%
Total Hospital Recidivism	Monthly	Baseline	4%	5%	<1%	6%	6%	5%	3%	<5%	<4%	<4%	6%	3%	5%
Client Employment	Quarterly	Baseline	NA	NA	13%	24%	20%	23%	20%	18%	15	12%	18%	14%	18%
Satisfaction Survey	Annual	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	93%	NA	93%
Sun Risk Education	Annual	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annual	Completed			9/18/18 Site Review	10/17/18 Medicaid Audit									

Legal Project															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS														100%	100%
Focused:															
New Clients	Bi- Annually	50												32	32

Community Case Management															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018							2019					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		Baseline									100%	100%	100%	100%	100%
Focused:															
Quarterly Progress/w goal attainment															
	Quarterly	Baseline									98%			96%	97%
Med. Education	Monthly	Baseline									100%	100%	100%	100%	100%
Linkage to medical care	Monthly	Baseline									1	0	1	2	4
Wait for service	monthly	Baseline									100%	100%	100%	100%	100%
60 day discharge follow up	Monthly	Baseline									100%	100%	100%	100%	100%
Justified Continued Stay	quarterly	Baseline									100%	100%	100%	100%	100%
Medicaid Justification	Quarterly	Baseline									100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	Baseline									100%	100%	100%	100%	100%
Indicators:															
Short Term Care Facility Recidivism	Monthly	Baseline									0%	0%	0%	0%	0%
Recidivism to County or State Hospitals	Monthly	Baseline									0%	0%	0%	0%	0%
Voluntary Recidivism	Monthly	Baseline									0%	0%	0%	0%	0%
Total Hospital Recidivism	Monthly	Baseline									0%	0%	0%	0%	0%
Client Employment	Quarterly	Baseline									0	0	0	0	0%
Satisfaction Survey	Annual	Baseline											94%		94%
Sun Risk Education	Annual	Baseline										100%			100%

Senior in Home Therapy															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%									86%	88%	91%	94%	90%
Focused:															
Service Plans	Monthly	Baseline									71%	76%	88%	100%	84%
Progress Notes	Monthly	Baseline													
Medication Sheet	Monthly	Baseline									78%	82%	86%	88%	84%
Justified Continued Stay	Quarterly	Baseline									100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	Baseline									100%	100%	100%	100%	100%
Referred to primary care physician	Quarterly	Baseline									0%	0%	0%	0%	0%
Referred to Psychiatrist	Quarterly	Baseline									0%	0%	0%	0%	0%
Service Access:															
Wait for Intake	Monthly	≤7 Days									0	0	0	0	0
Wait for Assignment	Monthly	≤5Days									0	1	4	0	2
Indicators:															
Discharge Follow Up	Semi-Annual	80%												100%	100%
Satisfaction Survey	Annual	80%											91%		91%
Sun Risk Education	Annual	100%										100%			100%

Prospect House

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	85%	75%	78%	70%	71%	71%	90%	100%	89%	90%	75%	82%	78%	81%
Focused:															
Height, Weight, & BP	Monthly	85%	100%	100%	100%	100%	100%	98%	100%	94%	100%	100%	98%	98%	99%
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	33%	60%	33%	50%	50%	72%	75%	100%	100%	100%	43%	86%	67%
6 Month Psych	Monthly	100%	89%	83%	50%	100%	100%	100%	100%	100%	75%	67%	85%	100%	87%
Consent Forms	Monthly	85%	100%	86%	97%	67%	100%	100%	100%	75%	100%	100%	100%	100%	94%
Comprehensive Assessments completed within one month of acceptance into the program	Monthly	90%	100%	60%	100%	100%	86%	100%	100%	100%	100%	100%	100%	100%	96%
Consumer smoking status:															
Currently smoking	Quarterly	35%			30%			21%			21%			21%	23%
Quit smoking	Quarterly	10%			17%			12%			17%			17%	16%
AIMS	Quarterly	90%		100%			97%			89%			100%		97%
BMI	Quarterly	90%		100%			89%			94%			100%		96%
Informed Consent for meds	Quarterly	100%			86%			100%			100%			98%	96%
Medical office visits	Annual	200	20	35	23	25	8	18	17	30	18	7	8	17	226
Wait for service	Monthly	>2	2	3	4	5	7	6	7	7	7	7	7	7	5.75
Indicators:															
Employment	Annual	20 consumers	2	2	2	3	2	4	2	1	1	2	1	2	24
Access	Annual	10 consumers	2	1	2	1	2	1	1	1	2	0	0	0	13
Sun Risk Education	Annual	100%										100%			100%
Client Satisfaction	Annual	80%												77%	77%
External Audits	Annual	Completed		8/17/2019 Medicaid			11/9/18 Medicaid		1/30/2019 Medicaid			4/3/19 Medicaid		6/11/19 Medicaid	

Primary Care Health (PCH)

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
BMI <27	Monthly	25%	41%	36%	31%	50%	30%	36%	57%	53%	72%	58%	58%	50%	48%
Vitamin D >30	Monthly	25%	57%	58%	20%	0%	100%	50%	38%	40%	29%	13%	0%	22%	36%
Glucose Level <100	Monthly	60%	57%	57%	20%	0%	67%	50%	43%	86%	67%	50%	100%	73%	56%
Blood Pressure < 140/90	Monthly	80%	92%	86%	96%	83%	80%	94%	94%	95%	79%	84%	100%	88%	89%
Number of clients seen	Monthly	300	24	40	31	35	10	22	22	20	27	19	31	24	305
Satisfaction Survey	Annual	80%											92%		92%
Linked to a Medical Provide	Annual	100%												95%	95%

SES															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%			100%			100%			100%			100%	100%
Focused:															
CIA w/SNAP	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Tx. Plans: update/measurable	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Support Plan	Quarterly	80%			100%			100%			100%			96%	99%
Appropriate Admissions	Quarterly	80%			98%			100%			100%			100%	100%
Closed Chart Audits	Quarterly	80%			100%			100%			100%			100%	100%
Progress on Goal attainment	Quarterly	80%	80%	72%	78%	83%	92%	81%	89%	77%	91%	82%	76%	80%	82%
Linkage to medical care	Monthly	15%		2%			1%				1%			0%	1%
Wait for service	Monthly	3 days	0	0	0	0	0	0	0	0	0	0	0	0	0
Indicators:															
Linkages to Community Service	Quarterly	80%			5%			0%			0%			0%	5%
Interviews	Quarterly	115			8			1			15			12	36
Placed within 4 months of admin.	Quarterly	30%			4%			0%			0%			6%	3%
Discharge Follow Up 90 Days	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Job retention > 3 months	Quarterly	10			0			0			4			3	7
Client Satisfaction	Annual	80%												94%	94%
Sun Risk Education	Annual	100%											100%		100%

CJS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	85%	98%	97%		96%	97%		96%	94%		91%	96%		96%
Focused:					97%			96%			95%			95%	96%
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	93%	100%	100%	95%	100%	100%	89%	100%	100%	89%	97%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	none	100%	100%	none	100%	100%	none	100%	100%	none	100%	100%
Closed Chart Audits	Monthly	80%	99%	96%	none	99%	90%	none	94%	none	none	none	88%	none	94%
Linkage to medical care	Monthly	25	6	3	8	2	3	4	3	3	3	2	3	2	42
Wait for Service	Monthly	<7	4	3	10	5	8	5	14	10	6	4	10	3	7
Indicators:															
Employment	Monthly	40 clients	6	4	3	1	4	5	2	1	1	6	9	8	50
Number of days ↓ county jail time	Monthly	1000 days	108	0	0	0	315	0	0	0	2,215	1,009	2,316	1,639	7,602
Number of days ↓ state time	Monthly	10,000 days	0	1,095	1010	5,206	0	0	764	0	5210	3,650	8,577	0	25,512
Divert/Pre-Adjudication	Monthly	15 clients	0	1	1	2	0	0	1	0	3	2	5	1	16
Community Linkages	Monthly	75	8	14	5	20	15	3	17	10	11	16	18	8	145
Recidivism to jail within 30 days	Monthly	≤25 clients	0	3	3	2	5	1	0	0	0	0	2	0	16
Recidivism to jail within 60 days	Monthly	≤50 clients	0	0	1	1	0	0	0	0	0	0	0	0	2
Recidivism to jail within 90 days	Monthly	≤25 clients	0	0	0	1	2	0	0	1	1	0	1	0	6
Recidivism to jail within 120 days	Monthly	≤50 clients	1	0	2	1	0	0	0	1	1	0	0	0	6
Satisfaction Survey	Annual	80%												95%	95%
Sun Risk Education	Annual	100%										100%			100%

CJS MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018							2019					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	95%	100%	100%	100%	94%	100%	100%	100%	100%	98%	95%	99%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	90%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	99%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	98%	92%	94%	100%	96%	98%	95%	98%	98%
Linkage to medical care	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for services	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Indicators:															
Employment	Monthly	20 clients	5	5	5	5	4	4	2	3	4	4	4	5	50
Number of days ↓ county jail time	Monthly	1000 days	182	0	0	0	180	0	0	0	365	138	30	60	955
Number of days ↓ state time	Monthly	10,000	0	0	0	0	1,825	0	1,825	0	730	0	0	1825	6205
Linkage to MH Prosecutors Program	Monthly	10	0	3	0	1	1	0	1	0	2	0	0	1	9
Community Linkages	Monthly	60	5	14	5	7	10	0	4	0	5	2	4	1	57
Recidivism to jail within 30 days	Monthly	<5 clients	0	0	1	0	0	0	1	0	0	0	0	0	2
Recidivism to jail within 60 days	Monthly	<10 clients	1	0	2	0	0	0	0	0	0	0	0	0	3
Recidivism to jail within 90 days	Monthly	<5 clients	0	0	0	0	0	0	0	0	0	1	0	0	1
Recidivism to jail within 120 days	Monthly	<10 clients	0	0	0	0	1	0	0	0	0	0	0	0	1
Satisfaction Survey	Annual	80%											96%		96%
Sun Risk Education	Annual	100%										100%			100%

CSS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018							2019					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%													
Technical Audits with remediation			89%	89%	90%	90%	92%	89%	97%	90%	88%	96%	100%	100%	93%
Focused:															
Med. Education	Monthly	80%	0%	0%	56%	44%	28%	21%	93%	50%	94%	100%	100%	91%	56%
Client Consent	Monthly	80%	100%	70%	67%	81%	100%	79%	93%	70%	94%	80%	100%	91%	85%
Psychiatric Advance Directives	Monthly	90%	100%	100%	100%	100%	100%	100%	93%	100%	94%	90%	100%	100%	98%
Linked to Medical Services	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up	Semi-Annual	80%				100%								100%	100%
Objectives/interventions linked to notes	Quarterly	75%	100%	100%	100%	93%	100%	100%	100%	90%	94%	100%	100%	100%	98%
Closed Chart Audits	Quarterly	80%		100%		100%					100%			100%	100%
Wait for service	Monthly	baseline	0 days	0 days	3 days	0 days	0 days	0 days	3 days	5 days	5 days	5 days	3 days	5 days	3 days
Indicators:															
Employment	Quarterly	≥10%			1%			1%			2%			2%	2%
Recidivism to County/State	Monthly	≤20%	0%	0%	0%	0%	0%	1%	0%	0%	0%	1%	1%	1%	1%
Recidivism to STCF	Monthly	≤20%	2%	1%	3%	1%	2%	1%	1%	1%	1%	2%	2%	2%	2%
Nursing Assessments	Monthly	≥90%	80%	100%	100%	56%	100%	100%	100%	100%	7%	90%	100%	100%	86%
Satisfaction Survey	Annual	80%											94%		94%
Sun Risk Education	Annual	100%										100%			100%
Permanent Housing	Quarterly	80%	100%	100%	100%	100%	100%	99%	99%	99%	99%	100%	100%	99%	100%
Linked to benefits	Monthly	90%	100%	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%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	100%	100%	78%	88%	100%	100%	100%	100%	100%	100%	100%	100%	97%
External Audits	Annual	Completed			9/13/18 Medical & DMHAS Review										

CSS MORRIS															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	Baseline	83%	79%	40%	92%	75%	77%	79%	82%	93%	83%	78%	65%	77%
Focused:															
Med. Education	Monthly	Baseline	70%	60%	0%	31%	18%	22%	33%	40%	8%	77%	42%	0%	33%
Client Consent	Monthly	Baseline	60%	20%	50%	92%	64%	44%	44%	40%	93%	62%	50%	60%	57%
Psychiatric Advance Directives	Monthly	Baseline	100%	100%	90%	100%	82%	100%	100%	90%	100%	70%	67%	80%	90%
Linked to Medical Services	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	100%
Discharge Follow Up	Semi-Annual	Baseline				100%					100%				100%
Objectives/interventions linked to notes	Quarterly	Baseline	80%	100%	80%	100%	100%	100%	100%	100%	100%	77%	84%	80%	92%
Closed Chart Audits	Quarterly	Baseline		100%		100%			100%					100%	100%
Wait for service	Monthly	Baseline	5 days	3 days	3 days	5 days	5 days	2 days	3 days	5 days	5 days	5 days	5 days	5 days	4 days
Indicators:		Baseline													
Employment	Quarterly	Baseline			10%			9%			9%			11%	10%
Recidivism to County/State	Monthly	Baseline	0%	0%	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	1%
Recidivism to STCF	Monthly	Baseline	1%	1%	2%	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%
Nursing Assessments	Monthly	Baseline	0%	20%	10%	54%	27%	22%	33%	60%	31%	54%	42%	40%	33%
Satisfaction Survey	Annual	Baseline											94%		94%
Sun Risk Education	Annual	Baseline										100%			100%
Permanent Housing	Quarterly	Baseline	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Linked to benefits	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	100%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	90%	100%	30%	85%	63%	89%	89%	100%	100%	100%	100%	100%	87%
External Audits	Annual	Completed			9/13/18 Medicaid & DMHAS Review										

PATH - ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	77%	87%	75%	75%	88%	88%	77%	77%	90%	64%	75%	64%	78%
Focused:															
Med. Education	Monthly	80%	100%	90%	85%	100%	100%	85%	90%	90%	100%	100%	100%	100%	95%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	100%	100%	99%
Goal Attainment	Monthly	80%	100%	90%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Indicators:															
Number of outreaches	Monthly	500	23	57	20	47	37	44	48	30	36	23	47	30	442
Total Individuals Served	Monthly	200	101	5	5	11	3	8	9	13	13	7	11	7	193
Linked to Community MH services	Monthly	132	7	12	3	3	6	18	4	5	2	1	1	1	63
Linked to financial benefits	Monthly	40	6	9	4	3	1	4	2	4	1	1	2	3	40
Linked to permanent housing	Monthly	40	5	5	3	0	1	5	1	4	3	0	0	2	29
Linked to temporary housing	Monthly	35	4	4	3	7	4	6	3	6	2	0	0	2	41
Linked to substance use tx. services	Monthly	35	0	2	2	0	1	6	1	1	0	0	2	0	15
Linked to medical/dental services	Monthly	30	3	2	1	1	0	7	2	2	1	0	1	0	20
Linked to rehabilitation services	Monthly	10	0	3	3	1	1	2	0	1	0	0	0	0	11
Sun Risk Education	Annual	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	100%
Satisfaction Survey	Annual	80%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	94%	0%	94%

PATH - MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	80%	90%	90%	100%	90%	90%	100%	100%	100%	100%	95%
Focused:															
Med. Education	Monthly	80%	100%	100%	100%	100%	90%	100%	80%	100%	100%	100%	100%	100%	98%
Client Consent	Monthly	80%	100%	100%	80%	100%	80%	100%	100%	80%	100%	100%	100%	100%	95%
Indicators:															
Goal Attainment	Monthly	80%	10%	88%	12%	12%	9%	10%	10%	11%	12%	13%	25%	0%	18%
Number of outreaches	Monthly	400	20	23	17	34	36	23	47	43	58	14	15	22	352
Number of individuals . enrolled	Monthly	85	6	9	7	4	9	10	7	8	7	5	6	3	81
Linked to Community MH services	Monthly	100	7	5	1	1	2	0	1	1	5	5	7	10	45
Linked to financial benefits	Monthly	40	4	6	3	3	2	1	2	3	5	2	3	2	36
Linked to permanent housing	Monthly	20	1	2	2	2	2	2	0	1	7	3	2	2	26
Linked to temporary housing	Monthly	40	10	3	3	6	2	7	1	1	4	2	2	0	41
Linked to substance abuse treatment services	Monthly	20	2	4	2	0	2	2	1	0	3	3	0	0	19
Linked to medical/dental services	Monthly	10	9	3	3	0	3	0	0	0	3	1	0	0	22
Linked to vocational/educational services	Monthly	10	0	1	0	0	0	1	1	0	3	0	3	0	9
Sun Risk Education	Annual	80%										100%			100%
Satisfaction Survey	Annual	80%											91%		91%
External Audits	Annual	Completed			9/21/19 Site Review										

PEER TO PEER LINE															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of calls	Annual	1460			1334										1334
New callers	Annual	60			15										15
Satisfaction Survey	Annual	80%											88%		88%

EDUCATION

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of MHFA	Quarterly	4			1			3			4			1	9
MFHA Completion Rate	Quarterly	90%			100%			100%			100%			100%	100%
Satisfaction Survey	Quarterly	80%			99%			99%			98%			99%	99%
Wait for Service	Quarterly	<2			1			1			1			1	1

Community Advocacy/ POST																
Mental Health Association of Essex and Morris																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2018 - 2019			2018							2019						
Topic/Issue Requesting																
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC		JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Active Clients Enrolled	Annual	106													137	137
Total new enrolled/ clients/volunteers	Annual	10													7	7
Total Units Served	Annual	21,160													6657	6657

Social Club															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of Openings	Quarterly	4			0			2			10			7	19
Numger of Attendees	Quarterly	140			134			136			146			153	569
Wait for Service	Quarterly	<2			1			1			1			1	1
Activities	Quarterly	90			25			22			24			24	95
Satisfaction Survey	Annual	90%											89%		89%
Sun Risk Education	Annual	100%									100%				100%
Units of Service	Quarterly	4384			1212			1257			1305			1212	4986

IT

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2018 - 2019			2018						2019						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
System Upgrades	Monthly	Completed	3	5	2	4	1	5	3	9	6	8	5	3	54
Trouble Ticket Response	Monthly	≤5 days	2	2	2	2	1	2	1	1	1	1	1	1	1.4
Trouble Ticket Received	Monthly	≤200	12	14	11	10	9	12	10	14	11	13	12	11	139
Hardware Inventory	Annual	90%										98%			98%
Software Inventory	Annual	90%										97%			97%

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

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.

2018: 3.1% average monthly turnover rate

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

2018: 4% decrease in satisfaction (86% from 90%)

Response rate was 53% (14% increase)

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

2018: 30% response rate; 95% overall satisfaction

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

2018: over 7000 consumers received services from MHAEM

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

2018: 74% was the lowest number achieved

Decrease in staff turnover

3.0% average monthly turnover rate

Increase in satisfaction and increased percentage of staff respondents

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

Response rate was 39% (14% decrease)

83% satisfaction and increased response rate: annual:

32% response rate

98% overall satisfaction

MHAEM will provide services to 5000 consumers annually

Over 10,710 consumers received services from MHAEM

90% commitment achievement rate for all programs contracted with NJDMHAS: quarterly:

72% was the lowest number achieved

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

CENTER FOR BEHAVIORAL HEALTH (CBH)

Access: Wait for service and wait for assignment are indicators of standards of professionalism and operations. Thresholds of performance are ≤5 business days between initial call and intake and between intake and assignment to service. *2018: 5 days wait for intake; 1 day wait for assignment*

Effectiveness: CBH uses the DASS-21 Depression, Anxiety and Stress Scale designed to measure emotional status of depression, anxiety and stress.
2018: Clients showed improvement in their self-reported functioning after three to six months of therapy in all areas of the Patient Stress Questionnaire. In addition, 100% showed a decrease in negative symptoms.

Client Satisfaction: Annually, CBH conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services.
2018: 92% satisfaction

Efficiency: CBH utilizes a cancellation policy for all clients. After two missed appointments without providing 24-hour notice, the case is closed. CBH monitors productivity rate for clinicians and Medical Director.
2018: 87% productivity

≤5 business days
4 days wait for intake;
1 day wait for assignment

Clients reporting lessened symptoms and increased functioning at three months
Clients showed improvement in their self-reported functioning after three months of therapy in all areas

80% satisfaction: annually
92% satisfaction reported

90% Productivity: annually
88% productivity reported

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
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.

2018: 98% of clients were seen within 72 hours of discharge

80% monthly

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

Passaic: 86% of consumers were seen within 72 hours of discharge

Effectiveness: Recidivism rates among ICMS clients are tracked and monitored as a benchmark of effective reduction in re-hospitalization rates at county and state psychiatric hospitals. Tracked monthly and aggregated annually, rates of recidivism are expected to occur for less than 20% of the active caseload, per year.

2018: 10% recidivism to all hospitals; 4% to state and county hospitals; 2% to community hospitals; 4% to short term care facilities

≤20% annually: monthly monitoring, annual aggregate

Essex/Morris: 19% recidivism to all hospitals; 2% to state and county hospital; 3% to community hospitals; 4% to short term care facilities

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

Effectiveness: In reviewing employment rates, nationally and within New Jersey among PACT and ICMS clients, this program seeks to target 62 of its clients toward employment, including volunteer work, supported employment, part-time and full-time.

2018: 66 consumers are employed

62 clients employed: yearly

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

Passaic: 70 consumers from the active caseload were employed

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

2018: overall satisfaction was 92%

80% satisfaction: annually

Essex/Morris: 94% overall satisfaction

Passaic: 93% overall satisfaction

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

2018: 18% required continued stay; 100% were justified continued stay

10% of caseload will require continued stay: quarterly

Essex/Morris: 21% required continued stay; 100% Justified continued stay

Passaic: 28% required continued stay; 100% Justified continued stay

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
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.
2018: BMI- average of 36% within normal range; Vitamin D- average of 41% within normal range; glucose level- average of 59% within normal range; blood pressure- average of 95% 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.
2018: 286 visits were made to MHAEM's Prospect Primary Care

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.
2018: 2 business days

Client Satisfaction: Annually, MHAEM programs conduct a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services.
2018: 80% 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 48% within normal range; vitamin D- average of 36% within normal range; glucose level- average of 56% within normal range; blood pressure- avg. of 89% within normal range

Care Coordination will increase physician visits by 20%

305 visits were made to MHAEM's Prospect Primary Care

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

≤5 business days: monthly
2 business days

80% overall satisfaction rate: annually

92% overall program satisfaction

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROSPECT HOUSE (PH)

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

2018: Medical staff on-site 4 days per week

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

2018: 4% of members gained employment

Efficiency: Clinical Data: The use of the AWARDS clinical database for PH documentation allows for efficient and orderly clinical records. Also, through multiple report modules, supervisory staff is better able to track staff interventions and potential crises.

2018: 94% of charts were in compliance

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

2018: 85% of members participated in a Comprehensive Intake Assessment within 14 days of acceptance into the program

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

2018: 75% overall program satisfaction

Medical staff on-site: 5 days per week

Medical staff on-site 5 days per week

≥15%: quarterly

10% of members became employable

≥80% chart compliance:
monitored monthly

82% of charts were in compliance

Initial psychiatric evaluations completed with 14 days: 90%
94% of members participated in a Comprehensive Intake Assessment within one month of acceptance into the program

80% satisfaction: annually
77% overall program satisfaction

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
 PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

SUPPORTED EMPLOYMENT SERVICES (SES)

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

2018: 10% of consumers were placed into employment within the targeted period

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

2018: 26% 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.

2018: 81% of consumers placed retained employment for 3 months or more

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

2018: 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.

2018: 80% of the consumers that responded were always or frequently satisfied with the level of service provided, and their responsiveness

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

2018: 86% of employers with where consumers were placed 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.

2018: 51 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
32% of consumers were placed into employment within the targeted period of time

4718 units of service are expected;
 100% quarterly:
47% of units of service were achieved

60% retention: quarterly:
75% 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 93%

80% satisfaction: annually
92% of employers where consumers were placed were satisfied with their collaboration with SES.

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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

COLLABORATIVE JUSTICE SERVICES (CJS)

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

Essex 2018: 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.

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 2018: 9 consumers returned to jail within 30 days throughout the fiscal year.

Morris 2018: 2 consumers returned to jail within 30 days throughout the fiscal year.

Effectiveness: Recidivism to jail within 60 days

Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 60 days.

Essex 2018: 5 consumers returned to jail within 60 days throughout the fiscal year

Morris 2018: 3 consumers returned to jail within 60 days throughout the fiscal year

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

Essex 2018: Consumers decreased incarceration days by 3,045

Morris 2018: Consumers decreased incarceration days by 1,184

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 2018: 93% overall satisfaction rate

Morris 2018: 97% overall satisfaction rate

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

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.

75 clients linked to community providers: monthly

Essex: 145 consumers were successfully linked to community services as outlined in their Individualized Service Plan

Morris: 60 linkages to mental health and social organizations.

Less than 25 clients: monthly

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

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

Less than 50 clients: monthly

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

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

Decrease incarceration days by 1000:

Essex: Consumers decreased incarceration days by 7,602

Morris: Consumers decreased incarceration days by 955

80% satisfaction: annually

Essex: The rate of overall satisfaction with CJS services is 95%

Morris: 96% overall satisfaction rate

Less than 5 days: monthly

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

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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

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.

2018: 7% employment rate

Effectiveness: Recidivism: CSS monitors recidivism rates to ensure quality of services and outcomes on a monthly basis; these statistics are then compounded annually. Recidivism is defined as any instance of hospitalization for psychiatric purposes to a state/county hospital or short term care facility. This rate is linked to quality of care.

2018: 1% 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. McKinney-Vento funded programs measure residential stability as one of three major goals. Effective services provided and appropriate housing opportunities correlate with tenant retention rates.

2018: 99% of individuals remained in housing for 12 months

Efficiency: Clinical Data: The use of the AWARDS program clinical database for CSS documentation allows for efficient and orderly clinical records. Also, through multiple report modules, supervisory staff is better able to track staff interventions and potential crises. AWARDS are utilized by the State of NJ for collection of HMIS data.

2018: 75% of charts were compliant

Access: CSS is available 24 hours a day, including holidays and weekends, with the use of on-call support. In order to meet the unique needs of the individuals served, staff work a flexible schedule including hours on Saturday and Sunday.
89% of individuals felt staff were available when needed.

≥10% employment: quarterly monitoring
6% employment rate

≤ 20% recidivism rate to psychiatric hospitals: monitored monthly
0% recidivism rate to County/State hospitals
1% recidivism rate to Short Term Care Facilities

≥80% of tenants will maintain their housing for 12 months monitored through movement statistics: monitored monthly
99% of individuals remained in housing for 12 months

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

≥80% client satisfaction: monitored yearly
94% of individuals felt staff were available when needed

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

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.

Essex 2018: 92% 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.

Essex 2018: 1.5 days wait for service; 3.9 days wait for intake.

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

Essex 2018: 75% 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 NJDMHAS for IFSS programs.

Essex 2018: 95% overall satisfaction rate

Measured: annually

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

Essex 88% felt IFSS services were accessible

Sussex 93% felt IFSS services were accessible

Measured: quarterly

Baseline: ≤ 5 business days.

*Essex: <2 days wait for service;
<4 days wait for intake*

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

Measured: semi-annually through pre and post-tests

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

Essex: 90% of IFSS families reported reduced burden.

Sussex: 91% of IFSS families reported reduced burden.

Measured: Annually

Baseline: threshold of achieving 90% satisfaction among respondents

Essex: 95% of families reported being satisfied with IFSS service.

Sussex 97% of families reported being satisfied with IFSS services

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

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.

2018: 1 days wait for service, 0 days wait for assignment

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

2018: 97% of all participants showed decreases in negative symptoms

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

2018: 95% of all parents and children surveyed indicated satisfaction with RCC services

Efficiency: The use of Foothold technology, the agency's electronic clinical database, for RCC documentation allows for efficient clinical record keeping. Also, through multiple report modules, the Program Director and Medical Director are better able to track staff interventions and potential crises. Using an electronic clinical record also allows for multi-disciplinary coordination of treatment between Medical Director and clinical staff. AWARDS is utilized by the State of NJ for collection of HMIS data.

2018: 99% of consumer records are compliant with agency standards

<5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services. *1 day wait for service, 1 day wait for assignment*

80% of consumers will decrease negative symptoms of anger, depression, anxiety and conduct problems and to increase positive self-esteem. *100% 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 *95% 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 standard.*

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

ASSISTED OUTPATIENT TREATMENT (AOT)

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

Essex 2018: Screening: 1 referral; STCF: 7 referrals; LTC: 3 referrals

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

Sussex 2018: Screening: 1 referral; STCF: 13 referrals; LTC: 5 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 2018: 89% of charts were compliant

Morris 2018: 90% of charts were compliant

Sussex 2018: 96% of charts were compliant

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

Essex 2018: ≤ 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

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

Essex 2018: 86% overall satisfaction rate

Morris 2018: 92% overall satisfaction rate

Sussex 2018: 94% overall satisfaction rate

Measured: Monthly

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

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

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

Measured: Quarterly

≥80% chart compliance

Essex: 100% of the charts were compliant

Morris 2018: 90% of charts were compliant

Sussex 2018: 97% of charts were compliant

Measured: Monthly

Essex: 9% ER (screening); 2 % voluntary admissions; 8% involuntary admissions; 2 % Long Term Care; 1 % arrested; 1 % incarcerated; 1 % homeless

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

Sussex: ≤ 2% ER (screening); ≤ 3% voluntary admissions; ≤ 4 % involuntary admissions; ≤ 0 % Long Term Care; ≤ 0 % arrested; ≤ 0 % incarcerated; and ≤ 0 % homeless

Measured: Annually

≥85%

Essex: 81% overall satisfaction rate

Morris: 92% overall satisfaction rate

Sussex: 92% overall satisfaction rate

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

COMMUNITY ADVOCACY PROGRAM/SOCIAL CLUB

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

2018: There were 843 groups held.

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

2018: <1-day wait for service

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

2018: 87% of consumers felt satisfied with progress from attending groups

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

2018: 90% overall satisfaction rate

Measured: Annually
566 groups are expected
There were 825 groups held

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

Measured: Annually
Baseline: Threshold of achieving
93% of consumers felt satisfied with progress from attending groups

Measured: Annually
Baseline: Threshold of achieving 90% satisfaction among respondents.
92% overall satisfaction rate

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

COMMUNITY EDUCATION PROGRAM

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

2018: There were 5 trainings held.

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

2018: <1-day wait for service

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

2018: 100% of Participants received their certification

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

2018: 99% overall satisfaction rate

Measured: Annually

4 groups are expected

There were 9 trainings held

Measured: Quarterly

Baseline: ≤ 2 business days.

1 day wait for service

Measured: Annually

Baseline: 90% Completion Rate

99% of participants received their certification

Measured: Annually

Baseline: Threshold of achieving 90% satisfaction among respondents.

99% overall satisfaction rate

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2019
PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2018 – June 30, 2019
THRESHOLD: CALENDAR
Outcomes

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

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

Essex 2018: PATH outreached 469 homeless or at imminent risk of homelessness consumers.

Morris 2018: PATH outreached 168 homeless or at imminent risk of homelessness consumers

Efficiency: To be considered eligible for PATH services, consumer must be diagnosed with severe and persistent mental illness and/or co-occurring substance abuse disorders and homeless or at imminent risk of homelessness. Of all consumers outreached by PATH staff, eligible consumers should be enrolled in PATH services and provided with linkages to temporary and permanent housing, mental health, substance abuse and medical/dental treatment, financial services, as well as, habilitation/employment assistance.

Essex 2018: 201 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Morris 2018: 52 homeless consumers were enrolled in the PATH Program and were provide linkages to needed resources

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

Essex 2018: 69 Consumers were successfully linked to Temporary Housing (shelter).

Morris 2018: 43 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 2018: 56 Consumers successfully linked to safe, affordable, permanent housing

Morris 2018: 31 Consumers were successfully linked to safe, affordable permanent housing

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

Essex 2018: overall consumer satisfaction was 93%

Morris 2018: overall consumer satisfaction was 91%

Essex: 500 Outreaches: Yearly

Essex: 411 consumers were outreached

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

Essex: 200 Individuals to be served: Yearly

Essex: 188 consumers were served

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

Essex: 35 Consumers linked to Temporary Housing: Yearly

Essex: 129% (45) consumers linked

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

Essex: 40 Consumers linked to Permanent Housing: Yearly

Essex: 34 consumers linked

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

Essex: 80% Satisfaction Rate: Yearly

Essex: 94% consumer satisfaction

Morris: overall consumer satisfaction was 94%

Health and Safety

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

Healthy & Safe Work Environment

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

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

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

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

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

Incident reports are completed as soon as safety permits of an identified incident. Reportable incidents are as follows: suicide or suspected suicide; death of a client; suicide attempt, requiring emergency medical assistance or resulting in serious or potentially serious injury; serious injury on agency premises to staff or client; allegations of physical abuse/assault; allegations of sexual assault; allegations of neglect; any newsworthy incident that involves MHAEM that has attracted media, newspaper, or radio attention, is of local or statewide interest, involves criminal charges, or involves well-known or publicly discussed people; property damage to agency structure, or vehicles which results in injuries or casualty; a physical fight involving client or staff who engaged

in an agency activity, on or off premises; theft loss to agency; medication error/adverse drug reaction from agency prescribing practitioners; infection control/bio-hazardous accidents; use or possession of weapons in a program/location, supportive housing or agency vehicle; elopement or wandering from a program/location or supportive housing; unauthorized use or possession of licit or illicit substances; communicable disease outbreak or exposure; violence or aggression to clients or staff; ambulance or police response; vehicle accident; other incidents (may include but are not limited to: slips, trips or fall; reporting of personal theft or loss while on agency grounds). If an incident is identified as needing a debriefing, such as a death or suicide, employees are referred to the Employee Assistance Program/location. Incidents are reviewed at the Quality Assurance Committee meetings which are held monthly. The Quality Assurance Coordinator completes an annual analysis on incident reports that identifies causes, trends, and improvement plans.

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

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

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

In the past year, MHAEM had (1) utility (power) failure at the Sussex office and (1) utility (power) failure at the Parsippany office; (1) utility (heat) failure at the 60 S. Fullerton Ave. offices and (3) inclement weather related emergency closings agency-wide. All emergency procedures were followed and staff were relocated at the time of the incidents to continue to work. There was no disruption of services during the utility failures for consumers and minimal disruptions during emergency closings. As with any weather related emergencies, all staff were focused on ensuring all consumers had heat and emergency supplies to manage through the storms.

In the past year, we also relocated a portion of the Essex County programs. One of the most critical factors in selecting the new location was the proximity to public transportation to ensure continued accessibility for our consumers. We successfully completed each phase with a laser focus to improve the overall office and work environment for all staff, and installed an secure access-controlled door system in each office. During all phases of the relocation, consumers were provided with frequent communications and everyone was still able to provide and receive clinical services. At the time of this report, employees and consumers have shared positive feedback specifically about the cleanliness of the new environment.

At our corporate headquarters in Montclair, we repaired and repaved our parking lot and gained an additional parking space which has been designated as handicap accessible. At the same location we replaced the backdoor and added an audio/visual intercom with a door release option to provide an additional layer of security for staff and consumers inside the building.

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 2019 there were (25) 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 in good working order, repairs are addressed promptly and safety kits and fire extinguishers are properly stowed.

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

A second installation of a grant was awarded in June 2018 and at the time of this report the GPS devices have been installed in all cars. The devices continue to be a valuable tool and have a positive impact across the agency and all departments. Because the devices are tied to fuel purchases and plugged into the vehicle OBD (on-board diagnostics system), MHAEM is able to keep better track of our employee's use of the gas cards, fuel expenses and service alerts in real-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.

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

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. Health and Safety Committee will also begin sharing monthly safe driving tips to keep the conversation fresh and

ongoing with all staff; and in the next year, we will provide a live defensive driving training for all staff who drive agency vehicles.

INCIDENT ANALYSIS

Incidents occur from time to time as a result of the volume of consumers served at the Mental Health Association of Essex and Morris, Inc. (MHAEM). As such, incidents are reviewed and opportunities for improvement are identified. It is the responsibility of the Chief Operating Officer and the Quality Assurance Coordinator to oversee the recording of incidents, the submission of serious incidents to the New Jersey Division of Mental Health and Addiction Services (NJDMHAS), 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 2019, was the first full fiscal year as a merged agency. This 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 a completed fiscal year with the addition of Integrated Case Management Services of Passaic County.

In fiscal year 2019, there was one completed suicide throughout the agency. There were seventeen suicide attempts off-premises of which were reported by the following programs: Center of Behavioral Health, Assisted Outpatient Treatment of Essex, Morris and Sussex, Integrated Case Management Services of Essex, Morris and Passaic, Prospect House, Community Support Services of Essex and Morris, Collaborative Justice Services of Morris and Project for Assistance in Transition from Homelessness in Morris. QAC reviewed the suicide attempts and found no identifiable trends or marked opportunities for improvement in the course of treatment. In each event, best practices were followed.

There were twenty-six deaths, all off-premises, in fiscal year 2019. Consumer deaths were reported in the following programs: Assisted Outpatient Treatment of Morris and Sussex, Integrated Case Management Services of Essex and Morris, Supported Employment Services, Collaborative Justice Services of Essex and Morris, Community Support Services of Essex and Morris and Projects for Assistance in Transition from Homelessness of Essex and Morris.

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. Each consumer is offered a yearly physical at Prospect Primary Healthcare regardless of ability to pay or insurance. 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.

Five incidents of violence and aggression occurred at different locations: Integrated Case Management Services of Essex and Passaic, and Community Support Services of Essex and

Morris. QAC and the Health and Safety Committee 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 two incidents involving communicable diseases and one biohazardous accident. Staff followed policy and procedure for each event. QAC and the Health and Safety committee reviewed the incidents and found no identifiable trends or opportunities for improvement.

In fiscal year 2019, there were twenty-three psychiatric and twenty-two medical ambulance or police response incidents reported. The internal reporting form for fiscal year 2019 was updated to reflect the difference of psychiatric or medical, for better tracking between the types of incidents. Forty-three percent 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 follow up plans. There were no trends found. In each incident best practices were followed.

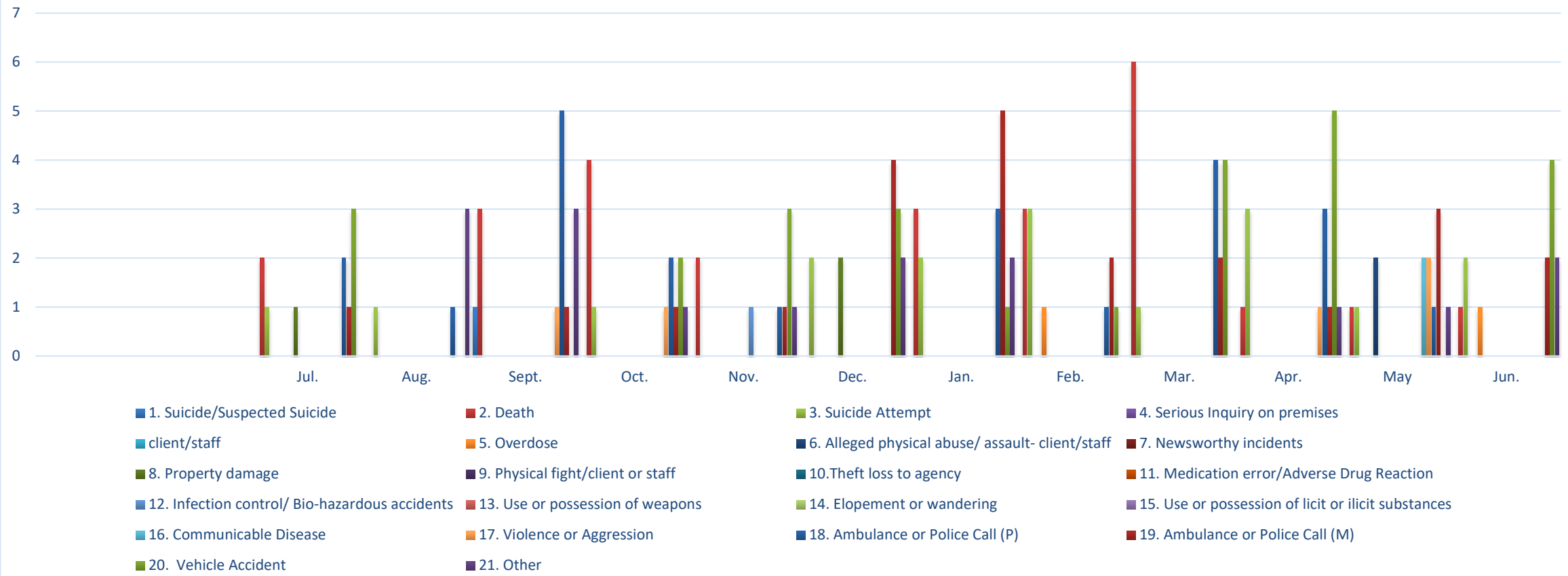
During fiscal year 2019, the QAC noticed an incident trend of consumers having issues entering and exiting the passenger vans safely. QAC collaborated on this issue and as a response, implemented a mobile step stool with handle bar for the vans to ensure consumers are able to enter and exit the vans safely.

MHAEM had a total of one hundred and forty-four incidents documented for fiscal year 2019 while serving 10,710 individuals. This is a .01% average. Of these 144 incidents, only 45 were critical incidents which means they had to be reported to the state. This number is reflective of the quality services that MHAEM provides.

Mental Health Association of Essex and Morris, Inc.
FY 19 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	2		3	4	2		3	3	6	1	1	1	26
3. Suicide Attempt	1	1		1		2	2	3	1	3	1	2	17
4. Serious Inquiry on premises client/staff													
5. Overdose								1				1	2
6. Alleged physical abuse/ assault-client/staff											2		2
7. Newsworthy incidents													
8. Property damage	1					2							3
9. Physical fight/client or staff													
10.Theft loss to agency													
11. Medication error/Adverse Drug Reaction													
12. Infection control/ Bio-hazardous accidents					1								1
13. Use or possession of weapons													
14. Elopement or wandering													
15. Use or possession of licit or illicit substances													
16. Communicable Disease											2		2
17. Violence or Aggression			1	1						1	2		5
18. Ambulance or Police Call (P)	2	1	5	2	1		3	1	4	3	1		23
19. Ambulance or Police Call (M)	1		1	1	1	4	5	2	2	1	3	2	23
20. Vehicle Accident	3			2	3	3	1	1	4	5		4	26
21. Other		3	3	1	1	2	2			1	1	2	16
Total	10	5	14	12	9	13	16	11	17	15	13	12	147

Incident Report Grid FY2019



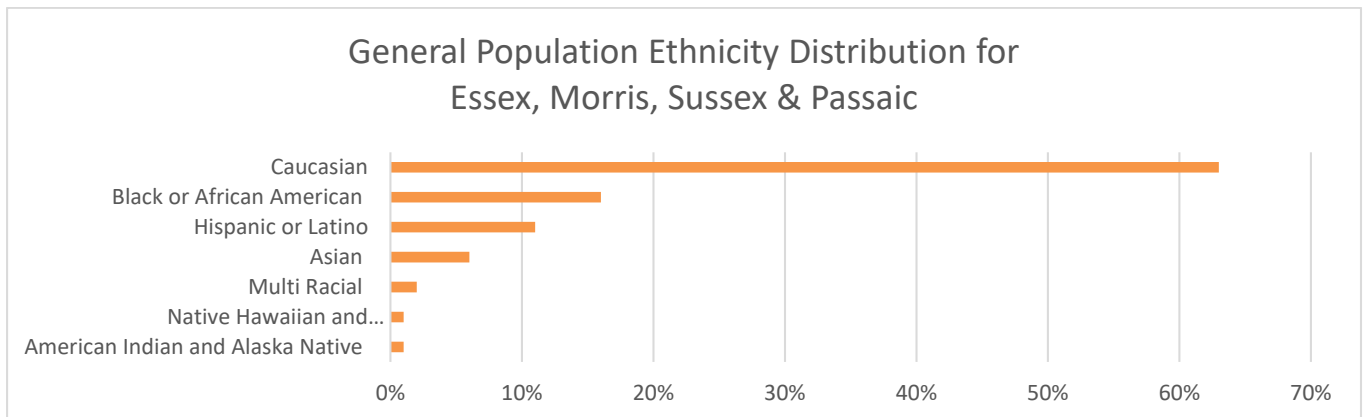
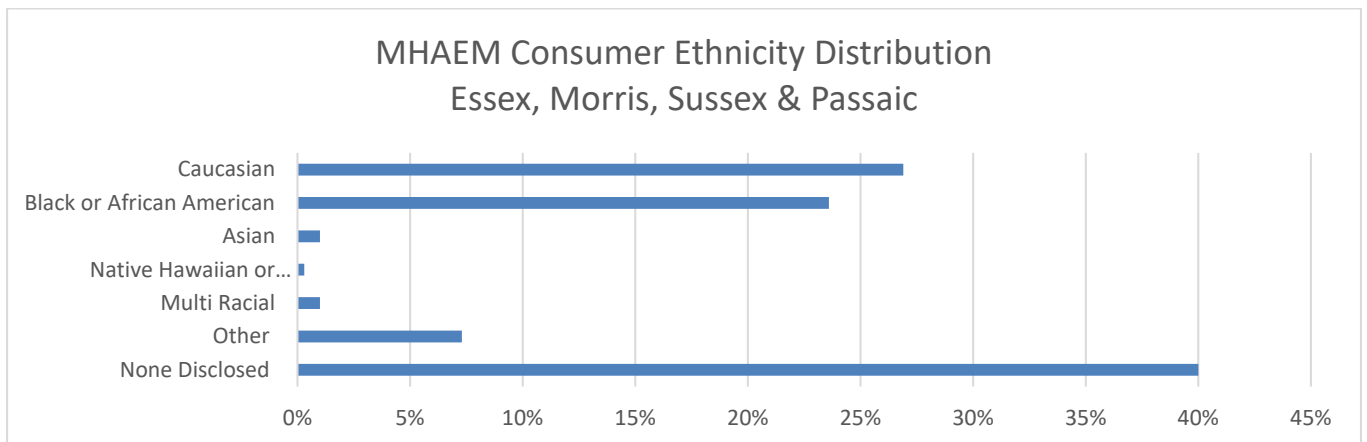
CULTURAL COMPETENCY

The Cultural Competency Committee was established as a recommendation by the agency Quality Assurance (QA) Committee. The Mental Health Association of Essex and Morris, Inc. (MHAEM) is aware that a thorough understanding of the culture, beliefs, customs and language of people from diverse populations, including people of all ages, races, ethnicities, gender identities, sexual orientation and people with disabilities, is crucial in service delivery. The goal of the Committee is to report findings and recommendations to QA for the purposes of developing and maintaining culturally competent practices within Mental Health Association of Essex and Morris, Inc. and within its service provisions.

Personnel

The Cultural Competency Committee consist of sixteen (16) MHAEM employees representing each program and varied level positions. This committee includes people from diverse racial, ethnic, and cultural backgrounds and consists of both males and females.

Demographic Data



Linguistic and Communication Support

To ensure the delivery of culturally competent services to all people within these diverse counties, MHAEM seeks to hire staff in every program that closely reflects the demographics of the community. During fiscal year 2018 the staff was comprised of thirty-four (35) employees fluent in sixteen (16) different languages and dialects including Haitian Creole, French, Portuguese, Spanish, Swahili, Gujarati, Hindi, Punjabi, Tagalog, Kru (African dialect), Twi (Ghanaian Language), Korean, Russian, Bengali, Italian and American Sign Language. The agency maintains a list of staff fluent in these languages and disperses this list periodically within the agency. The language list also provides details on accessing other interpreting resources including the “Language Line Personal Interpreter” which provides translation services for over 200 languages. This line was utilized several times over the fiscal year.

The Cultural Competency Committee ensured that all agency literature, promotional brochures and agency forms are culturally relevant and readily available to consumers and referral sources. These forms 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 for this year have been on LGBTQIA and the Elderly populations. In addition to these sessions, the committee sends monthly awareness email blasts focused on a specific awareness topic for the month. These have included *World Suicide Day, Suicide Prevention Awareness, Mental Health Month, Breast Cancer, American Heart Disease, Hispanic Heritage Month, African-American History, World Mental Health Month, Jewish American Heritage, AIDs Awareness, Ramadan and French-American Heritage Month*. These emails provide staff with resources and information about upcoming events specific for that month. Committee members are also encouraged to attend relevant trainings pertaining to competency practices and then share and discuss materials learned within their individual programs.

Quality Monitoring

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

Advocacy Events

The agency hosted its Annual Cultural Potluck in April 2019 at the Essex and Morris Campuses. 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 *Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex & Ally (LGBTQIA)* population was conducted by committee members. This annual event had about 119 staff in attendance combined, which is 49 more people than last year.

Cultural Competency Survey

The Annual Cultural Competency conducted an agency-wide survey. 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, of 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 57 respondents this year, which is a 1% decrease from the previous year. The overall satisfaction regarding cultural competency at MHAEM was 93%.

88% of respondents felt as if MHAEM's mission statement, philosophy, vision and goals reflect an explicit commitment to diversity. 93% of respondents felt as if culture awareness and competence is integrated into services. 99% of respondents felt as if MHAEM staff reflects the ethnic and cultural characteristics of consumers and communities served. 96% of respondents felt that they have received adequate training in addressing specific needs of LGBTQIA persons in treatment, this is a 15% increase from last year. This may be attributed to the Lunch & Learn programs and cultural competency potluck involving LGBTQIA information. This education was provided as a response from last year's survey results stating staff felt as if there was a need for more information regarding this specialized population. 86% of respondents felt as if they had information regarding care and needs of older adults in treatment. 95% of respondents felt that staff was sensitive to the role that religious beliefs may have and incorporates these beliefs into treatment. 100% of respondents felt that they understand family is defined differently by different cultures and roles in families may vary significantly among different cultures. 91% of respondents felt as if they received training, understand and appreciate the various socioeconomics of individuals being served. 91% of respondents felt that MHAEM provides ongoing and effective continuing education that addresses all relevant ethnic/cultural individuals served.

There were 14 comments left in the open-ended portion of the survey. These discussed a need to continue additional training on religion such as Islam, and elderly consumers. The remaining comments focused on commending the committee on the work they do and the positive feedback from the trainings regarding the LGBTQIA community. 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.'s language bank is updated quarterly.
- The Mental Health Association of Essex and Morris, Inc. will continue to actively recruit bi-lingual staff.
- The composition of Mental Health Association of Essex and Morris, Inc. employees will continue to be representative of the community served.
- The Cultural Competency Committee will integrate information for elderly consumers as well as different religions into Lunch and Learns for the upcoming fiscal year.
- The Cultural Competency Committee will continue to send out monthly e-blasts regarding cultural events occurring that month.
- The Cultural Competency Committee will identify areas of policy, practice and attitudes that may serve as barriers for persons of different cultures to access and/or receive appropriate services. The committee will make recommendations to the appropriate person(s). Articles and Relias Learning trainings will continue to be made available for staff to increase awareness of different cultural practices.
- The Cultural Competency Committee will continue to host the agency's 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' overall well-being by integrating physical and behavioral health care. All services are individualized to meet the needs of each person served, and are designed to facilitate a seamless continuum of care. Care coordination embodies a recovery-focus model of care that respects and promotes independence and responsibility.

MHAEM staff continues to support each consumer in choosing physical and behavioral health service providers, and assists in coordinating these services appropriately. Each individual is given the option of receiving behavioral health services through MHAEM programs and medical services through MHAEM's Prospect Primary Healthcare, located in the same building as MHAEM's day treatment program Prospect House. If an individual chooses to utilize a health care provider outside of MHAEM, staff continues to assist individuals in coordinating services and identifying strengths and needs. Currently, 95% of the individuals MHAEM serves are linked to a primary health care provider. For those without a primary care provider, individuals served under our agency are offered a yearly physical at Prospect Primary Healthcare, regardless of insurance coverage or income. MHAEM staff continues to model and teach skills to help individuals advocate needs to their health care providers. All individuals are provided with Medical Provider Communication forms, which can be filled out with the assistance of MHAEM staff prior to medical appointments to help promote continuity and quality of care. Due to MHAEM staffs' commitment to ensuring coordination of care, during Fiscal Year 2019, 305 visits were made to MHAEM's Prospect Primary Healthcare.

MHAEM staff continues to support individuals in managing their health concerns through provided resources and education. Skills based groups are conducted by MHAEM staff in several programs, covering topics such as budgeting and stress management. Also, health related groups are run monthly by Registered Nurses in both Essex and Morris County in which all individuals MHAEM serves are welcome. During these groups, individuals are able to learn about health promotion and chronic disease management practices. All individuals are provided with written educational materials that can be brought home to refer to, as needed.

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

All programs continue to conduct Comprehensive Intake Assessments which determine the coordination of services that are needed. Staff gather information such as past medical and behavioral health history, family health history, and past hospitalizations. Information is also gathered on current medication use, profile and treatment, and any current health concerns or needs. Suicide Risk assessments are completed with each individual to promote prompt identification of life threatening crises and appropriate intervention. Identification of chronic disease status is completed, including but not limited to the presence of asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, and obesity. Individuals in all agency programs collaborate with MHAEM staff to create a person-centered plan that addresses areas of need in both physical and behavioral health. This plan is developed by the individual, and all

staff members involved in the individual's care have access to this plan to promote continuity of care. Staff assist individuals in identifying appropriate services and scheduling appointments based on the needs indicated. Prospect Primary Healthcare monitors Body Mass Index (BMI), vitamin D levels, glucose levels and blood pressure continues for the individuals who participate in this program. During Fiscal Year 2019, 48% of individuals' BMI was within normal range; 36% of individuals' vitamin D levels were within normal range; 56% of individual's glucose levels were within normal range; and 89% of individuals' blood pressure was within normal range. These have been measured with the hopes of enhancing longevity.

MHAEM staff recognizes the importance of consistent staff education to better serve the individuals in our programs and community. Staff is educated on common physical and behavioral health concerns by Registered Nurses in the Essex and Morris locations monthly during team meetings. All staff are provided with verbal and written education, and are also provided with ways to use this information to assist individuals with their own health needs. All program sites have a binder labeled *Home Health* which contains written educational documents on the most prevalent disease processes and the most common medications used within the population of individuals MHAEM serves. These same documents are also available to all staff digitally on a shared network to be used for self or consumer educational needs.

Each program offers all individuals an opportunity to complete a Consumer Satisfaction Survey. The surveys are completed in order to measure an individual's satisfaction in areas of personal treatment, physical environment, consumer/staff interactions and overall quality of services. All results are analyzed and reviewed. The overall satisfaction rate for MHAEM programs was 92%.

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

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

Personnel

During fiscal year 2019, Essex, Morris and Passaic (EMP) ICMS was staffed by 41 full time and 1 part-time employee which consists of: (2) Program Directors, (4) Program Coordinators, (4) Senior Case Managers, (2) Case Manager-MICA, (27) Case Managers, and (2.5) Administrative Staff. The EMP ICMS staffing continues to be culturally diverse and representative of the persons served. ICMS has staff who are bilingual in Spanish, Haitian, French, Italian 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, 2019 was 655. This includes people who were on our active caseload list with 266 at high risk, 263 at risk, 104 low risk; 22 people in the hospital and 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 201 individuals to the ICMS active caseload during the fiscal year. Of these admissions, individuals were referred from the State Psychiatric Hospitals, 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).

Three hundred thirty seven (337) clients were discharged from the Essex, Morris and Passaic 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) or refused ICMS services.

Demographics

ICMS provides services in service areas within Essex, Morris and Passaic Counties. Essex Service Area 1 includes the towns in the northwest area of the county (Fairfield, the Caldwell's, 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 South Ward 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. Passaic Service Area 52 includes the towns in the northern area of the county (Bloomington, Pompton Lakes, Ringwood, Wanaque, Wayne and West Milford). Passaic Service Area 53 consists of the central area of the county (Haledon, Hawthorne, Little Falls, North Haledon, Paterson, Prospect Park, Totowa, and Woodlawn Park). Service Area 54 includes the southernmost region of the county (Clifton and Passaic).

Performance Outcomes

There were two performance indicators for the year measuring recidivism effectiveness. In Essex, Morris and Passaic counties, the aggregated recidivism rate, employment effectiveness and efficiency.

The aggregated recidivism rate for the year totaled 9% which is a decrease from last year by 1%. Recidivism rates to Short Term Care Facilities (STCF) were 4%, which is a decrease by 6% from last year's re-hospitalizations. Specifically, the threshold for the rate of state and county re-hospitalizations was 2%. Voluntary re-hospitalizations to community hospitals were 3% of the active caseload: this number has decreased by 1% from last year.

Employment rates were also an effectiveness performance indicator for the year. The employment rates were measured quarterly for a total of 66 clients employed, 16 in September 2018, 11 in December 2018, 27 in March 2019 and 11 in June 2019. The fiscal year outcomes measured has shown 65 clients employed, which is above the 62 client threshold. During fiscal year 2019, the employment rate has increased by 4%.

The Mental Health Association of Essex and Morris/ICMS collaborates with Supported Employment to increase employment rates and opportunities for individuals with severe mental illness through preparing for job readiness and increasing 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 contact 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 outcome measures increased by 5% from last year.

In Morris County, there were two performance indicators for the year measuring recidivism effectiveness; the aggregated recidivism rate and the employment effectiveness and efficiency. The aggregated recidivism rate for the year totaled 5%. Recidivism rates to Short Term Care Facilities (STCF) were 2%. Voluntary re-hospitalizations to community hospitals were 2% 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.

In Passaic County, there were two performance indicators for the year measuring recidivism

effectiveness in Passaic County: aggregated recidivism rate and employment effectiveness. The aggregated recidivism rate for the year totaled less than 5%; recidivism rates to Short Term Care Facilities (STCF) were 2%, state and county hospitals was 2%, and Voluntary Hospitals was 1%. Employment rates were also measured as an effectiveness performance indicator for the year. Employment was identified as volunteer work or paid employment. Rates were measured quarterly and found 14 individuals were employed in September 2018; 26 in December 2018, 23 in March 2019 and 25 in June 2019. The average number of active consumers employed per month was 17.

Consumer Satisfaction Survey

Essex

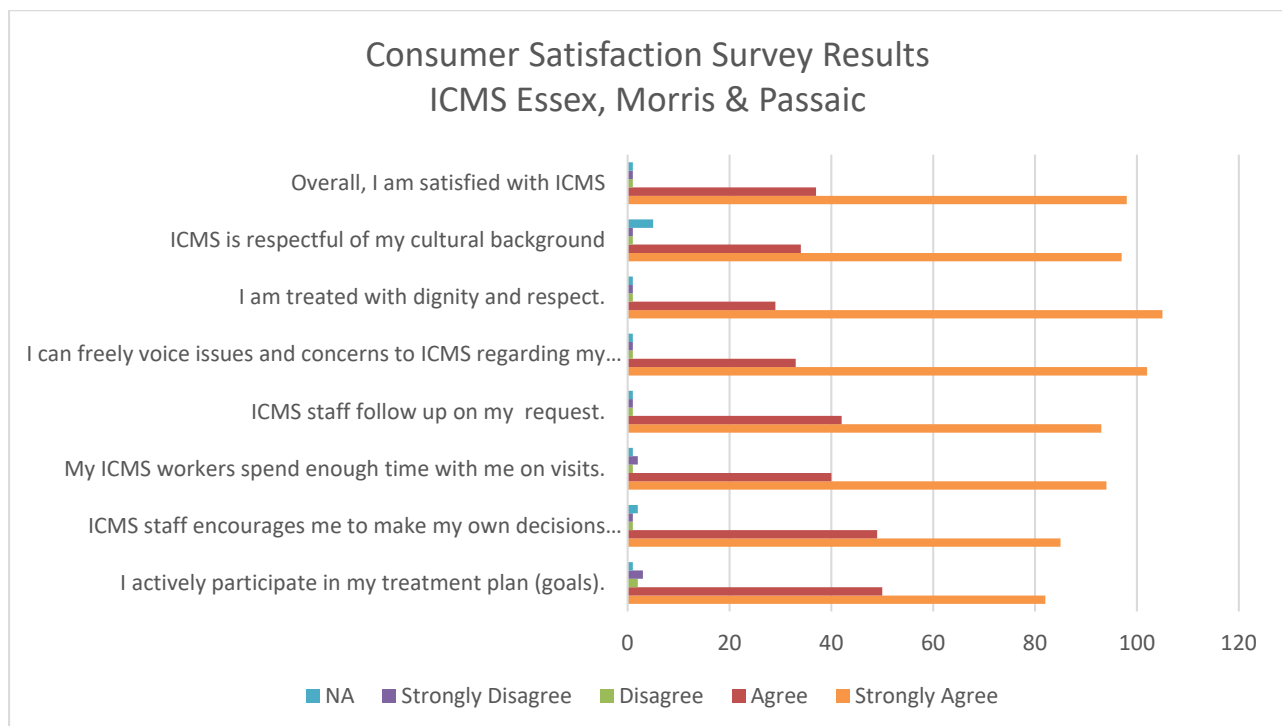
Consumer satisfaction was measured in May 2019. The threshold was 80% satisfaction. The results of the survey indicated an overall satisfaction rate of 94%, which is a decrease of 5% in the satisfaction rate from last year.

Morris

Consumer satisfaction was measured in May 2019. The threshold was 80% satisfaction. The results of the survey indicated an overall satisfaction rate of 93%, which is a decrease of 1% in the satisfaction rate from last year.

Passaic

Consumer satisfaction was measured in May 2019 for the first time under the umbrella of MHAEM. The threshold was 80% satisfaction. The results of the survey indicated an overall satisfaction rate of 93%.



ICMS Highlights

The Essex and Morris Integrated Case Management ran as one program with one program Director overseeing both counties.

MHAEM Essex adult programs sponsored a Picnic/BBQ for consumers and over 240 individuals participated at Eagle Rock Reservation. Each consumer received a gift bag and participated in games and other activities. In addition, the adult programs held a Holiday party for over 220 consumers and family members. At the Holiday party, MHAEM provided the clients with gift bags and toiletry items that were purchased by the agency. ICMS sponsored OctoberFest 2018 for an 11th year with 64 clients in attendance. MHAEM programs took over 100 clients on a boat trip which included 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 attend the Thanksgiving Dinner at the United Way Building. ICMS participated in the Essex County Project Homeless Connect event that provided assistance/referrals to clients who are homeless. The Mental Health Association of Essex and Morris also participated in the 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 consumers 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 26 ICMS clients in attendance. ICMS had 30 clients attend the Thanksgiving Dinner. ICMS participated in the Morris County Project Homeless Connect 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.

Passaic ICMS hosted a St. Patrick's Day "A Wee Bit of Fun" matinee, open to all MHAEM consumers. Over 20 consumers attended and were able to enjoy fun themed entertainment, refreshments, and games.

ICMS Essex, Morris and Passaic have been using Foothold Technology AWARDS software as the 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, staff 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 MHAEM. In addition, ICMS staff received trainings provided by Pharmaceutical representatives on various psychotropic medication four times this year. ICMS staff are trained in the core areas of case management required by DMHAS annually. All Staff attend trainings at Rutgers University.

Systems Advocacy Activities

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

- **Essex, Morris and Passaic Systems Review Committees (SRC)** - ICMS participates in these monthly meetings convened by the Mental Health Administrator of the respective county. The purpose of these meetings is to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committees provide education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of the mental health system in the county.
- **Essex Children Systems Review Committee (CSRC)** - ICMS participates in these monthly meetings convened by the Mental Health Administrator of Essex County. The purpose of these meetings is to identify countywide gaps of clients transitioning or aging out of services of Department of Child Protection and Permanency and identify breakdowns in services between providers and or mental health treatment systems. The Committee provides education and advocacy to mental health providers, consumers of mental health services and their families on systems in the county.
- **ICMS Northern Region Quarterly Meeting (NRQM)** - ICMS participates in these meetings on a quarterly basis. The purpose of these meetings is to discuss any system issues, identify service gaps and for the Department of Mental Health Services to provide support and guidance to the ICMS programs in the northern region of NJ.
- **Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task Force Meeting** - ICMS participates in a monthly meeting with the Counties Drug and Alcohol task force to develop ways in which to better assist MICA clients in each county through education and training programs.
- **Passaic County Residential Meeting** - CMS participates in a monthly meeting along with DMHAS, County Administrator and hospital and residential housing professionals to collaborate on safe and appropriate discharge planning for persons primarily in state and county psychiatric facilities.
- **Upper Passaic County Human Service Coalition** - ICMS participates in this quarterly meeting to network with other agency providers that serve individuals in the northern region of Passaic County. Resources and events are shared, as well as advocacy, to bring additional needed services to the area.

PROSPECT HOUSE (PH)

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

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

Personnel

Prospect House services are provided by 1 Director, 2 Administrative Staff, 1 Billing Clerk, 1 Driving Coordinator, 5 Van Drivers, 2 Security Guards, 2 Program Coordinators, 1 Client Care Coordinator, 1 Intake Coordinator, 11 Case Managers, 1 Part Time Psychiatrist, 2 Part Time Advance Practice Nurses (APN), and 1 Part Time Registered Nurse (RN). Staff are culturally diverse and represent the consumers served. Prospect House has 3 staff fluent in Creole, 3 staff fluent in Spanish, and 1 staff fluent in Portuguese. This year, PH transitioned 1 Unit Leader position into a Client Care Coordinator to specifically assist consumers who are under or uninsured and in need of assistance applying for other entitlements. This position will also ensure that PH is able to receive reimbursement for all the partial care services provided on a daily basis.

Caseload

During this reporting year, Prospect House has serviced 257 consumers diagnosed with a severe and persistent mental illness including 100 new admissions. PH services, on average, 107 consumers each day. Within FY 2019, PH serviced consumers representing every town or city in Essex County, with the majority being residents of Newark, East Orange, Irvington, West Orange, and Montclair, as well as 5 consumers residing out of county. The majority of consumers attending Prospect House have been diagnosed with Schizophrenia, Schizoaffective Disorder and Bipolar Disorders. PH also provided co- occurring (Mental Health and Substance Abuse) services to 80 individuals. Although Prospect House receives referrals from hospitals, other outpatient programs, and self-referrals, the majority of consumers are coming to Prospect House from a recent psychiatric inpatient hospitalization.

Demographics

During fiscal year (FY) 2019, Prospect House serviced a diverse population of consumers. Of Prospect House consumers serviced this year, forty-six served were under 30 years old and thirty were over the age of 65. To address this age difference, Prospect House has two staff assigned to work with the senior population in the 'Senior Unit' and staff have developed a special group for the young adults to specifically address the concerns of a younger individual diagnosed with severe and persistent mental illness. The self-reported races of the consumers serviced are as follows; 67% African American, 25% White, 7% mixed race, and 1% Asian. Individuals served by Prospect House are 44% female, 55% male and 2 individuals identified as transgender. Speaking to the diversity of the members of Prospect House (of 257 consumers); 51 reported completing either a two or four-year college or vocational school and seven consumers graduated with a Master's Degree.

Performance Indicators

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

As tracked by the QA Committee, Prospect House's performance indicators measure the overall consumer satisfaction with Prospect House, available psychiatric time, recidivism to a higher level of co-occurring services, rate of consumer employment, and timeliness of psychiatric evaluations. During this fiscal year, overall satisfaction with Prospect House was 77%; there were 5 days a week with available psychiatric time; less than 1% of consumers were in need of a higher level of co-occurring treatment; and new referrals were seen for initial psychiatric evaluation 67% of the time.

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

Consumer Satisfaction Survey Results

Approximately 100 surveys were distributed to PH consumers. They were informed that their answers are anonymous and confidential. Ninety-one (91) surveys were completed and returned to PH. This accounts for a 31% response rate. This is the same response rate as last year.

GENDER

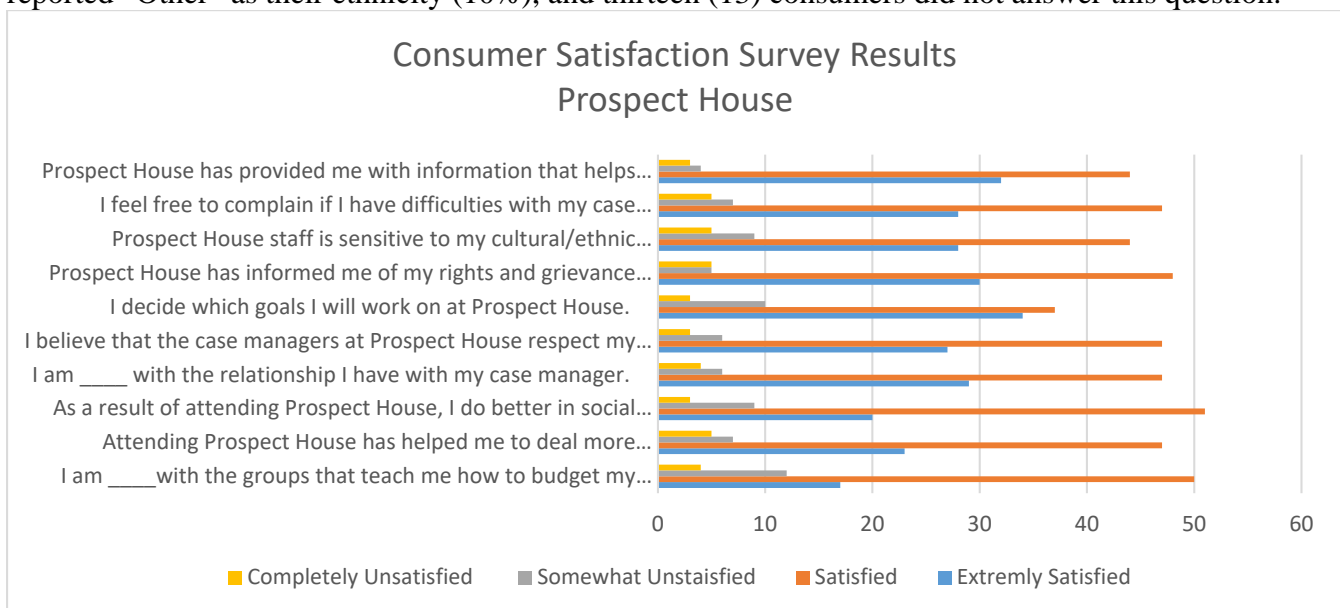
Thirty consumers responded, of which thirty-four (34) are male, which is 39% of the population and fifty-three (53) are female, which is 61% of the population. Three (3) consumers did not respond to this question.

AGE

Ages ranged from eighteen (18) through ninety-two (92) years of age. The average age is forty-nine (49).

ETHNICITY

Fifty (50) consumers identified as African American (64%), thirteen (13) consumers reported as Caucasian (17%), five (5) consumers reported as Hispanic, one (1) consumer reported as Asian (3%), 8 consumers reported "Other" as their ethnicity (10%), and thirteen (13) consumers did not answer this question.



PH Highlights

During this fiscal year, Prospect House serviced 257 consumers diagnosed with a severe and persistent mental illness. Consumers were celebrated at several events during the year, including the Annual Boat Trip with attendance of over 200 consumers, Prospect House OctoberFest, Consumer Thanksgiving Feast where PH staff cooked 13 twenty pound turkeys and sides for the consumers, the MHA Holiday party, and the Annual Adult Programs Summer Picnic with music, dancing and games.

Other Highlights;

- Renovations such as, finish resurfacing of the outside of the building, renovation of the conference room including fresh paint and new carpeting, moving staff offices to allow for more consumer space (group rooms).
- PH began working with Medicaid Managed Care Plans to bill for partial care treatment including United Healthcare, Amerigroup, Horizon Blue Cross Blue Shield, and Wellcare.
- Transition of a current Team Leader position to Client Care Coordinator to assist Prospect House consumers who are underinsured obtain Medicaid entitlements. This will allow PH to bill for all daily services provided.
- 80% of consumers surveyed in an annual consumer satisfaction survey reported that Prospect House assisted them in better managing their illness.

Recommendations for Next Year

- Continue Prospect House renovations including a complete remodel of the downstairs kitchenette and adding an additional workout room/computer lab.
- Increase MHAEM consumers utilizing Prospect Primary Healthcare for their primary care needs.
- Redesign of daily group activities and schedule.
- Increase in linkages to other MHAEM programs and outside agencies including but not limited to Supportive Employment, Intensive Case Management, Housing, Dental Services
- Strengthen Prospect House's prevocational and employment track to get consumers back to work and graduated to a lower level of care.

COLLABORATIVE JUSTICE SERVICES (CJS)

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

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

Personnel

CJS continues to benefit from staff retention. At the Essex campus, there are currently 4 Forensic Case Managers (FCM), 1 Administrative Assistant, and a Program Director (PD). All staff work within the jail and community. Staff complete intakes and develop discharge plans for eligible consumers incarcerated at Essex County Correctional Facility, released from municipal courts, county jails or NJ State Prisons, referred from community providers, and/or are at risk of incarceration. At the Morris campus, there is 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. Individuals are also referred from community providers who are at risk of incarceration. CJS staffing is culturally diverse and is representative of the persons served.

Caseload

As of June 30, 2019, CJS Essex had 65 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 Morris County Office of Public Defenders. Referrals were also made by various criminal justice personnel and community providers such as; Essex County Probation, ECCF Social Services Dept., Anne Klein Forensic Center, community hospitals (East Orange General Hospital, Jersey City Medical Center, and University Hospital), Justice Involved Services programs, Delaney Hall, self-referrals, family members, and within our own organization. During this same time period in the Morris campus, there were 15 active cases. During FY2019 referrals were made through the Morris County Prosecutor's Office, Morris County Correctional Facility, the Morris County Public Defender's Office, community referrals, and Morris County Probation Services.

Demographics

CJS provides services to residents of Essex and Morris counties who are 18+ years of age and have been incarcerated, or who are at risk of being incarcerated. In addition to this, CJS assists with discharge planning from state prisons. Individuals who are eligible for CJS services must have a severe and persistent mental illness (SPMI). CJS inclusionary criteria include DSM V diagnosis of the following disorders:

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

Performance Outcomes

Performance outcomes were measured, as well as monitored through MHAEM's Quality Assurance Committee (QA). For Fiscal Year 2019, Essex CJS QA grid monitored consumers' recidivism to the jail within 30 and 90 days. The threshold indicates that less than 25 consumers would not return to jail during this time frame and 22 consumers were re-incarcerated within 30 and 90 days of their release. CJS QA grid also monitored consumers' recidivism to the jail within 60 days and 120 days. The threshold indicates that less than 50 consumers would not return to jail during this time frame and only 8 consumers were re-incarcerated within 60 and 120 days of their release. In the Morris location, consumer's recidivism to jail within 30, 60, 90, and 120 days were monitored monthly. The threshold indicates that less than 5 consumers would return within 30 and 90 days, and less than 10 consumers would return to jail within 60 and 120 days. During FY 19, 2 consumers returned to jail within 30 days, 3 consumers returned within 60 days, 1 consumer returned within 90, and 1 consumer returned within 120 days.

This year, CJS Essex successfully diverted 16 consumers from a state prison sentence. As a result of the jail diversions, a total of 7,602 days were reduced in our consumers' county sentences and a total of 25,512 days were reduced in our consumers' state prison sentence. CJS continues to monitor the cost-effectiveness for county costs. FY 2019, the program saved approximately \$1,031,743.40 in county costs (please note the approx. cost to house a county inmate daily is \$135.72). Based on the data gathered, CJS will continue to monitor time saved for consumers both for county and state time.

This year, CJS Morris was successful in working collaboratively with Morris County Correctional Facility as well as the Morris County Prosecutor's Office and the Morris County Public Defender's Office to link 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 955 days and 6,205 prison days. For the 2019 fiscal year, the program saved approximately \$138,475 in county costs and \$1,042,440 in state costs.

Consumer Satisfaction Survey

ESSEX

In May 2019, CJS Essex Consumer Satisfaction survey was conducted. The satisfaction survey included a total of 12 questions. CJS collected 56 surveys out of 66 which were given to consumers. This equals a response rate of 91%. For FY 2018, the overall satisfaction was 93%. For FY 2019, the overall satisfaction rate is 95%. In comparison to last year, there has been an increase in the amount of satisfaction overall with CJS services.

Gender

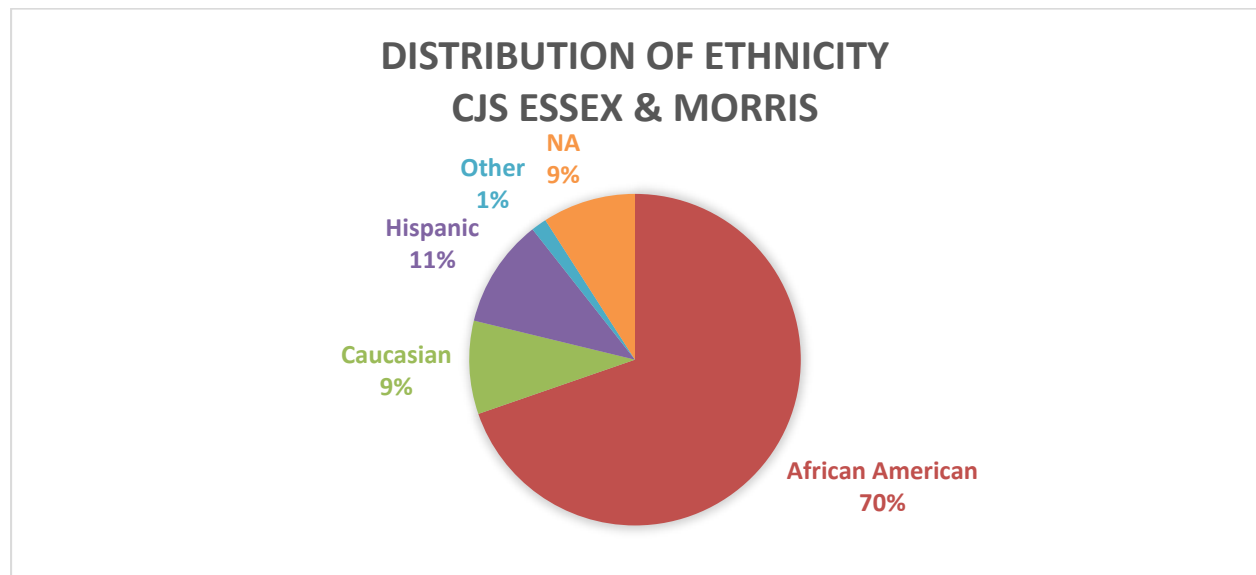
Of the fifty-six (56) consumers that responded to the survey; forty-three (43) were male (80%), eleven (11) were female (18%); and two (2) had no responses.

Ethnicity

Of the fifty-six (56) consumers forty-one (41) identified as African American (81%), four (4) identified as Caucasian (7%), five (5) identified as Hispanic (10%), and one (1) consumer identified as other (2%). There were five (5) no responses (0%). The ethnicity of the respondents mirrors that of our caseload.

Age

The exact ages of the consumers was collected. The ages ranged from 20-71 years old. The mean age for the consumers was 37 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 fourteen (14) surveys were delivered to consumers (hand delivered, mailed and or left at residence). Out of the seventeen surveys, ten (10) consumers responded. This accounts for a seventy-one (71%) percent response rate. For the fiscal year, the overall satisfaction rate was ninety-six (96%) percent.

Gender

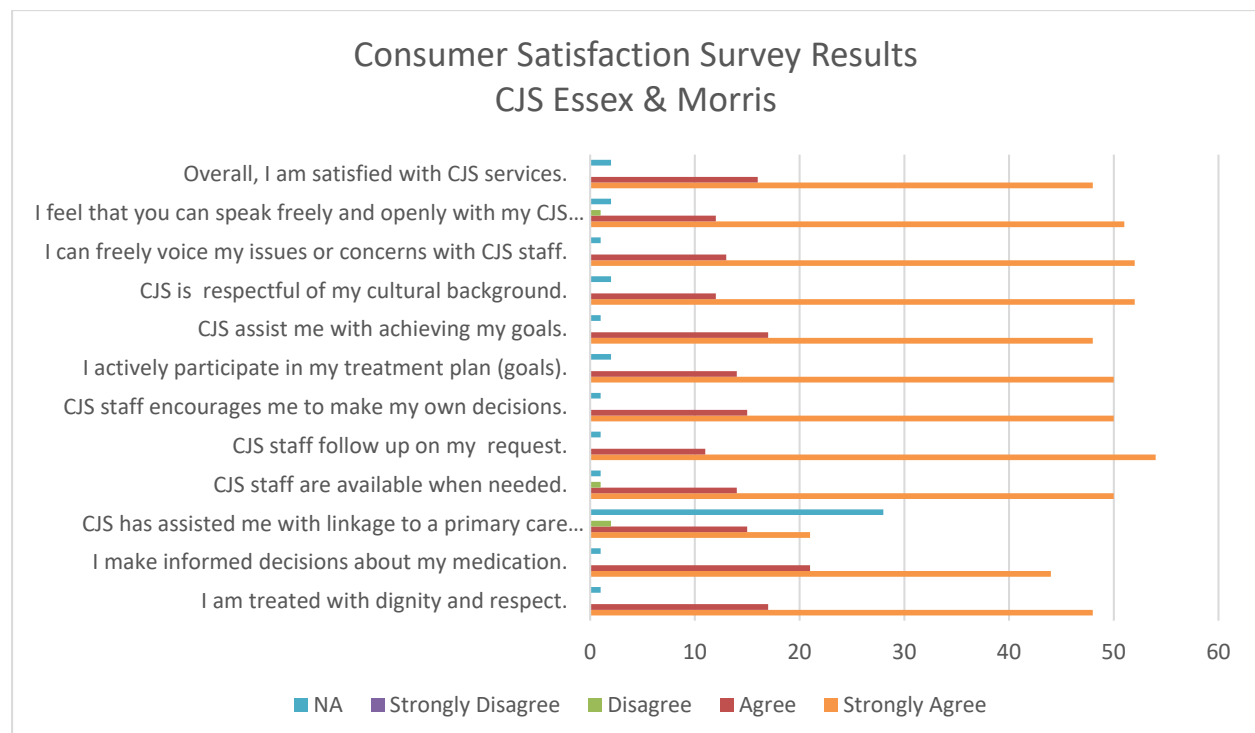
Of the ten (10) consumers that responded to the survey; five (5) were male (50%), four (4) were female (40%) and one (1) had no response.

Ethnicity

Of these 10 consumer, two (2) consumers identify as African American (20%), four (4) consumers as identify as Caucasian (40%), three (3) consumers identify as Hispanic (30%) and one (1) as other (10%). The ethnicity of the respondents mirrors that of our caseload.

Age

The exact age of the consumers was collected. The ages ranged from 19-60 years old. The mean age for the consumers was 38 years old.



Highlights

Essex

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

CJS, in collaboration with ICMS, SES, SLS, AOT 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's Project Homeless Connect event and provided assistance and referrals to consumers who were 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, alongside the Morris County Prosecutors Office provided a training to educate Morris County Probation and Pre-Trial Services about CJS Morris, and the Prosecutors Mental Health Program to discuss ways to collaborate with one another. Due to this training and collaboration, referrals from Pre-Trial Services have increased, which has significantly decreased the consumers time served in county jail and state prisons.

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

CJS Morris consumers in collaboration with all other MHAEM adult programs, attended a picnic at Hedden Park, a 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.

Foothold Technology AWARDS system continues to assist CJS Essex and Morris staff with maintaining accurate and organized record keeping as well as assist the Program Director with generating reports and monitoring CJS service delivery and outcomes. CJS staff has become acclimated to the newly revised Service Plan Reviews.

Trainings

In FY 2019, CJS Essex Program Director collaborated with Crisis Intervention Team (CIT) and assisted in providing trainings quarterly to criminal justice workers, mental health providers and law enforcement officers. A total of 46 individuals were trained.

CJS Morris Program Director received her Crisis Intervention Team (CIT) certification in October 2018. Throughout FY 2019, a total of 128 individuals from law enforcement and mental health were provided with CIT training.

CJS staff have 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 Relias Learning were trained on various topics which included but were not limited to HIPAA for Healthcare Professionals, Corporate Compliance and Ethics, Cultural Diversity, Crisis Management, Defensive Driving and Suicide Prevention.

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 Acute Care Meeting. This is a monthly meeting convened by the Director of Screening Services at Saint Clare's Behavioral Health. The purpose of these meetings is to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of the mental health system in the county. Morris County also collaborates with the Statewide CJS Directors meetings convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings is to meet with counterparts in other counties to discuss ways to increase effectiveness of the program, review service delivery concerns and to obtain needed updates on practices and protocols of the CJS program.

Upcoming Year Recommendations:

Essex

- Continue to provide quality services.
- As the agency moves toward Fee for Service, Program Director will be monitoring staff contact hours to ensure expected productivity levels are being met weekly (as it relates to service provision to consumer we serve).
- CJS will continue to enhance clinical documentation through internal focus audits and by attending in-services.

- Staff will continue to collaborate with CFG (ECCF mental health department) and other community providers to increase referrals.
- Staff will continue to work on reducing gaps in the service system with increased linkages and smooth transitioning of services for the consumers reintegrating into the community.
- Program Director will collaborate with CIT, municipal courts and local police officers to foster a working relationship with the hopes of increasing the number of consumers referred for diversion by law enforcement and/or the court before arrest or at the time of initial detention/first appearance hearings.

Morris

- CJS Morris staff will work on increasing the total number contacts with consumers, their families and service providers.
- CJS Morris will continue to work closely with the Public Defender's Office to increase collaboration for consumer success.
- CJS Morris will continue to collect data and will closely monitor all performance indicators.
- CJS Morris will continue to work with consumers to empower them to reach their goals.
- CJS Morris will attend any relevant trainings to increase their knowledge in best practice measures.
- CJS Morris will continue to conduct trainings and presentations as needed to those wanting to learn the role of CJS Morris, as well as to local law enforcement.
- CJS Morris will continue to work collaboratively with Morris County Correctional Facility to increase referrals.

CENTER FOR BEHAVIORAL HEALTH (CBH)

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

Personnel

In December 2018, CBH saw new leadership with the hiring of a new Program Director. Presently, the program operates under the direction of the full-time Program Director, an Administrative Assistant, part-time Medical Director/Psychiatrist, and seven part-time LCSW Clinicians. Throughout the year, CBH also works with graduate social work interns who provide clinical services under the supervision of the Director. This fiscal year, the program housed three interns.

Service Provision

The Center for Behavioral Health continues to provide high quality mental health services to the low income and uninsured population. The Center for Behavioral Health provided services to 158 individuals during fiscal year 2019. The Center provided 8,354 units of service and served 30 new consumers. Overall, CBH exceeded its target for on-site contacts, individual, group, and family therapy sessions. CBH also exceeded its target for medication maintenance appointments. CBH does maintain a small group of clients who see a panel therapist in the community, however, this model continues to be phased out. Presently, 16 clients continue to see panel therapists in the surrounding communities.

Highlights

The highlights for the past fiscal year included:

- Continued focus on maximizing our efficiency with our therapists maintaining an average 89% productivity rate weekly.
- Comprehensive Intake Assessments are now completed when there is a therapy slot available ensuring there is a minimal wait for services and ensuring that all available slots are filled.
- Created more collaborative intake process with our Information and Referral Department to have more appropriate referrals into CBH. This has allowed for decreased no show or cancellations for intake. From January 2019 to June 2019, 93% of all individuals who came for intake were accepted into CBH.
- Reviewed billing and credentialing process to maximize billing revenue from specifically Medicare.
- Hired a Part-Time Psychiatric APN to increase our psychiatric coverage and billing revenue. Our longtime Medical Director decreased her weekly hours which allowed us to bring on a new

provider. By having an APN on staff, CBH continues to provide integrated medical and mental health and builds our collective psychiatric abilities. Our psychiatrist supervises our APN which has led to a strong collaborative relationship.

- Our psychiatrist maintained an average 15% no show rate and a 90% productivity level, both marks are far above industry standards.
- Continued to provide a multitude of therapeutic approaches and practice from a trauma informed care lens.
- New CBH clinicians were enrolled in Medicare.
- Continued to enroll clients in the state's charity care system when eligible, further decreasing the non-reimbursable services provided by our staff.

Ongoing Programs

CBH continues to provide comprehensive assessments for clients who participate in the ReNew program of US District Courts Federal Probation and Parole's Re-entry. Our assessments focus on providing an overview of a Client's biopsychosocial functioning to provide recommendations for reintegration into a post incarceration society and avoid re-incarceration. This year, 12 individuals were assessed and 2 of the individuals seen for assessments were also seen for ongoing weekly therapy sessions.

CBH continues to operate "The Comfort Zone", a support group for individuals diagnosed with depression or bipolar disorder which meets weekly for 90 minutes.

CBH continues to provide ongoing collaboration with other community agencies, including Caldwell University and The Bridge. CBH provides psychiatric evaluations for clients at The Bridge 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 2018 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.

Performance Indicators

The performance indicators which measure efficiency in CBH are the "wait for an intake appointment" and the "wait for assignment to a therapist." This fiscal year, the average wait for an intake appointment was 4 business days and the average wait for assignment to a therapist was 0 days, as referrals for services are only accepted when there is a therapy slot available.

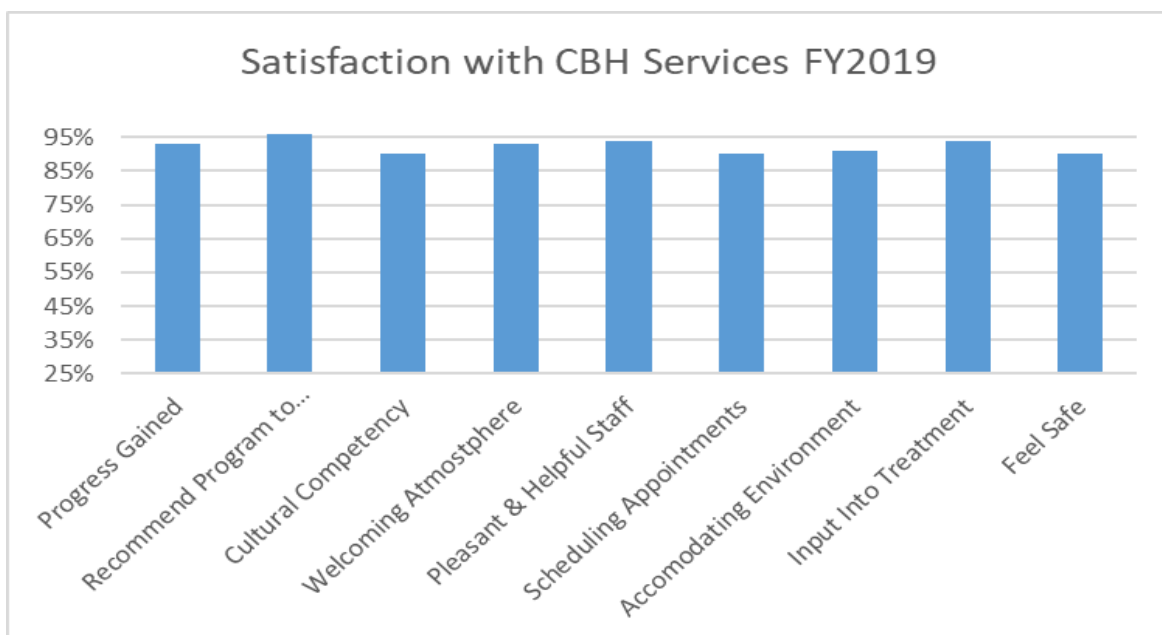
This year, CBH has begun to implement the DASS-21 (Depression, Anxiety, Stress Scale) to obtain a clinical measure of a client's functioning in those 3 areas. The inventory is completed at the initial intake appointment and repeated 6 months into treatment. Thus far, 90% of individuals surveyed showed an improvement in negative symptomatology when the inventory was distributed 6 months after admission.

At admission, we also provide the PC-PTSD5 screen that measures traumatic reactions and symptoms of PTSD, as trauma plays a major role in many client's treatment.

The results of this year's client satisfaction survey indicate a continued high level of satisfaction among the clients of CBH. This past year, 50 surveys were distributed and 20 surveys were completed which equates to a 40% response rate. For the twelfth consecutive year, clients' satisfaction in all areas exceeded the 80% satisfaction threshold. Comments on the questionnaire included:

- *Getting back on my feet and understanding who I am as a person the breakthrough of my life is a joyful experience and am very pleased with everything in my life*
- *By acknowledging my strengths. Evaluating my purpose, allowing me to have more control with my anger and take time to value myself*
- *My therapist has been extremely helpful in my life and patient with me. She has kept my mental health extremely well. I am very thankful to her*

Center for Behavioral Health
Client Satisfaction Survey: Therapeutic Experience
July 2019
Number of Responses = 20



Fiscal Year 2020

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

We have recruited and hired an APN. Our APN will begin seeing clients in August 2019 which will allow for more psychiatric coverage and the ability to maximize our revenue stream. We do envision being able to serve more clients with the addition of more psychiatric coverage. We will continue to monitor our utilization rates to ensure we are maintaining high productivity rates while continuing to provide high quality psychotherapy and medication management services to our population. We are also looking into becoming credentialed with a number of private insurance and Medicare managed care plans to allow us to bill for all the clients we see.

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

CBH's clinicians continue to expand their clinical skills to provide culturally relevant and clinically targeted services to assist consumers in reaching treatment goals and maintaining stability. Our staff continues to seek additional clinical training to enhance their practice while also taking advantage of the many in-house opportunities for clinical training including monthly peer supervision groups. 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 (RCC)

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.

RCC provides comprehensive outpatient mental health services for youth ages 3 to 18 at our Montclair location. We provide a variety of services including intake assessment, individual therapy, family therapy, psychiatric evaluation, medication management, and parenting skills. Clinicians provide developmentally appropriate interventions including allied therapies such as art, music, and play therapy. There is also a focus on behavioral interventions designed to improve youth's frustration tolerance and behavioral functioning at home and at school. Parents are incorporated into the treatment and provided strategies to address their child's emotional, behavioral, and social difficulties. In addition to weekly therapy, youth are referred to our psychiatrist for a 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.

Personnel

RCC operates under the direction of the full-time Program Director, an Administrative Assistant, part-time Medical Director/Psychiatrist, three part time LCSW Clinicians, and one LSW clinician who provides services under the supervision of the Director. Throughout the year, the Program also works with graduate social work interns who provide clinical services under the supervision of the Director. This fiscal year, three interns each saw one case in RCC. In December 2018, RCC began to operate under new leadership as a new Program Director was hired.

Service Provision

RCC continues to provide high quality mental health services to the low income youth of Essex County. This fiscal year, RCC provided services to 50 individuals, all of whom were engaged in psychotherapy, and 34 of these youth received psychiatric services. RCC provided 929 units of service and served 12 new consumers.

Highlights

The highlights for the past fiscal year included:

- Continued focus on maximizing our efficiency with our therapists maintaining an average 90% productivity rate weekly.

- Comprehensive Intake Assessments are now completed when there is a therapy slot available ensuring there is a minimal wait for services and ensuring that all available slots are filled. From January 2019 to June 2019, 100% of youth who came for intake were accepted into RCC.
- Improved communication and collaboration with Montclair Public School System and Mountainside ER to facilitate local referrals
- MSW Interns were all given cases in RCC to encourage more hands on opportunities for students to learn how to provide behavioral health services to youth.

Performance Indicators

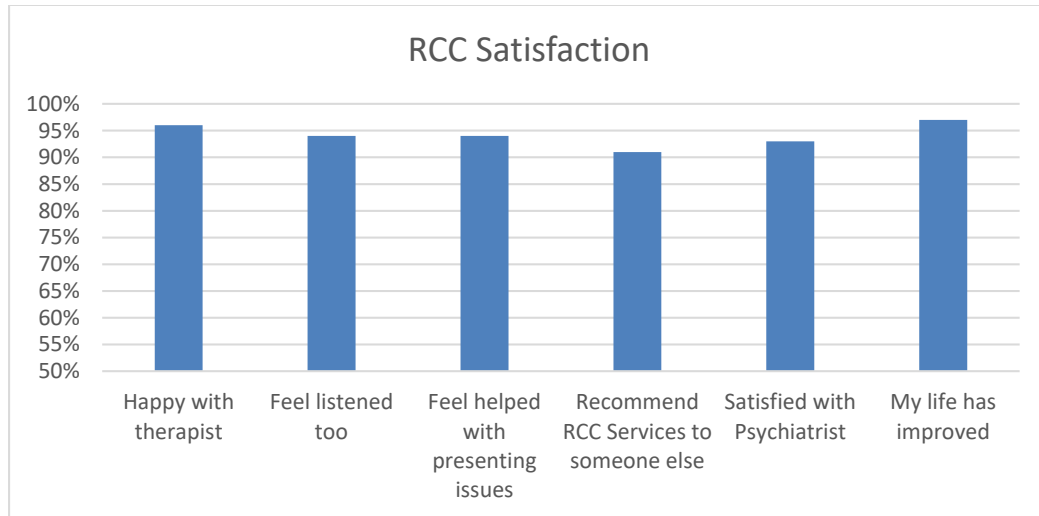
The performance indicator which measures efficiency in RCC is the wait for service. During this year, the wait for an intake appointment was 2 business days and there was a 1 day wait for assignment to a therapist. Clients were assigned to the therapist during the intake appointment.

To measure effectiveness with our clinical interventions, RCC uses a variety of validated evidence based outcome measures. RCC continues Child Behavior Checklist (CBCL) for all youth receiving RCC services. This tool measures aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints, thought problems and is filled out by the caregiver, teacher, and the youth who are between the ages of 11 to 18. 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, 80% of service recipients showed a decrease in negative symptoms when surveyed a year after beginning services. RCC has also begun to implement the DASS-21 (Depression, Anxiety, Stress Scale) for youth 14 and older in order to obtain a clinical measure of a client's functioning in those three areas. The inventory is completed at the initial intake appointment and repeated 6 months into treatment.

The last performance indicator measured in RCC is obtained by the RCC Satisfaction Questionnaire which is offered to both the youth and the youth's caregiver. Families were directed to fill out the survey in the lobby. The surveys were then requested to be returned into an anonymous box in the lobby area. We saw a 39% return rate. Overall, there was 100% satisfaction with services which was above our target of having 80% of clients satisfied with services.

Riskin Children's Center
Child/Youth Satisfaction Survey Results
18 surveys offered, 7 received

Results



Parent Satisfaction Surveys were offered but there was a very low completion rate and thus not significant enough to report.

Fiscal Year 2020

In the upcoming year, RCC looks to expand its capacity for clients served. With the hiring of an additional clinician, we have been able to increase the number of therapy slots available and anticipate a further increase in slots available as fiscal year 2020 continues. We have noticed the lack of available similar type services for youth in our service area so with the increase in slots available, we envision being able to serve more of our community.

We will continue to monitor compliance with treatment as well as, progress made toward treatment goals and implement any additional services such as parent education groups or a social skills group, if we find a demonstrated need for these services. We are also looking into decreasing the length of stay and refer children who have completed their therapy goals and only need psychiatric services to local providers. This will ensure we have sufficient spots for youth who need both psychiatric and therapeutic services.

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.

Community Support Services (CSS)

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

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

Caseload

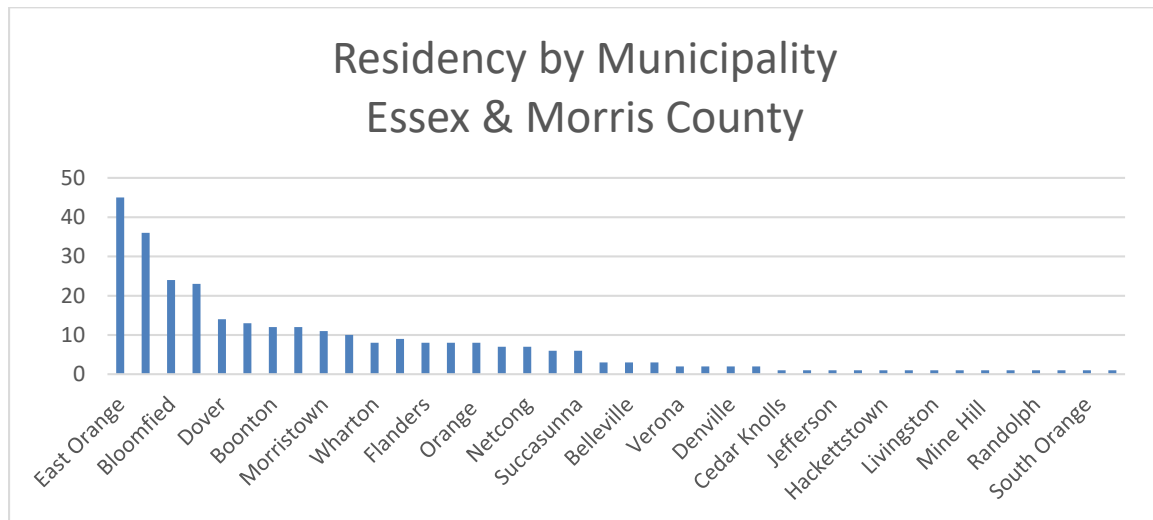
Community Support Services has successfully placed over three hundred one (301) individuals diagnosed with a serious and persistent mental illness from a wide variety of referral sources, such as Greystone Park Psychiatric Hospital, Essex County Hospital Center, community-based providers, higher level of care/service organizations, self-referrals and shelters due to homelessness. Additionally, CSS provided supportive services to thirty eight (38) individuals who have their own residence, but needed additional care to ensure their stability in the community.

Demographics

As of June 30, 2019, the active caseload for the Community Support Services was 299. On this date, there were 139 males (46%), 158 females (53%), and three (3) transgender male to female (1%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 6 Hispanic/Latino (2%); two hundred sixty eight non-Hispanic/Latino (90%), and 22 individuals who did not want to disclose (8%). The self-reported races of the consumers enrolled with CSS are as follows: 1 American-Indian or Alaskan Native (1%); 3 Asian (1%); 118 African-American (39%), 5 multi-racial (2%); 3 Native Hawaiian or Other Pacific Islander (1%); 1 other (1%); 147 Caucasian (49%); 22 who did not want to disclose (6%).

CSS works with consumers throughout Essex and Morris counties. Remaining cognizant of the importance of wellness and recovery, CSS consumers primarily live in residences

that are convenient to mass transportation, employment opportunities, social service organizations and natural community supports.



Personnel

The CSS quality services are provided by 1 Director, 2 Recovery Coordinators, 4 Clinical Coordinators, 10 Sr. Recovery Counselors, 13 Recovery Counselors, 1 Housing Specialist, 1 Wellness Coach, 2 Full Time Nurses, 1 Full Time LPN, 1 Part Time Recovery Counselor Assistant, 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 0% and the recidivism rate for Short Term Care Facilities was 4%. 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 11% 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 assessments. During this fiscal year, 100% of CSS participants were offered initial nursing assessment and subsequent follow up assessments with either the CSS nurse or with Prospect House Primary Healthcare.

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

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

Consumer Satisfaction Surveys:

All CSS consumers were given the opportunity to complete a consumer satisfaction survey. They were informed that their answers are anonymous and confidential. 36 surveys were completed and returned to CSS.

GENDER

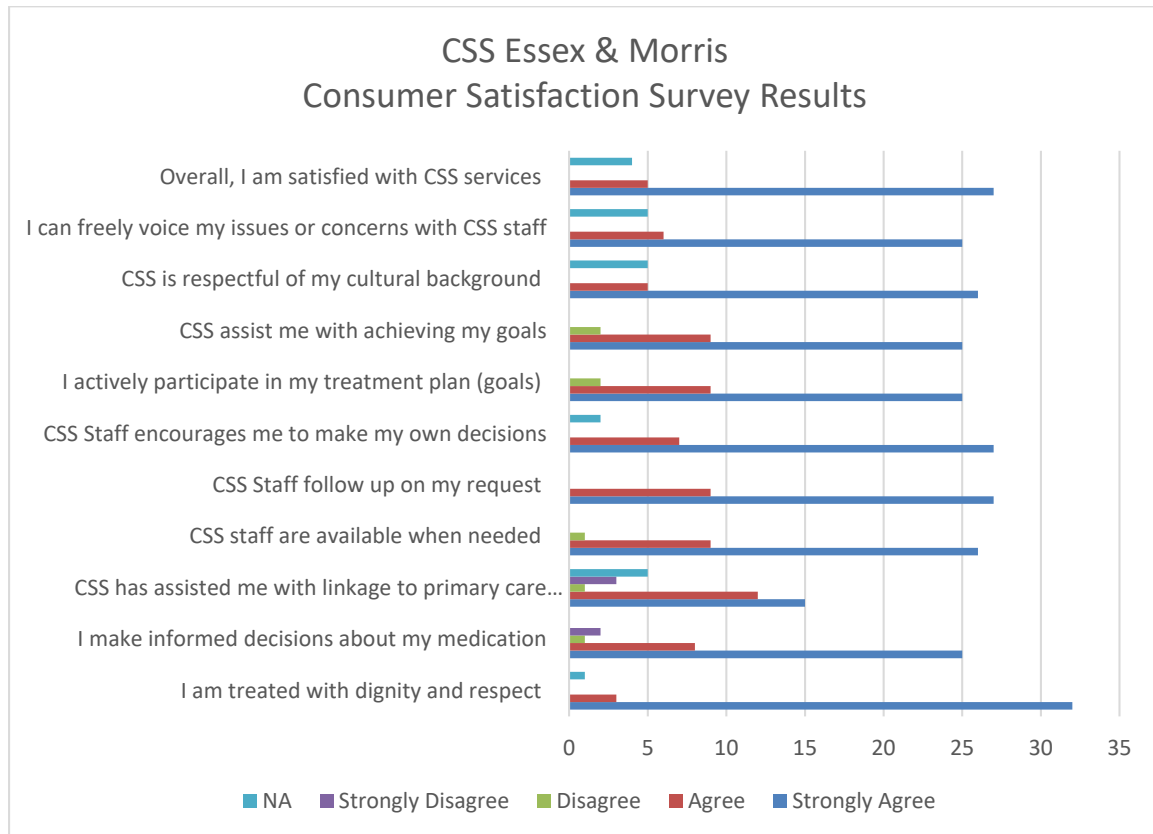
Thirty three consumers responded in which 14 are male (39%), 19 are female (53%) and 3 did not respond (8%).

AGE

Ages ranged from 26-72 years of age. The average age is 50.

ETHNICITY

Eleven (11) consumers identified as African-American (30%), 15 consumers reported they are Caucasian (42%), 2 consumers reported they are Hispanic (6%), 1 consumer reported they are Asian (3%), 2 consumers reported other as their ethnicity (6%), and 5 consumers did not answer this question (13%).



CSS Highlights

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

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 10th 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 Community Support Services workgroup led by the Division of Mental Health and Addiction Services, Center for Medicaid and Medicare services, and the Center for Health Care statistics. The workgroup was created as a means to improve the CSS billing model to ensure the program continues to be successful for the consumers served.

The CSS program director was also asked to participate in a Community Assessment Team in Morris County, “Neighbors in Need,” which was created to review and make change to the many barriers individuals face in finding affordable housing within the county. The program director was asked to co-lead the program development sub-committee which is intended to be presented to the county as an intervention to decrease chronic homelessness.

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

Advocacy Activities

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

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

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

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

SUPPORTED EMPLOYMENT SERVICES (SES)

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

Personnel

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

Supported Employment Services

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

Caseload

Between July 1, 2018 and June 30, 2019, SE served 94 clients. There were 54 new clients referred and accepted from various other sources such as: Intensive Family Support Services (IFSS), Self, Community Referrals, Collaborative Justice Services (CJS), Assisted Outpatient Treatment (AOT), Prospect House (PH), Integrated Case Management Services (ICMS), Northwest Essex Community Healthcare (NWECH), Community Support Services (CSS), Rutgers UBHC, FEDCAP Inc., Project LIVE Inc., Ancora Psychiatric Hospital and Trenton Psychiatric Hospital.

Demographics

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

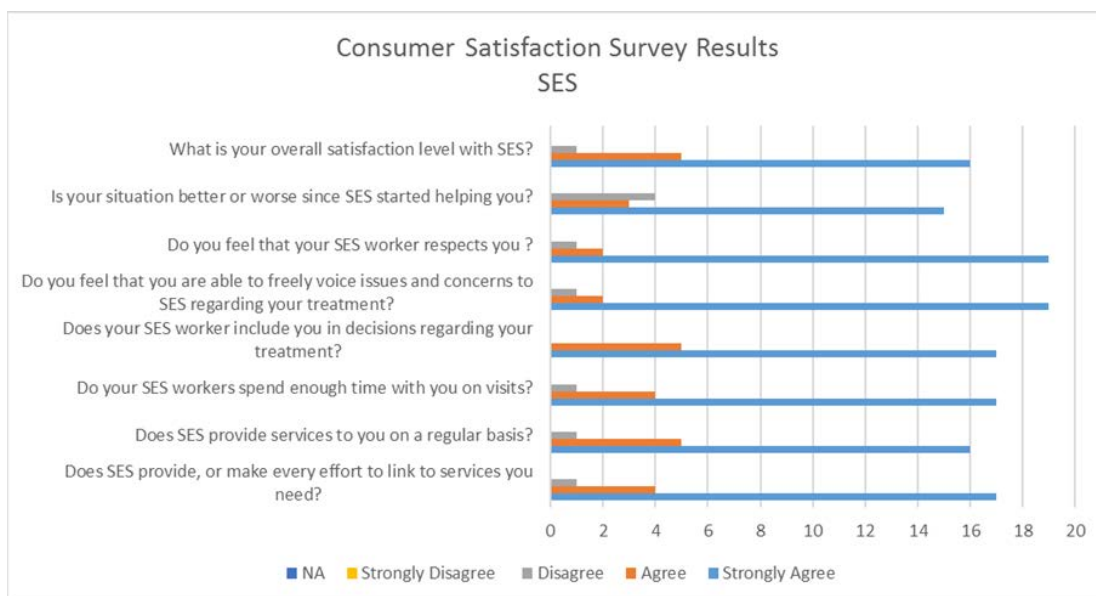
Performance Outcomes

The target number of clients served was 130. SES served 94 and achieved 72% of our goal. SES placed 19 clients into full-time employment (32%), and placed 46 clients in part-time employment at (460%) and an additional 10 clients were re-placed on a job. At the end of this fiscal year, SES caseload is 72.

The unemployment rate in NJ is 3.5% as of June 2019. However, SES was successful in placing 8% 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, 95% of clients retained employment for 3 months or more. The Employment Specialists worked diligently to motivate clients and made multiple outreaches to employers to ensure a smooth transition. Staff engaged clients to participate in Job Readiness activities, which focused on multiple areas including interviewing skills, work ethics and positive communication. The target wait for intake is 3 business days and admission to the program is within 1 day. Clients individual service plans were established with the clients input and were reviewed as were the monthly and quarterly progress was also reviewed as was necessary to help the clients to meet their objectives. The staff/ client ratio is 1:23, 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 15% with an increase of 7% response rate. We achieved 94% satisfaction rate over all.



Training

Specialized training workshops for staff continued throughout the year:

- WRAP
- Psychopharmacology
- Effective Job Coaching
- Motivational Interviewing
- 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 Food Service Workers, Retail Workers, Home Health Aides, Dietary Aides, Housekeeping, Child Care Workers, and Package Handlers
- Continued outreach to Career Closet and utilized their services to obtain interview clothing. Haircuts and bus cards for clients were provided by MHAEM.
- Continued support for Clerical and Maintenance Transitional Employees.
- Continued memberships with East Orange Chamber of Commerce and North Essex Chamber of Commerce.
- MHAEM has staff who are Certified Application Counselors to assist those without health insurance to apply for coverage.
- MHAEM facilitated activities for the clients to celebrate Valentine's Day, Harvest Fest Fall Celebration, Thanksgiving Dinner, Winter Holiday Express Party, and Summer Picnic.
- New Jersey Travel Independence Program is available to continued to provide it's 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 where consumers were able to gain access to valuable resources.
- Staff attended the Annual Legislative Breakfast sponsored by the MHAEM.

Recommendations for Fiscal Year 2020

- 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 increased linkages and smooth transitioning of services for consumers.
- SES will begin to run approved support groups for client benefit over fiscal year 2020.

Family Resource Center (FRC)

The FRC includes the following programs and services:

- I. IFSS - Intensive Family Support Services –Essex and Sussex County**
- II. “Thursdays” Family Respite Consumer Drop-In Center**
- III. Project F.E.R.S.T. – Family Emergency Room Support Team**
- IV. East Orange School-Based Counseling**
- V. Montclair Child Development Center - Mental Health Consulting**
- VI. Information and Referral Services**

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

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

Location and Hours of Operation:

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

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

Personnel:

IFSS Essex- 1 FTE Senior Director and (1.5 FTE) Family Support Specialists with several graduate interns and community volunteers

IFSS Sussex- 1 FTE Family Support Coordinator + 2 (.3 FTE) Family Support Counselors

Essex Program Highlights:

During fiscal year 2018/2019, IFSS conducted **46 psycho-educational workshops** and facilitated **68 family support group sessions**. In addition to its menu of core services, IFSS served the larger community through several avenues. In conjunction with the *Codey Fund for Mental Health*, the IFSS team fostered community engagement by conducting **15 presentations on suicide prevention**. The team also implemented **18 art based initiatives to reduce stigma**, including ongoing participation in an *Inside Out Project Group Action*. Community partners involved in these mental health themed art exhibits and interactive workshops included NJ Transit, Montclair Public Library, and Caldwell University. IFSS staff **served on the steering committee** for the *Montclair Bounce Festival of Optimism and Resilience* and implemented several signature events during the festival. IFSS staff also provided support and education to mental health providers, law enforcement officers, high school and university students, and to elementary, middle school, and high school staff.

Essex Psycho-educational Workshops for Families: Nine-week workshop series. From September through December 2018, the IFSS team facilitated a 9-session psycho-educational workshop series which was attended by a total of **51 unduplicated participants, with an average weekly attendance of 17 participants**. Families learned about the different type, cause, and symptoms of mental illness, available treatments, coping strategies, and community resources. Families also learned how to handle a crisis, and

were familiarized with the process of accessing Psychiatric Emergency Screening Services. In response to family feedback, workshops were included on understanding suicide, learning about treatment options for substance use, and planning for the future. The series ended on an optimistic, strength based note, with a screening of *Won't You Be My Neighbor? The life and work of Fred Rogers*.

Spring Seven-Week Workshop Series: From February through April 2019, based on client-driven need for support and education about communication and limit setting, IFSS conducted a seven-week workshop series with an emphasis on communication. Facilitators implemented interactive learning modalities like role playing, group problem solving, video, and discussion. The series concluded with a **NAMI In Our Own Voice** presentation, highlighting one individual's lived experience with mental illness. Over the course of the series, **44 individuals attended**.

Summer Mini-Series on Mental Illness: In June 2018, in response to requests by family members caring for newly diagnosed loved ones who were seeking to understand specific mental health disorders, IFSS presented a **two-part mini-series** which covered schizophrenia, bipolar disorder, depression and anxiety disorders. This segment of targeted learning was attended by **22 individuals**.

Law Enforcement Education: IFSS provided information about the family perspective to approximately **40 law enforcement officers and mental health professionals** as part of the October 2018 quarterly CIT, *Crisis Intervention Trainings*. Information about mental health resources, family support resources, and a history of **NAMI (National Alliance on Mental Illness)** was provided. One IFSS family member shared anecdotes based on lived experience.

Depression Screening at Caldwell University: In October 2018, IFSS collaborated with the Caldwell University Student Counseling Office as part of National Depression Screening Day. Three MHAEM licensed clinicians, together with 5 graduate social work interns conducted a screening for depression, bipolar disorder, anxiety, and PTSD for a total of **150 Caldwell University students**.

Suicide Prevention Education for Public School Staff: In response to increased incidences of deaths by suicide amongst youth and adolescents, IFSS staff collaborated with the **Codey Fund for Mental Health** and facilitated **15 workshops in 13 towns across 7 counties** to provide education about signs, symptoms, risk factors, and warning signs of suicide. These workshops focused on creating a network of informed support for students within the educational system. IFSS staff provided support, education, communication tips, and information about mental health resources to educational, administrative, and support staff in elementary, middle, and high schools. The workshops were conducted during the months of October 2018 through June 2019, and the total number for attendance of the 15 workshops surpassed **1,800 individuals**.

Art in Mental Health Initiatives: Inside Out Project Group Action. At the start of fiscal year 2018/19, MHAEM amplified the agency's participation in the global art initiative by French Artist, JR. IFSS staff formed a community-based committee comprised of mental health consumers, family members, artists, and mental health professionals, and initiated an Inside Out Project Group Action. This committee crafted a stigma busting statement and generated large scale, black and white portraits that were printed by the JR studio. IFSS added an educational dimension to their group action by conducting workshops on the impact of mental illness, the effects of stigma, and the use of art to raise awareness. To date, **56 individuals** have participated in **5 workshops**, generating a total of **31 portraits** and **21 anonymous personal statements**.

With the intention of placing faces of hope and resilience at the forefront of public discussion surrounding mental illness, these portraits were installed at **12 public venues**. Venues included the 18th Annual Legislative Breakfast, sponsored by Essex County Mental Health Coalition, 5 NJ Transit train stations, Bloomfield Harvest Fest 2018, No More Whispers about Mental Illness Festival of Hope at Chilton Medical

Center, Caldwell University's Alumni Theater, and at a Montclair Bounce Festival of Optimism and Resilience Signature Event, exhibited at the Montclair Public Library. A traveling iteration of this group action exhibit was launched in **collaboration with NJ Transit**, when in October 2018, NJ Transit installed 5 of the portraits at Newark Penn Station Track One, alongside contact information for National, State, and County mental health services. The exhibit concluded in June when the portraits were on view at Montclair's Bay Street Train Station walkway.

The project received enthusiastic support from **New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA)**, when the statewide organization hosted a selection of portraits at their headquarters and during their Annual Conference on April 15/16, 2019.

Responses to the various exhibits included the following written comments: "I feel accepted, connected, not alone." "It's okay to be real, this is me.", "There is help, there is hope. Don't give up." "Inspired, thought provoking, emotional – shows the power and light of each individual." "Mental illness has no respect for age, color, sex or belief. Being open will help others to become aware of this silent disease...Thanks."



In April 2019, *My Mother's Keeper Group Art Exhibit* traveled to Caldwell University's Werner Hall Art Gallery, where **27 multimedia art pieces** remain on view for the student body and the general public through August 2019. Inspired by IFSS art therapy work created by women whose mothers were diagnosed with mental illness, the exhibit features work by professional artists, family members, clinicians, and students who share this experience.

Comments by viewers include: "I'm so grateful you finally see me," and "Thank you for inviting people to tell the truth about difficult things." A printed catalog of the show is being used for educational purposes with IFSS family members.

Community Engagement to Promote Mental Health, Wellness, and Resilience. Starting in the autumn of 2018, IFSS staff served on the steering committee for *Montclair Bounce: A Festival of Optimism and Resilience*. IFSS provided an evidence based framework for core principles of the festival, highlighting conditions that may promote resilience. IFSS staff implemented two workshops during the festival. One was a facilitated discussion on the impact of stigma which generated new portraits for the Inside Out Project Group Action called *Out in the Open. In it Together*. The second, *Mandala Journaling for Stress Reduction*, was a hands on expressive arts workshop where participants created their own journals to take home.

Near the close of the fiscal year, IFSS hosted their **First Annual Family Tea Party** to provide an informal, social atmosphere where family members coping with the stress of caring for their loved ones could relax and feel safe, supported, and part of a caring community. Refreshments were provided, family members

were served tea in fine china by IFSS staff and graduate student interns. This event was well received and in alignment with satisfaction survey comments requesting informal gatherings to build support.



Images: Mandala Workshop, My Mother's Keeper Exhibit Werner Hall Gallery, IFSS Family Tea Party

Sussex Program Highlights:

IFSS facilitated **74 family support group sessions** and **17 psycho-educational program sessions**. A new **support group was created in April of 2019** to address the needs of adult children of a parent with a mental illness. This group now meets weekly at the Sussex County Community College. In addition to education provided to families, IFSS staff provided mental health education to the community through **4 Mental Health First Aid Classes** and **3 Crisis Intervention Team Trainings (CIT)** to law enforcement and behavioral health crisis workers. A module on the family's experience was presented to these CIT classes in October and December 2018, and March 2019. In response to the request of the Hardyston Township Municipality, IFSS created a module specifically for **First Responders and Dispatchers** and provided a training on November 7, 2018.

IFSS has created community relationships and collaborations that continue to flourish in Sussex County. These include the **Coalition for Health and Safe Families**, the **Caregivers Coalition**, the **Professional Advisory Committee** and the **Sussex County Mental Health Board**. New networks have also been established with **No More Whispers**, a collaborative network of clergy and behavioral health professionals. In addition, IFSS has connected with **NJ Health Collaborative** to increase advocacy efforts for the mental health needs of individuals and their families

NAMI collaborations: IFSS staff delivered 2 presentations at **NAMI Family-to-Family workshops** this past year. NAMI and IFSS, along with Bridgeway Rehabilitation Services co-sponsored a community educational event entitled: **Social Security Work Incentives: Opening the Door to Employment** in March of 2019. IFSS also hosted a **NAMI, In Our Own Voice** presentation. This year, IFSS and NAMI Sussex collaborated by co-hosting a respite event, resulting in a **Family Picnic**, which was attended by 27 family members active in each of these programs.

Mental Health First Aid (MHFA): Four Courses attended by 57 individuals. The IFSS Coordinator closely collaborates with IFSS of Morris County to provide residents of each county the opportunity to become certified in Mental Health First Aid. The MHFA course is an 8-hour class designed to teach participants how to recognize the symptoms of mental health problems, how to offer and provide initial help and how to guide the individual to professional help if appropriate. Participants included family members, consumers, professionals, and community members.

Psycho-Educational Community Presentations: Of the 17 psycho-educational presentations provided, 3 were provided for families enrolled in the IFSS Sussex program. These were workshops designed to teach families about diagnosis, treatment options, and coping skills they need to know to help their loved one. Additional topics open to the community included: *NJ WINS: Social Security Work Incentives*, *PLAN NJ: Who will care for my loved one when I am gone?* *Relapse Prevention*, and *Medications for Treating Mental Health Conditions* provided by Barbara Apt, MD, the Mental Health Association of Essex and Morris.

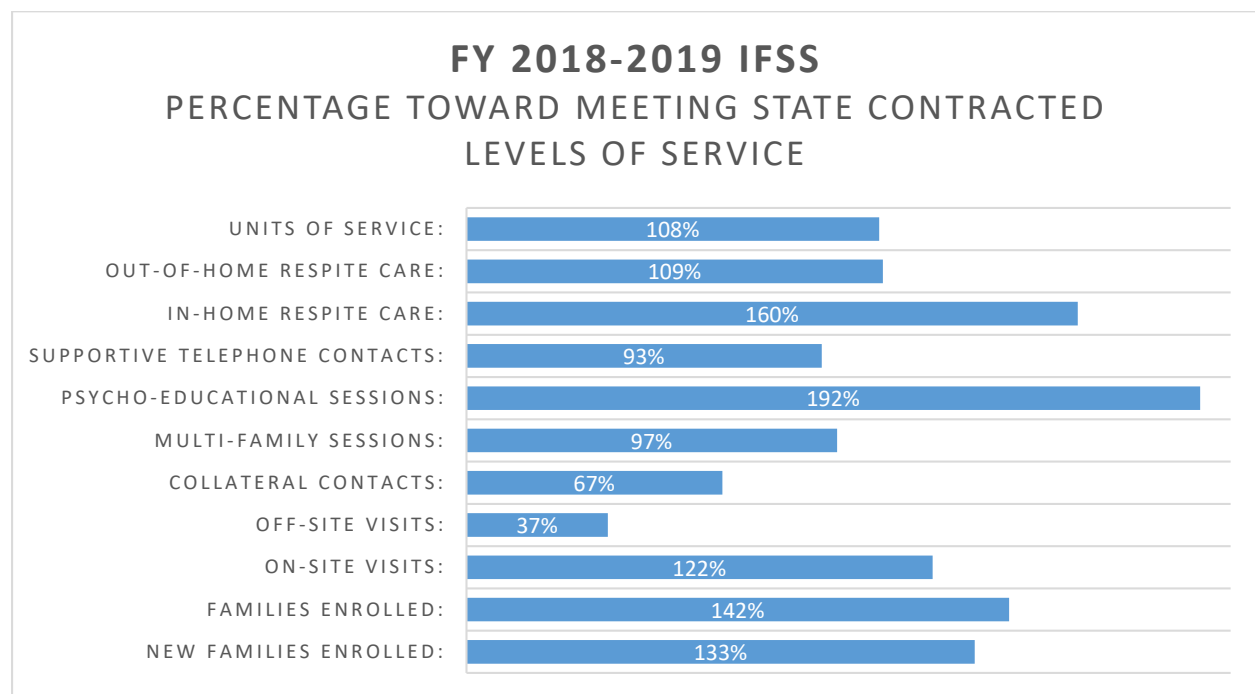
IFSS was invited by the **Kittatiny Regional High School** to present to senior students and their families at their **Community Awareness Night** on January 23, 2019. The IFSS team presented information about schizophrenia and its impact on the family. This presentation had 16 attendees.

As part of a **Northern New Jersey advocacy effort**, IFSS Sussex created a collaboration of sponsorships including Sussex, Essex, Passaic, Bergen, Morris, Warren, and Hudson counties. A **Family Forum** attended by more than **42 families**, behavioral health professionals and community stakeholders was hosted by the MHAEM on May 22, 2019. **The Office of the Public Defender** provided information about a suit filed against the State of New Jersey regarding the inhumane conditions at Greystone Park Psychiatric Hospital.

Performance Outcomes: IFSS Essex

The IFSS Essex program produced 2,272 units of service, 108% of its overall targeted program commitments for the 2018-2019 fiscal year. Off-site home-based contacts 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 (122%) exceeded the contracted levels of service, as did out-of-home respite care (109%), in home respite (160%), and psycho-educational sessions (192%). Multiple Family Support Groups (97%) and Supportive Telephone Contacts (93%) were slightly below expected thresholds.

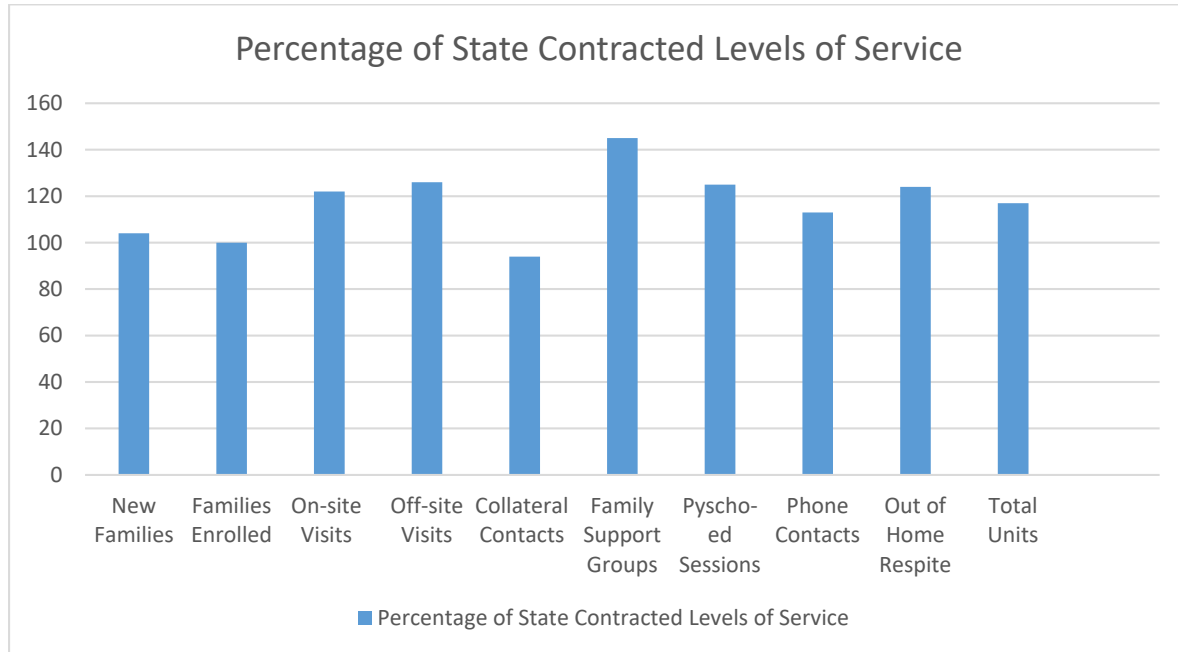
Total # families served:178 Total # individuals served: 234



Performance Outcomes: IFSS Sussex

IFSS Sussex produced 1950 units of service, 117% of its overall targeted program commitments for the fiscal year 2019. The only commitments that were not exceeded by the Sussex team were collateral contacts (94%) and in-home respite (0%). In-home respite historically has not been requested by families in this county and is not included in the chart below.

Total # families served: 75 Total # individuals served: 84



Performance Indicators: IFSS Essex

Accessibility: IFSS continued to ensure easy access of services for all family members by having professional staff on call 24 hours a day, every day of the year, including holidays. In this past fiscal year, **93% of families served** indicated that IFSS staff were available when needed.

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 first contact, was **less than 2 business days**. The average time from this contact to intake was **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 **10% 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 78%. This is an area targeted for improvement in the next fiscal year.

Performance Indicators: IFSS Sussex

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, **100% 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 less **than 2 business days**. The average time from this contact to intake was **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 period. 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 an **average of 9% reduction in stress**. This is a statistically significant reduction.

Technical Data: Monthly chart audits of all active IFSS families were implemented with an annual compliance rate of 94%.

Satisfaction Data IFSS Essex

Satisfaction: Satisfaction with the IFSS Essex program was measured by a NJDMHAS approved instrument that was sent out to approximately 160 IFSS families in May 2018. With a 13% return rate, 20 questionnaires were returned to MHAEM’s QA Coordinator, who aggregated the raw data for further analysis. Results showed that **100% of the families served by IFSS felt they were treated with dignity and respect**. Results also showed that 100% of family respondents felt that staff was courteous and helpful, and 100% felt that staff were competent and knowledgeable. 100% of respondents felt that their concerns were addressed and that staff were sensitive to the problems of having a mentally ill relative. All of the families reported that they learned useful techniques and strategies to help them with their ill family member. All respondents reported that they benefited from the services they received, and 100% would recommend this 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. We have included a small sampling of these comments that were overwhelmingly positive, as follows:

Why would you recommend this program?

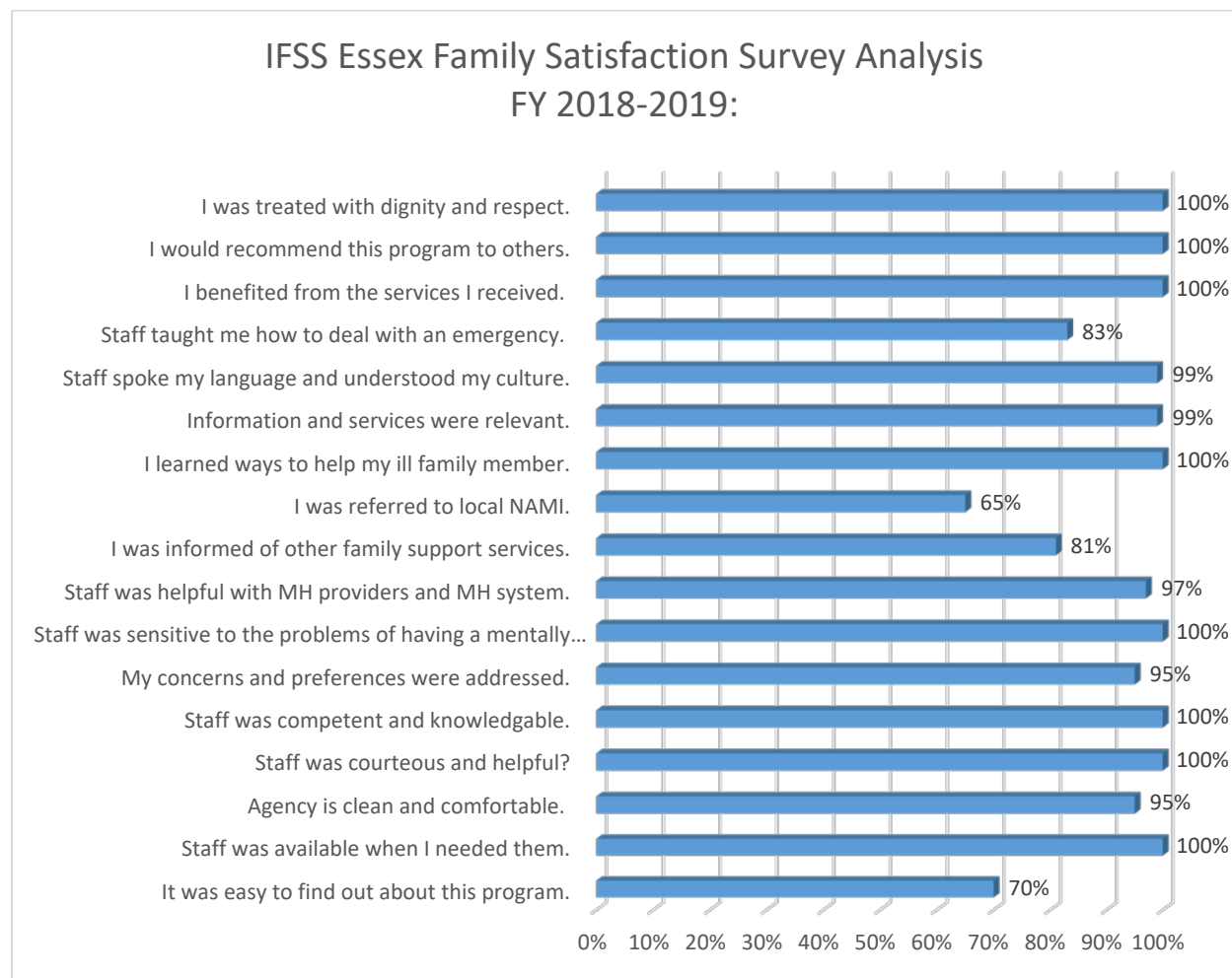
- It’s a lifeline of support.
- I have found this IFSS to be the most useful, practical and empathetic source compared to private providers and other organizations. In the past year or two this group has added some new creative and helpful programs, not all of which I have been able to attend.
- My husband has received counseling and guidance, and we’ve seen significant improvement in communication with our son.

What do you like MOST about the agency?

- The dedicated professionals working there. They go above and beyond to help others.
- Thoughtful, supportive staff.
- Totally dedicated, totally competent.

How has IFSS improved your life since enrolling in the program?

- It has made me feel less scared, sad and hopeless. It has allowed me to look at my mentally ill family members and my emotions around their illness in another way.
- I feel heard, understood and supported.
- I am very happy to have them. I don't feel alone going through this.
- IFSS has actually saved us. It is like finding a treasure. My young son goes weekly with comfort and enthusiasm. He feels so much better. He now has agreed to participate in a group and accept his illness without shame. I also go weekly for family support. My one on one session has enriched my life when I sunk very low. I pinch myself every day to believe this place exists and that we were so fortunate to find it.
- It's imperative to have this support when dealing with ill family members.



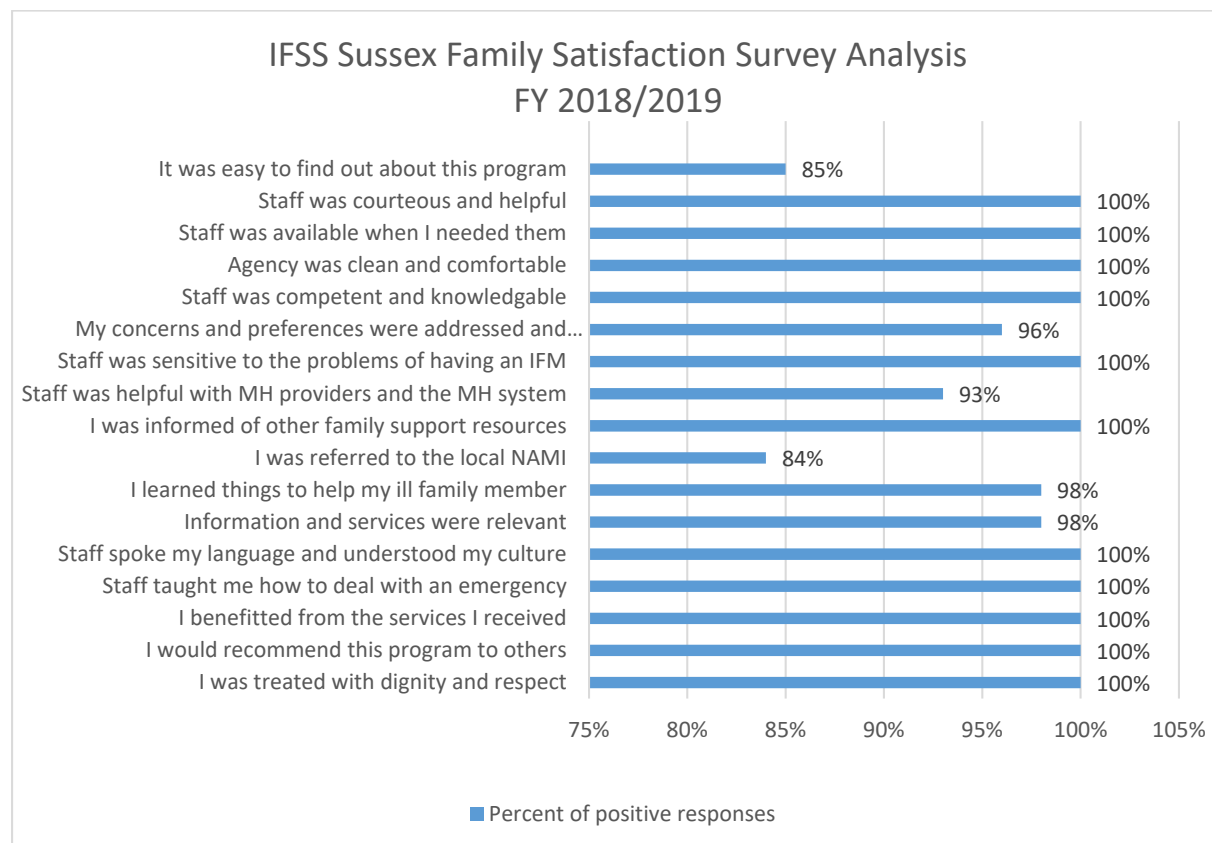
Satisfaction Data-IFSS Sussex

Satisfaction: Satisfaction with the IFSS program was measured by a NJDMHAS approved instrument that was sent out to approximately 36 IFSS families in May 2019. With a 53% return rate, 19 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 also showed that 100% felt they benefited from the services they received, and 89% agreed that staff

taught them how to deal with an emergency. 18 out of 19 (95%) of respondents felt they were able to learn things to help their ill family member. 100% indicated that IFSS staff were sensitive to the problems of having a relative with mental illness, and 100% of all families 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. Commonly expressed comments from families describe the high need for families to learn coping skills and receive support from staff and other families. Families expressed that services provide them with increased hope. Data analysis indicated an ongoing need to raise awareness with the community and with providers of behavioral health services to help make it easier for families to find out about available help.

Comments from FY 2018-2019 IFSS Sussex Family Satisfaction Survey:

- It's given me so much insight into my spouse's condition and how I can cope and help.
- Someone will always talk to me when I need it most. This has been invaluable.
- IFSS provides a "non-judgmental environment while providing a supportive and positive outlook on issues."
- Convenient location and availability of staff support
- IFSS was my saving grace when I had no answers.
- I find it very beneficial to discuss personal problems within the group and on a one-to-one when needed.
- They have helped me through many crises.
- IFSS makes the mental health journey much less lonely and overwhelming.
- I have a better understanding of my family member's illness and I have learned to accept the situation more easily.



II. IFSS Out-of-Home Family Respite Services “Thursdays” Consumer Drop-In Center 2018-2019

Description: “Thursdays” is a consumer drop-in center that meets every Thursday for 2.25 hours from 6:30PM to 8:45PM. Through this service, IFSS families are provided with 2.25 hours of out-of-home respite and relief from caring for their loved ones with a mental illness. IFSS families are also comforted in the knowledge that their loved one is getting out of the house and making positive social connections with their peers, both critical to wellness and recovery.

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

Highlights and Data: For the **21st** consecutive year, “Thursdays” continues to operate primarily as an IFSS family respite service. Families take comfort in knowing that their loved one is able to get out of the house, socialize, and be surrounded with positive supportive people. Throughout the year, the consumers who attend “Thursdays”, plan and participate in many diverse activities. These “wellness” activities include walks in the park, interactive presentations on health, chair yoga, and guided meditation. There continues to be artistic and enjoyable activities such as karaoke along with a backyard BBQ. With a continued emphasis on fresh fruit, vegetables, and physical exercise, “Thursdays” continues to espouse a wellness philosophy that promotes healthy eating and positive lifestyle choices.

A total of **71** non-duplicated consumers attended this drop-in center over the past fiscal year. An average of **15** consumers attended “Thursdays” each week. A total of **10** different IFSS families received this specialized out-of-home “respite” service during this past fiscal year.

III. 2018-2019 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. Family Support Specialist and (1) Part-Time Project F.ER.S.T. Counselor

Highlights: Project F.ER.S.T. produced 390 units of service, 92% of the target amount of units for this past fiscal year. **A total of 213 families, 112%** of the target number, were served both onsite in hospital emergency rooms and offsite at the MHAEM office. 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 conducting in-service trainings for the clinicians and social workers on the inpatient units at Mountainside Hospital and Newark Beth Israel Hospital. Both presentations afforded an opportunity for hospital staff to improve their understanding of acute care family support services and increase opportunities for collaboration.

Project F.ER.S.T. has also maintained a consistent presence at monthly meetings of the Essex County Systems Review Committee, which has provided an ongoing opportunity to interface and collaborate with providers in the community. During this past fiscal year, Project F.ER.S.T. has been active in the local Montclair community, increasing awareness of acute care family support services among community entities, including school and town personnel.

Performance Outcomes – Project F.E.R.S.T.:

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 less than 24 hours.**

In an effort to obtain feedback on the services that Project F.ER.S.T. provides, a survey was administered to hospital emergency rooms and screening centers. Feedback included efficient and effective services. The providers all strongly agreed that Project F.ER.S.T. staff is professional and prompt, organized, respectful and works collaboratively with their crisis teams. Mountainside Hospital and East Orange General Hospital reported that Project F.E.RS.T. is a “necessary benefit for patients and their families” and “a valuable asset in dealing with the family members in our hospital.” Newark Beth Israel Hospital reported that “Project F.ER.S.T. is always reaching out to promote services and the collaboration of our ER/PESS, utilizing their services alongside ours to benefit the consumers/families.”

Outcome Data:

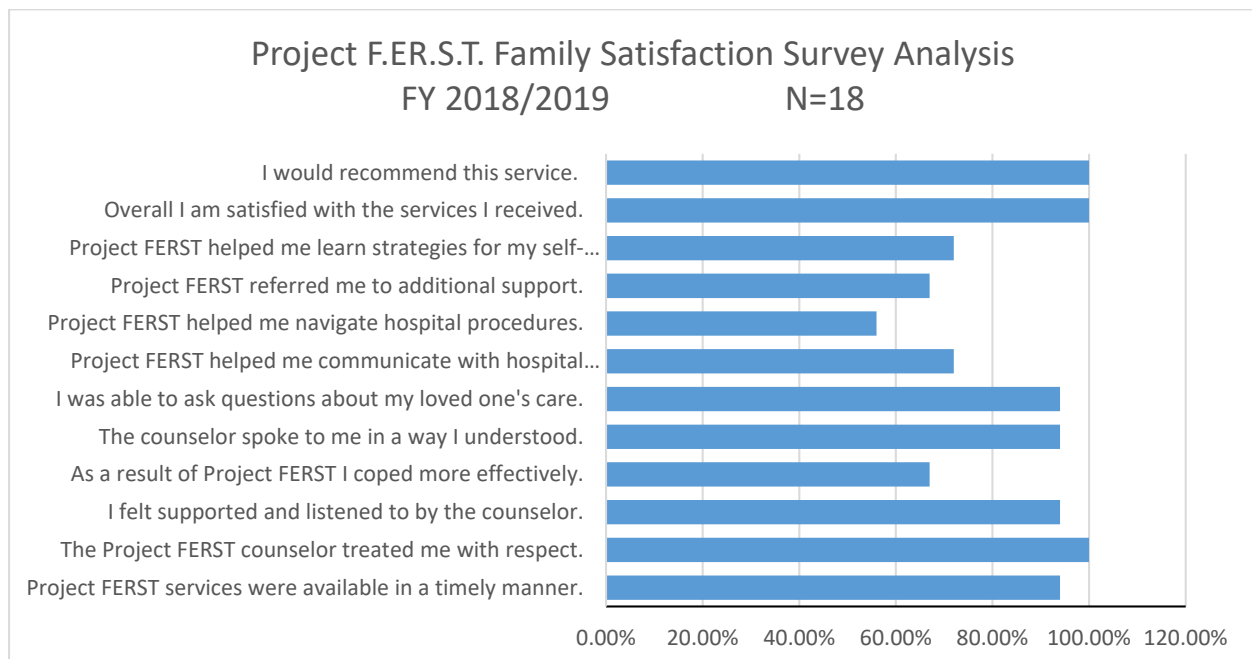
Accessibility: Project F.ER.S.T. staff continued to provide on and offsite direct face-to-face services for families in local emergency rooms from 9:00AM until 9:00PM, Monday through Friday. On-call telephone consultation services were also available to families 24 hours a day, 7 days a week, through a rotating staff on-call schedule.

Satisfaction: In order to ensure 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 FY18-19, 18 surveys were returned out of 200 sent, resulting in a 9% 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 F.ER.S.T. program to others. **100% were overall satisfied with the services they received.** 100% agreed that they were treated with respect by the Project F.ER.S.T. counselor. 92% reported they coped more effectively with their loved one’s hospitalizations as a result of receiving Project F.ER.S.T. services. 100% felt supported and listened to by the Project F.ER.S.T. counselor.

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

- “Project F.ER.S.T. has been a god-send, a true and reliable support and is always available! The staff’s perspective, insight and positivity have really helped us through our struggle. I would highly recommend Project F.ER.S.T. to families.”
- “Project F.ER.S.T. was referred to me by the crisis department when my wife was distraught, and so was I. Since then Project F.ER.S.T. has stayed in contact and has been there for me. Project F.ER.S.T. is an asset to your organization.”
- “Project F.ER.S.T. staff was very patient and tactful in helping my ex-husband and I focus on how to best help our son. They had the disposition necessary to communicate to both of us, as well as the heart and compassion.”
- Project F.ER.S.T. is amazing... extremely knowledgeable and intelligent; and just as importantly kind and caring—in every respect and way beyond anything I could have hoped for. I am filled with admiration and gratitude.”



Ongoing Challenges for FY19-20:

Project F.ER.S.T. will continue to outreach local hospital emergency rooms to foster relationships with the crisis teams at each hospital. A number of hospitals have undergone significant staff changes at the end of the 2018-2019 fiscal year, which presents a challenge and need for continued relationship building and marketing of services. To this end, Project F.ER.S.T. will prioritize these hospitals by reaching out to crisis staff as well as psychiatric screening coordinators on a regular basis. Project F.ER.S.T. will continue to maintain a strong partnership with Mountainside Hospital, whose entire crisis team routinely refers family members for on-site emergency room support.

IV. East Orange School-Based Counseling

Description: For the FY 2018-2019, 1 Licensed Social Work clinician plus 3 graduate social work interns 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 2018 to June 2019, school-based clinicians provided a combined total of 640 direct service hours, counseling students in the East Orange schools. A total of 92 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. 2018-2019 Montclair Child Development Center - Mental Health Consulting

Description: In this last fiscal year, the MHAEM continued to provide 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 programs. 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. Whenever 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.

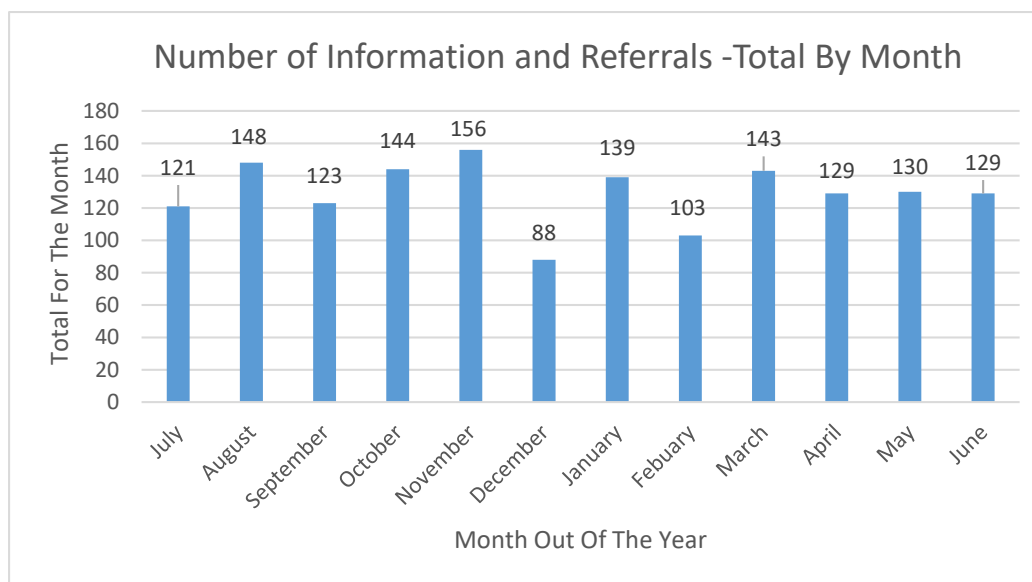
Outcome Data: Over the 2018-2019 school year, a total of 51 unduplicated students and their families were referred for mental health consultation services. Despite clinician's efforts, only a handful of teachers and parents were able to return a completed set of surveys on social and behavioral changes they observed over the course of the year. Similar to last 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.

VI. Information and Referral Services 2018-2019

Description: The Information and Referral (I&R) 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 **1,563 documented requests for information and referral** were received in this 2018-2019 fiscal year. This is a 16% increase in I&Rs received from the last fiscal year. Once again, a significant majority of all I&Rs were related to requests for outpatient treatment. During the past fiscal year, staff of the IFSS and Project F.E.R.S.T. programs continued to provide information about mental illness and mental health resources to participants of several community health fairs.



ASSISTED OUTPATIENT TREATMENT (AOT)

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

Personnel

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

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

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

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

Caseload

Essex

As of June 30, 2019, there were twenty-nine (29) active cases. During fiscal year 2019, seventy-six (76) referrals were enrolled into the AOT program. Sixty-six percent (66%) of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings. Thirty percent (30%) were made through conversion hearings at long term facilities, i.e., Essex County Hospital Center (ECHC) and/or state hospitals. The remaining four percent (4%) of the referrals were labeled "other", i.e., transfers or jail.

Sussex

As of June 30, 2019, there were nineteen (19) active cases. During fiscal year 2019, fourteen (14) referrals were enrolled into the AOT program. Sixty-four percent (64%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Twenty-two percent (22%) were made through conversion hearings at other hospitals. Seven percent (7%) were state hospital referrals and seven percent (7%) of the referrals were made through the designated screening facility.

Morris

As of June 30, 2019, there were twenty-six (26) active cases. During fiscal year 2019, thirty-eight (38) referrals were enrolled into the AOT program. Twenty-two (22%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Fifty-three percent (53%) were made through conversion hearings at other hospitals, three percent (3%) were made through screening, and twenty-two percent (22%) 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-five percent (45%) female and fifty-five (55%) male; the Sussex caseload was sixty-three percent (63%) male and thirty-seven percent (37%) female; and the Morris caseload was thirty-five percent (35%) female and sixty-five (65%) male.

Ethnicity

At the end of the fiscal year AOT Essex provided services for fifty-eight percent (48%) African-Americans, seven percent (7%) Hispanics, thirty-five percent (35%) Caucasians and ten percent (10%) Asians. AOT Sussex provided services for seventy-nine percent (79%) Caucasians, ten percent (10%) African-Americans, and eleven percent (11%) Hispanics. AOT Morris provided services for sixty-two (62%) Caucasians, sixteen percent (17%) African-Americans, four percent (4%) Asians, and seventeen percent (17%) Hispanics.

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

Age

AOT Essex serviced twenty-four percent (24%) of individuals between the ages 18-29, seventeen percent (17%) were between the ages of 30-39, seventeen percent (17%) were between ages 40-49, twenty-eight percent (28%) were between ages 50-59, and fourteen percent (14%) were above age 60.

AOT Sussex serviced nineteen percent (19%) individuals between the ages 18-29, thirty-five percent (35%) were between the ages of 30-39, and forty-six percent (46%) were above the age of 40.

AOT Morris serviced twenty-nine percent (29%) individuals between the ages 18-29, twenty-four percent (24%) were between the ages 30-39, and forty-seven percent (47%) were above the age of 40.

Performance Outcomes

Essex

In its seventh year of operation, AOT Essex has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT developed a baseline measure for the number of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2019, each month one (1) individual will be referred from local screening

centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

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:

- 9% 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%
- 1% of enrollees were arrested: Monthly Threshold \leq 7%
- 1% 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.”

Sussex

In its fourth year of operation, AOT has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT developed a baseline measure for the number of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2019, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

- 2% 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%
- 3% of enrollees were voluntarily hospitalized: Monthly Threshold $<$ 7%
- 0% of enrollees were homeless: Monthly Threshold $<$ 7%
- 100% of AOT consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

Morris

In its fourth year of operation, AOT has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT developed a baseline measure for the number of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2019, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

- 1% 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%
- 1% of enrollees were incarcerated: Monthly Threshold \leq 7%
- 1% 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.”

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 or comprehend the questions and submit back to program director.

Essex

In AOT Essex, approximately twenty-four (24) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). However, only sixteen (16) consumers responded. This accounts for a sixty-six percent (66%) response rate.

Gender

Of the sixteen (16) consumers that responded to the surveys; five (5) were male (31%) and eight (8) were female (50%). Three (3) consumers (19%) did not disclose their gender.

Ethnicity

Twenty-five percent (25%) of these consumer’s identified as African-American, twenty-five percent (25%) identified as Caucasian, ten percent (10%) identified as Hispanic, and thirteen percent (13%) identified as Asian. An additional twenty-one percent (21%) 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 21-72 years old. The mean age for the consumers was 39 years old.

Spend enough time on visits

Thirteen (13) consumers (82%) 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

Thirteen (13) consumers (82%) 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

Twelve (12) consumers (80%) 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

Thirteen (13) consumers (82%) 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

Ten (10) consumers (62%) indicated that they were in a better situation since AOT started to help them, and that the consumers have been provided with resources and support to avoid hospitalization. The overall satisfaction for this category was 4.5 out of a possible 5.0 (90%). 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)

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

Sussex

Approximately twenty (20) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the twenty (20) surveys, thirteen (13) consumers responded. This accounts for a sixty-five percent (65%) response rate.

Gender

Of the thirteen (13) consumers that responded to the surveys; seven (7) are male (54%) and six (6) are female (46%).

Ethnicity

Of the thirteen (13) consumers surveyed, eight (8) identified as Caucasian (61%), one (1) as African American (8%), and four (4) as other (31%). The ethnicity of the respondents mirrors that of our caseload.

Age

The exact age of the consumers was collected. The ages ranged from 21-72 years old. The mean age for the consumers was 39 years old.

Spend enough time on visits

Seven (7) consumers (54%) indicated that they “strongly agree” that enough time is spent on visits. The overall satisfaction for this category was 4.46 out of a possible 5.0 (89%). These results indicate that sufficient time is spent with consumers to ensure adequate monitoring and support is offered.

Includes in decisions regarding treatment

Seven (7) consumers (53%) indicated that they “strongly agree” that they are included in decisions regarding treatment. The overall satisfaction for this category was 4.46 out of a possible 5.0 (89%). The results indicate that both staff and consumers are collaborating when discussing treatment.

Able to freely voice issues and concerns regarding treatment

Five (5) consumers (39%) indicated they “strongly agree” they are able to freely voice issues and concerns regarding their treatment. The overall satisfaction for this category was 4.6 out of a possible 5.0 (92%). 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

Nine (9) consumers (69%) indicated they “strongly agree” they are treated with respect. The overall satisfaction for this category was 4.69 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

Eight (8) consumers (62%) indicated that they were in a better situation since AOT started to help them, and that the consumers have been provided with resources and support to avoid hospitalization. The overall satisfaction for this category was 4.5 out of a possible 5.0 (90%). 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)

Eight (8) consumers (61%) indicated that they “strongly agree” they are satisfied with AOT services. The overall satisfaction for this category was 4.62 out of a possible 5.0 (92%).

Morris

Approximately twenty-one (21) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the twenty-one (21) surveys, approximately fourteen (14) consumers responded. This accounts for a sixty-six percent (66%) response rate.

Gender

Of the fourteen (14) consumers that responded to the surveys; ten (10) are male (71%) and four (4) are female (29%).

Ethnicity

Of the fourteen (14) consumers surveyed, eight (8) identified as Caucasian (57%), two (2) as African American (14%), three (3) as other (21%), and one (1) as Hispanic (8%). 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 40 years old.

Spend enough time on visits

Thirteen (13) consumers (94%) 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

Twelve (12) consumers (82%) 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

Twelve (12) consumers (82%) indicated they “strongly agree” they are able to freely voice issues and concerns regarding their treatment. The overall satisfaction for this category was 4.8 out of a possible 5.0 (96%). 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

Thirteen (13) consumers (94%) indicated they “strongly agree” they are treated with respect. The overall satisfaction for this category was 4.93 out of a possible 5.0 (99%). 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 (78%) indicated that they were in a better situation since AOT started to help them, and that the consumers have been provided with resources and support to avoid hospitalization. The overall satisfaction for this category was 4.7 out of a possible 5.0 (94%). 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)

Eight (8) consumers (57%) indicated that they “strongly agree” they are satisfied with AOT services. The overall satisfaction for this category was 4.6 out of a possible 5.0 (92%).

AOT Highlights

Essex

- During the past fiscal year, fifteen (15) consumers were able to successfully accomplish their goals with the least amount of intervention from AOT and graduate from the program
- AOT successfully completed an audit by the Division of Mental Health and Addiction Services (DMHAS).
- AOT continued to collaborate with and educate staff at all Essex County Screening Centers, six Short Term Care Facilities, Essex County Hospital Center (ECHC), state psychiatric institutions and private hospitals.
- Program Director met with county adjuster in order to discuss ways to better collaborate
- Program met with various hospitals in the community in order to educate hospital staff about AOT.
- AOT met with several outpatient mental health treatment providers, as well as housing and substance abuse treatment providers, to educate them on this program.
- AOT consumers, in collaboration with all other MHAEM adult programs, attended a 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, sixteen (16) consumers were able to successfully accomplish their goals with the least amount of intervention from AOT and graduate from the program.
- AOT continued to collaborate with and educate staff at the Saint Clare’s Behavioral Health inpatient unit and screening center, as well as Greystone Park Psychiatric Hospital (GPPH).
- AOT met with several outpatient mental health treatment providers to educate them on this program.

- AOT hosted the Mental Health Association of Oklahoma as a collaborative effort to provide information regarding program procedure and function. MHAEM AOT served as an example and educator on program functionality such as court proceedings and documentation.
- Program Director provided presentation to Morris County Prosecutor's Office and the Public Defender's Office.
- AOT consumers, in collaboration with all other MHAEM adult programs, attended a wonderful picnic/BBQ at Hedden Park, holiday party held by Holiday Express, and participated in the Consumer Achievement Awards.

Sussex

- During the past fiscal year, four (4) consumers were able to successfully accomplish their goals and graduate from the program.
- AOT hosted the Mental Health Association of Oklahoma as a collaborative effort to provide information regarding program procedure and function. MHAEM AOT served as an example and educator on program functionality such as court proceedings and documentation.
- Program Director continued to attend rounds at Short Term Care Facility at Newton Medical on a regular basis in order to collaborate and educate staff.
- AOT continued to collaborate with and educate staff at the Newton Medical Center's inpatient unit and screening center.
- Program Director presented at the Sussex County Mental Health and Substance Abuse Board Meeting.
- Program Director provided trainings on AOT to several outpatient mental health treatment providers to educate them on this program.
- Program Director became Crisis Intervention Team (CIT) certified and also provides mental health trainings for new CIT classes.
- AOT continues to collaborate with local law enforcement agencies to utilize Crisis Intervention Team (CIT) trained officers to successfully respond to clients during times of crisis.
- AOT graduate was selected for an interview with Kaiser Health News on their personal experience with AOT and her success maintaining stability in the community.
- AOT consumers in collaboration with all other MHAEM adult programs, attended a picnic at Hedden 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 convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings is to meet with counterparts in other counties to discuss ways to increase

effectiveness of the program, review service delivery concerns and to obtain needed updates on practices, and protocols of the IOC programs.

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

Essex

- **High Recidivism Committee** is a subcommittee of the Systems Review Committee. It is designed to discuss those individuals that are frequenting many of the service providers. A collaborative discussion takes place to determine ways to effectively work to assist these consumers in maintaining stability.
- **Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task Force Meeting** is a monthly meeting with Essex County Drug and Alcohol task force to develop ways in which to better assist MICA clients in Essex County through education and training programs.

Morris

- **Acute Care Meeting** is a monthly meeting convened by the Director of Screening Services at Saint Clare's Behavioral Health. The purpose of these meetings is to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of the mental health system in the county.

Sussex

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

Upcoming Year Recommendations

Essex, Morris & Sussex

- AOT staff will work on increasing the total number of contacts with consumers, their families and service providers.
- AOT will continue to work closely with the Public Defender's Office to increase collaboration for consumer success.
- AOT will continue to collect data and will closely monitor all performance indicators.
- AOT will continue to work closely with community providers and DMHAS to refine the process and legislation for IOC.
- AOT will continue to advocate for IOC consumers to be successfully linked to better housing.
- AOT will continue to work with consumers to empower them to reach their goals in order to successfully graduate from the program.

- AOT will conduct psychoeducation groups for consumers and family to increase awareness and knowledge.
- AOT will continue to complete psychiatric evaluations with focus on trauma informed care practices.
- AOT will attend any relevant trainings to increase their knowledge in best practice measures.
- AOT will continue to conduct trainings and presentations as needed to those wanting to learn the role of AOT.

Projects for Assistance in Transition from Homelessness (PATH)

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

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

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

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

Caseload

Since July 1, 2018, PATH outreached a total of seven hundred and sixty-three (763) homeless and those imminently at-risk of homelessness across both counties. Of those outreaches, 338 consumers received case management services through the PATH program. PATH provides weekly outreaches in the community including all townships spanning from the farthest corner of Essex County to the farthest point of Morris County wherever homeless are reported. Areas outreached include but are not limited to: Newark International Airport, Newark Penn Station, Morristown and Dover train stations, and other local stations, local drop-in centers (including Salvation Army Montclair and North Jersey Community Research Initiative (NJCRI), Edna's Haven, Our Promise Community Soup Kitchen Dover Faith Kitchen), as well as other local churches and soup kitchens.

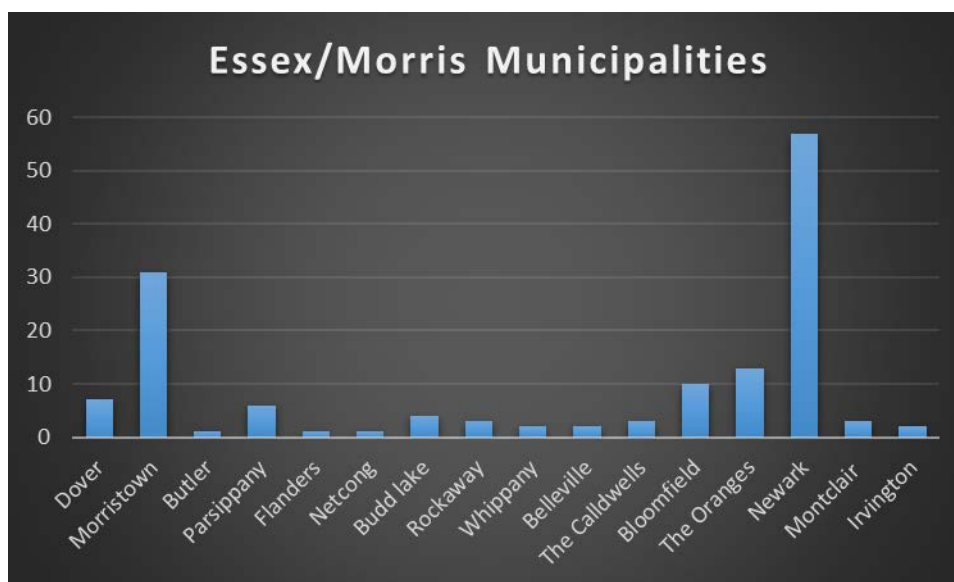
Referrals were received from all local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, and Saint Michael's Medical Center, Morristown Medical Center, Saint Clares Hospital, Summit Oaks, Bergen Regional, Chilton Hospital, as well as outpatient treatment centers), local police departments including Montclair, East Orange, West Orange, Orange, Irvington, Caldwell, Verona, Nutley, Essex County Sheriff, NJ Transit Police, NJ/NY Port Authority Police, Morristown, Dover, Jefferson, Parsippany,

Budd Lake, Netcong, Lake Hiawatha and any other municipality that identifies homeless as well as other social service providers. Referrals are also obtained through the Coordinated Entry wait list.

Demographics

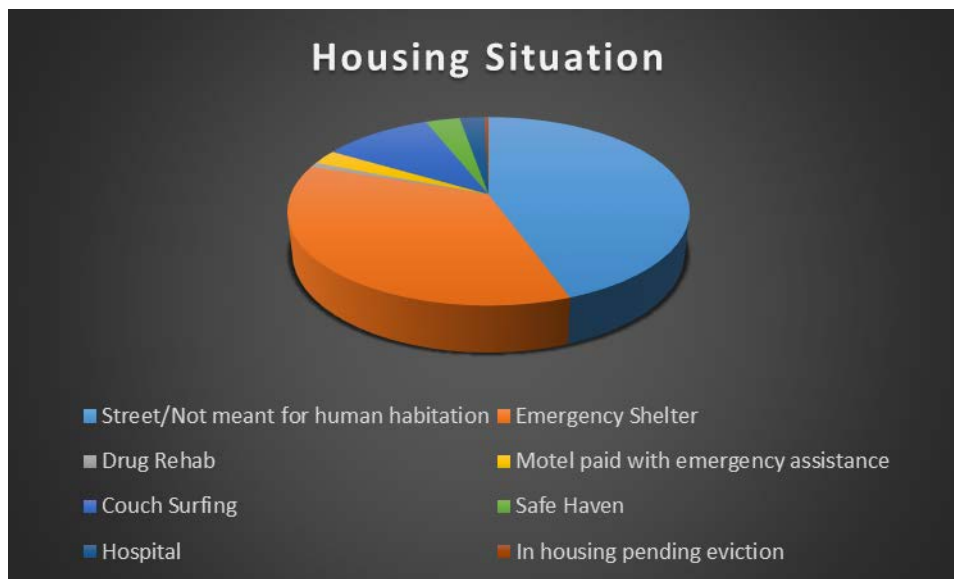
On June 30, 2019, the active caseload for PATH Essex and Morris was one hundred fifty-one (151). On this date, there were 85 males (56%), and 62 females (41%), and 4 transgender (.02%). The self-reported ethnicities of the consumers were as follows: Hispanic/Latino 46 (30%) and Non- Hispanic/Latino 63 (41%). The self- reported races of the enrolled consumers with PATH were as follows: Multiple Races 7 (.04%), Other 1 (0%), Caucasian 54 (36%), African American 46 (30%) and Asian 0 (0%). Others serviced did not wish to provide this information.

PATH makes every effort to provide services to homeless consumers throughout Essex and Morris counties with the understanding that homelessness does not only afflict consumers in the urban municipalities. The following reflects the number of consumers per municipality in Essex and Morris County where they reported they slept the night before being outreached by PATH: two Orange; two Belleville; three The Caldwell's; ten Bloomfield; one West Orange; six Irvington; ten East Orange; fifty-seven Newark; three Montclair; seven Dover; thirty-one Morristown; three Rockaway; one Butler; six Parsippany; 1 Flanders; 1 Netcong; 4 Budd Lake; 2 Whippany.



Consumers outreached by the PATH program reported sleeping in the following locations the night before engagement; street or place not meant for human habitation 339 (44%), emergency shelter 273 (36%), Safe Haven 25 (3%), drug rehab 6 (0%); motel paid with emergency assistance 19 (2%), couch surfing 80 (10%), inpatient hospital 18 (2%), housing pending eviction 3 (0%).

Seventy-three (22%) of enrolled consumers met the definition of “chronically homeless” set forth by the Department of Housing and Urban Development (HUD), meaning being homeless for one year or more or having experienced four periods of homelessness in the past three years totaling at least twelve months.



Personnel

PATH Essex services are provided by 1 Director, 1 Master’s 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.

PATH Morris services are provided by 1 Master’s Level Director, 1 Program Coordinator, 1 Peer Outreach Case Manager, 4 Case Managers and 1 Part-Time Resource Navigator for Coordinated Entry. Staff are culturally diverse and represent the consumers served. PATH has one staff fluent in Spanish. In the event a case manager is unavailable for live translation, staff utilize a Language Line which is capable of translating 200 languages.

Performance Outcomes

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

As tracked by the QA Committee, PATH’s performance indicators measure the number of homeless reached through outreach in the community and the number of homeless engaged in PATH services. PATH performance indicators also measure linkages for enrolled consumers to

community mental health, substance abuse treatment, financial benefits, temporary housing, permanent housing, medical/dental treatment, and rehabilitation/habilitation services.

During this fiscal year, PATH Essex and Morris outreached 763 individuals or 85% of the contract commitment and serviced 338 individuals or 103% of the contract met. During the past fiscal year, PATH successfully linked consumers to the following services; 106 to Community Mental Health, 34 to substance abuse treatment; 71 to financial benefits, 86 to temporary housing; 60 to permanent housing, 38 to medical/dental, and 19 to rehabilitation/habilitation services.

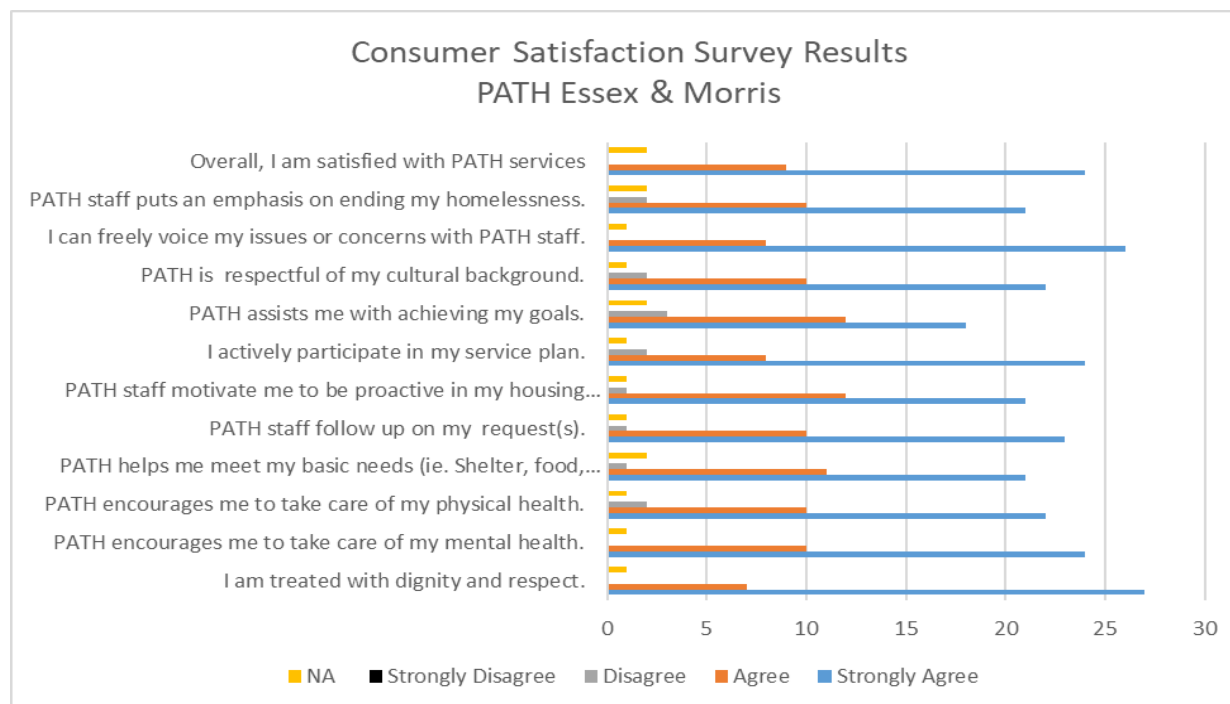
In addition, 100% of PATH enrollees in Essex and Morris Counties were educated on “Summer Heat and Sun Risk” and were provided at least quarterly or at medication change, medication education and support.

Consumer Satisfaction Survey

Approximately 35 satisfaction surveys were completed by consumers enrolled in the PATH program. Many more surveys were offered but were declined. Consumers surveyed reported an overall (91%) satisfaction with services provided by the PATH program.

SURVEY DEMOGRAPHICS

Of the 35 responses, 57% were female and 43% were male. The average age of respondents was 49 years old; 40% were African American, 40% were Caucasian, 6% were Hispanic, 0% were Asian, 14% were other mixed race.



PATH Highlights

MHAEM's PATH program has been servicing the homeless in both counties as one entity since August 1, 2017. This year our most proud accomplishment is seventy-nine (79) chronically homeless individuals with severe and persistent mental illness and co-occurring substance abuse disorders have a place to call home.

Essex

- PATH outreach staff participated in this year's Essex County Project Homeless Connect. During this event, PATH staff were able to outreach over 100 homeless individuals and provide care packages that included toiletries, snacks, and 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 (NJTPD) 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 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 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.

Morris

- PATH Director and staff organized and staffed this year's Morris County Project Homeless Connect as we have for the past 9 years. During this event, PATH staff were able to outreach over 168 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 388 homeless individuals and families were

counted which is approximately a 2% decrease from the previous year, and 65 individuals were reported chronically homeless, which remained the same since last year.

- PATH Director worked with the College of St. Elizabeth to obtain volunteers for the Point-In-Time count to give students studying social services an opportunity to see the efforts that are made to resolve homelessness.
- The PATH team attended to the local warming centers to provide assessment for services during Code Blue. Staff ensured that all unsheltered individuals had a place to stay on the nights Code Blue was called.

Advocacy

Essex

- PATH Director was a part of the 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. As of April 15, 2019, PATH has a new Director. The new Director will not be a part of the Outreach Committee Chair but will attend all CEAS meetings as scheduled.
- 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 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

- Member of the Morris County CoC/CAS (Community Assistance Services) Committee - This committee is tasked with planning and coordinating the delivery of emergency services to the homeless and those at risk of homelessness.
- PATH Director remains chair of the Project Homeless Connect/Everyday Connect Committee. This is a subcommittee of the CoC/CAS used to organize and plan the county annual Project Homeless Connect Event as well as coordinate service providers to visit local drop in center sites on a rotating basis to allow "everyday access" to needed services for the homeless.

- Member of the CoC/CAS's Coordinated Assessment Committee. This is a subcommittee of the CoC/CAS and is used to develop a HUD mandatory coordinated entry (No Wrong Door) into the homeless service system.
- Member of the CoC/CAS's Data Quality and Performance Evaluation Committee. This is a subcommittee of the CoC/CAS and is used to track homeless systems and housing systems quality of care and compliance with contracts.
- Member of the Code Blue subcommittee tasked with improving the procedure for Morris County which resulted in a small committee developing to include partnering with local service providers, Office of Temporary Assistance, local fire departments and the Office of Emergency Management and to develop a solution to meet the new legislative mandate to provide warming centers in municipalities that have 10 or more homeless residents. No reported environmental deaths occurred this year.
- Quarterly DMHAS's PATH Coordinators' Meeting.

Edna's Haven Resource Center (Morris)

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

Edna's Haven resource center was founded in January 2012 and is open from 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 restrooms, computer and Wi-Fi access, movies and a variety of enrichment activities. From the moment they walk in the door, regardless of how much information they are willing to share, they can begin receiving assistance immediately with no formal intake process. The center is equipped with resource materials of various community service providers for linkage and referral based on the individuals need. Services provided include but are not limited to, skills groups, presentations by third party service providers, health screenings, job searching/resume writing, transportation resources including bus passes, assistance with locating temporary shelter, food and clothing. Edna's Haven also serves as a mailing address for homeless individuals to ensure they receive important mail pertaining to benefits, health care and other entitlements.

When a person enters the center, Edna's Haven Coordinator is there to greet them 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.

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

Caseload

Edna's Haven uses a drop in center model and does not hold a formal caseload. 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 Master's Level PATH Morris Director, one Part-Time Bachelor's Level Coordinator, one Bachelor's Level Resource Navigator, 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

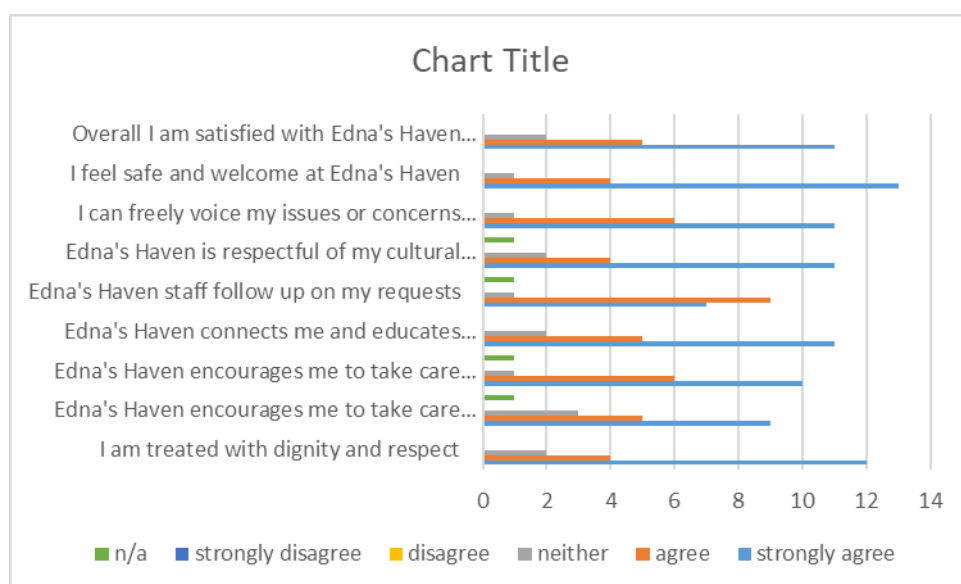
Edna's Haven participates in the agency-wide Quality Assurance Committee (QA) which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHAEM program. During this fiscal year Edna's Haven provided 441 linkages to services and resources to individuals who visited. The center sees an average of 10-20 individuals per day and is able to link each person to at least one service or resource per day.

Consumer Satisfaction Survey

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

SURVEY DEMOGRAPHICS

Of the 18 responses, 4 (22%) were female and fourteen (77%) were male. Ages ranged from 35 to 70 years old, average of 46 years old. 4 (22%) of consumers identified as African American, 12 (67%) identified as Caucasian, 12 (11%) identified as Hispanic, and 1 (.05%) identified as other.



Edna's Haven Highlights

- The center was open during all severe weather in order to provide a safe warm place for homeless individuals. Warm beverages and food were provided during severe weather events. Edna's Haven Coordinator acts as a liaison to the Dover warming center during code blue and creates a list of all individuals in need each night to utilize the warming center.
- The center partnered with Atlantic Health System to have free quarterly HIV screenings along with counseling services to discuss results.
- Edna's Haven was featured in a piece in the Citizen paper highlighting the efforts the center makes to help the homeless population.

- Held multiple events and served a variety of food and beverages as well as giveaways including winter coats, blankets, scarfs, hats and hand warmers. In the warmer months, guests were provided with sunscreen, bug spray and chapstick.
- Edna's Haven Coordinator assembled emergency meal kits with non-perishable food donated through various churches in the county to distribute to individuals on an as needed basis.
- Center for Addiction and Recovery Services (CARES) holds weekly all recovery meetings at the center 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 2-3 times a month to provide free medical and dental screenings.
- Acted as a hub for linking all interested individuals to a Section 8 and other rental assistance lottery. Individuals were assisted with applying for Section 8, as well Boonton and Dover housing wait lists. Eight individuals were selected for the wait list as a result of this effort.
- Operation Chillout donated 50 backpacks filled with thermal clothing, sweats, hats, gloves and scarfs for the homeless.
- Edna's Haven Coordinator responded to the Dover fire and assisted the Red Cross with screening individuals for needs and providing referrals to local resources to help families displaced in the crisis. In addition, three Spanish speaking staff went for two days to assist with translation in order to help the Red Cross communicate with the victims.

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 Educational Assistance Fund
- XII. Peer Support to Greystone

I. Community Education – Mental Health First Aid

Description: Mental Health First Aid (MHFA) is a nationally recognized program that trains individuals to recognize signs of mental distress and offer appropriate assistance. MHFA is an 8-hour course that provides an official certification for individuals that complete it. MHFA training is offered to churches, companies, community organizations, or any other group interested in learning more about how to recognize signs of mental distress and how to effectively intervene to help someone who might be experiencing a mental health crisis. We also provide community education programs to alleviate the stigma of mental illness.

Personnel: 1 master's level Program Director, 1 master's 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 12 separate 8-hour Mental Health First Aid classes in either the senior, adult or youth module and certified 172 individuals as Mental Health First Aiders. In addition to providing resources and services, the MHAEM provided training and presentations to over 30 schools, houses of worship, healthcare staff, partial care programs, police officers, public library staff, senior programs, support groups, as well as participated in 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, Atlantic Health Suicide Awareness, United Way Caregivers Conference and Caregivers Meetings, Morris County Consumer Family Forum, Opiate Task Force Meeting, Day of Hope, HIV Advisory Committee, Morris County Multi-Organ Transplant Support Group, and Artistic Academy.

II. Hope One

Description: Hope One is a mobile outreach vehicle that travels around Morris County offering access to addiction and recovery services. The Morris County Sheriff's Office is partnered with the Center for Addiction

Recovery Education and Success (CARES), the Morris County Department of Human Services and the Mental Health Association of Essex and Morris, in this combined effort to combat the Opioid epidemic. Hope One is able to provide clients immediate access to services and treatment facilities, putting them on the road to recovery and wellness. In addition, NARCAN training and kits are provided at no cost to family members and friends of those suffering from opiate addiction.

Personnel: 1 Peer Recovery Specialist (from CARES), 1 Sheriff's Officer (from Morris County Sheriff's Office), 1 mental health professional (from the Mental Health Association of Essex and Morris), and an occasional volunteer and/or intern that is able to join the team on the truck. For several months during the fiscal year, a social worker from Family Promise shadowed the truck to screen people for benefits.

Data and Highlights: Hope One continues to make a major impact in the community throughout the fiscal year. From July 2018 – June 2019, the truck has made 145 stops, allowing 1752 people to visit Hope One in the community. From the truck, 61 people were sent to rehab/recovery services, 29 people received mental health services, 804 people were NARCAN trained and several hundreds more were given brochures, gift cards, and received other services. Hope One has also assisted other counties that are in the process of launching their own Hope One Van. Hope One was also awarded a grant for over \$300k by the federal government which will expand services in the community. In addition to those services, PAARI (Police Assisted Addiction and Recovery Initiative) was launched which provides law enforcement support, resources and assistance for individuals who are struggling with addiction and mental health issues. Hope One was also invited by Montclair, Wild West City, and Jersey City to set up where there has been an increase in overdoses in those areas.

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's level Assistant Director of Self-Help, Advocacy and Education and 13 volunteers (currently).

Data and Highlights: There has been 20 performances by the Mental Health Players for over 796 audience members in the 2018-2019 fiscal year. Many of these performances were done for Rockaway Seniors, Vernon Municipal Staff, Suicide Awareness Community Event, Chester Seniors, IFSS Essex, Sussex and Morris, Church congregants, Employment Horizons, and Municipal Alliance in Franklin.

IV. Peer to Peer Support Line

Description: Peer to Peer Support Line is a warm line that is staffed by mental health consumers for people with mental illness. The hope and goal of this service is to provide telephone peer support to mental health consumers in lieu of costly and intrusive emergency psychiatric services. Per the sub grant requirement, the Line is expected to provide 1,460 Peer Line Service hours to a minimum of 160 unduplicated clients during the year. All Peer to Peer Support Line staff complete an individualized training program prior to working on the line. The Line operates 7 days a week, 365 days a year from 5pm-10pm. Callers are able to call in using two 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 268 people during 3,038 hours of calls to the Peer to Peer Support Line. In the Peer to Peer Line Satisfaction Survey, callers report 90% satisfaction with the program.

V. Social Club

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

Personnel: 2 master's level part-time Social Club Directors and 1 bachelor's level Social Club Director.

Data and Highlights: During the 2019 fiscal year, The Club held 95 group sessions, 7986 units of service was delivered and 70 consumers were served. The number of clients served this fiscal year has been impacted due to weather and vehicle issues. In the Social Club Consumer Satisfaction Survey, 100% of those surveyed reported they would recommend the program to others.

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 two 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 three 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, seven consumers were paired with a volunteer and 335 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 requests that come into the Parsippany office. It also involves responding to requests for mental health services from individuals who walk in off the streets, communicate through e-mail, or make inquiries on the agency's website. Most agency requests for information and referrals are handled by the staff of Self-Help, Advocacy and Education.

Personnel: 1 master's level Program Director, 1 master's level Assistant Program Director, 1 associate level Coordinator

Data Highlights: Data collected revealed that a total of 736 documented requests for information and referral were received in this 2018-2019 fiscal year. Most requests were related to finding a therapist in the community. Self Help, Advocacy and Education staff have provided information about mental illness and mental health resources to participants of several community health fairs. Others included PTSD Atlantic Health Fair, Hike for Hope, Suicide Awareness Fair, Dover Health Fair, Faith Community Retreat, Project Homeless Connect, law enforcement, treatment providers and various other programs.

VIII. Mental Health Resource Network

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

Data Highlights: These houses of worships give needed resources to clients such as microwaves, furniture, cleaning supplies, bedding, pots, pans, bookcases, vacuums, coats, gloves, food, clothing, shoes and air

conditioners. In addition to helping consumers, four churches have stepped up and hosted a total of six dinners serving 273 people in total. In December 2018, Church of God in Christ in Morristown provided 22 selected consumers with complete holidays meal boxes and personalized gifts. The Presbyterian Church of Chatham Township provided clients with gift cards, toiletries, clothing, blankets and household items for the holiday. Pine Brook Jewish Center also filled the PATH pantry with food on two separate occasions providing enormous help to our homeless consumers. In addition, the Women's Club of Morristown provided gifts to over 107 consumers, their families and children, and the United Way of Northern New Jersey provided backpacks and school supplies to 27 consumers.

IX. Mental Health Faith Liaison Program

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

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

Personnel: 1 part time Liaison, 6 licensed consultants, 1 licensed geriatric care manager consultant

Data and Highlights: In the 2019 fiscal year, 16 presentations or roundtables, and two Mental Health First Aid classes were given. In total, over 500 attendees were present during the presentations or roundtables on grief, mental health, anger management, suicide, mental health services, and mental illness in the aging population.

- 36 people were certified in Mental Health First Aid.
- 17 houses of worship made referrals to the Program.
- 21 congregants or faith leaders were actively being seen by one of the MHAEM licensed consultants during the fiscal year.
- Approximately 162 hours of clinical sessions were provided.

X. Self-Help Programs

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

illness to develop skills necessary for independence and also to have normal, healthy lives which includes socialization and recreation.

Personnel: 1 master's level Program Director, 1 master's level Assistant Program Director, 1 associate level Coordinator, 3 part-time van drivers

Data and Highlights: In the 2019 fiscal year 100% of consumers of the Consumer Satisfaction Survey believe that their overall health and well-being has improved as a result of the CAP Self-Help & Wellness activities.

- a. **Exercise Group** - which focuses on physical wellness through exercise. 26 sessions were held with participation by 138 people.
- b. **Community Garden** - involves mental health consumers developing and tending a community garden to help them stay active in the community and contribute to the community; 200 pounds of produce was donated to the food pantry and shelter. Over 64 hours collectively was spent at the garden.
- c. **Community Rides** - facilitates independent living for people who have been discharged from psychiatric hospitals by helping them to meet their basic needs in the community. Approximately 1240 trips were provided to over 70 consumers.
- d. **All About You** - helps consumers create a positive self-image of themselves. Once a week, up to ten consumers are transported to Artistic Academy Beauty School to get manicures, pedicures, facials, or haircuts. The goal is to have their beautiful outside appearance help them feel positive and beautiful on the inside. This fiscal year, 26 sessions were held for 196 individuals.
- e. **Advocacy** - which is commonly known as CAP, is a self-help and consumer advocacy group. Over 200 CAP consumers were active and vocal in helping to create a mental health system that is more responsive to their needs.

XI. Elizabeth T. Dorl Educational Assistance Fund

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

Data and Highlights: The MHAEM Educational Fund allows consumers of mental health services, who are eligible to receive an Educational Certificate valued up to \$1,000. In the fiscal year, this fund allowed the MHAEM to help 10 consumers to fund educational pursuits such as driver's education, computer classes, professional license renewal, college classes, educational classes, and continuing education classes.

XII. Peer Support to Greystone

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

Data and Highlights: In this fiscal year, MHAEM peer representatives visited with 74 patients at Greystone Park Psychiatric Hospital.

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.

Prospect House (PH)

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

Prospect Primary Healthcare

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

Center for Behavioral Health

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

Riskin Children's Center (RCC)

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

Integrated Case Management Services (ICMS)

Essex Campus

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

Morris Campus

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

Passaic Campus

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

Supported Employment Services (SES)

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

Collaborative Justice Services (CJS)Essex Campus

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

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

Morris Campus

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

Intensive Family Support ServicesEssex Campus

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

Sussex Campus

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

Assisted Outpatient Treatment (AOT)Essex Campus

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

Morris Campus

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

Sussex Campus

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

Projects for Assistance in Transition from Homelessness (PATH)

Essex Campus

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

Morris Campus

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

Self-Help, Advocacy and Education

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



33 South Fullerton Avenue
Montclair, New Jersey 07042
(973) 509-9777
www.mhaessexmorris.org

