

Mental Health Association
of Essex County



Fiscal Year 2016
Management Report

Mental Health Association of Essex County, Inc.

Annual Management Report is developed and written by:

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

Program Directors:

- Femitchell Ashley - Integrated Case Management Services (ICMS)
- Beverly Clark - Prospect House (PH)
- Ross Croessmann - Supported Living Services (SLS)
- Deidra White - Collaborative Justice Services (CJS)
- Diane Travers - Center for Low Cost Psychotherapy (CLCP)
- Diane Travers - Riskin Children’s Center (RCC)
- Femitchell Ashley - Supported Employment Services (SES)
- Manuela Garcia – Assisted Outpatient Treatment Services (AOTS)

Beverly Clark – Corporate Compliance Officer

Manuela Garcia – Chairperson of Cultural Competency

Nadine Venezia – Chairperson of Performance Improvement

Taisia Koeppel - Health & Safety Officer and Agency Ombudsperson

Index

| | |
|---|---------|
| 1. Introduction | page 1 |
| 2. Executive Director’s Goals and Objectives FY2016 | page 2 |
| 3. Agency Strategic Plan | page 8 |
| 4. Finance | page 14 |
| 5. Corporate Compliance | page 15 |
| 6. Development. | page 17 |
| 7. Human Resources | page 19 |
| 8. Information Technology. | page 21 |
| 9. Performance Analysis | page 22 |
| 10. FY2016 PIC Grid | page 26 |
| 11. Performance Indicators | page 32 |
| 12. Health & Safety Plan/Care of the Environment | page 43 |
| 13. FY2016 Incident Analysis | page 46 |
| 14. FY2016 Incident Grid | page 48 |
| 15. Cultural Competency | page 49 |

Program Reports:

| | |
|--|----------|
| Health Home (Care Coordination) | page 52 |
| Integrated Case Management Services | page 54 |
| Prospect House | page 58 |
| Collaborative Justice Services | page 62 |
| Center for Low Cost Psychotherapy | page 66 |
| Riskin Children’s Center. | page 70 |
| Supportive Living Services | page 75 |
| Supportive Employment Services | page 83 |
| Family Resource Center | page 86 |
| Assisted Outpatient Treatment Services | page 100 |
| Program Contacts | page 104 |

Introduction

The Mental Health Association of Essex County, Inc. (MHAEC) continued its strong focus on the recovery, safety and mental health needs of consumers and their families in fiscal year 2016. MHAEC exceeded its service and quality expectations while remaining in a strong financial position. The agency operated in a financially sound manner while advancing its mission of providing services to individuals and their families regardless of their ability to pay.

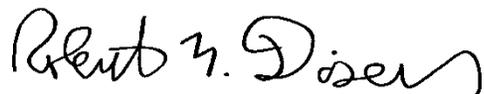
MHAEC continued to focus on innovative service delivery, emphasizing wellness and recovery. The agency advanced its strategic plan, highlighted by the implementing of a \$300,000 annualized grant to provide housing to 10 individuals being discharged from Greystone Park Psychiatric Hospital and a supportive housing program serving 30 people in East Orange. The agency received and implemented a \$98,000 grant from the Turn Around Foundation to provide counseling services at 2 elementary schools in Newark. MHAEC met the service needs of the community via its counseling, case management, partial hospitalization, supportive employment, criminal justice, supportive housing, therapeutic jurisprudence, school-based family and children's programs. All services were provided in a culturally competent fashion to individuals from all walks of life.

The agency expanded service provision in numerous areas, including the implementation of a Federal grant to provide housing and services to 12 people and a program to provide counseling and assessment to Federal parolees.

Raising mental health awareness was the centerpiece of MHAEC's performance for fiscal year 2016 with a concerted campaign of radio, bus and train ads. Press releases concerning mental health topics were published throughout Essex County. Letters to the editor by the Executive Director were published in the Star Ledger. The agency produced a PSA "Stop the Crazy Talk" that was broadcast on the Jumbo Tron at every Seton Hall University basketball game. Additional activities included a children's movie night at the Montclair Public Library and being a prime sponsor of the South Mountain International Blues Festival.

Advocacy on behalf of individuals with mental illness and their families was a continued focus in fiscal year 2016. MHAEC advanced its advocacy efforts with its 15th annual Legislative Breakfast attended by over 250 people, including numerous elected officials. Staff advocated in Newark, Trenton and Washington, DC for legislation, mental health funding and the care of individuals with mental illness. The Executive Director and Board President attended a briefing given by President Obama's policy officials at the White House concerning mental health and addictions.

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



Robert N. Davison, Executive Director

Agency Strategic Goals

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

EXECUTIVE DIRECTOR
Goals and Objectives
July 1, 2016 – June 30, 2017

| GOAL | OBJECTIVE / OUTCOME MEASURE |
|---|--|
| <p>1. Consider strategic affiliations, including potential merger opportunities in order to enhance the mission and better serve the community</p> <p>Ref: Strategic Goal # 2, 3, 6</p> | <p>a. Work with the Board of Directors and key staff to identify appropriate opportunities for strategic alliances.</p> <p>Outcome Measure: Thoroughly vet and consider opportunities.</p> <p>Target Date: June 30, 2017 and ongoing</p> |
| <p>2. Prepare the agency for the anticipated transition from Grant Funding to Fee for Service/Managed Care. DHS has announced will take place on 1/1/17</p> <p>Ref: Strategic Goal # 6</p> | <p>a. Work with Finance Committee, AED, CFO and Directors to ensure smooth transition of agency from grant funding to Fee for Service e.g. Medicaid</p> <p>Outcome Measure: Successful billing and Collections as per budget.</p> <p>Target Date: Ongoing (subject to state delays)</p> |
| <p>3. Increase public awareness of mental health and MHAEC</p> <p>Ref: Strategic Goal # 1, 4</p> | <p>a. Work with the Advocacy Committee and Director of Development to continue raising awareness. This has become more difficult given the agency budget, but a worthy goal none the less.</p> <p>Outcome Measure – High impact media drops (e.g. Newspaper and cyber press releases,</p> |

| | |
|---|--|
| | <p>Op/Eds, etc.) and well attended events.</p> <p>Target Date: Ongoing</p> |
| <p>4. Continue Advocacy efforts at MHAEC</p> <p>Ref: Strategic Goal # 1,2,3,4, 5</p> | <p>a. Organize Legislative Breakfast – advocate for the following:</p> <ul style="list-style-type: none"> • Reduction in stigma • Appropriate Rates re: Fee for Services • Appropriate services • State Psychiatric Hospitals • Housing <p>Outcome Measure – Hold a legislative breakfast with 200 people in attendance (including 20 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. ACA Implementation, mental health funding, etc.</p> <p>Outcome Measure – Meet with 1 senator and three congressmen</p> <p>d. Involve board members and community supporters in advocacy efforts, e.g. legislative visits, Legislative Breakfast; letter writing, Mental Health Awareness Campaign, etc.</p> <p>Outcome Measure – 100% board involvement in at least one aspect of “hands on” advocacy and/or public awareness.</p> <p>Target date: June 30, 2017</p> |
| <p>5. Expand services to homeless individuals with mental illness</p> <p>Ref: Strategic Goal #2, 3</p> | <p>a. Working with Senior Staff respond to RFP’s, get awarded grants and implement new programming</p> <p>Outcome Measure- New Programming for homeless individuals with mental illness</p> <p>Target Date: June 30, 2017</p> |

| | |
|---|---|
| <p>6. Recruit new members of the Board of Directors</p> <p>Ref: Strategic Goal # 7</p> | <p>a. Working with the Board, Board Chair and Nominating Committee Chair to recruit 2-3 new Board members for FY 2017.</p> <p>Outcome measure: 2-3 new Board members</p> <p>Target Date: June 30, 2016</p> |
| <p>7. Develop major gift campaign i.e. RCC and other potential opportunities</p> <p>Ref: Strategic Goal # 5</p> | <p>a. Working with Development Committee, Board and Senior Director of Development develop a major gift campaign for RCC and/or other potential opportunities.</p> <p>Outcome Measure: Raise \$250,000 in major gifts.</p> <p>Target Date: July 1, 2017</p> |
| <p>8. Expand Supportive Living Services</p> <p>Ref: Strategic Goal # 2,3</p> | <p>a. Work with AED and Director of SLS to continue implement State grant to provide housing for 10 Greystone Park Psychiatric Hospital, implement DCA grant to house 35 chronically homeless individuals.</p> <p>Target Date: June 30, 2017</p> <p>b. Explore additional housing development opportunities e.g. apply for expansion grants</p> <p>Target Date: Ongoing</p> |
| <p>9. Continue developing primary care services and consider the feasibility of developing an in-house pharmacy.</p> <p>Ref: Strategic Goal # 2, 3</p> | <p>a. Work with Associate Executive Director, Program Directors and community partners to increase utilization of primary care services.</p> <p>Outcome measure: Increase utilization of Prospect Primary care by 20%</p> <p>Target date: June 30, 2017</p> |
| <p>10. 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. tablets, Personal Data Devices, texting apt. reminders</p> <p>Outcome Measure – Use technology in all programs to increase service participation.</p> <p>Target Date: June 30 , 2017</p> |
| <p>11. Secure funds to continue vehicle replacement and maintain owned facilities</p> | <p>a. Replace 3 vehicles and make necessary capital improvements</p> |

| | |
|--|---|
| <p>(33 So. Fullerton, Prospect House, Supportive Living Services sites)</p> <p>Ref: Strategic Goal #1, 2,6</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, 2017</p> |
| <p>12. Contain Medical Benefit Plan Costs</p> <p>Ref: Strategic Goal # 6</p> | <p>a. Review, in conjunction with Director of Human Resources, CFO and Board, medical benefit plan and seek cost reductions.</p> <p>Outcome Measure – Improved Plan (within Budgetary restrictions) while maintaining quality.</p> <p>Target Date: Nov. 30, 2016</p> |
| <p>13. Maintain fiscal stability and improve financial position</p> <p>Ref: Strategic Goal # 6</p> | <p>a. Work with Board, Finance Committee, CFO and Investment Advisor to ensure sound, organizational investments.</p> <p>Outcome Measure – Growth in investments, relative to the market.</p> <p>Target Date: Ongoing</p> <p>b. Finish FY 17 on budget or better, e.g. no operational deficit.</p> <p>Target Date: June 30, 2017</p> <p>c. Working with controller and key staff, develop fiscally sound budget for FY '16, approved by the Board and accepted by the State.</p> <p>Target Date: June 1, 2017</p> |
| <p>14. Coordinate a successful Presidents Club, Annual Appeal and 2017 Gala.</p> <p>Ref: Strategic Goal # 5</p> | <p>a. Work with Board, Director of Development and the community to organize successful events that raise money and awareness.</p> <p>Outcome Measure – Net more funds than budget, increase media exposure.</p> <p>Target Date: June 30, 2017.</p> |
| <p>15. Educate the Board of Directors</p> <p>Ref: Strategic Goal # 4,5,6, 7</p> | <p>a. Provide short, high impact presentations to the Board at board meetings</p> |

| | |
|---|---|
| | <p>b. Provide ongoing information concerning the mental health industry Outcome Measure – Informed Board of Directors Target Date: Ongoing</p> |
| <p>16. 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>17. Emphasize the integration of physical and mental health in all MHAEC services</p> <p>Ref: Strategic Goal # 3</p> | <p>a. Provide appropriate education for all staff</p> <p>Outcome Measure - MHAEC becoming accredited as a Health Home.</p> <p>Target date: Ongoing</p> |
| <p>18. Secure foundation and corporate support of agency</p> <p>Ref: Strategic Goal # 1,2,3,4,5, 6</p> | <p>a. Work with Senior Director of Programs, Executive Assistant and other staff to secure \$50,000 of new grants/support for FY 2017</p> <p>Outcome Measure – Successfully secure \$50,000 of grants/support.</p> <p>a. Work with board/community members to identify “known contacts” at various foundations/government/Companies.</p> <p>Outcome Measure – Board/community members making contracts that result in successfully funded grants</p> <p>Target Date: June 30, 2016</p> |
| <p>19. Engage in national leadership as a Board member of the National Council for Behavioral Healthcare.</p> <p>Ref: Strategic Goal # 1, 2, 3</p> | <p>a. Work with National Council on Behavioral Healthcare to advocate for Federal funding and legislation to improve mental health and addiction services.</p> <p>Outcome Measure: Legislation signed into law to reform the mental health system e.g. Families in Mental Health Crisis Act (Murphy/Johnson).</p> <p>Target Date: Ongoing</p> |

| | |
|--|---|
| | |
| <p>21. Comply with accreditation requirements re: CARF triennial survey.</p> <p>Ref: Strategic Goal # 1,2,3,4</p> | <p>a. Work with Associate Executive Director and other management staff to ensure agency maintains full 3-year accreditation for all relevant programs, including becoming accredited as a Health Home.</p> <p>Outcome Measure – Full 3-year accreditation Target Date: September 30, 2016</p> |

STRATEGIC PLAN

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.

I. Values

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

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

II. Mission

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

III. Vision

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

IV. Organizational Strengths, Weaknesses and Threats

Organizational Strengths:

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

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

Organizational Weaknesses

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

Organizational Threats

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

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

V. Opportunities

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

VI. Three Year Plan

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

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

VII. Implementation

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

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

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

Reviewed and adopted by
Board of Directors
May 16, 2016

FINANCE

The Agency was anticipating to be on budget for the fiscal year ended June 30, 2016. Medicaid is over budget due to the staff seeing more consumers and providing the appropriate services. Medicaid through June 30th is approximately \$2,458,000 compared to a budget of \$2,333,000 and prior year of \$2,439,000. During the year the State closed out several contract years with the Agency. This resulted in the State recouping approximately \$181,000 which is a direct reduction to the current year contract revenue. Thus, directly impacting the bottom line for the Agency.

Financial highlights in the fiscal year ended June 30, 2016 are as follows:

- The Agency's property and casualty insurance renewal on July 1, 2015 reflected a minimal increase.
- The medical insurance was renewed with Horizon Blue Cross at a 7.5% increase, but for a short renewal period ending on October 1, 2016. We are in the initial renewal process for the Agency's health insurance with the brokers receiving, reviewing and meeting to discuss the options available.
- The Agency continues to be self-insured for unemployment claims. This is now the third year we have had minimal claims. The unemployment expense for 6-30-2016 is approximately \$16,700 on a payroll of \$5.1 million dollars or .3%. This ratio is consistent with prior years.
- The Agency remains a part of the State disability plan at a rate of .5% through 6-30-2017. The Agency will continue to monitor the rate to determine if the disability insurance rates remain reasonable.
- The Agency made a one-time 3% discretionary 401(k) contribution in the amount of \$106,000. In the prior year the Agency contributed at 3% and over a three year period this equates to 2% per year.
- As of January 1, 2017 the Agency will make the transition to fee for service. Four of the Agency's programs will remain deficit funded from the state and four will switch to the fee for service model. The deficit funded will continue to be a monthly contract payment. The contracts transitioning to fee for service have a six month deficit funded contract term. The Agency has been anticipating the transition for fee for service for several years and feels prepared for this change. The Agency line of credit remains at \$750,000 and the State is offering a three month contract advance to help with the transition.
- The State approved the replacement of 2 vehicles and partially reimbursing for the replacement of 2 other vehicles during 6-30-2016. We continue to maintain and review our fleet of vehicles to keep the vehicles under ten years old.

With the transition to fee for services in 2017 the Agency is hoping to see positive changes and impacts while continuing to meet our mission.

CORPORATE COMPLIANCE

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

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

- All MHAEC employees received the annual Corporate Compliance training this year through Relias Learning which is a web-based training.
- Quarterly peer audits were completed. All areas of concern were addressed and corrections were made as needed.
- Quarterly billing and clinical program audits were completed and all areas of concern were addressed and corrected in a timely manner.
- Memos were distributed to staff in July 2015 and January 2016 from the Corporate Compliance Officer. This memo indicated that the Corporate Compliance Officer has direct access to the Board of Directors without needing to contact the Executive Director.
- Human Resources conducted criminal background checks on staff upon hire and then every two years, thereafter. Driver's license checks were completed upon hire and yearly. Clinical License checks continue to be conducted annually. Conflict of Interest forms continues to be updated yearly. The agency is currently up to date in all areas.
- There were no reports within our programs for fiscal year 2016 pertaining to malpractice, violation of the code of ethics or grievance.
- In fiscal year 2015 an external audit was complete and had no findings. MHAEC was issued an unmodified audit opinion by an independent accounting firm. The preliminary field work for an independent financial audit for fiscal year 2016 has begun. The final report will be issued in the Fall, 2016.
- The Executive Director and Chief Financial Officer attended a Fraud Prevention Training. The agency is compliant with all reasonable and internal controls in regards to fraud protection.
- The Corporate Compliance Officer attended a Medicaid/Compliance workshop. It was assessed that the agency is compliant in all areas.

Program Activity

- Prospect House and ICMS were audited by Medicaid throughout the year. All reported no significant findings.
- SLS had a successful external audit by the Essex County Continuum of Care/Comprehensive Emergency Assistance System Committee.

Upcoming Year Plan

- Employees to continue receiving the annual Corporate Compliance training through Relias Learning
- Continue quarterly peer reviews
- Complete quarterly program focus and billing audits
- Distribute a memo to all staff in July 2016 and January 2017 from the Corporate Compliance Officer
- Provide the Board of Directors with an overview in June 2017

DEVELOPMENT

The Development efforts of the Mental Health Association of Essex County during the 2015-2016 fiscal year continued to mirror national trends and reflect continued improvement with regard to charitable fundraising.

Contributions from individuals, corporations and foundations totaled an estimated \$375.25 billion in 2015, setting a record for the second year in a row. In 2015, total giving grew 4.1 percent in current dollars (4.0 percent when adjusted for inflation) over 2014 according to "Giving USA," a report compiled by the Indiana University Lilly Family School of Philanthropy.

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

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

What these insights mean to MHAEC 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.

Also new to the Development dynamic is a genuine embracing by the Board of their responsibilities with regards to fundraising and a strategic commitment to more aggressively seeking support. During the past year, a Development Task Force was formed to examine all aspects of the MHAEC Development Plan and make recommendations for changes, improvements, etc. Of particular importance is developing new, sustainable sources of support for the Riskin Children's Center (RCC), which typically is faced with an annual funding gap of approximately \$50K. One of the first action steps to come out of the Development Task Force was the issuing of a Request for Proposals (RFP) from three outside consultants to begin exploring the possibility of launching a Major Gifts Campaign in support of RCC. That group will continue to meet throughout the summer and will have a recommended plan of action for the full board when they re-convene in September. One example of the potential for success that this strategic focus has was the securing of a \$50K, multi-year pledge in support of RCC by Board member Frank Lopapa.

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

Presidents Club – MHA's annual giving society for higher-end donors generated proceeds that were almost 22% above the prior year, including a record number of Leadership gifts. This substantial increase is a direct reflection of the Board's renewed commitment to fundraising success. That said, 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, with total giving seeing an increase of almost 28%. Again, donor loyalty and sensitivity are considered to be significant dynamics with this constituency. Also, overall revenue generated by this campaign is not significant, so the increase in overall proceeds is negligible. However, the strength of the campaign indicates that this is an area with significant continued growth potential.

2016 Spring Gala – While this year’s gala event did not succeed in reaching its budgeted goal of \$105K net, it did significantly outperform the 2015 event by almost \$20K... again, a strong indicator that the Board and their commitment to fundraising are steps in the right direction. One notable addition to this year’s event was the introduction of online bidding capability in advance of and during the gala Silent Auction. This technology advancement was generally well-received and appears to have successfully expanded our reach in terms of gala participation (several auction winners weren’t even there!).

In terms of involvement and support of the agency’s advocacy efforts, staff coordinated an ongoing, multi-media awareness campaign that began with Main Stage sponsorship of the South Orange International Blues Festival in September, 2015. These efforts were followed by a return to our partnership with Seton Hall University’s Men’s Basketball program that commenced in November, 2015 and continued through March, 2016.

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

Sources:

"Giving USA," Report

compiled by the Indiana University Lilly Family School of Philanthropy

HUMAN RESOURCES (HR)

As of June 30, 2016, there were 128 active employees to fill 130 positions. For fiscal year 2016 the annual turnover rate was 1.9%.

In September of 2015 through a private grant, the Turnaround for Children Program was developed. This new program funds a full-time licensed social worker to provide services in Newark Public Schools. In addition, through a foundation grant, the St. Benedict's Preparatory School Program was developed which funds a full-time School Based Family Clinician position.

As a result of the Housing Choice Voucher grant awarded to the Supportive Living Services Program a Recovery Coordinator position was added to the SLS program.

Effective October 1, 2015 the agency renewed its medical plan through Horizon Blue Cross Blue Shield. Horizon continues to offer a competitive medical plan that is cost-effective and meets the agency's budgetary standards. In addition, the agency continues to offer a comprehensive employee benefit package which includes the following:

- An Exclusive Provider Organization and Direct Access medical plan offered through *Horizon Blue Cross Blue Shield*. In addition, Horizon offers a voluntary cost-effective vision plan. MHAEC still continues to pay the monthly premium for single enrollments. There continues to be open Enrollment meetings to provide thorough plan details.
- Prudential Life is the agency's insurance provider which provides all full-time employees with a policy that is 1.5 times their annual salary.
- The 401(k) Safe Harbor Plan which is administered by Alliance Benefit Group has a total of 137 participants. The "Safe Harbor" plan requires MHAEC to make a safe harbor matching contribution equal to 100% of the salary deferrals that do not exceed 3% of the employee compensation plus 50% of salary deferrals between 3% and 5% of employee compensation. The safe harbor matching contribution is 100% vested.
- The agency continues to offer a well-structured paid-time-off policy.
- The agency offers supplemental income to employees on temporary disability according to their years of service. The administrative services for short-term disability is processed through the State of New Jersey Temporary Disability.
- Additional employee benefit options include: Aflac, Colonial Life, New York Life, Liberty Mutual and the College Bound Savings Fund.

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

This marks the 3rd year that MHAEC has conducted annual performance evaluations electronically through our vendor "Reviewsnap". The performance review process continues to operate in an efficient and effective manner.

MHAEC continues to implement an ongoing Health and Wellness Program to staff by offering a discounted fitness membership by the Montclair YMCA. In addition, there have been benefit

presentations from both Aflac and Colonial Life introducing their portable benefits policies (life insurance, disability, hospital, accident, etc.). Staff members are notified of the open enrollment period and given the opportunity to sign up if interested.

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

MHAEC has a total of 33 vehicles that are insured by the Hanover Insurance Company. During Fiscal Year 2016 there were (11) vehicle incidents. In addition, MHAEC employees continue to comply with the guidelines of the Transportation Safety Manual which include safety instructions and precautions. The manual is reviewed annually and updated on an as needed basis. A copy of the manual is maintained in each vehicle for reference. The agency continues to have a roadside assistance company that provides assistance during vehicle incidents.

AmeriHealth Casualty Services is the agency's workman's compensation provider. The agency had (2) Workers Compensation claims for the FY 2016.

The following annual trainings were conducted this year:

- The "Safety in the Community" training was conducted, which focuses on safety strategies that are used in the community and in an agency based setting.
- The "Psychopharmacology" training was conducted by the Advanced Practice Nurse and the agency's Psychiatrist. There were two sessions provided at different locations for the convenience of our staff. The training provides an overview of mental disorders, medication and sun-risk information.
- The agency educates new staff on Trauma Informed Care during new hire orientations. The training provides information and tactics on how to deal with individuals that have encountered traumatic situations.
- The agency held its second "Mental Health First Aid" training. The training provides education on the mentally ill population and tactics on how to handle different situations.
- The CPR/First Aid training was provided for the 7th consecutive year by a licensed instructor from the West Orange First Aid Squad for a minimal fee.
- TB testing was conducted at MHAEC's Primary Health Care Facility by nurses. The testing was offered to all employees, which cost the agency a minimal fee.

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

The following is ongoing compliance checks that are conducted by the HR Department: Criminal Background, Central Registry, Motor Vehicle Abstracts, and Professional License Verification. The Employee Opinion Survey was conducted in June of 2016. Results of the survey indicated an overall satisfaction rating of 85.3%. There were 63 respondents that participated in the survey. Suggestions and complaints are addressed by management and discussed with staff.

In June 2016, the HR department played an instrumental role in the successful Supportive Living Services review conducted by the State Office of Licensing (OOL).

INFORMATION TECHNOLOGY (IT)

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

The IT Department Staff consists of the Chief Information Officer and one IT Coordinator. Throughout the year the IT Department works closely with the agency's employees, answering day to day computer software questions for the AWARDS program and fixing issues as they arise. The IT staff works at each MHAEC Program office during the course of the year, implementing projects and upgrades and changes in technology to keep the computer network running efficiently to best serve staff and their clients.

Highlights from FY 2016

- This fiscal year is the 4th year MHAEC has applied and received the Meaningful Use grant. Each year the IT application requirements from the state are more complicated. Increased planning and effort was required for the successful attestation and completion of all the requirements in time to receive the grant.
- This year IT, working with Foothold Technology successfully implemented all the changes required for the 2015 Meaningful Use Grant needed for the Awards Software
- IT staff trained all agency Medical Directors and APNs in order to use updated Awards software.
- Successfully reenrolled all of our medical providers into the Medicaid system for the Meaningful Use Grant.
- To satisfy major billing changes for Medicaid and CMS in the Awards software, the IT staff successfully converted the DSM 4 codes to DSM5 and the ICD 9 codes to ICD10 without any downtime to the network. This important change affected all of the agency client's medical records and the daily workload for the staff at MHAEC.
- This year we successfully implemented Electronic Prescribing for Controlled Substances in Awards and have trained all the providers to use it in Awards.
- Successfully completed the upgrade project of the agency servers from 2003 to 2012.
- This year we successfully finished the major email system migration project from exchange 2007 to Office 365 (The Cloud).
- This year we have upgraded the agency cellphone contract with Verizon and also upgraded the staff's cellphones to smartphones including the change is the management software for the smartphones. Staff can do their work from the field and finish their client's documentation from the field on their smartphones.
- Successfully trained all administrative staff to create client's login for the Awards client portal allowing all clients to have access to their electronic clinical records.
- Currently working with accounting and HR department in order to migrate agency payroll system from old provider to new provider. The project is ongoing right now and should be finished by end of August.
- Successfully conducted quarterly staff training for Awards for the entire agency.

PERFORMANCE ANALYSIS

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

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

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

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

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

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

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

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

Strengths of the Performance Improvement Plan

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

Highlights of Performance Improvement

- MHAEC was inspected by the Office of Licensing in July, 2015 and received full licensure.
- MHAEC continues to find and implement technologies that assist consumers with their goals. At admission individuals are provided a patient portal which allows easy access to their records. All outreach case managers are provided an agency cell phone in order to increase communication and schedule/remind consumers of appointments via text messaging. iPads are utilized during in-vivo visits to assist with completing treatment/service plans and enhancing services. In addition, MHAEC's website as well as social media sites such as Facebook and Twitter are easily accessible. MHAEC will

continue to work with its Information and Technology department to improve services through the use of technology.

- There were zero grievances, complaints or suggestions in regards to performance during FY2016.
- MHAEC continues to provide care coordination ensuring a holistic service approach. All treatment is individualized to meet the needs of each person served. Individuals are encouraged to include a health goal in their treatment/service plan and are encouraged to schedule annual physicals.
- MHAEC continues to be committed in assisting individuals in applying for and receiving benefits. MHAEC will be sending six staff members to be trained as Presumptive Eligibility Counselors and will apply to become a Presumptive Eligibility site. Once trained and approved, the Presumptive Eligibility Counselors will be able to provide quick access to temporary Medicaid for approximately one month while eligibility is being determined for NJ Family Care.
- MHAEC understands the importance of ongoing education and training. Therefore, in-services are conducted throughout the year, such trainings to include, but are not limited to, Ethics and Legal Issues, Psychopharmacology, Safety in the Community and CPR, First Aid and AED training. Other trainings which are program specific are provided through our Relias Learning which is a web-based training program.
- In February 2014, the Mental Health Association of Essex County marked a major milestone with the opening of Prospect Primary Healthcare, a full service medical treatment facility housed within MHAEC's flagship program, Prospect House. A collaborative effort with a medical practice who are the direct-care provider; Prospect Primary Healthcare continues to offer participants in all MHAEC's programs convenient access to a full spectrum of physical healthcare treatment and services. Prospect Primary Healthcare represents a tremendous enhancement to our ability to serve our consumers. Prospect Primary Healthcare currently provides services to 187 individuals on an annual basis.
- MHAEC continues to have two staff certified as Mental Health First Aid Instructors. The Mental Health First Aid instructors educate the public on risk factors and warning signs regarding mental health and addiction concerns. Participants are educated on strategies to help someone in both crisis and non-crisis situations, and provides community resources. This year, MHAEC trained 56 individuals who included clinical and non-clinical mental health staff, graduate students, local deacons of worship, and transportation drivers.
- In October, 2013, the open enrollment began for the Affordable Care Act. This program expanded eligibility criteria to provide coverage to more residents in the state. It also offered subsidized health insurance where individuals would receive a tax credit that they

could apply to their monthly premium or they can opt to receive the tax credit when they file their taxes. MHAEC wanted to ensure that consumers served by MHAEC and the community were educated on the changes. MHAEC currently has 15 staff, throughout the agency, trained and certified as Application Assistors. During FY216 MHAEC staff assisted 106 consumers with applying for insurance.

- During this fiscal year, ICMS, PH and AOTS had successful Medicaid audits.
- MHAEC continues to provide tuition reimbursement to eligible staff for courses which directly relate to the mission of the agency and the employee's job description.
- MHAEC's Annual Employee Survey indicated an 85.3% overall satisfaction rate.
- MHAEC's Annual Provider Survey indicated a 90.8% overall satisfaction rate.
- MHAEC's Strategic Plan ensures we remain strategically positioned to fulfill our mission. This plan is reviewed and revised by the Board of Directors with input from staff, consumer and family focus groups, Essex County Administrator and other stakeholders.
- MHAEC continues to utilize our electronic clinical records in AWARDS. The benefits of the electronic clinical records are: improved access to complete and accurate information. In addition, improved billing has resulted from progress notes documenting the services provided.
- MHAEC continues to participate in the Meaningful Use program which was established to improve health care quality, safety, and efficiency through the promotion of Health IT which includes electronic health records and the private and secure electronic health information exchange. The goal of the Meaningful Use program is to promote the spread of using electronic health records to improve health care in the United States.
- Quarterly staff meetings are held in order to provide staff with up to date information.
- Foothold trainings were held at each location to provide information and answer questions.
- MHAEC currently employs 21 employees who are fluent in fourteen different languages.

Mental Health Association Of Essex County

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

| Year: 2015 - 2016 | | | | 2015 | | | | | | 2016 | | | | | |
|-----------------------------------|-------------|--------------|------|------|------|------|------|------|------|------|------|------|------|------|--------|
| Topic/Issue Requesting | | | | | | | | | | | | | | | |
| Follow Up | Monitoring | Threshold | JULY | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | TOTALS |
| CLCP | | | | | | | | | | | | | | | |
| TECHNICAL AUDITS | Quarterly | 80% | | | 100% | | | 100% | | | 95% | | | 95% | 98% |
| Technical Audits with remediation | | | | | | | | | | | | | | | |
| Focused: | | | | | | | | | | | | | | | |
| Service Plans | Monthly | 80% | 100% | 80% | 100% | 85% | 90% | 93% | 86% | 75% | 75% | 84% | 75% | 85% | 86% |
| Progress Notes | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| AIMS | Semi-Annual | 80% | | | | | | 100% | | | | | | 100% | 100% |
| Medication Sheet | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Justified Continued Stay | Quarterly | 80% | | | 100% | | | 100% | | | 100% | | | 100% | 100% |
| Closed Chart Audits | Quarterly | 80% | | | 100% | | | 100% | | | 100% | | | 100% | 100% |
| Medication Inventory | Quarterly | Completed | | | 100% | | | 100% | | | 100% | | | 100% | 100% |
| Refer. to primary care physician | Quarterly | baseline | X | X | | X | X | X | | | X | | | X | |
| Service Access: | | | | | | | | | | | | | | | |
| Wait for Intake | Monthly | ≤7 Days | 4 | 8 | 6 | 4.5 | 2.5 | 3.5 | 6 | 6 | 7 | 7 | 4 | 6 | 5 |
| Wait for Assignment | Monthly | ≤5Days | 0 | 1 | 1 | 0.5 | 1 | 1 | 1 | 1 | 1 | 2 | 3 | 2 | 1 |
| Indicators: | | | | | | | | | | | | | | | |
| Patient Stress Questionnaire | Annual | ↑functioning | | | | | | | | | | | | 85% | 85% |
| Discharge Follow Up | Semi-Annual | 80% | | | | | | | 100% | | | | | | 100% |
| Satisfaction Survey | Annual | 80% | | | | | | | | | | | | 98% | 98% |
| Sun Risk Education | Annual | 100% | | | | | | | | | | 100% | | | 100% |
| AOT | | | | | | | | | | | | | | | |
| TECHNICAL AUDITS | Quarterly | 80% | | | 85% | | | 85% | | | 85% | | | 80% | 84% |
| Technical Audits with remediation | | | | | | | | | | | | | | | |
| Focused: | | | | | | | | | | | | | | | |
| Active Caseload | quarterly | 80% | | | 100% | | | 85% | | | 85% | | | 80% | 88% |
| Medication Inventory | quarterly | 100% | | | 100% | | | 100% | | | 100% | | | 100% | 100% |
| Service Access: (Referrals) | | | | | | | | | | | | | | | |
| Screening | monthly | 1 consumer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Inpatient | monthly | 7 consumer | 7 | 7 | 7 | 8 | 7 | 7 | 7 | 9 | 7 | 7 | 7 | 7 | 7 |
| Long Term Care (LTC) | monthly | 3 consumer | 3 | 3 | 3 | 4 | 5 | 3 | 5 | 6 | 6 | 4 | 4 | 3 | 4 |
| # of transport orders | Monthly | baseline | 5 | 3 | 6 | 0 | 3 | 2 | 4 | 3 | 4 | 5 | 4 | 4 | 43 |
| # of indiv. receiving physicals | Quarterly | baseline | | | 5 | 6 | 3 | 2 | 2 | 4 | 3 | 3 | 2 | 2 | 32 |
| Indicators: (Active enrollees) | | | | | | | | | | | | | | | |
| ER (screening) | monthly | ≤ 15 percent | 10% | 5% | 7% | 5% | 7% | 0% | 10% | 15% | 10% | 25% | 1% | 20% | 10% |
| Voluntary admissions | monthly | ≤ 7 percent | 5% | 2% | 1% | 1% | 0% | 0% | 2% | 5% | 7% | 7% | 5% | 2% | 3% |
| Involuntary admissions | monthly | ≤ 6 percent | 5% | 5% | 5% | 1% | 5% | 0% | 2% | 3% | 0% | 7% | 7% | 7% | 4% |
| Long Term Care | monthly | ≤ 8 percent | 0% | 0% | 0% | 1% | 3% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Arrests | monthly | ≤ 7 percent | 0% | 0% | 1% | 0% | 0% | 0% | 2% | 2% | 3% | 0 | 0% | 2% | 1% |
| Incarceration | monthly | ≤ 7 percent | 0% | 0% | 1% | 2% | 0% | 0% | 2% | 2% | 0% | 0% | 0% | 0% | 0% |

Mental Health Association Of Essex County

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

| Year: 2015 - 2016 | | 2015 | | 2016 | | | | | | | | | | | |
|--|-------------|-------------|------|------|------|------|------|------|------|------|------|------|------|-------|--------|
| Topic/Issue Requesting | | | | | | | | | | | | | | | |
| Follow Up | Monitoring | Threshold | JULY | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | TOTALS |
| AOT | | | | | | | | | | | | | | | |
| Homelessness | monthly | ≤ 7 percent | 5% | 10% | 10% | 5% | 5% | 5% | 5% | 7% | 10% | 10% | 15% | 20% | 9% |
| Satisfaction Survey | Annual | 85% | | | | | | | | | | | | 95% | 95% |
| Sun Risk Education | Annual | 100% | | | | | | | | | | | 100% | | 100% |
| IFSS | | | | | | | | | | | | | | | |
| IFSS TECHNICAL CHART AUDITS | Monthly | 80% | 97% | 100% | 99% | 100% | 98% | 99% | 100% | 99% | 98% | 85% | 88% | 92% | 96% |
| Technical Audits with remediation | | | | | | | | | | | 100% | | | | |
| Service Preference Form Complete | Monthly | 90% | 80% | 100% | 90% | 100% | 90% | 100% | 100% | 100% | 100% | 80% | 80% | 80% | 92% |
| Updated Contact-Attendance Grid | Monthly | 90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 90% | 99% |
| Closed Chart Audits | Quarterly | 80% | | | 92% | | | 100% | | | 100% | | | 100% | 98% |
| Service Assess: | | | | | | | | | | | | | | | |
| Wait for Service | Quarterly | ≤5 days | | | 1.7 | | | 1.3 | | | 1.2 | | | 1.2 | 1.35 |
| Wait for Intake | Quarterly | ≤5 days | | | 3.7 | | | 3.8 | | | 3.7 | | | 3.8 | 3.75 |
| Family Feedback on Accessibility | Annual | 80% | | | | | | | | | | | | 97% | 97% |
| Indicators: | | | | | | | | | | | | | | | |
| Family Concerns Scale | Semi-Annual | ↓ Reduction | | | | | | ↓1.7 | | | | | | ↓0.17 | ↓0.94 |
| IFSS Family Satisfaction Survey | Annual | 85% | | | | | | | | | | | | 100% | 100% |
| IFSS Discharge Follow Up | Semi-Annual | 80% | | | | | | | | | | | | 80% | 80% |
| Project FERST-Satisfaction Survey | Annual | ≥85% | | | | | | | | | | | | 91% | 91% |
| Project FERST Discharge Follow Up | Semi-Annual | 90% | | | | | | 100% | | | | | | 90% | 95% |
| McFarlane MFG Recidivism | Annual | ↓ Reduction | | | | | | | | | | | | ↓0.78 | ↓0.78 |
| Sun Risk Education | Annual | 100% | | | | | | | | | | | | 100% | 100% |
| ICMS | | | | | | | | | | | | | | | |
| TECHNICAL AUDITS | | | | | | | | | | | | | | | |
| Full Active Caseload | Quarterly | 80% | | | 81% | | | 86% | | | 81% | | | 84% | 83% |
| Technical Audits with remediation | | | | | | | | | | | | | | | |
| Focused: | | | | | | | | | | | | | | | |
| Quarterly Progress/w goal attainment | Quarterly | 80% | | | 76% | | | 80% | | | 88% | | | 81% | 81% |
| Med. Education | Monthly | 80% | 76% | 80% | 86% | 81% | 88% | 85% | 72% | 85% | 83% | 74% | 81% | 82% | 81% |
| Physical Assessments | Monthly | 25 clients | 2 | 4 | 2 | 3 | 2 | 3 | 3 | 2 | 1 | 0 | 0 | 0 | 22 |
| physician's visits | Monthly | baseline | | | | 4 | 8 | 9 | 1 | 6 | 2 | 0 | 0 | 2 | 32 |
| Safety Plans | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 60 D/C Follow up | Monthly | 90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Appropriate Admissions | Monthly | 90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Justified Continued Stay | Monthly | 90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Medicaid Justification | Quarterly | 90% | | | 100% | | | 100% | | | 100% | | | 100% | 100% |
| Closed Chart Audits | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Indicators: | | | | | | | | | | | | | | | |
| Co/st d/c seen: 72 hours | Monthly | 80% | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 98% | 100% | 96% | 98% | 94% | 99% |
| STCF Recidivism | Monthly | ≤20% | 7% | 5% | 4% | 7% | 2% | 3% | 1% | 1% | 2% | 3% | 5% | 6% | 4% |
| Recidivism to County or State hospitals | Monthly | ≤20% | 3% | 5% | 3% | 0% | 0% | 2% | 0% | 2% | 1% | 2% | 0% | 3% | 2% |
| Voluntary Recidivism | Monthly | ≤20% | 4% | 5% | 7% | 5% | 3% | 5% | 3% | 5% | 4% | 5% | 4% | 2% | 4% |
| Client Employment | Quarterly | 62 clients | | | 10 | 27 | | 15 | | | 11 | | | 20 | 56 |

Mental Health Association Of Essex County

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

| Year: 2015 - 2016 | | 2015 | | | | | | | | | | | | 2016 | | TOTALS |
|---|------------|--------------|------|------|------|-------|------|------|------|------|------|------|------|------|--------|--------|
| Topic/Issue Requesting | Monitoring | Threshold | JULY | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | TOTALS | |
| ICMS | | | | | | | | | | | | | | | | |
| Satisfaction Survey | Annual | 80% | | | | | | | | | | | 96% | | 96% | |
| Sun Risk Education | Annual | 100% | | | | | | | | | | 100% | | | | |
| IT | | | | | | | | | | | | | | | | |
| System Upgrades | Monthly | Completed | 5 | 2 | 3 | 2 | 3 | 1 | 4 | 2 | 3 | 5 | 2 | 3 | 35 | |
| Trouble Ticket Response | Monthly | ≤5 days | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Trouble Ticket Received | Monthly | ≤200 | 25 | 21 | 27 | 20 | 22 | 19 | 25 | 23 | 21 | 25 | 18 | 22 | 268 | |
| Hardware Inventory | Annual | 90% | | | | | | | | | | | 95% | | 95% | |
| Software Inventory | Annual | 90% | | | | | | | | | | 97% | | | 97% | |
| PROSPECT HOUSE | | | | | | | | | | | | | | | | |
| TECHNICAL AUDITS | Monthly | 85% | 93% | 94% | 94% | 93% | 95% | 96% | 94% | 94% | 94% | 97% | 95% | 94% | 94% | |
| Technical Audits with remediation | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | |
| Focused: | | | | | | | | | | | | | | | | |
| Height, Weight, & BP | Monthly | 85% | 100% | 100% | 87% | 100% | 93% | 100% | 93% | 80% | 80% | 100% | 100% | 100% | 94% | |
| Initial Psych Evals completed within 2 weeks of admission | Monthly | baseline | | 22% | 43% | 0% | 33% | 0% | 16% | 75% | 78% | 67% | 80% | 66% | 44% | |
| 6 Month Psych | Monthly | 100% | 80% | 100% | 100% | 100% | 100% | 100% | 87% | 80% | 100% | 87% | 100% | 92% | 94% | |
| Consent Forms | Monthly | 85% | 100% | 80% | 100% | 100% | 100% | 100% | 93% | 100% | 93% | 100% | 93% | 100% | 97% | |
| Comprehensive Assessments completed within one month of acceptance into the program | Monthly | baseline | | 72% | 50% | 80% | 50% | 100% | 100% | 100% | 100% | 100% | 80% | 57% | 81% | |
| Consumer smoking status: | | | | | | | | | | | | | | | | |
| Currently smoke | Quarterly | 35% | 39% | | | 32.5% | | | 40% | | | 32% | | | 36% | |
| Quit smoking | Quarterly | 10% | 15% | | | 9% | | | 14% | | | 12% | | | 13% | |
| AIMS | Quarterly | 90% | | 89% | | | 100% | | | 98% | | | 80% | | 92% | |
| BMI | Quarterly | 90% | | 100% | | | 93% | | | 80% | | | 84% | | 89% | |
| Informed Consent for meds | Quarterly | 100% | | | 99% | | | 98% | | | 92% | | | 92% | 95% | |
| Medical office visits | Annual | baseline | 29 | 15 | 38 | 28 | 15 | 18 | 24 | 25 | 27 | 26 | 22 | 23 | 290 | |
| Indicators: | | | | | | | | | | | | | | | | |
| Employment | Quarterly | 20 consumers | | | 5 | | | 4 | | | 11 | | | 17 | 37 | |
| Access | Annual | 10 consumers | | | | | | | | | | | | 16 | 16 | |
| Sun Risk Education | Annual | 100% | | | | | | | | | | | 100% | | 100% | |
| Client Satisfaction | Annual | 80% | | | | | | | | | | | 86% | | 86% | |
| SES | | | | | | | | | | | | | | | | |
| TECHNICAL AUDITS | Monthly | 80% | 85% | 88% | 81% | 87% | 80% | 88% | 76% | 88% | 81% | 76% | 84% | 92% | 84% | |
| Technical Audits with remediation | | | | | | | | | | | | | | | | |
| Full Active Caseload | Quarterly | 80% | | | 81% | | | 81% | | | 80% | | | 79% | 80% | |
| 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% | 90% | 82% | 76% | 96% | 90% | 91% | 100% | 100% | 100% | 100% | 100% | 88% | 93% | |
| Support Plan | Quarterly | 80% | | | 100% | | | 100% | | | 100% | | | 100% | 100% | |
| Appropriate Admissions | Quarterly | 80% | | | 100% | | | 100% | | | 100% | | | 100% | 100% | |
| Closed Chart Audits | Quarterly | 80% | | | 100% | | | 100% | | | 100% | | | 100% | 100% | |
| Progress on Goal attainment physician's visits | monthly | baseline | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 4 | |
| Indicators: | | | | | | | | | | | | | | | | |
| Linkages to Comm Service | Quarterly | 80% | | | 8% | 28 | | 0% | | | 1% | | | 2% | 3% | |

Mental Health Association Of Essex County

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

| Year: 2015 - 2016 | | | | 2015 | | | | 2016 | | | | | | | |
|---|-------------|-------------|-------|-------|------|------|-------|------|------|-------|-------|-------|-------|-------|--------|
| Topic/Issue Requesting | | | | | | | | | | | | | | | |
| Follow Up | Monitoring | Threshold | JULY | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | TOTALS |
| SES | | | | | | | | | | | | | | | |
| Interviews | Quarterly | 115 | | | 35 | | | 21 | | | 25 | | | 34 | 115 |
| Placed within 4 months of admin. | Quarterly | 30% | | | 8% | | | 11% | | | 11% | | | 3% | 8% |
| D/C Follow Up 90 Days | Quarterly | 80% | | | 100% | | | 100% | | | 70% | | | | 90% |
| job retention > 3 mths. | Quarterly | 80% | | | 100% | | | 92% | | | 98% | | | 75% | 91% |
| Client Satisfaction | Annual | 80% | | | | | | | | | | | | 89% | 89% |
| Sun Risk Education | Annual | 100% | | | | | | | | | | 100% | | | 100% |
| Riskin's Children Center (RCC) | | | | | | | | | | | | | | | |
| TECHNICAL AUDIT | Quarterly | 80% | | | 100% | | | 100% | | | 100% | | | 100% | 100% |
| Technical Audits with remediation | | | | | | | | | | | | | | | |
| Focused: | | | | | | | | | | | | | | | |
| Medication Education | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Medication Sheet | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Progress Notes | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Wait for intake | Monthly | ≤5 | 1 | 0 | 8 | 1 | 0 | 1 | 0 | 1 | 2.5 | 0 | 2 | 0 | 1 |
| Wait for assignment | Monthly | ≤5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Informed Consent | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Service Plans | Quarterly | 80% | | | 100% | | | 100% | | | 90% | | | 85% | 94% |
| Closed Chart Audits | Quarterly | 80% | | | 100% | | | 100% | | | 100% | | | 100% | 100% |
| # of indiv. Linked to pediatrician | Quarterly | baseline | | | | X | X | X | | | X | | | X | |
| Indicators: | | | | | | | | | | | | | | | |
| Child/Youth Symptom Check List | Semi-Annual | 80% | | | | | 100% | | | | | | | 100% | 100% |
| Satisfaction Survey | Annually | 80% | | | | | | | | | | | | 96% | 96% |
| Sun Risk Education | Annually | 100% | | | | | | | | | | 100% | | | 100% |
| CJS | | | | | | | | | | | | | | | |
| TECHNICAL AUDIT | Monthly | 85% | 78% | 85% | | 100% | 87% | | 83% | 85% | | 96% | 90% | | 88% |
| Technical Audits with remediation | | | | | | | | | | | | | | | |
| Full Active Caseload | Quarterly | 80% | | | 83% | | | 86% | | | 85% | | | 96% | 88% |
| Focused: | | | | | | | | | | | | | | | |
| Quarterly Progress with Measurable Objectives | Monthly | 80% | 100% | 100% | 88% | 100% | 100% | 95% | 75% | 100% | 92% | 100% | 79% | 86% | 100% |
| Appropriate Admissions | Monthly | 90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Linked Progress Notes | Monthly | 90% | 100% | 89% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99% |
| Medication Education | Monthly | 80% | 100% | 100% | 83% | 100% | 100% | 98% | 100% | 100% | 98% | 90% | 93% | 100% | 97% |
| D/C Follow Up 60 Days | Monthly | 80% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Closed Chart Audits | Monthly | 80% | 85% | 87% | 86% | 100% | 98% | 98% | 99% | 99% | 98% | 98% | 98% | | 95% |
| physician's visits | monthly | baseline | 2 | 1 | 1 | 3 | 2 | 4 | 3 | 3 | 6 | 3 | 4 | 0 | 32 |
| Indicators: | | | | | | | | | | | | | | | |
| Wait for services | Monthly | ≤5 days | 2 | 5 | 14 | 10 | 3 | 5 | 3 | 3 | 8 | 6 | 0 | 0 | 5 |
| After hour calls | Monthly | ≤150 calls | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Employment | Monthly | 40 clients | 4 | 6 | 5 | 3 | 3 | 7 | 9 | 4 | 4 | 1 | 1 | 2 | 49 |
| #days ↓ county jail time | Monthly | 1000 days | 0 | 0 | 210 | 0 | 210 | 0 | 0 | 0 | 0 | 0 | 0 | 120 | 540 |
| #days ↓ state time | Monthly | 12,000 days | 1,631 | 2,685 | 3655 | 0 | 1,537 | 0 | 0 | 1,825 | 3,849 | 1,095 | 1,555 | 4,625 | 22,457 |
| Divert/Pre-Adjudication | Monthly | 20 clients | 1 | 2 | 3 | 0 | 1 | 0 | 0 | 1 | 3 | 1 | 1 | 2 | 15 |
| Community Linkages | Monthly | 75 | 9 | 10 | 15 | 5 | 9 | 4 | 17 | 11 | 16 | 9 | 7 | 7 | 119 |
| Recidivism to jail W/I 30 | Monthly | ≤25 clients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 2 |
| Recidivism to jail W/I 60 | Monthly | ≤50 clients | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 4 |

Mental Health Association Of Essex County

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

| Year: 2015 - 2016 | | | | | | | | | | | | | | | | |
|---|---------|------------|-----------|------|------|------|------|------|------|------|------|------|------|------|------|--------|
| Topic/Issue Requesting | | | | | | | | | | | | | | | | |
| Follow Up | | Monitoring | Threshold | 2015 | | | | 2016 | | | | | | | | |
| | | | | JULY | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUNE | TOTALS |
| SLS | | | | | | | | | | | | | | | | |
| Recovery Plans w/in 14 days of admission | Monthly | 90% | 100% | 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% | 100% |
| Prospect Primary Healthcare | | | | | | | | | | | | | | | | |
| BMI <27 | Monthly | baseline | 32% | 31% | 22% | 42% | 44% | 27% | 29% | 27% | 28% | 24% | 27% | 23% | 30% | |
| Vitamin D >30 | Monthly | baseline | 13% | 67% | 0% | 39% | 0% | 0% | 33% | 28% | 18% | 57% | 10% | 19% | 24% | |
| Glucose Level <100 | Monthly | baseline | 61% | 60% | 25% | 62% | 75% | 70% | 54% | 75% | 64% | 57% | 70% | 86% | 63% | |
| Blood Pressure < 140/90 | Monthly | baseline | 90% | 87% | 93% | 90% | 96% | 96% | 82% | 92% | 93% | 86% | 93% | 94% | 91% | |
| Number of clients seen | Monthly | baseline | 43 | 25 | 18 | 37 | 30 | 27 | 28 | 36 | 37 | 35 | 35 | 40 | 391 | |
| Satisfaction Survey | Annual | baseline | | | | | | | | | | 74% | | | 74% | |

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

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

Efficiency: Staff turnover is monitored. The industry rate for turnover is 40%, resulting in frequent staff vacancies, compromised services, and additional effort to train. This agency is committed to reducing turnover through staff development, communication, organizational culture, and improvement of working conditions and benefits. The Director of Operations tracks turnover rates monthly per program and in the aggregate. *2015: 2.25% average annual turnover rate*

2.5% annual turnover:
1.7% average annual turnover rate

Staff Satisfaction: Annually, staff completes a Satisfaction Survey in September. We believe that staff satisfaction correlates to staff turnover. Expected measures of this indicator are increased number of respondents and continued or increased levels of satisfaction. *2015: 4.2% increase in satisfaction; 1.27% increase in response*

Increase in satisfaction and increased percentage of staff respondents
7.86 decrease in satisfaction
Response rate remained the same as 2015

Community Agency Satisfaction: Annually, this agency conducts a survey of community providers who refer clients or collaborate with us, or to whom we refer clients and collaborate. Results of this survey provide information regarding community needs, assessment of services and collaborative efforts, marketing needs, professional reputation and relationship to providers. *2015: 30% response rate; 94% overall satisfaction*

80% satisfaction and increased response rate: annual:
30% response rate
90.8% overall satisfaction

Access: MHAEC, Inc. has programs in both suburban and urban areas of Essex County. We provide residential services throughout Essex County. We are in schools in Montclair and the surrounding areas. We have offered Psycho-Ed sessions throughout Essex County. *2015: 2839 Consumers received services from MHAEC, Inc.*

MHAEC, Inc. provides services to 3000 consumers annually
2999 consumers received services from MHAEC, Inc.

Effectiveness: MHAEC, Inc. is contracted with the NJDMHAS to provide service commitments annually for each program with a 90% commitment achievement rate. *2015: 48% was the lowest number achieved for the SES program.*

90% commitment achievement rate for all programs contracted with NJDMHS: quarterly
45% was the lowest number achieved for the SES program. All other programs met 90% of commitments

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
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 evidence by BMI, Vitamin D, Glucose and Blood Pressure levels being within normal range.

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

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

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

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

BMI- avg. of 30% within normal range
Vitamin D- avg. of 24% within normal range

Glucose level-avg. of 63% within normal range

Blood Pressure-avg. of 91% within normal range

Care coordination will increase physician visits by 20%
391 visits were made to MHAEC's Prospect Primary Care; 493 visits were made to an external physician's office

≤5 business days: monthly
3.1 business days

80% overall satisfaction rate: annually
92% overall program satisfaction

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

CENTER FOR LOWCOST PSYCHOTHERAPY (CLCP)

Access: Wait for service and wait for assignment are measures of efficiency, required by NJDMHAS. They are indicators of standards of professionalism and operations. Thresholds of performance are ≤5 business days between initial call and intake and between intake and assignment to service. *2015: 7 days wait for intake; 2 days wait for assignment*

Effectiveness: The Behavior and Symptom Identification Scale (BASIS-32) is completed by each client at time of intake and every three months during treatment. This scale is validated by McLean Hospital, Massachusetts, which publishes national baselines and benchmarks of performance. Using a scale of 0 to 4, clients self-report symptoms, presented at initial assessment. A baseline, established through monitoring in FY 2002, demonstrated that 79% of clients reported diminished symptoms and increased functioning during the first six months of service. Effective treatment is expected to yield decreased symptoms and increased functioning. Mid-year, the Center began using the Patient Stress Questionnaire which is an inventory that is adapted from the Patient Health Questionnaire 9 and measures depression, anxiety, traumatic stress reactions and substance use. *2015: Clients showed improvement in their self-reported functioning after three months of therapy in all areas of the Patient Stress Questionnaire. In addition, 100% showed a decrease in symptoms.*

Client Satisfaction: Annually, CLCP conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services. *2015: 97% satisfaction*

Efficiency: CLCP utilizes a unique administrative structure with only two full-time staff members. Much of CLCP's psychotherapy services are provided by private practitioners who have voluntarily agreed to accept referrals on a sliding scale. This results in a low operating cost and a uniquely efficient program. *2015: \$55.23*

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

Clients reporting lessened symptoms and increased functioning: @ three months
Clients showed improvement in their self-reported functioning after three-six months of therapy in all areas of the Patient Stress Questionnaire. In addition, 85% showed a decrease in negative symptoms.

80% satisfaction: annually
98% satisfaction

Annual: Cost below average OPD in the state \$93.81
Cost per unit of service=\$61.98

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
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. **2015: 91% of clients were seen within 72 hours of discharge.**

Effectiveness: Recidivism rates among ICMS clients are tracked and monitored as a benchmark of effective reduction in re-hospitalization rates at county and state psychiatric hospitals. Tracked monthly and aggregated annually, rates of recidivism are expected to occur for less than 20% of the active caseload, per year. **2015: 12% recidivism to all hospitals; 3% to state and county hospital; 4 to community hospitals; 5% short term care facilities**

Effectiveness: In reviewing employment rates, nationally and within New Jersey among PACT and ICMS clients, this program seeks to target 62 of its clients toward employment, including volunteer work, targeted and supportive employment, part-time and full-time. **2015: 50 consumers are employed**

Client Satisfaction: Clients are surveyed for satisfaction with staff responsiveness and availability, treatment participation and progress, and collaborative efforts. **2015: overall satisfaction was 96%**

Efficiency: In reviewing justified continued stay: Continue stay rates among ICMS clients are tracked and monitored as a benchmark of efficiency, reduction in clients remaining on the active case load. Rates are based on six and eighteen month's length of stay. This process saves time, money and gives clients a chance to be more independent. Tracked monthly and aggregated annually, rates of continued stay are expected to occur less than 10% of the active caseload, per year. **2015: 9.8% required continued stay; 100% were justified continued stay**

80%: monthly
99% of consumers were seen within 72 hours of discharge

≤20% annually: monthly monitoring, annual aggregate
**10% recidivism to all hospitals
2% to state and county hospital
4% to community hospitals
4% to short term care facilities**

62 clients employed: yearly
56 consumers from the active caseload were employed

80% satisfaction: annually
96% overall satisfaction

10% of caseload will require continued stay: quarterly
**11% required continued stay;
100% Justified continued stay**

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

PROSPECT HOUSE (PH)

Effectiveness: Recidivism to MICA services: partial care, in concert with successful integration to community living and needed social/MICA supports will result in low rates of readmissions to intensive MICA services. *2015: ≤ 1% of members were referred to intensive MICA services*

≤ 1%: quarterly
≤ 1% of members were referred to intensive MICA services.

Effectiveness: Employment: it is hypothesized that through partial care providing pre-vocational skills training, that members will gain skills needed to become employable. *2015: 3.2% of members became employed.*

≥ 15%: quarterly
0.7% of members became employed.

Efficiency: Service Delivery: by utilizing two part time Advanced Practitioner Nurses and decreasing the consulting psychiatrist schedule, it will increase psychiatric time for less money per hour. In addition, we will be able to provide services to over 400 members. *2015: Medical staff onsite 5 days a week for two months and 3 days per week for 3 months.*

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

Access: Admissions: when an admission is questionable during the intake process, medical staff will complete a preliminary psychiatric evaluation within 24 hours to determine if appropriate for admissions as opposed to an immediate denial. In the past, upon referral, many were denied admissions without consulting with medical staff. With focusing on wellness and recovery, we will be able to meet the needs of the consumers immediately therefore, having immediate access to services. *2015: 10 potential members were referred to medical staff regarding a questionable admission within 24 hours.*

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

Client Satisfaction: Clients complete a survey that rates satisfaction with program and staff, perceived empowerment to manage illness, self-assessed improvement in activities of daily living *2015: 87% overall program satisfaction*

80% satisfaction: annually
86% overall program satisfaction

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
 PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

SUPPORTED EMPLOYMENT SERVICES (SES)

Efficiency: Expected speed of placement for clients is 50% placed in a job within four (4) months of entry to program. *2015: 11% of consumers were placed into employment within the targeted period*

Efficiency: 5,859 units of service are expected; staff productivity will continue to be monitored. *2015: 31% 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. *2015: 85% of consumers placed retained employment for 3 months or more.*

Effectiveness: Client-oriented programs strive to place individuals in occupations of their choice. *2015: 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. *2015: 89% of the consumers that responded were always or frequently satisfied with the level of service provided, and their responsiveness.*

Employer Satisfaction: Annually, employers with whom we place clients are surveyed for satisfaction with their collaboration with SEP staff. *2015: 100% of employers with whom we placed consumers were satisfied with their collaboration with SES.*

Access: Wait for Service: The target wait for intake is 10 days; and admission to the program is within 2 days. *2015: 61 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
8% of consumers were placed into employment within the targeted period of time.

5, 870 units of service are expected;
 100%: Quarterly
45% of units of service were achieved.

60% retention: Quarterly
91% 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 89%

80% satisfaction: annually
98% of employers with whom we placed consumers were satisfied with their collaboration with SES.

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

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
 PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

COLLABORATIVE JUSTICE SERVICES (CJS)

Effectiveness: Community linkages--It is hypothesized that clients' community reintegration can be measured by the number of linkages to local mental health programs and social organizations. *2015: 77 consumers were successfully linked to community providers*

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

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. *2015: 5 consumers returned to jail within 30 days for the entire fiscal year*

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

Effectiveness: Recidivism to jail within 60 days
 Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 60 days. *2015: 10 consumers returned to jail within 60 days for the entire fiscal year*

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

Efficiency: Divert/Pre-adjudication-Consumers will be identified by UBHC/CJS and will either be diverted and/ or pre-adjudicated. *2015: 29 consumers were diverted of which 29 were diverted pre-booking, pre-adjudicated*

150clients: monthly
15 consumers were diverted of which 15 were diverted pre-booking, pre-adjudicated.

Client Satisfaction: Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers. *2015: 91% overall satisfaction*

80% satisfaction: annually
90% overall satisfaction

Access: Clients referred to CJS in the community, Essex County Correctional Facility Staff, mental health providers as well as family members have 24 hours/7 days week access to Forensic Case Manager and or Program Director through the on call service. *2015: 0 calls during the fiscal year*

Five calls per month: monthly
0 calls for the fiscal year

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

SUPPORTIVE LIVING SERVICES (SLS)

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

2015: 28% employment rates

Effectiveness: Recidivism: SLS monitors recidivism rates to ensure quality of services and outcomes on a monthly basis; these statistics are then compounded annually. Recidivism is defined as any instance of hospitalization for psychiatric purposes to a state/county hospital or short term care facility. This rate is linked to quality of care. *2015: 0% recidivism rate to County/State hospitals, 2% recidivism to Short Term Care Facilities*

Effectiveness: Residential Stability: The main goal of a supportive housing program is to stabilize the residential circumstances of a vulnerable population. Mc-Kinney-Vento funded programs measure residential stability as one of three major goals. Effective services provided in appropriate housing opportunities correlate with tenant retention rates. *2015: 98% of individuals remained in housing for 12 months*

Efficiency: Clinical Data: The use of the Awards program clinical database for SLS documentation allows for efficient and orderly clinical records. Also, through multiple report modules, supervisory staff is better able to track staff interventions and potential crises. Awards are utilized by the State of NJ for collection of HMIS data. *2015: 99% of charts were compliant*

Access: SLS is available 24 hours a day, including holidays and weekends, with the use of an answering service. In order to meet the unique needs of the individuals served staff work a flexible schedule of Sunday through Saturday, with hours starting at 8am until 9pm. *2015: 90% of individuals were satisfied with staff availability*

≥10% employment: quarterly monitoring
19% employment rates

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

≥80% of tenants will maintain their housing for 12 months monitored through movement statistics: monitored monthly
97% of individuals remained in housing for 12 months

≥80% chart compliance: monitored monthly
95% of charts were compliant

≥80% client satisfaction: monitored yearly
90% of individuals were satisfied with staff availability

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

Access: IFSS insures easy access of services for all family members by having professional staff on call 24 hours a day, 7 days a week, including holidays. Families can request services through phone calls or through the NAMI-IFSS or MHAEC website. The ease of a family's accessibility to IFSS services will be measured by their specific response to question #4 on the IFSS questionnaire which asked if families felt IFSS staff were accessible or readily available to meet their needs and question #1 which asked if it was easy to find out about the program. *2015: 95% rated services accessible*

Measured: Annually
Baseline \geq to 90% felt IFSS services were accessible
97% rated IFSS services accessible

Efficiency: IFSS insures that all services are provided in a highly efficient manner by tracking how fast families obtain services. Wait for Service is a state and agency-generated indicator, which is based on high standards of professional practice. The first indicator measures the time elapsed from when a referral is received to first clinical contact with client. The second indicator measures the time elapsed from that initial first contact to a scheduled intake date. This insures that all program services are provided in a highly efficient manner to meet the emergent needs of all program clients. *2015: 0.6 day wait for service; 3.3 days wait for intake*

Measured: Quarterly
Baseline \leq 5 business days
1.7 days wait for service
3.8 days wait for intake

Effectiveness: The Family Concerns Scale (formerly the Family Burden Scale) measures effectiveness and impact of services on family stress. This indicator is NJDMHS mandated; a 24 item standardized burden questionnaire is distributed to all IFSS families. There are no pre-established levels of burden. Expected outcome of successful service is a general reduction of family stress (burden) as reported by family-respondents. *2015: 79% of IFSS families reported reduced burden*

Measured: Semi-Annually through Pre and Post tests.
Baseline: \geq 80% of families show reduction in stress/burden:
62% of IFSS families reported reduced burden

Satisfaction: An independent Family Advisory Committee records and analyzes response-data from annual family satisfaction questionnaires. The 10 item survey is standardized and mandated by NJDMHS for IFSS programs. *2015: 100% overall satisfaction rate*

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

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
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. *2015: 4 days wait for service, 0 days wait for assignment*

Effectiveness: The Child Behavior Checklist is distributed to all children upon intake and following six months of treatment. This tool measures aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints, and thought problems. Effective treatment is expected to decrease negative symptoms. *2015: 100% of all participants showed decreases in negative symptoms*

Client Satisfaction: RCC conducts a survey of satisfaction annually with the youth who are receiving services and their parents/guardians. This survey measures overall satisfaction with the therapist, services, and the child and adolescent psychiatrist. It also measures whether they felt they were treated with respect, whether the child made progress and whether the therapist included the parent in treatment and whether the child felt listened to by their therapist. *2015: 95% of all parents and children surveyed indicated satisfaction with RCC services*

Efficiency: The use of the Footholds/Awards program, the agency's electronic clinical database, for RCC documentation allows for efficient clinical record keeping. Also, through multiple report modules, the Program Director and Medical Director are better able to track staff interventions and potential crises. Using an electronic clinical record also allows for multi-disciplinary coordination of treatment between Medical Director and clinical staff. Awards is utilized by the State of NJ for collection of HMIS data. *2015: 100% of consumer records are compliant with agency standards*

<5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services. *1 days wait for service, 0 days wait for assignment*

80% of consumers will decrease negative symptoms of anger, depression, anxiety and conduct problems and to increase positive self-esteem. *97% of all participants showed decreases in aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints and thought problems.*

80% satisfaction rate: annually *96% of all parents and children surveyed indicated satisfaction with RCC services*

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

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
PERFORMANCE INDICATORS: FY 2016
PLAN FOR OUTCOME MEASURES

July 1, 2015 – June 30, 2016
THRESHOLD: CALENDAR
Outcomes

PROGRAMS AND INDICATORS

ASSISTED OUTPATIENT TREATMENT SERVICES (AOTS)

Access: AOTS insures easy access and availability for referral via screening, Short Term Care Facility (STCF) and/or Long Term Care (LTC) in order to assess consumers for appropriateness to AOTS services. AOTS staff is available 24 hours a day 7 days a week via on-call if a referral needs to be seen on off hours. *2015: Screening: 1 referral; STCF: 7 referrals; LTC: 3 referrals*

Measured: Monthly
Screening: 1 referral
STCF: 7 referrals
LTC: 3 referrals

Efficiency: Clinical Data: The use of the Awards program clinical database allows for an efficient and orderly for clinical record keeping. Also with multiple report modules, we are able to better track staff interventions and crises. *2015: 85% of charts were compliant.*

Measured: Quarterly
≥80 chart compliance
88% of the charts were compliant.

Effectiveness: AOTS measures the recidivism rates to insure quality of services and outcome via court order treatment on a monthly basis; these statistics are then calculated yearly. Recidivism is defined as any instance of hospitalization visits including ER (screening) visits, psychiatric admissions including involuntary, voluntary, long term care, and arrests, incarceration, and homelessness. *2015: ≤ 10% ER (screening); ≤ 10% Voluntary admissions; ≤ 1 % Involuntary admissions; ≤ 8 % Long Term Care; ≤ 1 % Arrested; ≤ 1 % Incarcerated; and ≤ 5 % Homeless*

Measured: Monthly
≤ 10% ER (screening);
≤ 3 % Voluntary admissions;
≤ 0 % Involuntary admissions;
≤ 1 % Long Term Care;
≤ 0 % Arrested;
≤ 1 % Incarcerated;
≤ 9 % Homeless

Satisfaction: AOTS implements an annual satisfaction of AOTS consumers. Consumer responses are then recorded and analyzed for trends. *2015: 94% overall satisfaction rate*

Measured: Annually
≥85% overall satisfaction
93% overall satisfaction

Health and Safety Report

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

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

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

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

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

Incident are completed within 24 hours of an identified incident. Reportable incidents are as follows: suicide/suspected suicide, death, suicide attempt, serious injury on premises client/staff, alleged physical abuse/assault, alleged sexual assault, alleged neglect, newsworthy incidents, property damage, physical fight/client or staff, theft loss to agency, medication error/adverse drug reaction, infection control/biohazardous incidents, use or possession of weapons, elopement and/or wandering, unauthorized use or possession of licit or illicit substances, communicable disease, violence or aggression, ambulance or police response, vehicle accident, other (may include but not limited to: slips, trips or falls; reporting of personnel theft or loss while on agency grounds). If an incident is identified as needing a debriefing, such as a death or suicide, employees are referred to the Employee Assistance Program and/or provided with a debriefing session which is performed by a licensed individual within the agency. Incidents are reviewed at the Performance Improvement Committee meetings which are held monthly. The Associate Executive Director completes an annual analysis on incident reports that identifies causes, trends, and improvement plans.

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

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

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

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

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

Relias a web based training system is utilized to train staff upon hire as well as annually in program centered trainings. These trainings are as follows: workplace violence, crisis management, suicide risk assessments, emergency preparedness (including disaster, bomb, and terrorist threats), legal and ethical issues for mental health professionals, client rights, client safety, environmental safety in the workplace, personal safety in the community, confidentiality and HIPPA, corporate compliance and ethics, cultural diversity, defensive driving, fire safety, infection control, sexual harassment, and workplace harassment and abuse. Other trainings are required based on program needs and are offered as additional trainings.

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

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

INCIDENT ANALYSIS

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

In fiscal year 2016, there no completed suicide throughout the agency. There were six suicide attempts off-premises compared to seven attempts in fiscal year 2015. These suicide attempts were reported by the following programs: Integrated Case Management Services reported three, Supportive Living Services, Collaborative Justice Services, The Center for Low Cost Psychotherapy each reported one.

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

There were eleven deaths all off-premise in fiscal year 2016. This number increased from three deaths reported in fiscal year 2015. Consumer deaths were reported in the following programs: Integrated Case Management Services reported three deaths, Prospect House reported one death, Supportive Housing reported five deaths and Collaborative Justice Services reported two deaths.

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

Two incidents of alleged physical assault were reported by Integrated Case Management Services in fiscal year 2016 which is an increase of one during last fiscal year.

One newsworthy incident was reported by Assisted Outpatient Treatment Services which is an increase of one report from last fiscal year.

One physical fight occurred off premises which is consistent with the number of reports in fiscal year 2015. These incidents took place in Inegrated Case Mangement Services and Supportive Living Services.

During fiscal year 2016, Supportive Living Services reported one Infection Control issue which was a decrease of one. This incident was discussed with the Supportive Living Services' nurse and Department of Health and appropriate steps were taken to rectify the situation.

There were three violent or aggression incidents reported this fiscal year which is a decrease of three from fiscal year 2015. One incident was reported by both Prospect House and Collaborative Justice Services

There was a total of twenty six Ambulance or Police Response incidents reported during fiscal year 2016 which is an increase of two reported from last fiscal year. Of these incidents, Prospect House reported nineteen with the majority being transportation to a local hospital for psychiatric screenings. Supportive Living services reported two as did Integrated Case Management Services. In addition, there were three incidents reported at our Main Office in Montclair, two calls for staff and one call for the Riskin Children's Center. In all incidents staff followed appropriate protocol.

PIC reviewed all incidents and after actions plans. It was noted that Integrated Case Management Services needed to increase visits to high risk individuals and a corrective action plan was implemented. No other trends were found. In each incident best practices were followed.

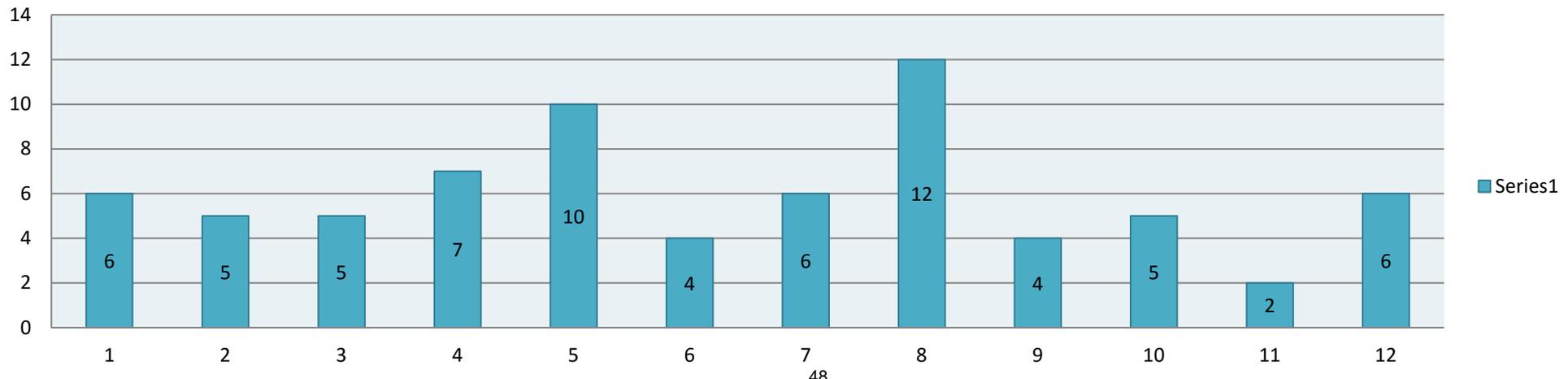
There were a total of twenty five incidents reported under the "other" category. Of this, eleven incidents were motor vehicle accidents. All staff were encouraged to go to the Emergency Room to be examined for injury, and were also informed of the workman's compensation procedure for additional treatment if necessary. Police reports were requested and insurance claims were submitted when necessary.

MHAEC had a total of seventy two incidents documented for fiscal year 2016 which is an increase of two incidents documented in fiscal year 2015. The low incident rate, in part, is contributed to the quality of services provided by all MHAEC staff.

**Mental Health Association of Essex County
FY 16 Incident Reporting**

| Type of Incident | Jul. | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | Jun. | Total |
|--|----------|----------|----------|----------|-----------|----------|----------|-----------|----------|----------|----------|----------|-----------|
| 1. Suicide/Suspected Suicide | | | | | | | | | | | | | 0 |
| 2. Death | | 1 | 1 | | 1 | 1 | | 1 | 1 | 2 | 1 | 2 | 11 |
| 3. Suicide Attempt | | | | | 1 | 1 | 2 | 1 | | 1 | | | 6 |
| 4. Serious Inquiry on premises client/staff | | | | | | | | | | | | | 0 |
| 5. Alleged physical abuse/ assault-client/staff | | | | | | | | 1 | | | | 1 | 2 |
| 6. Newsworthy incidents | | | | | | | | | | | 1 | | 1 |
| 7. Property damage | | | | | | | | | | | | | 0 |
| 8. Physical fight/client or staff | | | | | | | | 1 | | | | | 1 |
| 9.Theft loss to agency | | | | | | | | | | | | | 0 |
| 10. Medication error/Adverse drug reaction | | | | | | | | | | | | | 0 |
| 11. Infection control/ Bio-hazardous accidents | | | | | | | | 1 | | | | | 1 |
| 12. Use or possession of/ weapons | | | | | | | | | | | | | 0 |
| 13. Elopement or wandering | | | | | | | | | | | | | 0 |
| 14. Use or possession of licit or illicit substances | | | | | | | | | | | | | 0 |
| 15. Communicable Disease | | | | | | | | | | | | | 0 |
| 16. Violence or Aggression | | 1 | | | 1 | | | 1 | | | | | 3 |
| 17. Ambulance or Police Call | 4 | 1 | 1 | 3 | 3 | 2 | 2 | 4 | 2 | 2 | | 2 | 26 |
| 18. Other | 2 | 2 | 3 | 4 | 4 | | 2 | 2 | 1 | | | 1 | 21 |
| Total | 6 | 5 | 5 | 7 | 10 | 4 | 6 | 12 | 4 | 5 | 2 | 6 | 72 |

Program MHAEC Aggregated Data



CULTURAL COMPETENCY REPORT

Cultural Competency Committee was established as an advisory committee of the Performance Improvement Committee (PIC). The Committee reports findings and recommendations to PIC for the purposes of developing and maintaining culturally competent practices within Mental Health Association of Essex County and within its service provisions.

Personnel

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

Demographic Data

According to the Census Bureau, Essex County's demographics include: White – 42%, Black – 40%, Hispanic – 21%, Asian – 5%, Native American – less than 1%.

Linguistic and Communication Support

To ensure the delivery of culturally competent services to all people within this diverse county, MHAEC hires diverse staff in every program that closely reflects the demographics of the community. MHAEC currently employs twenty-seven employees who are fluent in fourteen different languages including Haitian Creole, French, Portuguese, Spanish, Swahili, Arab, Gujarati (Indian Dialect), Hindi, Tagalog, Korean, Hebrew, Russian, German and American Sign Language. MHAEC also maintains a list of staff fluent in these languages, and other translation resources, including the “Language Line Personal Interpreter” which includes over two hundred languages.

The Cultural Competency Committee ensured that all agency literature, promotional brochures and agency forms are culturally relevant and readily available both to individuals served, referral sources, and other professionals, and translated into Spanish and French/Haitian Creole, as well as English.

Trainings

All employees attend cultural competency training as part of their professional development and follow competent practices in daily routines. Annual trainings are provided through Relias Training (web-based). In addition, the Cultural Competency Committee held “lunch and learn” session focused on better understanding the cultures and customs of the Essex County community to ensure that staff fully understand the unique needs,, customs and cultures of those served. These “lunch and learn” sessions have included African Americans, Latinos, Native Americans, LGBT, Irish and Hungarian Americans.

Quality Monitoring

- Cultural Competency Committee reports identified areas of improvement to the Performance Improvement Committee for monthly review.
- Cultural Competency Committee documents information discussed during staff meetings.
- Cultural Competency Committee has added the number of staff by four in order to increase the advocacy and broaden the committee's presence in the agency. Since this change more staff attended the annual potluck and new ideas have been introduced for the following year.

Advocacy Events

With the increase in the number of committee members, staff have been able to maintain a quarterly cultural awareness lunch and learn in-services for staff. This past year we offered 4 different presentations; June 2015 - LGBT, October, 2015 - Hungarian - Americans, February 2016 - African- Americans and June, 2016 - Older- American's were the topics of discussion. The lunch and learns were presented by MHAEC staff and or guest speakers from the community who have extensive experience in the subject matter. Also, the committee has been sending monthly educational emails to all staff to educate them on different cultures and issues.

The agency hosted its 12th Annual Cultural Potluck in May, 2016. For this event, MHA staff prepared traditional food and drinks from their culture and provided the recipes for the staff. A program and various presentations and discussions of different cultures were presented. This annual event had 80 MHAEC staff in attendance which was the largest attended to date.

This year marks the 13th Annual Cultural Competency Survey conducted by the Mental Health Association of Essex County, Inc. The survey was electronically distributed to all 130 MHAEC employees and addressed specific questions regarding the effectiveness of cultural competency in the agency and provided respondents the opportunity to offer suggestions for improvements. The survey consisted of 13 questions, in which the last question was open-ended. There was a total of 50 respondents this year.

The 2016 Cultural Competency Survey resulted in an overall satisfaction rate of 93.4%. There were 15 comments and it appears that staff have a continued interest in additional training on LGBT. Other comments congratulated the cultural competency committee on doing such a great job with the potluck and overall satisfaction with what the agency does as a whole to promote cultural competency best practices.

Cultural Competency Committee Plan FY 2017

- The Cultural Competency Committee will meet and report to PIC monthly.
- The Cultural Competency Committee will ensure that the Mental Health Association of Essex County's language bank is updated quarterly.

- The Mental Health Association of Essex County actively recruits bi-lingual staff.
- The composition of Mental Health Association of Essex County employees will continue to be representative of the community served.
- The Cultural Competency Committee will identify areas of policy, practice and attitudes that may serve as barriers for persons of different cultures to access and/or receive appropriate services. The committee will make recommendations to the appropriate person(s). Articles and Essential Learning trainings will continue to be made available for staff to increase awareness of different cultural practices.
- The Cultural Competency Committee will host MHAEC's 13th Annual Cultural Potluck.
- The agency will administer an annual survey, which focuses on cultural competency issues. 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 in working in a culturally diverse population. All employees of the Mental Health Association of Essex County will be encouraged to participate in the survey via Survey Monkey and results will be done anonymously.
- All MHAEC sites will expand and host quarterly cultural competency in services 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 individual's well-being by integrating physical and behavioral health care. All services are individualized to meet the needs of the individuals and are designed in a manner that facilitates a seamless continuum of care for each person. Care coordination embodies a recovery-focus model of care that respects and promotes independence and responsibility.

MHAEC staff continued to help each individual choose various service providers and assisted with coordinating services. Each individual was given the option of receiving psychiatric services through MHAEC programs and/or medical services through MHAEC's Prospect Primary Healthcare which is located in the same building as MHAEC's day treatment program. If an individual chooses to utilize an external psychiatrist or medical provider, staff continued to assist with identifying and coordinating services and provided support to facilitate and enhance treatment. By staff ensuring Care Coordination, during Fiscal Year 2016, 391 visits were made to MHAEC's Prospect Primary Healthcare and 493 visits were made to external physicians.

During Fiscal Year 2016, Prospect Primary Healthcare implemented "Ask Me 3" which is a Cardiovascular Wellness Program. Through this eight week series of individual and group sessions, the program addressed health needs and provided education. The program encouraged all to ask these three questions when visiting their primary care doctor:

- 1. What is my main problem?***
- 2. What do I need to do?***
- 3. Why is it important for me to do this?***

MHAEC staff schedules continued to be flexible in order to meet the needs of the individuals served ensuring that appointments were scheduled at a place and time that was convenient to the individual. In the event of a planned or unplanned absence of staff, another team member assumed responsibility and continued services without interruption. All on call needs were met either by phone or in-vivo and were available twenty four hours a day, seven days a week, including holidays and weekends. This service was available for support and crisis intervention, including on-site and offsite supports via telephone, face to face contact and collateral contacts with caregivers and other service providers. Due to the flexibility of staff scheduling, the agency wide wait for service averaged 3.1 business days.

All programs continued to conduct a Comprehensive Intake Assessment which determined the coordination of services that was needed. Staff gathered information such as medication use, profile and treatment, physical/medical needs, history of hospitalizations, and family history. Other information such as chronic disease status, asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, obesity and other chronic health conditions were also gathered. Staff assisted individuals in identifying appropriate services and scheduling appointments based on the needs indicated. Prospect Primary Healthcare began to monitor BMI, Vitamin D levels, Glucose levels and blood pressure for the individuals who participated in this program. During Fiscal Year 2016, 30% of individuals' BMI was within normal range; 24% of individuals' Vitamin D levels were within normal range; 63% of individuals Glucose levels were within normal range; and 91% of individuals' blood pressure was within normal range.

Each program offered 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 were analyzed and reviewed. The overall satisfaction rate for MHAEC program was 92%.

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 2016, ICMS staff consisted of 24 full time employees which consists of: (1) Program Director, (2) Administrative Staff, (2) Team Leaders, (4) Case Manager-IV, (3) Case Manager-III, and (12) Case Manager-II. The ICMS staffing continues to be culturally diverse and representative of the persons served. We have staff who are bilingual in Spanish (3 people), Haitian Creole (1 person), French (1 person), and Kru – African dialect (1 person).

Caseload

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

The caseload for ICMS as of June 30, 2016 was 489. This includes 268 people who were on our active caseload list with 191 at high risk, 63 at risk, 2 low risk; 12 people in the hospital and 221 people who were on our enrollee list (currently in a NJ State Hospital or Essex County Hospital Center); 0 people in the County Jail. We admitted 308 individuals to the ICMS active caseload during the fiscal year. Of these admissions 39 were from a State Psychiatric Hospital, 54 from a County Psychiatric Hospital, 39 from a Short Term Care Facility, and 109 from local psychiatric inpatient units and the community (including referrals from other programs within the Mental Health Association of Essex County, referrals from DMHAS and other treatment providers).

Three hundred eight (308) clients were discharged from the ICMS active caseload during the year. The circumstances of the discharges were as follows: 6 were referred to PACT, 4 were referred to more appropriate services (including nursing homes, returned to psychiatric hospitals, lived in 24 hour supervised residential housing), 231 attained their treatment goals and "graduated" from ICMS services, 36 moved out of our service area (this also includes consumer deaths/lost to contact) and 31 refused ICMS services.

Demographics

ICMS provides services in four service areas within Essex County. Service area 1 includes the towns in the northwest area of the county (Fairfield, the Caldwells, Cedar Grove, Verona, Montclair, Glen Ridge, Livingston, Roseland and Essex Fells). Service area 2 consists of the Oranges and Maplewood. Service area 3 includes Bloomfield, Nutley and Belleville. Lastly, service area 6 consists of the southward of Newark and Irvington.

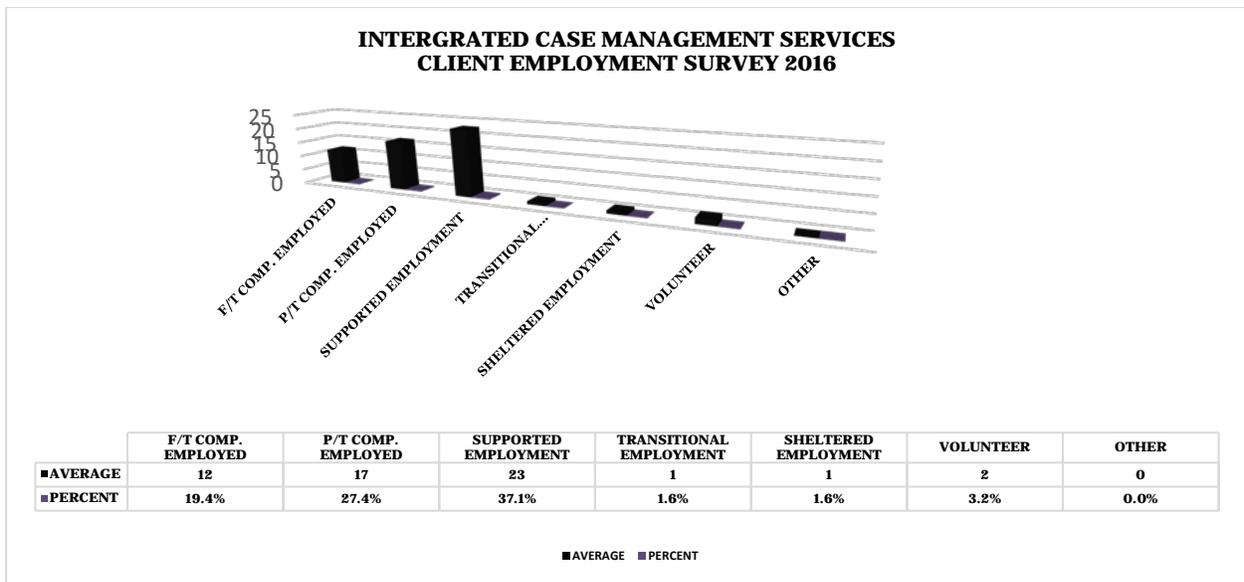
Performance Outcome

There were three performance indicators for the year measuring recidivism effectiveness. The Aggregated Recidivism Rate, Employment Effectiveness and Efficiency. The aggregated recidivism rate for the year totaled 10% which is lower than last year by 5%. Recidivism rates to Short Term Care Facilities (STFS) were 4% which is a decrease of 1% re-hospitalizations during FY2015. Specifically, the threshold for the rate of state and county re-hospitalizations were 2% or equal to 20%. Voluntary re-hospitalizations to community hospitals were 4% of the active caseload: this number is the same as last year.

Employment rates were a second effectiveness performance indicator for the year. The employment rates are measured quarterly for a total of 56 clients employed. 10 in September 2015, 15 in December 2015, 11 in March 2016 and 20 in June 2016. See the following chart for the rates of employment for each specific work category surveyed. The fiscal year outcomes measured has shown 56 clients employed. The threshold is 62 clients working. Employment rates are short by (6) clients.

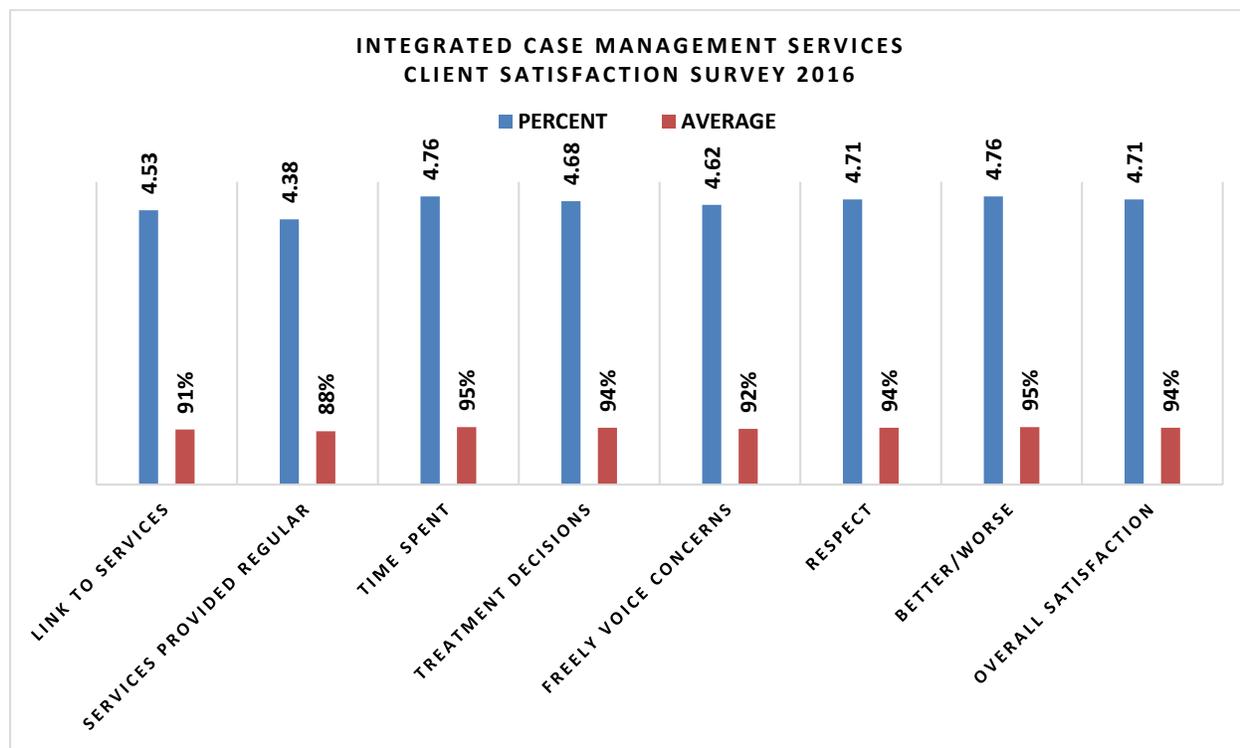
The Mental Health Association of Essex County/ICMS is collaborating with Supportive Employment to increase employment rates and opportunities for individuals with Severe Mental Illness through preparing for job readiness and increase referrals to the Supported Employment Services (SES).

PERCENTAGE OF PERSONS EMPLOYED ON THE ACTIVE CASELOAD



Efficiency was measured in the time lapse between a person’s discharge from a state or county hospital and the first face to face contacts by a case manager. The threshold for this indicator is more than 80% of the consumers admitted to ICMS being seen within 72 hours of discharge. The threshold was measured on a monthly basis. The sampling of charts revealed 99% compliance for the fiscal year. ICMS exceeded the threshold for this fiscal year. The outcome measures increase by 8% from last year.

Consumer satisfaction was measured in May 2016. The threshold was 80% satisfaction. The results of the survey indicated an overall satisfaction rate of 96% which is the same satisfaction rate from last year.



ICMS Highlights

ICMS continues to improve as a result of having a liaison to Short Term Care Facilities (STCF) units; this has helped our client referrals and 39 admissions rate to 78% STCF.

In term of services to clients, MHAEC adult programs sponsored a Picnic/BBQ for their clients at Eagle Rock Reservation. Each client received a gift bag and participated in games and other activities. In addition, the adult programs held a Holiday party for over 200 clients. At the Holiday party, MHAEC provided the clients with gift bags and toiletry items that were purchased by the agency. ICMS sponsored October Fest 2015 for a 9th year with 62 clients in attendance. ICMS and Prospect House took 104 clients on a boat trip to include food, games, prizes and dancing. The ICMS/SES Valentine Matinee was a hit with our clients with 19 ICMS clients in attendance. ICMS had 26 clients attended the Thanksgiving Dinner at the United Way Bldg.

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

Training

This year staff training, all new staff (8) attended New Jersey Association of Clinical Case Management (NJACCM) conference. Two case management staff attended New Jersey Psychiatric Rehabilitation Association one day conference. ICMS Team Leaders attended the New Jersey Association Mental Health Agencies (NJAMHA) annual conference and the American Counseling Association (ACA) annual conference. All staff attended in-services training on medication/Sun Risk education at the MHAEC-PH by the APN. ICMS participated in the Essex County Project Homeless event and provided assistance and referrals to clients who are homeless.

System Advocacy Activities

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

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

PROSPECT HOUSE – PH

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

Personnel

Prospect House staff consists of 34 Employees which includes: (1) Program Director, (3) Administrative Staff, (1) Senior Unit Leader, (4) Unit Leaders, (11) Case Managers, (1) Intake Coordinator, (1) Intake Worker (1) Psychiatrist, and (2) APN's, (1) RN, (2) Security (1) Billing Clerk, (1) Driving Coordinator and (4) Drivers. PH staffing continues to be culturally diverse and representative of the people we serve. We have staff who are bilingual in Spanish (2 people), Haitian Creole (2 people), Swahili (1 person), and Korean (1 person).

Caseload

Prospect House served 272 clients during FY 2016, 100 of which were new admissions. The average daily attendance was 95 as there were many months with days well over 100 consumers attending program. Prospect House will continue to receive referrals from local, state and county hospitals. We will also continue to accept referrals from ICMS, CJS, AOTS, SLS, SES, boarding homes, residential programs and shelters in order to meet our overall goals.

Demographics

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

Program Services

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

Prospect House programs offer:

- Prevocational training and opportunities to develop and evaluate consumer's skills.
- Case management services to obtaining/maintaining housing and finances-
- Educational support services
- Social Skills development

- Individual and group counseling
- Medication services
- Family consultation
- Services for the elderly population
- Services for the mentally ill chemical abusers

PH provided Mentally Ill Chemical Abusers (MICA) services to about 70 former substance abusers through therapeutic groups and linking to outside support services such as NA/AA meetings.

Performance Outcomes

Prospect House continues to meet all state contract agreements to ensure revenue from Medicare, Medicaid, The Food Distribution Program, The Child and Adult Care Food Program, The Department of Human Services, and The Division of Mental Health and Addiction Services this fiscal year. This past year, PH underwent external audits. The Medicaid audit findings indicated that some six month evaluations were behind due to being understaffed. This was rectified by hiring a new APN. All other funding sources reported no findings and/or recommendations for Prospect House.

Recidivism in MICA services

Even with more of the younger population using drugs, less than 1% of PH members were referred to intensive MICA services. This percentage continues to be small as our intake staff does a very good job with providing preliminary screenings to avoid admitting consumers who are in need of intensive MICA services. By encouraging all to be open and honest once admitted, this has helped with treatment regarding harm reduction. Also, if a consumer reports that they have used/abused drugs and/or alcohol, PH staff collaborate treatment with other service providers to increase their support services.

Employment

Many of our consumers continue to be fearful of losing their benefits despite being educated by Supported Employment. PH continues to have a representative from Supported Employment speak to the consumers quarterly. We were hoping to refer/link at least 20 individuals to employment/employment services and we have exceeded this as we have referred 37. However, this gives us an average of .7% being successfully employed which is less than last year's average of 3.2%. This area of concern will continue to be monitored over the next year as many of our members do not have a desire to work.

Service Delivery

PH did not meet the goal of having medical staff onsite 5 days a week for this entire fiscal year due to not having a full time APN on staff. During this year, an additional part time APN was hired for 17.5 hours per week. With hiring another APN, medical staff was able to be on site for at least seven months for four days a week. Throughout this year, medical staff continuously promoted physical wellness by educating the members about healthy lifestyles to include eating, exercising, smoking, heart disease and etc. through therapeutic groups and medication counseling. Making referrals to Prospect Primary Healthcare and

other outside medical facilities to follow up with medical concerns has now become our norm.

Prospect House had another eventful year. Highlights for FY 2016 are as follows:

- Successful audit by the Food Distribution
- Successful Sanitary Inspection
- Successful Fire Inspection
- Staff received a Food Protection Manager Certification
- Attendance to the “Jammin Away the Blues” festival
- Annual boat trip sponsored by the late Mrs. Kruvant
- “Choices” presentation to consumers regarding addictive substances
- Attendance of over 20 at the Annual Legislative Breakfast hosted by MHAEC
- Re-instituted an eight week series of female and male hygiene house groups facilitated by APN interns
- Served Thanksgiving lunch to over 126 consumers
- Successful Medicaid audits throughout the year
- 5 consumers received an achievement award in May 2016
- Prospect Primary Healthcare provided 290 office visits for this past year to PH consumers.
- Total units of service was 107,343 for this fiscal year which continues to be higher than our anticipated goal

As previously stated, by having Prospect Primary Healthcare onsite, it has helped to identify medical concerns that may not have otherwise been treated; therefore fostering longevity of the consumers.

2016 Client Satisfaction Survey

One hundred and fifty-two (152) surveys were offered/distributed. Eighty-two (82) were returned, which resulted in a 54% response rate. Overall, survey results indicated that 86% of responders were extremely satisfied or satisfied with Prospect House services. This result is a 1% decrease from last year. Seventy (70) consumers declined completing the survey but stated that they did not have any complaints and/or concerns regarding the program. This is clearly evident as our daily census continues to be over 100 on a regular basis.

Intake and Exit Interview Surveys

Intake satisfaction surveys are presented to members within the first two weeks of admissions into our program. All of the members who completed the survey reported being satisfied with the intake process and feel that they had choices regarding their treatment during this process. An exit interview survey is also provided to members upon discharge. Prospect House did not receive any surveys back this year versus two were received last year. Eighty-five of those individuals discharged were due to re-hospitalization and/or were not interested in our services; therefore, they had no interest in

completing the survey. Prospect House staff will continue to address any area of concern through the Members Representatives and the Performance Improvement Committee at PH on an ongoing basis.

Recommendations for next year

- Continue to enhance clinical documentation through internal focus audits.
- Continue to have SE present to our consumers regarding employment.
- Continue to refer consumers to the agency's Primary Care for medical check-ups.
- Continue to monitor psychiatric evaluations to ensure that they are completed as per partial care standards.

COLLABORATIVE JUSTICE SERVICES (CJS)

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

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

Personnel

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

Caseload

As of June 30, 2016, CJS had 51 active cases. During this period, 67 referrals were opened as consumers. Sixty-four percent of the referrals were made by Essex County Correctional Facility (ECCF) Mental Health Department-Center for Family Guidance (CFG). Twenty-seven percent of the referrals were made by the Essex County Office of Public Defenders. The remaining nine percent were referred by various criminal justice staff and community providers such as; Essex County Mental Health Administrator, Essex County Drug Court, Delaney Hall, Newark Community Solutions(NCS), NJ State prisons, Superior Court, community hospitals, Justice Involved Services programs throughout NJ, Essex County Probation Department, self-referrals, family members, other treatment providers, and within our own organization.

Demographics

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

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

Performance Outcomes

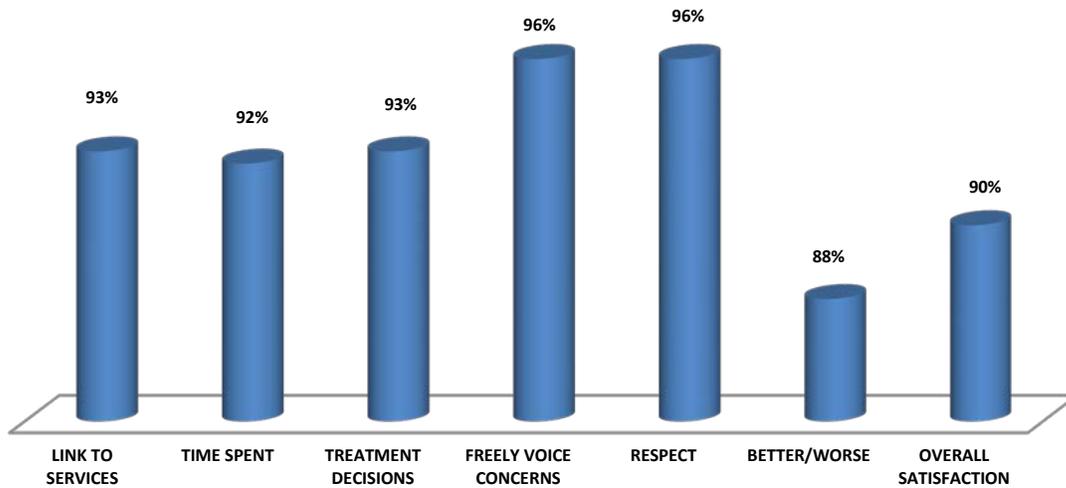
Performance outcomes were measured, as well as observed via MHAEC Performance Improvement Committee (PIC). For Fiscal Year (FY) 2016, CJS PIC grid monitored consumer's recidivism to the jail within 30 or 90 days. The threshold indicates that less than 25 consumers would not return to jail during this time frame and 7 consumers were re-incarcerated within 30 or 90 days of their release. CJS also monitored consumer's recidivism to the jail within 60 day and 120 day. The threshold indicates that less than 50 consumers would not return to jail during this time frame and only 6 consumers was re-incarcerated within 60 or 120 days of their release.

This year CJS successfully diverted 15 consumers from a county sentence and/or state prison sentence. As a result of the jail diversions, a total of 540 days were reduced in our consumers' county sentence and a total of 22,457 days were reduced in our consumers' state prison sentence. CJS continues to monitor the cost-effectiveness for both state and county costs. For FY 2016, the program saved approximately \$62,100 in county costs. Based on the data gathered, CJS will continue to monitor time saved for consumers both for county and state time.

As of June 30, 2016, CJS had three areas which had not met the 100% compliance for fiscal year. Those areas were new consumers enrolled into program (67%), face to face contacts on-site (42%) and face to face training hours for law enforcement officers (10%). Please note the dramatic decrease in face to face training hours for law enforcement officers can be attributed to Essex County now conducting quarterly CIT trainings for law enforcement officers, mental health workers and those individuals working in the criminal justice field. CJS met the threshold for all areas being at 80% or better.

In May 2016, CJS Consumer Satisfaction survey was conducted. The satisfaction survey included a total of 7 questions. CJS collected 44 surveys out of 50 which were given to consumers. This equals a response rate of 88%. There was a 1% decrease in the consumer's overall satisfaction with CJS services from the previous year. For FY 2015, the overall satisfaction was 91%. For FY 2016, the overall satisfaction is 90%.

CJS CONSUMER SATISFACTION SURVEY GRAPH - 2016



CJS Highlights

CJS continues to develop strong relationships with the Essex County Prosecutor's Office by collaboratively working together in identifying appropriate consumers for services. In addition to assisting consumers with being diverted at the earliest point possible to a therapeutic disposition as oppose to the correctional setting. Program Director attends monthly meeting with the presiding Judge, 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. At the request of Superior Court Judge, CJS Program Director coordinated a tour of University Hospital and Rutgers University Behavioral Health Care (UBHC) mental health programs. The tour of University Hospital and Rutgers UBHC provided insight to the Judge on the positive working relationship the courts, CJS and Essex County Prosecutorial Mental Health Diversion Program have with service providers in Essex County.

CJS and the ECCF medical department-Center for Family Guidance (CFG) continues to provide consumers with a 15 day supply of medications (both psychotropic and medical) to CJS active consumers.

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

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

Trainings

In FY 2016, CJS Program Director began collaborating with Essex County Crisis Intervention Team and assisted in providing trainings quarterly to criminal justice workers, mental health providers and law enforcement officers. A total of 70 individuals were trained. CJS also conducted training to 16 ECCF-Delaney Hall staff on Mental Health Awareness and Community Resources.

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

Advocacy

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

Upcoming Year Recommendations:

- To use the AWARDS software system for a better detailed tracking in lapsed client contacts and address issues more efficiently and improve the quality and satisfaction level of care. As the agency moves toward Fee for Service, Program Director will monitor staff contact hours to ensure expected productivity levels are being met weekly (as it relates to service provision to consumer we serve).
- CJS will continue to enhance clinical documentation through internal focus audits and by attending in-services (given by the agency).
- Staff will continue to collaborate with CFG (ECCF mental health department) and other community providers (NCS) to increase referrals.
- Staff will continue to work on reducing gaps in the service system with increase linkages and smooth transitioning of services for the consumers reintegrating into the community.
- Program Director will collaborate with CIT, municipal courts and local police officers to foster a working relationship with the hopes of increasing the number of consumers referred for diversion by law enforcement and/or the court before arrest or at the time of initial detention/first appearance hearings.
- Program Director will continue to contact Law Enforcement Officers and Criminal Justice Staff within Essex County to offer mental health awareness trainings regarding signs and symptoms of mental illness, triggers that can affect symptoms of mental illness, and stigma.
- Program Director will become more educated on Trauma Informed System of Care in order to recognize the prevalence of trauma and how trauma impacts the individuals CJS serves.

CENTER FOR LOW COST PSYCHOTHERAPY (CLCP)

The Center for Low Cost Psychotherapy provides outpatient mental health treatment including assessment, weekly psychotherapy, psychiatric evaluation and medication management services. Individual, group and family therapy is offered by in-house clinicians and panel therapists located in the surrounding communities.

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

Service Provision

The Center for Low Cost Psychotherapy served 222 individuals during fiscal year 2016, which was a decrease of 7 individuals. Additionally, the Center provided 8901 units of service, which was a decrease from the previous year. Over this past year, CLCP served 78 new individuals. Overall, CLCP exceeded its targets for the total number of clients served, new clients served, face-to-face on-site contacts, group therapy sessions, individual therapy sessions, and medication maintenance appointments. As the Center has been shifting the service provision to in-house clinicians in preparation for the transition to the fee-for-service model, an additional part-time therapist was hired enabling CLCP to meet our service commitments without relying on our panel therapists.

Highlights

The highlights for the 2016 fiscal year included:

- In recognition of the prevalence of trauma in our clients' lives, MHAEC incorporated a new section on the Comprehensive Intake Assessment capturing Traumatic Life Events and our clients stress reactions to these events.
- On May 4, 2016, CLCP clinicians attended an in-service trauma training on Cognitive Processing Therapy in conjunction with the agency's Trauma Champions who sit on the Trauma-Informed Care Task Force chaired by the CLCP Program Director.
- CLCP in-house clinicians were enrolled in private insurance panels in preparation for the fee-for-service shift. Clinicians and CLCP Medical Director are presently enrolled in Cigna, Aetna, Value Options and Horizon Blue Cross Blue Shield.
- Many of our participants continuing to receive Medicaid and private insurance under the Affordable Care Act bringing the number of uninsured clients to 20% of the caseload. This has resulted in higher reimbursement rates, particularly from Medicaid.
- In preparation for the shift to fee-for-service, CLCP continues to add additional in-house therapy hours hiring one new part-time clinician.

- CLCP continues to transition clients who were seen by panel therapists in the community who are retiring to in-house clinicians at our Montclair office.
- Began providing intake assessments for the US District Courts Federal Probation and Parole's Re-entry court in May of 2016. Parolees are referred for a comprehensive intake assessment with one of CLCP's clinicians who prepares the report and makes clinical and concrete recommendations for the individual's success in reintegrating back into society.
- In addition to individual therapy, CLCP continues to offer group therapy. "The Comfort Zone", a support group for individuals diagnosed with Depression or Bipolar Disorder continues to meet on a weekly basis and attendance continues to increase with a core group of individuals who regularly attend the Friday lunchtime meetings.
- Lastly, the ongoing collaboration between CLCP and other community agencies, including Caldwell University and The Bridge, continues. Our affiliation with The Bridge includes providing psychiatric evaluations for several of their clients who are enrolled in their outpatient services but are in need of psychiatric evaluation and medication monitoring services. Staff from CLCP again collaborated with the members of the counseling center of Caldwell University in October 2015 to conduct another successful National Depression Screening Day where over 150 students and faculty were screened for anxiety and depression. Those who scored in the clinically significant category, indicating the need for additional treatment, were referred to appropriate community resources including Caldwell University's Counseling Department. The 2016 date has been scheduled for October 12th at Caldwell University. On National Depression Screening Day, MHAEC's Montclair location was also set up for walk-ins to come and have a "mood check-up" with one of our trained staff.

Performance Indicators

The performance indicators which measure **efficiency** in CLCP are the wait for an intake appointment and the wait for assignment to a therapist. During fiscal year 2016, the average wait for an intake appointment was **5** business days and the average wait for assignment to a therapist was **1** business day. The wait for intake is lower than the target of 7 days.

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

Patient Stress Questionnaire Data

| | <u>Initial</u> | <u>After 3-6 months</u> |
|-----------------------------------|----------------|-------------------------|
| <u>Depressive Symptoms</u> | 38 | 24 |
| <u>Anxiety</u> | 10 | 7 |
| <u>Traumatic Stress Reactions</u> | 3 | 2 |
| <u>Substance Use</u> | 1 | 1 |

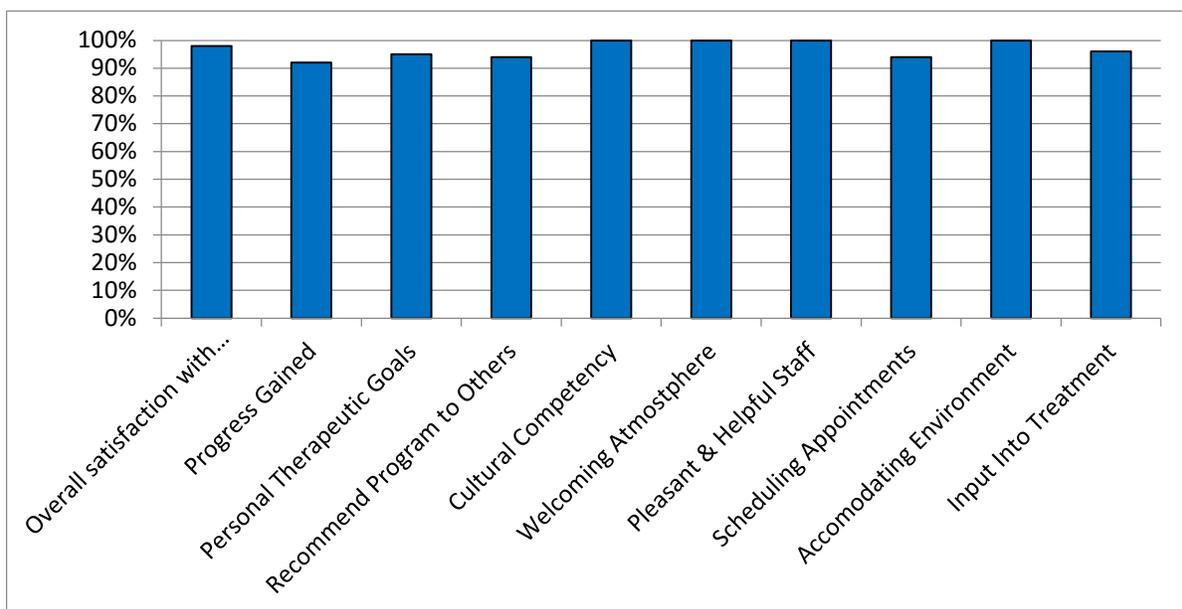
The results of this year’s client satisfaction survey indicate a continued high level of **satisfaction** among the clients of CLCP. This past year, 100 surveys were distributed and 27 completed surveys were returned. For the ninth consecutive year, clients’ satisfaction in all areas exceeded the 80% satisfaction threshold. The trend of general satisfaction continued from previous years' surveys with 98% of clients surveyed reporting that they are satisfied with CLCP services. This was a slight increase from last year. Comments on the questionnaire included:

- *“Everyone is delightful.”*
- *“Small steps still get you to a destination. I am very happy with how things are progressing for me.”*
- *“There are no areas which the Center needs improvement.”*

Center for Low-Cost Psychotherapy
Client Satisfaction Survey: Therapeutic Experience

June 2016

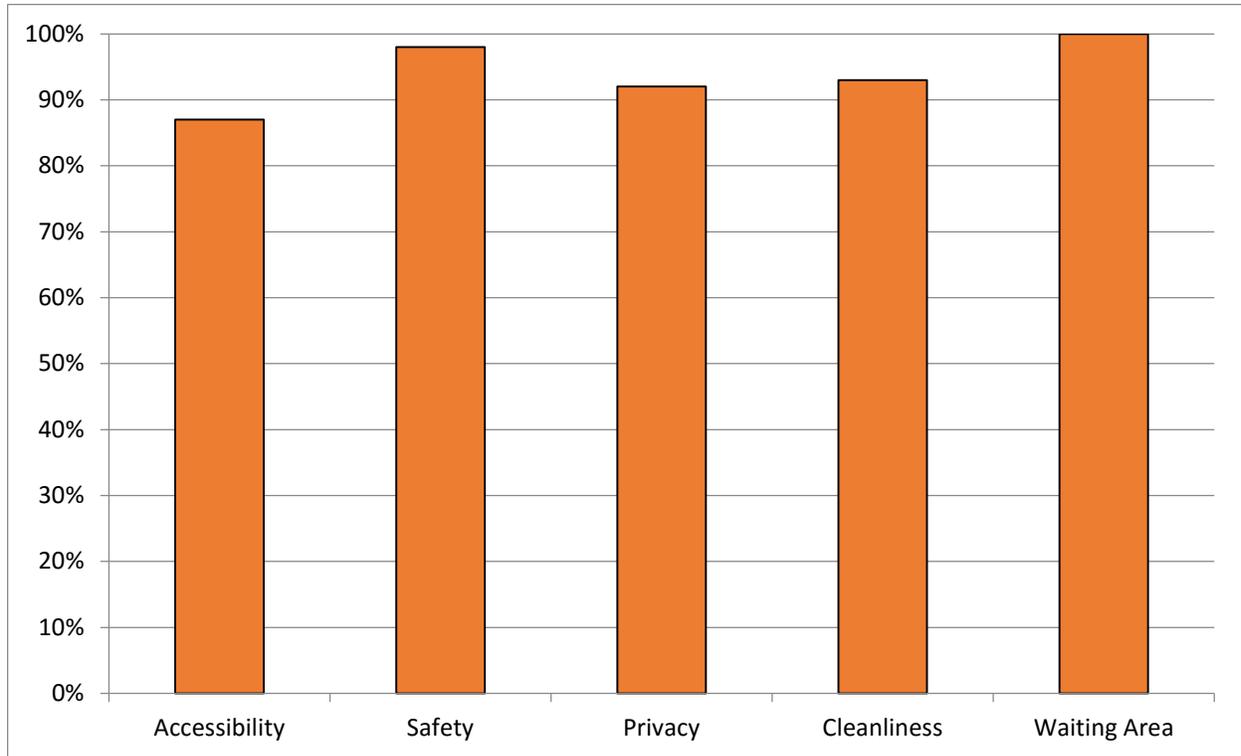
Number of Responses = 27



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

June 2016

Number of Responses =
27



Fiscal Year 2017

During the Fiscal Year 2017, the Center for Low Cost Psychotherapy will continue to expand the availability of on-site services by working with graduate interns and in-house clinicians. Adding clinical staff to our Montclair location continues to help the Center prepare for the shift to fee-for-service. Clinicians will work with individual clients to increase utilization rates as attendance at weekly appointments is imperative for their progress in treatment and for the program's financial stability.

Additionally, the CLCP Director will continue to identify additional private insurance panels to enroll with. Clinicians will continue to expand their clinical skills to provide culturally relevant and clinically targeted services to assist service recipients in reaching their treatment goals and maintaining stability with their mental and physical health. Trauma-informed care will be provided to CLCP recipients and clinicians will seek additional clinical trainings to enhance their skills in this area. Lastly, The Center for Low Cost Psychotherapy will continue to provide high quality individual psychotherapy, family therapy, group therapy and medication services to individuals who are engaged in treatment services.

The Riskin Children's Center

Program Description

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

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

At RCC, the mission is to provide high, quality, low-cost, comprehensive, accessible and culturally relevant services to children, adolescents and their families. The Center works with families who have Medicaid and offers a sliding scale for individuals who do not have insurance. This past year, the RCC Medical Director and full-time clinician were enrolled into two new insurance panels; Horizon Blue Cross/Blue Shield and Cigna.

Highlights

In the fifth year of operation, RCC continued to provide services with our full-time clinician, part-time clinician and part-time child and adolescent psychiatrist. During fiscal year 2016, RCC served 54 youth and out of these, 33 clients are still being seen and 14 continue to be monitored by our psychiatrist. Out of the 54 who were served, there were 16 new intakes in FY 2016. While these numbers are slightly lower than FY 2015, they reflect the retention rate and level of commitment by the families and children whom RCC serves.

In addition to providing direct service, RCC continues to sponsor events to raise community awareness of children's mental health needs and also to reduce the stigma of seeking mental health services for children in need. On January 14, 2016, RCC sponsored a movie night

showing a popular children's movie which spotlighted the feelings children experience. This event was held at the Montclair Public Library and was open to the public. Approximately, 75 RCC recipients, their family members and individuals from the community attended this night and enjoyed a buffet dinner, panel presentations by the RCC Medical Director and service recipients and popcorn as the movie aired. One RCC parent replied after the movie, "It felt so good to feel like a "normal" family for once." Many of the children quipped after the event, "When is the next movie night?!"

In August of 2016, the Center will offer the second annual RCC Children's Art Show. This year, children drew pictures which were framed for display with the theme of "Affirmations" relating to their self-image and unique personalities and strengths. This event will also be open to the public and will be an opportunity for program recipients, family members and the general public to enjoy refreshments, art work and to listen to the family members and the children who receive services discussing their experiences with receiving RCC treatment.

To meet Meaningful Use measures, Dr. Borg-Glickman continues to comply with gathering the information required for compliance and incorporating physical health and wellbeing into medication management sessions. In addition, the clinicians and psychiatrist shifted to DSM V and ICD-10 codes to comply with recent changes.

Additionally, RCC continues to help recipients transition to adult outpatient treatment upon turning 18 years of age. Without an interruption in services, one recipient was enrolled in our adult outpatient services and scheduled to see the psychiatrist. To provide seamless care, the individual will continue psychotherapy with their current therapist.

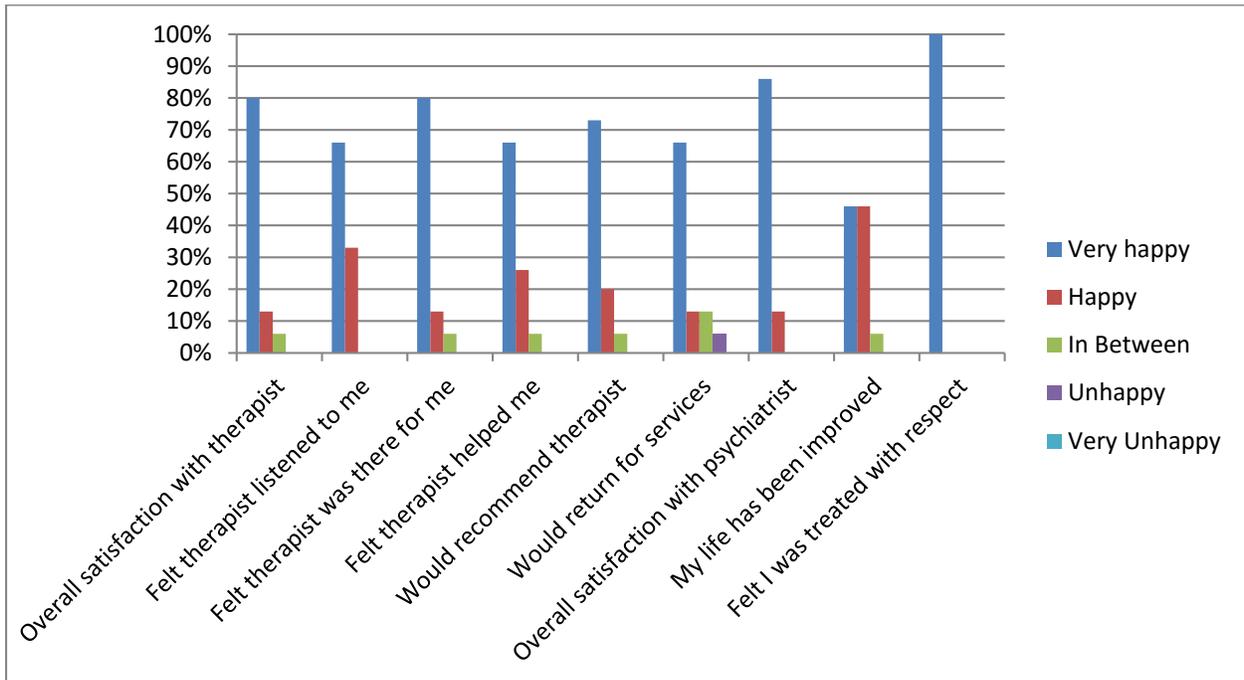
Performance Indicators

The performance indicator which measures efficiency in RCC is the wait for service. During this year, the wait for an intake appointment was 1 day and there was no wait for assignment to a therapist. Clients were assigned to the therapist during the intake appointment. The wait for intake was lower than fiscal year 2015 as staff continue to work hard to expedite the initial intake appointment.

To measure effectiveness with our clinical interventions, RCC will continue to utilize the Child Behavior Checklist (CBCL) for all children receiving RCC services. The parent/caregivers complete one inventory, one is sent to the school teacher if difficulties are present in school and children ages 11-18 will complete the Youth Self-Report. This tool measures aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints and thought problems. These inventories are distributed upon admission and are re-administered at six months into the treatment or upon termination if this is sooner than six months. The scores are calculated to determine whether progress has been made in the child's behaviors, externalizing/internalizing behaviors, and whether the child is withdrawn. Overall, 97% of service recipients showed a decrease in negative symptoms.

The last performance indicator measured by RCC, satisfaction, is obtained by the RCC Satisfaction Questionnaire which is completed by both the child and the child’s caregiver. The survey solicits feedback on the following areas: parental inclusion in the child’s treatment, progress made by child, access to therapist, satisfaction with services provided by the child psychiatrist, whether they would recommend RCC to others, whether the services have improved their child’s quality of life and whether they would contact RCC in the future for services. Overall, 96% of RCC children and parents/guardians indicated satisfaction with the services they receive. This was a slight increase from last year.

Riskin Children’s Center
Child/ Youth Satisfaction Surveys Results 2016
 Number of Responses= 15

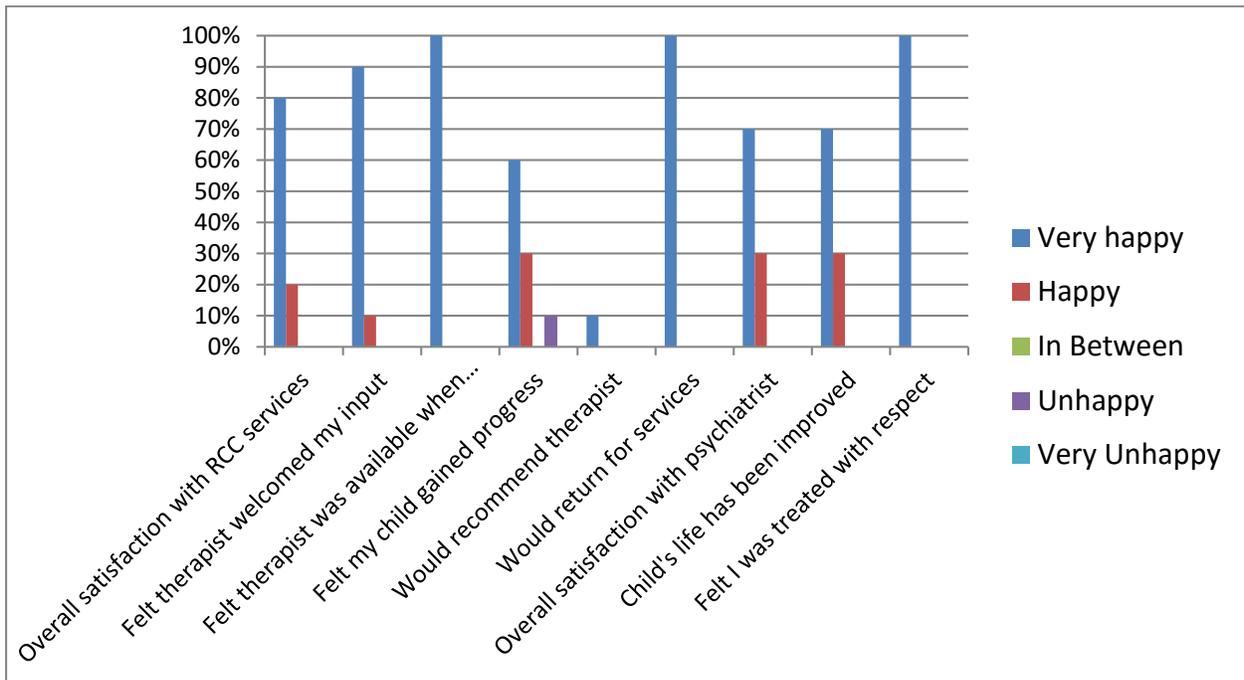


Some of the children/adolescents’ comments from the Satisfaction Survey include:

- “It was good to talk to someone other than my parents.”
- “Problems in my life have been easier to solve with strategies and advice from my therapist.”
- “My therapist is kind and wise. She cares so much about me and is very helpful. It would have been really hard to get through the year without her.”

- “I’m able to just talk with no worries and take it “off my chest.” I really like how I am able to do that. This has relieved stress and worries from me. In addition, being medicated really helped because it helped me to focus better in school.”
- “Coming to therapy once a week has really improved me as a person in my life. My therapist has been very supportive, nice, & caring. She has also been helpful. Overall, I really benefitted from this.”
- “She is very generous and nice.”
- “Because before I started coming here I couldn’t control my anger very well.”
- “Pretty, fun, understanding, caring, kind, and helpful.”
- “It has gotten better by having fun and solving my most common problems.”
- “My therapist is the best therapist I ever had.”
- “My therapist is really nice and really kind to me. I like to play with her a lot.”

Riskin Children’s Center
Parent Satisfaction Surveys Results 2016
 Number of Responses= 10



Parental responses include:

- “We love coming here. Everyone is so great and nice. Makes you feel like coming to family. We are always being treated with respect and everyone is super nice! We are happy here. “
- “He is doing excellent at school and also much better at home with completing tasks and following rules.”
- “Our therapist is so wonderful with the kids and the family. She always gives us great ideas and helps us with our issues. Absolutely awesome. She is the reason we keep coming here. I’m not sure what we would have done without her. Thank you Mental Health Association! Thank you!!!”
- “My son now has the ability to regulate some of his tantrums and knows how to communicate how he feels.”

Fiscal Year 2017

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

Due to a generous donation of \$5,000 from the Mount Vista Foundation, RCC clinicians will develop a new group curriculum to structure a parent and child support group series. The group will serve to enhance social skills and increase positive behavior while offering strategies to children for dealing with their emotions. The parent group will focus on psychoeducation of children’s mental health and also provide support for parents who are struggling with their children’s behaviors.

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

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

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

SUPPORTIVE LIVING SERVICES (SLS)

The mission of Supportive Living Services (SLS) is to increase accessibility to quality affordable housing in Essex County for adults (18 +) diagnosed with a serious and persistent mental illness (Major Depression, Bipolar Disorder, Schizophrenia, Schizoaffective and Delusional Disorder) and to provide comprehensive, high quality mental health services.

The goal of SLS is to assist individuals who are currently hospitalized, homeless, or living in sub-standard housing in gaining access to adequate, affordable housing. Since its inception in 2006, SLS 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. SLS also offers flexible support services that are based on wellness and recovery principles. SLS works collaboratively to build on each individual’s capacities, resiliencies and talents in order to develop an individualized and strengths-based wellness and recovery plan which promote successful re-integration into the community as they can resume or engage in new life roles (e.g. tenant, partner, caregiver, friend, student, and employee). It is the belief of the program that with support and access to a safe, affordable living environment an individual in recovery will be able to live in the community and achieve a higher quality of life.

Caseload

Since 2006, Supportive Living Services has successfully placed over one hundred forty (140) 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, SLS provided supportive services to five (5) individuals who have their own residence, but needed additional care to ensure their stability in the community.

Demographics

On June 30, 2016, the active caseload for the Supportive Living Services program was 139. On this date, there were 66 males (47.4%), 72 females (51.7%), and one (1) transgender male to female (.71%). The self-reported ethnicities of the consumers enrolled with SLS are as follows: 4 Hispanic/Latino (2.8%); 135 non-Hispanic/Latino (97.1%). The self-reported races of the consumers enrolled with SLS are as follows: Four (4) Asian (2.87%); eighty two (82) African-American (58.9%), fifty (50) Caucasian (35.9%), one (1) individual who identifies as bi-racial (.71%), and one (1) American-Indian (.71%).

SLS works with consumers throughout Essex County. Remaining cognizant of the importance of wellness and recovery SLS consumers primarily live in residences that are convenient to mass transportation, employment opportunities, social service organizations and natural community supports. The following reflects the number of consumers living in each town: twenty nine (29) Bloomfield; twenty six (26) Montclair; twelve (12) Nutley; thirty nine (39) East Orange; eleven (11) Newark; three (3) West Orange; six (6) Irvington; four (4) Orange; two (2) Belleville; one (1) South Orange; four (4) Verona; one (1) Caldwell.

Personnel

The SLS quality services are provided by 1 Director, 2 Recovery Coordinators, 1 Community Support Specialist, 1 Co-Occurring Counselor, 9 Recovery Counselors, 1 Wellness Coach, 2 part-time Recovery Counselors, 1 full time Nurse, 1 part-time Nurse and 1 administrative assistant. Staff are culturally diverse and representative of the persons served. SLS has one staff fluent in Creole and one staff fluent in Spanish.

SLS 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 SLS staff is 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

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

Supportive Living 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 0.6% and the recidivism rate for Short Term Care Facilities was 9%. Both these rates of recidivism are below the threshold of twenty percent (20%) for a population who, traditionally, relies heavily on acute care services.

SLS 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, SLS was able to assist 20.8% 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 SLS program. SLS offers each individual a nursing assessment with our nurse. The nurse meets with the consumers in the community to ensure these assessments take place. The threshold is to have 90% of individuals receive a nursing assessment. During this fiscal year, 100% of SLS participants were offered initial nursing assessment and subsequent 90 day follow up assessments.

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

Approximately one hundred thirty (130) consumer satisfaction surveys were distributed to consumers of the Supportive Living Services (SLS) program. They were informed that their answers are anonymous and confidential. Forty-nine (49) surveys were completed and returned to SLS. This accounts for a 37% response rate. This is a decrease from the 50% response rate last year.

GENDER

Forty-nine consumers responded in which twenty (20) are male (40%) and twenty eight (28) are female (57%). One (1) consumer (2%) did not respond to this question.

AGE

Ages ranged from twenty three (23) through seventy three (73) years of age. Seven (7) consumers did not answer this question. The mode for this data set was 66 years of age. The mean for this data set was fifty-one (51) years of age.

ETHNICITY

Twenty four (24) consumers identified as African American (48.9%), Nineteen (19) consumers reported they are Caucasian (38.7%), two consumers are Asian (4%), one consumer is Latino (2%) and two consumers did not answer this question (4%).

“I AM TREATED WITH DIGNITY AND RESPECT”

The majority of consumers felt they were treated with dignity and respect. Forty-four (44) consumers (89%) agreed or strongly agreed with the above listed statement. Two (2) consumers answered neither agree nor disagree (4%), and three (3) consumers answered disagree or strongly disagree (6%). The overall satisfaction rate was 89%.

“I MAKE INFORMED DECISIONS ABOUT MY MEDICATION”

SLS consumers are satisfied and of the opinion that they are afforded the opportunity to make informed decisions about their medication. Forty one (41) consumers agree or strongly agree (83%) with this statement. Three (3) consumers neither agreed nor disagreed with this statement (6%). Two (2) consumers disagreed with this statement (4%). Three (3) consumers did not answer this question (6%). SLS staff will continue to provide consumers with any needed information regarding the risks, benefits and side effects of medication. The overall satisfaction rate was 89%.

“SLS HAS ASSISTED ME WITH LINKAGE TO A PRIMARY CARE PHYSICIAN”

Forty three (43) consumers (87%) of SLS agreed or strongly agreed with this statement. One (1) consumers (2%) neither agreed nor disagreed with this statement, three (3) consumers (6%) disagreed with this statement and two (2) consumers did not answer this question (4%). It should be noted that 100% of SLS consumers are offered linkages to the medical doctor of their choice

and many consumers have a primary care physician prior to entering SLS. 100% of SLS consumers do have a primary care facility/doctor. The overall satisfaction rate is 88%.

“SLS STAFF ARE AVAILABLE WHEN NEEDED”

Forty six (46) consumers (93%) agreed or strongly agreed with the above listed statement. One (1) consumers (2%) neither agreed nor disagreed with this statement, one consumers (2%) disagreed with this statement, and one (1) consumer (2%) did not answer this question. The overall satisfaction rate was 90%. SLS staff are responsive to the needs of our consumers 24 hours a day/7 days a week.

“SLS STAFF FOLLOW UP ON MY REQUEST(S)”

Forty six (46) consumers (93%) agreed or strongly agreed with this statement. Two consumers (4%) neither agreed nor disagreed with this statement, and one disagreed (2%). This survey indicates that SLS staff work together with the consumer in order to ensure one’s needs are being met. This is supported by the overall satisfaction rate of 92%.

“SLS STAFF ENCOURAGE ME TO MAKE MY OWN DECISIONS”

Forty five (45) SLS consumers (91%) agreed or strongly agreed with this statement. Four (4) consumers (8%) neither agreed nor disagreed with this statement. These results are consistent with the philosophy of MHAEC/SLS. The overall satisfaction rate for this question is 95%.

“I ACTIVELY PARTICPATE IN MY RECOVERY PLAN”

Forty eight (48) consumers (97%) confirmed that they agree or strongly agree with this statement. One (1) consumer (2%) neither agreed nor disagreed with this statement. SLS consumers have indicated that they are equal partners in their recovery plan. The overall satisfaction rate for this question is 94%.

“SLS ASSISTS ME IN ACHIEVING MY GOALS”

Forty eight (48) consumers (97%) agreed or strongly agreed with this statement. One (1) consumer (2%) neither agreed nor disagreed. The overall satisfaction rate for this category is 94%.

“SLS IS RESPECTFUL OF MY CULTURAL BACKGROUND”

Forty six (46) consumers (93%) agreed or strongly agreed that SLS staff has demonstrated cultural competency. Three consumers (6%) stated they neither agreed nor disagreed with this statement. SLS staff participates in MHAEC cultural competence trainings and participates in MHAEC’s annual potluck luncheon which celebrates diversity. The overall satisfaction rate is 94%.

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

Forty six (46) consumers (93%) indicated they agreed or strongly agreed that they feel comfortable speaking openly with SLS staff. Three (3) consumers (6%) indicated that they neither agreed nor disagreed with the statement. The responses verify SLS staff have been able to develop a strong rapport with consumers. In turn, a safe environment has been created in which thoughts, ideas and beliefs can be discussed. The overall satisfaction rate for this statement is 91%.

“SLS STAFF PLACE AN EMPHASIS ON WELLNESS AND RECOVERY”

Forty eight (48) consumers (97%) stated they agreed or strongly agreed with the statement. One consumer (2%) neither agreed nor disagreed with the statement. SLS supportive services are based upon the principles of wellness and recovery. The overall satisfaction rate was 94%.

“OVERALL, I AM SATISFIED WITH SLS SERVICES”

All forty nine (49) of consumers who responded (100%) either agreed or strongly agreed with the above listed statement. The consumers of SLS have indicated they are pleased with quality services provided to them by the staff at SLS by responding with a 100% satisfaction rate.

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

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

- I really have no answer for this as my worker Lanae Brown is very good at working with me on my needs. She is a very, very good worker.
- I'm fine you guys give me everything I need.
- I can't think of anything that SLS is not helping with.
- Please it very hard to adjust to the change constantly of our case managers.
- Get a washer and dryer for Kingsland.
- Very helpful
- It is an excellent program
- More permanent caseworkers. Having to consistently get familiar with new case manager is stressful. Like, I got to start over again. I am not feeling secure.
- They are doing great.
- She is available whenever I need her. She's a great help to me and my recovery.
- To not force me to hospitals under my will. Mix up saying information that might not be true or misunderstood.
- I want to see Mell and Marvin to work with them more.
- I am very happy with how SLS works and handles my case.

“ADDITIONAL COMMENTS”

- I am pleased to meet Kayla and Quadrirea they are very helpful and nice.
- I feel SLS does a very good job informing me, assisting me & providing me with information.
- When several of our case managers are exceptionally very good at their job.
- I am very happy and thankful to all whom are concerned in giving me my apartment.
- I thank God every day for SLS.
- I need help because I fear hospitals and primary physician procedures.
- I am forever grateful for SLS and all their encouragement. They have given me the support and encouragement they have given me these last year. I don’t know where I would be without you. Thank you for all your support.

| | Satisfaction Rate |
|---|--------------------------|
| Understanding medication | 89% |
| Linked to medical/dental services | 88% |
| Treated with dignity and respect | 89% |
| SLS staff follow up | 92% |
| Encouraged to make my own decisions | 95% |
| Staff availability | 90% |
| Freely voice my issues and concerns | 91% |
| Actively participate in recovery | 94% |
| Assists with achieving goals | 94% |
| Respectful of my cultural background | 94% |
| Emphasis on Wellness & Recovery | 94% |
| Overall Satisfaction with SLS | 100% |

SLS Highlights

The Supportive Living Services program was awarded a HUD contract to house an additional 10 chronically homeless consumers in safe, clean, and affordable housing. As part of this grant, SLS received funding to hire an additional Recovery Coordinator.

The Generic Supportive Housing Request for Proposal was implemented on July 1, 2015. Since implementation the Supportive Living Services program has assisted 6 Continued Extension Pending Placement (CEPP) individuals from state hospitals find new homes in the community and anticipates housing an additional 4 individuals.

In addition to the above mentioned, the Supportive Living Services assumed the social service responsibility for 30 individuals for the City of East Orange Shelter Plus Care Program. Individuals within this program who were formerly homeless were successfully transitioned into the program.

The Supportive Living Services is working with two developers on two low income tax credit projects which Supportive Living Services will be able to house additional consumers. It is anticipated that these projects will be complete in late 2017.

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

The Supportive Living Services continues to be an active participant in the Continuum of Care/ Comprehensive Emergency Assistance System (CoC/CEAS) committee. This year the program director, on behalf of the CoC/CEAS committee, created bylaws that will self-govern this continuum.

The Supportive Living Services continues to move toward the Community Support Services model of care which will enhance the provision of services and documentation.

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

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

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

Through Foothold Technology's AWARDS system, SLS 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 SLS 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, General Rules for Mental Health Documentation and Coding, Illness Management and Recovery, Nutrition and Exercise for Clients with Mental Illness, Recovery and Severe Persistent mental Illness, Case Management, Crisis Management, Overview of Suicide Prevention and Psychiatric Rehabilitation. In addition, SLS staff are trained in WRAP (Wellness and Recovery Action Plan) and Motivational Interviewing.

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

SLS, in collaboration with MHAEC adult programs, sponsored its annual Picnic/BBQ held at Eagle Rock Reservation, and the Annual Holiday Party; all events were well attended by SLS participants. This year, MHAEC held its 7th Annual Consumer Achievement Awards Luncheon where an individual from each program was honored and recognized, with an award, for their success in their own recovery.

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

Advocacy Activities

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

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

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

SUPPORTED EMPLOYMENT SERVICES (SES)

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

Personnel

Supported Employment Services is staffed by 5 full time employees. Staff includes the Program Director, Senior Employment Specialist, three Employment Specialists who have a minimum educational requirement of a BA or BS in a related social service field and one staff with a Masters in Social Work. We also had administrative support from a Transitional Employment-Clerical Assistance (TE) for fiscal year 2016. Supported Employment staff is culturally diverse and represents the local population which we serve in Essex County.

Prospect Employment Services

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

Caseload

Between July 1, 2015 and June 30, 2016, SE served 127 clients. There were 60 new clients referred and accepted from various other sources such as: Intensive Family Support Services (IFSS), Collaborative Justice Services (CJS), Assisted Outpatient Treatment Services (AOTS), Prospect House (PH), Integrated Case Management Services (ICMS), Northwest Essex Community Healthcare (NWECHN), Supportive Living Services (SLS), Community Psychiatric Institute (CPI), East Orange General Hospital (EOGH), FEDCAP Inc., Project LIVE Inc., and PACT.

Demographics

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

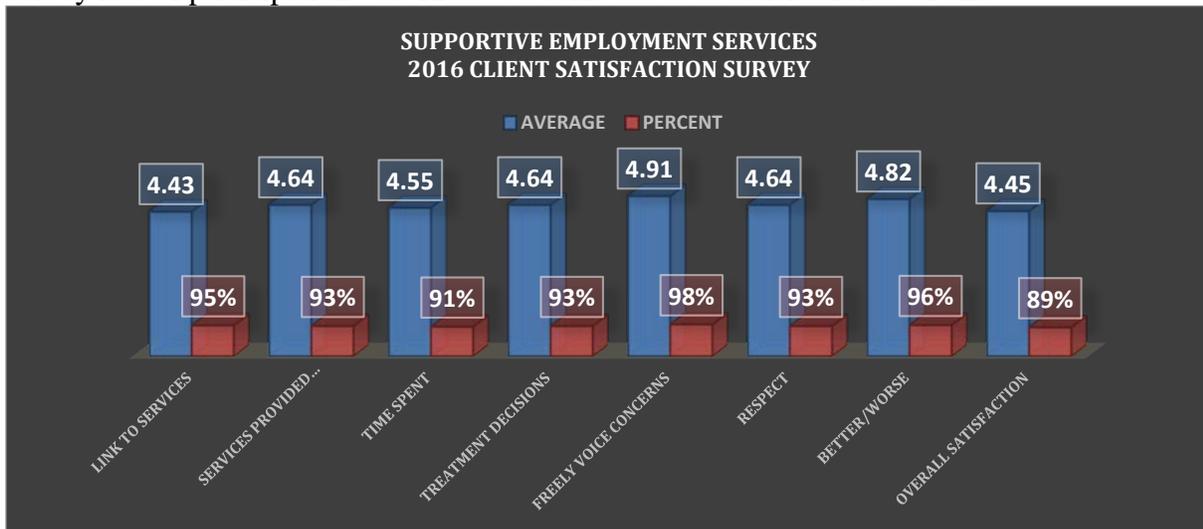
Performance Outcomes

The target number of clients served was 109. We served 127 and achieved 117% of our goal. New clients served target was 60; we served 60 and achieved 100% of this goal. We placed 42 clients into employment (100%), and an additional 6 clients (40%) were re-placed on a job. At the end of this fiscal year, our caseload is 91.

The unemployment rate in NJ of 5.1% as of December 2015 however we were successful in placing 12% 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, 65% of our clients retained employment for 3 months or more. The Employment Specialist worked diligently to motivate their clients and made multiple outreaches to employers to ensure a smooth transition. Staff encouraged clients to participate in the scheduled Job Readiness groups which focused on multiple areas including interviewing skills, work ethics and positive communication. The target wait for intake is 5 business days and admission to program is within 5 days. Client individual service plans were established with the clients input and were reviewed as were the monthly and quarterly progress as was necessary to help the client to meet their objectives. The staff/ client ratio is 1:23 respectively. In the upcoming fiscal year, staff will continue to secure every opportunity, coordinate team efforts and resources to increase the service delivery to clients and will be more focused in documenting all areas of job development and client contact to meet our contractual obligations.

Client Satisfaction Survey

The threshold is 80% satisfaction and rate of return. In the final analysis client satisfaction survey rate of participation was 12%. We achieved 89% satisfaction over all.



Training

Specialized training workshops for staff continued throughout the year:

- WRAP Trained (3 staff)
- Psychopharmacology

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

Highlights of the year for Supported Employment

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

Advocacy

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

Ideas and Recommendations for Fiscal Year 2017

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

Family Resource Center (FRC)

The FRC includes the following programs and services:

- I. IFSS - Intensive Family Support Services**
- II. “Thursdays” Family Respite Consumer Drop-In Center**
- III. Project F.ER.S.T. – Families in the Emergency Room Support Team**
- IV. East Orange School Based Counseling**
- V. Montclair Child Development Center - Mental Health Consulting**
- VI. TurnAround for Children Collaboration**
- VII. St. Benedict’s Preparatory School Collaboration**
- VIII. Newark Girls Academy**
- IX. Palisades Regional Academy School-Based Counseling**
- X. “Whole Health For Seniors” Project at Toni’s Kitchen**
- XI. “Life Transitions for Seniors” Project**
- XII. Information and Referral Services**
- XIII. Community Education**

I. Intensive Family Support Services (IFSS)

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

Personnel: Senior Director and 1 F/T Family Support Specialist + 1 P/T Family Support Specialist with several graduate interns and community volunteers.

IFSS Highlights: Psycho-Educational Community Presentations:

On August 12, 2015, IFSS conducted a film screening and discussion about the documentary “Voices.” Families shared their feelings and emotions as they heard stories told in the movie that were very similar to their own.

From October 19, 2015 to November 16, 2015, IFSS facilitated a Caregiver Education and Wellness Series for families. Funded by the United Way of Millburn-Short Hills, 7 family members attended this series which was held at the Community Congregational Church in Short Hills, NJ. Families were provided with an education on mental illness, the impact of mental illness on the family, and learned about various treatment options for their loved ones. Families were also provided with caregiver respite services as guest speakers presented stress relieving techniques through exercise, diet, and meditation.

On October 22, 2015, IFSS facilitated an informative community discussion with seniors on the topic of Depression and Suicide. The discussion was held at the Community Room of Parkside Manor in Newark, NJ, where 45 tenants and 5 staff members of Parkside Manor attended. IFSS

provided an overview of what depression looks like, what causes it, and what to do if another member of the community or themselves feels depressed and/or suicidal. IFSS provided community resources in the area.

Beginning on January 28, 2016 and continuing for 8 sessions, ending on March 17, 2016, the IFSS facilitated a psycho-education workshop series where a total of 56 family members attended. Families learned about the different types of mental illness, their causes, symptoms, and available treatments as well as communication techniques, coping strategies, community resources, and long term planning issues.

For 3 consecutive weeks, March 7, 2016 to March 21, 2016, IFSS sponsored a mental imagery workshop hosted by an expert in the field. Six family members attended the series and were introduced to alternative ways of thinking about anxiety and depression and were taught methods to help cope with those feelings.

On March 24, 2016, IFSS held a one-time educational series presented by an attorney who specialized in Elder and Disability Law. A total of 17 family members attended this series. The lawyer provided an overview on topics that included the Power of Attorney, Living Wills, Psychiatric Advanced Directives, Guardianship, SSI & SSD, and Special Needs Trusts.

From March 30, 2016 to April 20, 2016, IFSS and Assisted Outpatient Treatment Services (AOTS) program co-sponsored a four week psychoeducational and support series for families. A total of 6 family members attended this series and were given comprehensive information on mental illness, medications and mental health resources. They were provided with new communication skills on how best to cope with their ill family member.

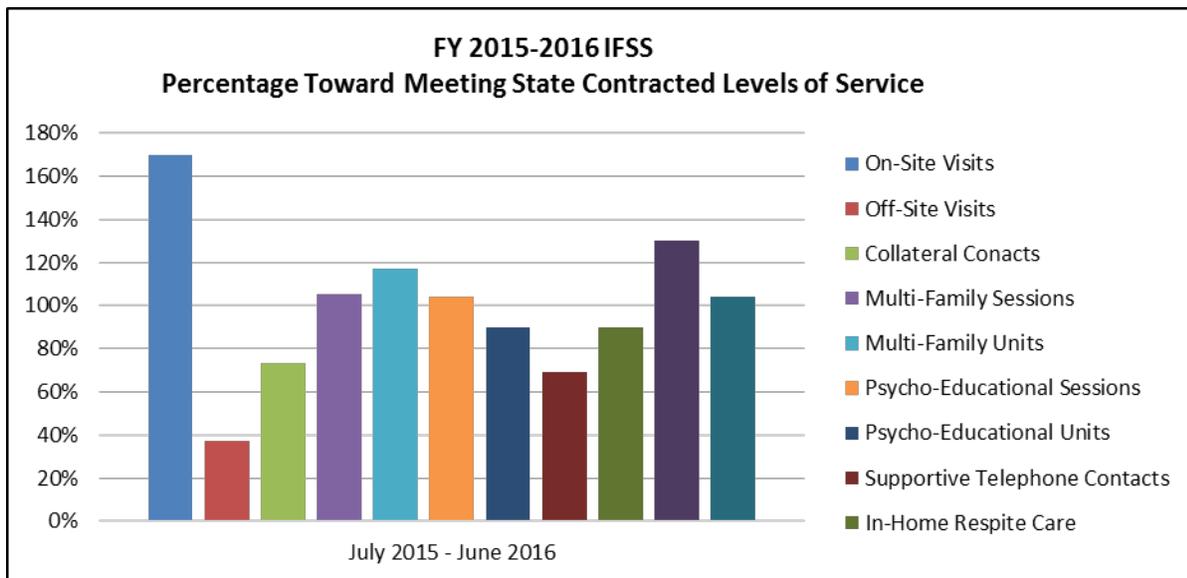
From March 31, 2016 to April 21, 2016, IFSS offered an expressive art therapy group for caregivers presented by an expert in the field. A total of 5 family members attended this series. The art therapist presented a various number of art directives that helped family members cope with the stress and other emotions that are associated with being a caregiver.

On June 23 and June 30, IFSS offered a Creative Self-Care for Caregivers group presented by an expert in the field. A total of 9 family members attended this series. An art therapist presented various art and meditative strategies targeted to help family members cope with the stress and other emotions that arise from their caregiving responsibilities.

IFSS Performance Outcomes: The IFSS program produced 2180 units of service, 104% of its overall targeted program commitments for the 2015-2016 fiscal year. Off-site, phone and collateral contacts continue to be prioritized to increase their production in the next fiscal year. Provision of out-of-home respite services, (138%), was well over the expected contracted levels of service.

Total # families served: 102

Total # individuals served: 124



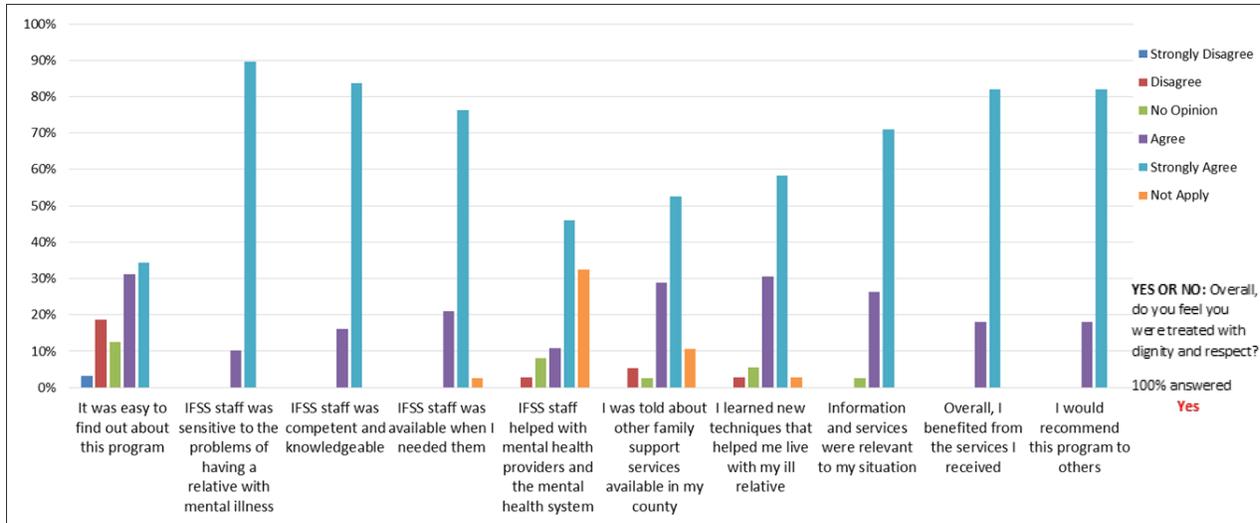
Performance Indicators

Accessibility: IFSS continued to insure 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, 97% of families either agreed or strongly agreed that IFSS staff was available when they needed them. (This was based on Question #4 on the satisfaction questionnaire.)

Efficiency: IFSS utilized “Wait for Service” as a key performance indicator of efficiency. In this past fiscal year, the average time elapsed from IFSS referral to 1st contact, was only 1.7 business days. The average time from this contact to intake was 3.7 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 family scores on a NJDMHAS approved instrument called the Family Concerns Survey. Using a statewide uniform method of calculation that uses pre and post scores, IFSS families indicated an average stress reduction of about 1% for this fiscal year.

Satisfaction: Satisfaction with the IFSS program is measured by a NJDMHAS approved instrument and distributed to all IFSS families. With a 37% return rate, 37 questionnaires were returned. Results showed that 37 out of 37 families (100%) agreed or strongly agreed that they would recommend the IFSS program to others. 100% of respondents felt that IFSS staff were sensitive to their needs and benefitted from IFSS services. 100% of all families that responded felt that IFSS treated them with dignity and respect. Along with the IFSS satisfaction questionnaires there were also many accompanying positive comments about services and staff that further validated a high level of satisfaction from the families enrolled in the IFSS program.



Technical Outcome Data: Audits of IFSS active Charts were implemented monthly with an annual compliance rate of 96%.

II. IFSS Out of Home Family Respite Services “Thursdays”

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

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

Highlights: For the 18th consecutive year, “Thursdays” continued to operate successfully primarily as an IFSS family respite service. Families took comfort in knowing that their loved one was able to get out of the house, socialize and be surrounded with positive supportive people. With its emphasis on fresh fruit, vegetables and physical exercise, “Thursdays” continued to espouse a Wellness philosophy that promoted healthy eating and positive lifestyle choices.

A total of **78** unduplicated consumers attended this drop in center over the past fiscal year.

An average of 18 consumers attended “Thursdays” each week. A total of **10** IFSS families received this specialized out-of-home “respite” service during this past fiscal year.

Throughout the year, the consumers that attended “Thursdays” planned and participated in many diverse activities. Some of these included interactive presentations on Health, Wellness, Chair Yoga and Guided Meditation. Other activities included walks in the park, artistic and “wellness-themed activities along with a backyard BBQ and Karaoke.

III. Project F.ER.S.T. –Families in the Emergency Room Support Team

Description: This NJDMHAS contracted service component 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. Project F.ER.S.T. receives referrals from all of the Essex County acute care hospitals which include three psychiatric screening centers. The success of Project F.ER.S.T. relies upon a commitment to maintain relationships with screeners and crisis workers, as these relationships provide Project F.ER.S.T. with the majority of its referrals. As a result, Essex County families benefit from receiving emotional support and education regarding hospital procedures and commitment laws while their loved one is experiencing a mental health crisis.

Personnel: (1) Full-Time Project F.ER.S.T. Liaison and (1) Part-Time Project F.ER.S.T. Liaison

Highlights: Project F.ER.S.T. produced 325 units of service, 77% of the target amount of units for this past fiscal year. A total of 190 families were served both on and offsite at local emergency rooms. In terms of building services, there was an understanding that marketing must be built into the program to yield continual referrals from hospitals. The following three approaches were taken to execute increased services and visibility of the program:

Mobile Crisis Partnerships:

In addition to outreaching hospital ER social workers for increased utilization, Project F.ER.S.T. launched a partnership with the Rutgers University mobile crisis team in the first quarter toward a collaborative effort to enact a more proactive response to families in the community who are in pre-crisis and crisis stages. This new endeavor allows Project F.ER.S.T. to engage families earlier in the crisis process, close the gap in delayed notification of involved families, increase off site contacts and potentially establish longer relationships with families. Two mobile crisis outreaches were completed as part of a trial period at the end of the first quarter and to date there have been a total of seven successful outreaches with Rutgers University Screening Team. Subsequently, East Orange General Hospital's screening manager expressed interest in discussing a similar partnership and trial period, and the first joint mobile outreach with their screening team was achieved in the fourth quarter.

Marketing, Outreach and Education:

Marketing efforts were launched quarterly to increase visibility in all hospital emergency rooms. These efforts also included sending hospital utilization reports to each crisis coordinator/director. Presentations were also made at the Systems Review Committee meeting about Project F.ER.S.T. services and the integration of family support into the treatment model with their clients. Efforts to bring the seventh hospital Emergency Room of St. Barnabas Hospital onboard as a participating hospital have continued with several successful education meetings with the nursing staff conducted in the latter part of the second quarter.

Other community/provider outreach included staff participation in a depression screening at Caldwell University in October and a presentation for Seton Hall nursing faculty and students in the third quarter. Project F.ER.S.T. has also addressed MHAEC case managers, team leaders, and directors about the importance of serving the entire family. Increased collaboration was encouraged among MHAEC departments in terms of getting families involved in IFSS and

Project F.ER.S.T. to create healthier family members and clients and reduce relapse and recidivism rates.

Performance Outcomes: Project F.ER.S.T. served a total of 21 families at East Orange General Hospital, more than double from the previous fiscal year, and 5 families were served at Clara Maas Hospital for the fiscal year, slightly up from the previous year. The relationship with St. Michael's Hospital is being strengthened, and this year two families have been served whereas last year there were none. Project F.E.R.S.T. now receives referrals from 6 hospitals in Essex County and is continuing efforts to expand to the remaining St. Barnabas Hospital.

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

All three screening centers strongly agreed that Project F.ER.S.T. is professional and prompt, organized, respectful and that staff works collaboratively with their crisis teams. University Hospital reported that, "Project F.ER.S.T. staff have been very responsive to our needs and engaging with referred families." Newark Beth Israel Hospital reported that, "Project F.ER.S.T. is always so pleasant when engaging with staff, is always prepared and has literature to provide the families in need." East Orange General Hospital reported that, "We have found Project F.ER.S.T.'s response and collaboration to be quite effective and useful. We have made our staff cognizant of our need to continue to utilize them when families and consumers are in our facility."

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 until 9 PM, Monday through Friday. Services were also available to families 24 hours a day, 7 days a week through a rotating staff on call schedule.

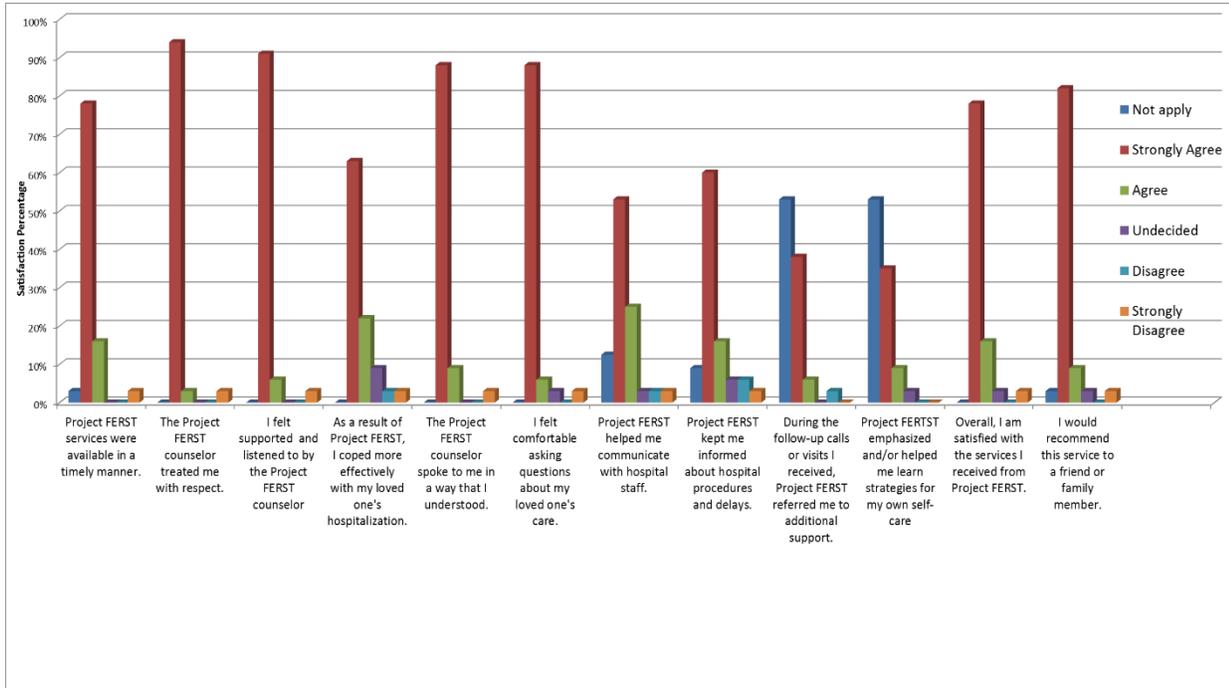
Satisfaction: In order to insure that the highest level of quality services for families are maintained, a 12 item questionnaire is mailed out at the end of each month to every client that received services. Upon return of the questionnaire, the data is aggregated and analyzed. During this past FY15-16, 32 surveys were returned out of 167 sent, resulting in a 19% return rate. A weighted average was calculated from the responses for each question.

Results: 94% of the respondents felt satisfied with the services they received. 94% felt the services were available in a timely manner. 91% would recommend the services to a friend or family member. 85% reported they coped more effectively with their loved one's hospitalization as a result of receiving Project F.ER.S.T. services. 97% felt that the counselor listened to them, supported them and treated them with respect. Some of the direct comments from families that have utilized this service are as follows:

- "Project F.ER.S.T. staff was extremely professional, patient and resourceful at the time we needed it most. They followed up with several references, even calling ahead to ensure it was the correct provider. We appreciate the service and are truly grateful."

- “I appreciate the help I was getting and the Project F.ER.S.T. staff understood what I was going through. Thank you so much. God bless everyone there.”
- “Project F.ER.S.T. staff was very supportive, knowledgeable and provided guidance during my visit to the ER. What was more important was the support after my son’s hospital stay. They are extremely professional and compassionate.”

Table: Project F.ER.S.T. Satisfaction Surveys FY 2015-2016



IV. East Orange School-Based Counseling

Description: For the FY 2015-2016, 1 licensed social work clinician plus 5 graduate social work interns were sent into 4 East Orange Public Schools. Through a Community Development Block Grant from the City of East Orange, school-based, supportive mental health counseling services were 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 to students attending STEM, formerly known as East Orange Campus Nine High School.

Highlights: From July 2015 to June 2016, school-based clinicians provided a combined total **813** direct service hours, counseling students in the East Orange schools. A record total of **52** different students received counseling services over the school year. In all 4 schools, mental health counselors reported that counseling focused on a myriad of emotional and behavioral issues.

Some of these issues included helping students learn more effective anger management and coping strategies and supporting their substance use prevention efforts. Individual counseling also focused on trauma recovery, family conflicts and reducing the disruption of the students’ lives due to illness, death, and incarceration of loved ones. Counselors encouraged these students to become involved in proactive activities practicing positive communication and relaxation techniques. Other issues in the schools that have been brought into the counseling discussions have involved disengaging from gang activities, improving impulse control and support in processing grief and loss.

V. Montclair Child Development Center - Mental Health Consulting

Description: Over the last several years the MHAEC has provided clinical mental health consultation services to the Montclair Child Development Center (MCDC) at their sites in Montclair, Glen Ridge and Orange for their Head Start and Early Head Start program. This fee for service arrangement has enabled MHAEC to provide classroom observations and assessments, individual counseling, in-class supportive interventions and teacher consultations to implement more effective classroom-based strategies. Services have also included parent meetings to address social-emotional concerns, and the provision of information to them on early childhood development, positive discipline and behavioral strategies.

Personnel: 1 part-time mental health clinician working 20 hours was able to provide evaluations, assessments and counseling to MCDC preschool students and their families in one of three different schools located in Montclair, Glen Ridge and Orange.

Program Highlights: In partnering with the Montclair Child Development Center (MCDC), the MHAEC has been able to provide mental health counseling to MCDC students and their families within the context of the school setting. The MHAEC has provided supportive consultation and education to the school faculty to help address student's behavioral and emotional needs within the classroom. The primary client population served were children ages 2-5, parents/guardians, and educational staff. The MHAEC's "Success by 6" grant from the United Way of Northern New Jersey was renewed to continue to promote this successful MHAEC-MCDC collaboration. The grant ensures that all children, from infancy through preschool, achieve appropriate developmental milestones in order to be ready to enter kindergarten.

Outcome Data: During the 2015-2016 school year, **36** children were able to receive mental health assessments and clinical interventions. The counselor was also able to provide 15 families with psychoeducation, supportive counseling services and information and referrals to help them connect to other needed social and mental health services.

VI. New MHAEC School-Based Partnership with Turnaround For Children, Inc. (TFC)

Program Description: During the 2015-2016 fiscal year, the MHAEC began a new partnership with a New York based organization called *Turn Around For Children* to coordinate as well as provide mental health services to children in 2 Newark Schools (Chancellor Avenue Renew and Cleveland Renew School). The project, which was funded by TFC, was based on the fact that children who attend urban schools have experienced various forms of trauma which impact their ability to function academically. The Turn Around staff and consultants worked with the school faculty and staff to create a calm, orderly and predictable environment for students to learn.

The MHAEC provided a school Mental Health Coordinator, who provided mental health supportive counseling to the children and provided support to the Student Support Team and faculty.

MHAEC embedded itself into both schools by receiving referrals, engaging with families and faculty, and by providing clinical and social service support interventions within the school community. The MHAEC services included psychosocial assessments, short term individual and

family counseling, linkage to social services and resources, classroom observations to support teachers and the provision of parent workshops, and parent support.

Personnel: 1 Full Time School-Based Mental Health Coordinator

Highlights: During this school year, the project received a total of 37 direct referrals of students between both Newark schools. Of those referrals, the MHAEC provided 298 individual counseling sessions to a total of 23 students between the ages of 5- 14. The remaining referrals were either already involved in treatment outside of school, the parents chose not to participate in the program, or there was no response.

Treatment goals were focused on addressing problem areas identified in the referral as well as others identified during the assessment. A few areas that were addressed were as follows: improving a child’s ability to identify and express feelings in a healthy fashion, increasing a child’s ability to verbally communicate feelings, needs and desires, assisting children who were coping with grief/loss and helping children identify triggers to anger.

In an effort to measure the impact of the project’s intervention on the children, the Turn Around for Children staff provided progress monitoring surveys to each child’s teacher. This survey included a description of the intervention plan and asked the faculty if they felt the plan was implemented and if so if there was any observable progress noted. Additionally, the survey asked for a general recommendation to continue, modify or stop the intervention.

Efficiency: At the Chancellor Avenue School which accounted for the majority of the student referrals, the findings were that of 14 surveys provided, 12 were returned, which is an 86% response rate. Of the 12 that provided feedback, 11 (92%) were returned stating that the intervention (MHAEC) was implemented.

Effectiveness: Of 11 teachers that provided feedback, 10 (91%) noted “some to significant progress”, and 12 faculty (100%) noted that interventions with the child should continue.

VII. New MHAEC Collaboration with St. Benedict’s Preparatory School

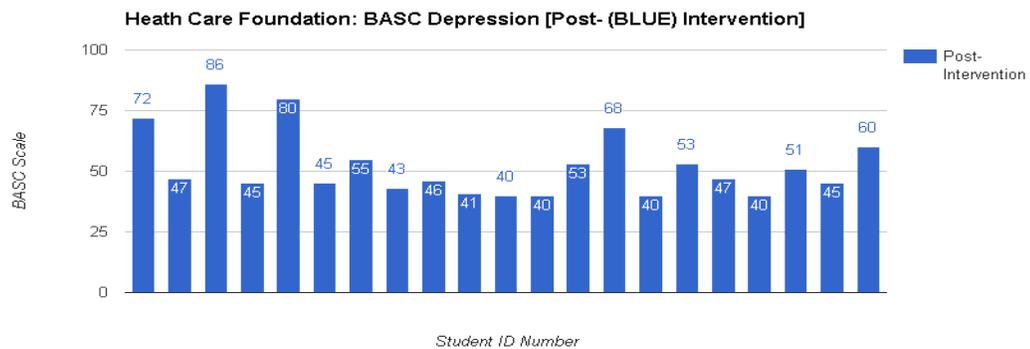
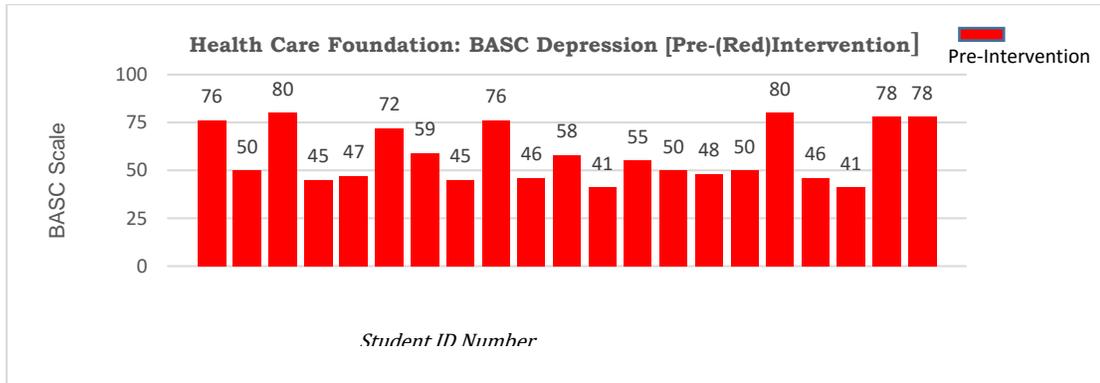
Program Description: The MHAEC secured a grant from the Healthcare Foundation of New Jersey to collaborate with St. Benedict’s Preparatory School in Newark and implement a project entitled, “**Improving Student Well-Being through Family Care Management and Support.**” The project’s activities were targeted to support the families of St. Benedict’s students, reduce their stress and help them cope with a myriad of their individual problems. By addressing the family’s needs and reducing their stress, the project aimed to show that this would have a positive impact on their child’s emotional well-being and academic performance.

Personnel: 1 Full Time School-Based Family Support Clinician

Program Highlights: From September 2015 to June 2016, the licensed clinician serviced 21 families of St. Benedict’s students. Support consisted of assisting families manage internal and external stressors through family counseling, individual counseling, clinical case management, referrals to substance abuse and psychiatric facilities. Some of the themes covered in counseling sessions were unresolved trauma, anger management, communication, trust issues, abandonment issues and coping with and understanding mental health disorders. The clinician was able to engage family members along with their sons, who were St. Benedict students, into therapeutic family counseling sessions. To show that

this had a positive impact on the student’s emotional well-being, students were administered the BASC (Behavior Assessment Scale for Children) on a pre and post intervention basis. Below are the pre and post scores assessing depression for those students whose families participated in counseling.

Performance Outcomes:



Outcome Data: There was a significant decrease from pre to post scales indicating that across the program, the majority of students became more hopeful. Students indicated a renewed sense of energy that helped them to strengthen their familial connections. Students and families were able to learn skills through therapeutic interventions that allowed them to interact and express their emotions in a positive manner. These students also showed a decrease in reported negative behaviors in school.

Parents were also given pre and post tests using Parent Stress Index 4, which is an assessment tool that focuses on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress. Prior to any intervention, families indicated stress levels in all categories, specifically in their ability to manage difficult child characteristics. Following the clinician’s interventions, families showed a reduction in their overall level of stress.

Clinical interventions included parent skills training and improving emotional intelligence which resulted in improved family communication, trust, and confidence to manage internal or external stressors. Students indicated improved family relationships due to improved emotional stability in the home which made them feel safe and regain a sense of trust which was lost.

VIII. New MHAEC Collaboration with Girls Academy of Newark

Program Description: Responding to a request for assistance, the MHAEC entered a temporary fee for service arrangement to help this school address the mental health concerns of their students. This middle school, which had opened in 2013, found that due to re-districting, they did not have sufficient enrollment to keep their doors open. The MHAEC was brought in to address the concerns and emotions of the students that the school was closing and they all needed to transfer to other schools at the end of the year.

Personnel: 1 part-time licensed clinical school-based clinician and 3 graduate students

Program Highlights: Services were delivered from May 23 to June 21, 2016 and provided a total of 56 clinical service hours. This included 25 therapeutic group sessions which were supplemented with individual counseling.

Outcome: The students reported lower levels of stress and frustration as they took advantage of these supportive services to freely express their emotions.

IX. Palisades Regional Academy

Description: For 3 months of this 2015-2016 fiscal year, the MHAEC continued a fee for service arrangement to provide clinical mental health services to the students of the Palisades Regional Academy. For over 3 decades, this high school has specialized in graduating students with special behavioral and emotional challenges. The MHAEC was able to bring its expertise to implement individual and group school-based counseling.

Personnel: 1 part-time licensed clinical worker

Highlights: Over 130 hours of individual school-based counseling was provided to the high school students.

X. Collaboration with Toni's Kitchen - "Whole Health for Seniors"

Description: This was the 4th year of a unique collaboration between MHAEC and Toni's Kitchen, a local food pantry, sponsored by St Luke's Presbyterian Church in Montclair. On Thursdays and Fridays, when free lunch is served to the local community, the MHAEC has been able to provide a mental health presence on site to offer supportive counseling interventions and limited case management services to any of Toni's guests. As part of a United Way of Northern NJ grant funded collaboration with Toni's Kitchen called, "Whole Health for Seniors," the MHAEC has been contracted to implement a special case management program targeting at-risk seniors attending Toni's Kitchen.

Personnel: During this fiscal year, the Whole Health for Seniors project was staffed by 1 part-time mental health clinician working **12** hours each week. This reflected a slight reduction in hours due to reduced grant funding. In addition to the mental health clinician, 1 graduate intern helped ensure that Whole Health clients were provided with quality services. Under the auspices of MHAEC, 3 mental health professionals have volunteered their time to this project and provided quality counseling to the patrons of Toni's Kitchen. They have also served as a great referral source for the Whole Health Program.

Program Highlights and Data: A total of 38 clients were served by Whole Health in the last fiscal year. Requests for services varied from needing assistance with housing to applying for state and federal benefits in an effort to improve financial means. Out of 38 clients enrolled, 36 requested financially related assistance. This included consultation and assistance with housing, SNAP benefits, Home Energy Assistance, and issues relating to their SSI/SSD and Social Security benefits. At least 5 clients were assisted with obtaining SNAP benefits and/or assisted with the recertification process to ensure the continuation of this benefit. Housing remains the majority of the requests as 19 clients were consulted and/or assisted with various housing options. There were also 10 healthcare related requests that included assistance with the Medicaid application process, enrollment of healthcare insurance through the Affordable Care Act, connections to healthcare providers and assistance in accessing low-cost dental services. Lastly, there were 5 requests for mental health services that included consultation and connections to mental health counseling services.

XI. “Life Transitions for Seniors” Project (LTS)

Description: Life Transitions for Seniors (LTS) is a project that has continued to provide services to Montclair seniors 60 years of age and older. This program is funded by the Partners for Health Foundation and provides seniors with customized and hands-on care management services to help them connect with local, county and state resources, entitlements and programs that could enhance their quality of life. The project works closely and collaborates with the Montclair Senior Citizen Advisory Committee, Aging in Montclair organization and is a community partner of Lifelong Montclair, the town’s effort to build an age-friendly community.

Many Montclair seniors worry about the future and are anxious about successfully “aging” in Montclair. They worry about effectively managing their finances, confronting the stress associated with downsizing and transportation related issues. This project is designed to individually support and assist these seniors. This project strengthens their resilience and empowers them to better navigate many of the difficult decisions that they will need to make as they age.

Personnel: 1 part-time Project Coordinator working an average of 7 hours per week along with a part time graduate social work intern.

Program Highlights and Data: Funding for the LTS project was renewed for the 2nd year as of March, 2016. The YMCA and the Senior Space at the Montclair Library remain the regular venues for conducting outreach efforts. The most significant development this year included the opening of the Montclair Senior Hub Center located at the Salvation Army in Montclair. This is an Aging in Montclair initiative that established a volunteer-based call center in an effort to create a centralized place where seniors of Montclair can call to obtain information about senior related services. The Senior Hub includes a designated space where LTS counseling services can

now be delivered to seniors requiring additional assistance. As the Senior Hub has become operational, the LTS Coordinator has offered technical assistance and support in the form of training volunteers in handling information and referral requests along with the importance of obtaining and recording data. The LTS coordinator has worked closely with the Senior Hub volunteers in a capacity building process.

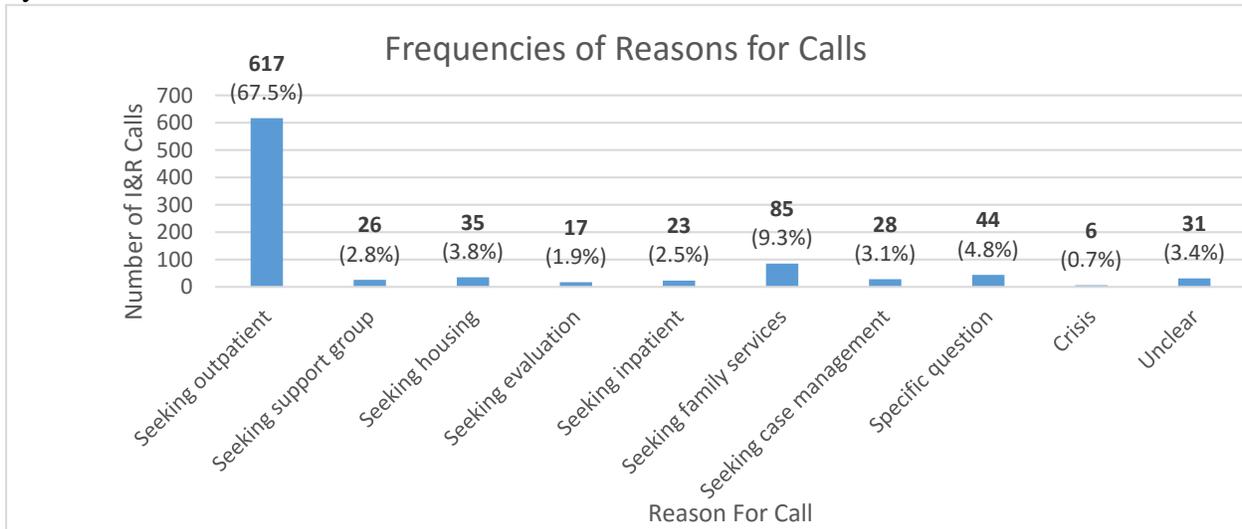
From July 2015 to June 2016, thirty clients have been successfully enrolled with the LTS program. The requests for services continued to vary significantly as each senior presented with a multitude of needs that included a need for housing; information about transportation options; health insurance assistance; medical care provider information; medical equipment services; information/connections to supportive counseling services; benefits program screening; estate planning and legal support services. The LTS Coordinator with the assistance of a social work intern continued to provide re-enrolled and newly enrolled seniors with consultation, information and hands-on assistance with their respective needs. Out of the 30 clients enrolled, 57% requested financially related assistance which included housing, benefits screening and transportation needs. There were 6 healthcare related requests that revolved around medical equipment, healthcare providers, health insurance and assisted living/nursing homes information. Lastly, 11 requests were made that pertained to the need for social/emotional support.

XII. Information and Referral Services

Description: The information and referral service component remains a major gateway to those individuals in the general public seeking mental health services or information. Called 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 complete a data sheet for every request for information and referral.

Data Highlights: Data collection revealed that a total of 914 documented requests for information and referral were received in this 2015-2016 fiscal year. A total of 67.5 % of all I&R requests were related to obtaining outpatient treatment services. 9.1% of all I&R calls were related to family support services. 16.6% of all callers were from the city of Newark followed

by 10.6 of callers from Montclair.



XIII. Community Education – “Mental Health First Aid

Description: Mental Health First Aid is a nationally recognized program that trains individuals to recognize and help someone who might be experiencing signs of mental distress. MHFA is an 8 hour course that provides an official certification for individuals that complete it.

Personnel: 2 MHAEC Certified Mental Health First Aid Instructors

Data: A combination of 12 MHAEC staff along with Mt. Carmel Guild ICMS program staff became certified as official Mental Health First Aiders when they completed the 8 hour training course early in this fiscal year. The MHAEC Mental Health First Aid Instructors also traveled to Jersey City University and trained an additional 17 graduate counseling students who were also able to be certified in Mental Health First Aid.

ASSISTED OUTPATIENT TREATMENT SERVICES (AOTS)

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

Personnel

In addition to 1 full time Program Director, the AOTS is currently staffed by 3 full time Case Managers, 1 part time Peer Case Manager, 1 part-time Administrative Assistant, 1 part-time nurse, and a part-time Psychiatrist. AOTS also continues to have a back-up per diem Psychiatrist to assist the program when the AOTS Psychiatrist is unavailable.

Caseload

As of June 30, 2016, there were 44 active cases. During fiscal year 2016, 87 referrals were enrolled into the AOTS program. Sixty-three percent of the referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Thirty-two percent were made through conversion hearings at Essex County Hospital Center (ECHC). Four percent of the referrals were made through local Essex County community providers and the remaining 1 percent of referrals came from local Screening Centers.

Demographics

The AOTS program provides services to residents of Essex County who are 18 years and older, diagnosed with a serious and persistent mental illness (SPMI) (N.J.S.A 30:4-27.2r) and who are a danger to self, others and or property in the foreseeable future. (N.J.S.A. 30:4-27.1). Approximately 80% of AOTS consumers have a co-occurring illness with a substance abuse diagnosis. At the end of the fiscal year, the active caseload was 52% male 48% female. 16% of consumers were between the ages of 18-25. 52% of consumers were in the 26-40 age range. 32% of consumers were age 40 or older. 59% of AOTS consumers were African-American, 22% were Caucasian, and 12% of consumers were Latino. Other AOTS consumers were from mixed or other racial classifications.

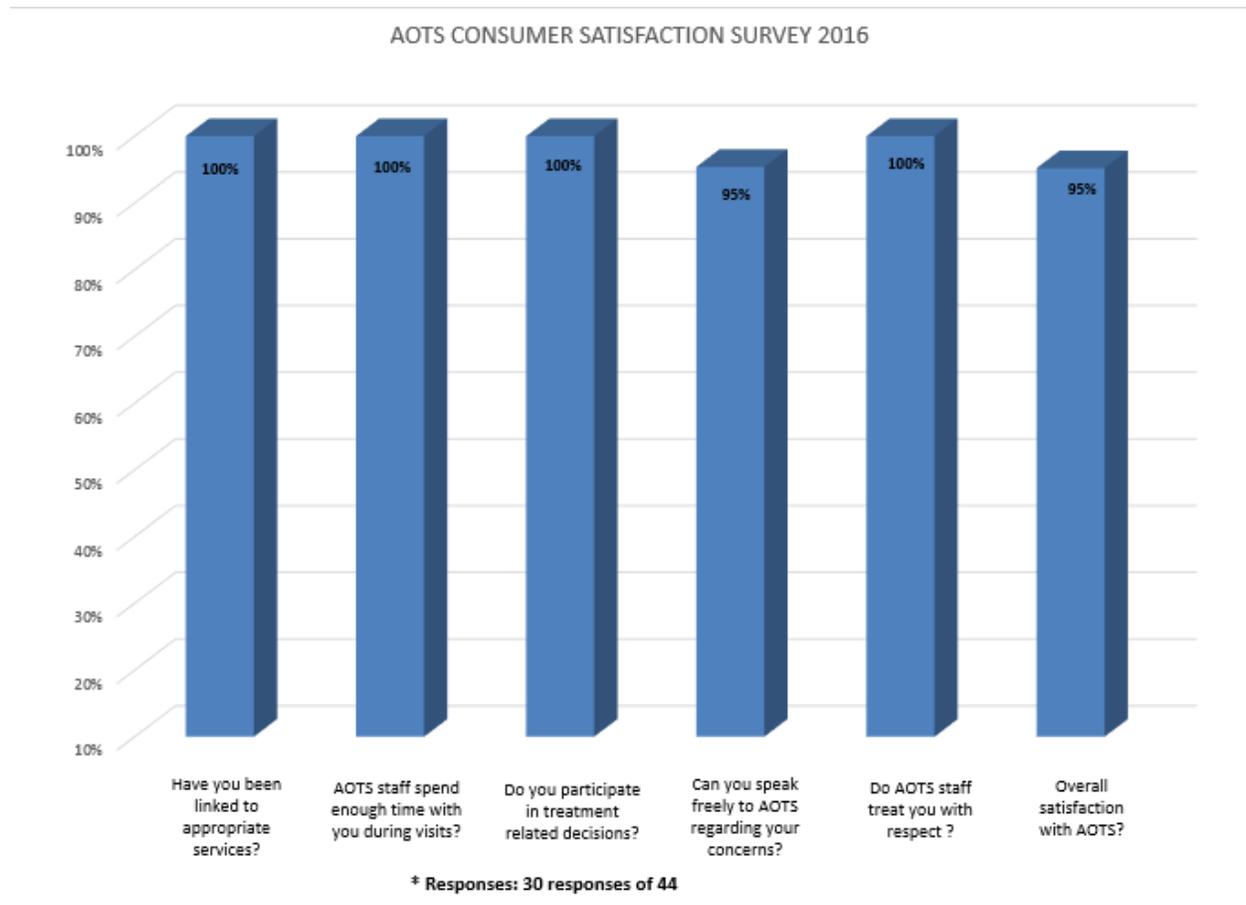
Performance Outcomes

Now in its 4th year of operations, AOTS is still a relatively new program but has collected data in an effort to establish thresholds and baselines for several performance indicators. AOTS developed a baseline measure for the number of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2016-2017, each month 1 consumer will be referred from local screening centers, 7 consumers will be referred from Short Term Care Facilities (STCF) units and 3 consumers will be referred from Long Term Care facilities (LTCF).

All AOTS consumers are identified as high risk for decompensation and have a history of frequent inpatient hospitalizations, emergency room visits, arrests and incarcerations. AOTS closely

monitored these indicators and established baselines to help measure the effectiveness of the program. For this past fiscal year, AOTS has clearly demonstrated its effectiveness as evidenced by the number of consumers who showed a reduction in the following areas of their functioning:
 10% of AOTS enrollees went to a local ER for screening: Monthly Threshold \leq 15%
 8% of enrollees were admitted to Long Term Care: Monthly Threshold \leq 8%
 1% of enrollees were arrested: Monthly Threshold \leq 7%
 0% of enrollees were incarcerated: Monthly Threshold \leq 7%
 7% of enrollees were voluntarily hospitalized: Monthly Threshold $<$ 7%
 9% of enrollees were homeless during the past 15/16 FY: Monthly Threshold $<$ 7%
 100% of AOTS consumers were educated on “Summer Heat and Sun Risks for Antipsychotic Medication Users.”

In May 2015, AOTS consumer satisfaction surveys were distributed to all AOTS consumers. The survey included a total of 7 questions. AOTS distributed 42 surveys with at 62 % response rate. The overall satisfaction rate for AOTS was 94%. This represented a 2 % increase in response rate and a 2% increase in overall satisfaction as compared with the previous year. In addition, there were more positive comments made by consumers.



AOTS Highlights

- DMHAS contracted with Rutgers University and hired an independent team to evaluate the effectiveness of IOC for the state of New Jersey. Since AOTS was one of the original 6 IOC programs started in August, 2012, the research team came and interviewed 17 AOTS consumers, both active and discharged and also surveyed several AOTS families. The research at the AOTS office was concluded by August 1, 2016 with the results due to be published in December, 2016. The research team gave high praise to the work done at AOTS. They reported that charts were well organized. They stated they were impressed with the information in the notes, including the type of clinical data documented and that the clinical data and formulation of the notes was "by far the best charts seen."
- At the annual NJ Case Management conference on the topic of IOC, AOTS staff was able to successfully present on the success of the AOTS program.
- AOTS also successfully presented to a large crowd at the East Orange General Hospital's Ground Rounds.
- The AOTS Director has been chosen to participate on the New Jersey subcommittee representing all IOC providers recommending changes that needed to be made in the original legislation.
- The AOTS Director presented to NJDMHAS personnel and the legal staff of the state hospitals on ensuring appropriate IOC referrals and follow up.
- AOTS performed a total of 6,871 face to face consumer contacts, exceeding expectations by 35%. AOTS produced 10,601 total units of service, exceeding contracted expectations by 48%.
- From March 30, 2016 to April 20, 2016, IFSS and AOTS co-sponsored a four week family psychoeducational and support series. Six families attended this series and were given comprehensive information on mental illness, medications, mental health resources, and provided with resources and techniques to improve communication and coping skills with their loved ones.
- AOTS continues to collaborate with and educate staff at all 3 Essex County Screening Centers, 6 Short Term Care Facilities, Essex County Hospital Center (ECHC), and Greystone Park Psychiatric Hospital (GPPH).
- AOTS presented at all 4 Crisis Intervention Team (CIT) classes on community resources and to Seton Hall Law students on the current legislation and on the scope of the agency's AOTS program.
- AOTS met with several outpatient mental health treatment providers, as well as housing and substance abuse treatment providers to educate them on this program.
- AOTS has provided hours of consultation and technical assistance to Somerset, Camden, Bergen Sussex, Morris and Passaic Counties supporting their efforts to implement their new IOC programs,
- AOTS in collaboration with all other MHAEC adult programs, AOTS consumers attended a wonderful picnic/BBQ at Eagle Rock Reservation, an annual boat ride, holiday party and participated in the consumer achievement awards.

Advocacy

AOTS worked aggressively with criminal justice personnel in advocating for consumers with pending criminal cases. AOTS worked with local hospitals in advocating for active enrollees who were re-admitted. AOTS worked closely with NJDMHAS and the courts in regard to amending the IOC legislation so that a consumer who is re-hospitalized could retain their AOTS status. These efforts were successful as this change was instituted in 2017.

The AOTS Director was picked to be a SAMSHA reviewer for IOC in the United States and is working on reviewing grants submitted from other states.

AOTS advocated and worked with the hospitals in assisting IOC consumers to be linked to appropriate housing, which included shelters, respite housing, boarding homes, supported housing and/or group home placements. Currently AOTS has 6 consumers in supported housing, which is 20% of the current caseload. AOTS will continue to advocate for supported housing vouchers to be made more accessible to IOC consumers. This has contributed to a higher success rate of IOC consumers being linked with Supported Housing.

AOTS participated in several state meetings about IOC and recommended changes to increase the effectiveness of IOC.

AOTS participated in the following meetings:

- In Essex County, Essex County System Review Committee (SRC), Professional Advisory Board (PAC), C.I.T of Essex County (trainer)
- In Trenton, DMHAS-Quarterly IOC meeting

Upcoming Year Recommendations

- For fiscal year 2016/2017 AOTS staff will work on increasing the response rate of consumer satisfaction surveys.
- AOTS will continue to collect data and will closely monitor all performance indicators.
- AOTS will continue to work closely with community providers and DMHAS to refine the process and legislation for IOC, as well as assist other counties in initiating their IOC services.
- AOTS will continue to advocate for IOC consumers to be successfully linked to better housing.
- AOTS Director will also present at the NJPRA conference in November, 2016.

MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.

Integrated Case Management Services (ICMS)

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

Prospect House (PH)

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

Collaborative Justice Services (CJS)

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

Center for Low Cost Psychotherapy (CLCP)

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

Riskin Children's Center (RCC)

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

Supportive Living Services (SLS)

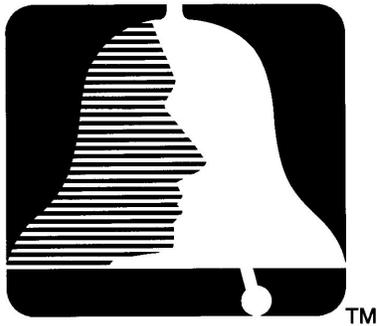
60 South Fullerton Avenue
Montclair, NJ 07042
973-509-3777

Family Resource Center

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

Assisted Outpatient Treatment Services (AOTS)

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



Mental Health Association of Essex County

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

