

Mental Health Association
of Essex and Morris, Inc.



2021 Management Report

Mental Health Association of Essex and Morris, Inc.

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- Heather Levitt – Riskin Children's Center (RCC)
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Suzanne Scalera – Quality Assurance Coordinator and Ombudsperson

Rebecca Magdon – Health & Safety Officer

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Introduction

The Mental Health Association of Essex and Morris, Inc. (MHAEM) continued its strong focus on the recovery, safety and mental health needs of consumers and their families in fiscal year 2021, despite the pandemic that continued to be the principle viable in service provision. The agency continued to adjust and provided appropriate services based upon the Center for Disease Control guidelines. In addition to continuing its normal essential services, the agency was a major food, personal hygiene products, medication and personal protective equipment distributor to the community. MHAEM exceeded its service and quality expectations while remaining in a strong financial position. The agency operated in a financially sound manner while advancing its mission of providing services to individuals and their families regardless of their ability to pay.

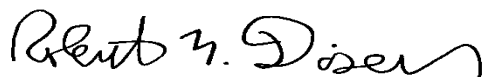
MHAEM continued to focus on innovative service delivery, emphasizing wellness and recovery. The agency advanced its strategic plan, highlighted by implementing a program funded by the Port Authority of New York and New Jersey to provide case management services to individuals located at the Newark Liberty International Airport. In response to the increased mental health needs of the community due to the pandemic, the agency implemented Crisis Counseling Program funded by FEMA. The program provides services to the entire community using the neighbor helping neighbor model. The agency secured a grant from the Department of Community Affairs to provide homeless prevention services in anticipation of the increased need because of the pandemic. Working with the Township of West Orange, MHAEM designed and implemented an innovation co-responding model with the Police Department to serve residents with mental illness who interface with the legal system. MHAEM met the service needs of the community via its counseling, case management, partial hospitalization, supported employment, criminal justice, educational, supportive housing, therapeutic jurisprudence, faith-based, consumer advocacy, school-based, suicide prevention services and family and children's programs. All services were provided in a culturally competent fashion to individuals from all lifestyles.

Public health took center stage at the agency, as MHAEM collaborating with officials from both Essex and Morris Counties staged five vaccination clinic days providing over 800 vaccinations to our consumers, staff and the community. The agency conducted a vigorous education campaign concerning the coronavirus vaccine for both consumers and staff. The CDC featured MHAEM on its website as a best practice model for working with individuals with serious mental illness around issues concerning vaccination.

Raising mental health awareness was the centerpiece of MHAEM's performance for fiscal year 2021 with a concerted media campaign, utilizing cable TV, radio and digital platforms. MHAEM provide over 300 virtual trainings and presentations focusing on a range of mental health topics, with a particular focus on suicide prevention. The agency provided technical assistance to numerous governmental identities, schools and community groups concerning a range of mental health topics.

Advocacy on behalf of individuals with mental illness and their families was a continued focus in fiscal year 2021. The agency advocated strenuously for improving the conditions at Greystone Park Psychiatric Hospital, including supporting the Office of the Public Defender and the successful settlement of its lawsuit on behalf of current and former patients, and successfully advocating for funding in the state budget for School based counseling services through out New Jersey. MHAEM advanced its advocacy efforts with a virtual Legislative Forum attended by over 300 people including numerous elected officials from the Federal, State and County level. Staff and Board advocated in Newark, Trenton and Washington, D.C. for legislation, mental health funding and the care of individuals with mental illness.

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



Robert N. Davison, Chief Executive Officer

Agency Strategic Goals

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

CHIEF EXECUTIVE OFFICER

Goals and Objectives

July 1, 2021 – June 30, 2022

GOAL	OBJECTIVE/OUTCOME MEASURE
<p>1. Successfully and safely, provide essential services while following or exceeding Center for Disease Control (CDC) guidelines during a pandemic. Ensure that all consumers get access to vaccination.</p> <p>Ref: Strategic Goals # 1-7</p>	<p>a. Work with staff at all levels to ensure appropriate services are provided in the safest manner possible, and that all consumers get access to the vaccine.</p> <p>Outcome Measure - Successful service provision while following or exceeding CDC guidelines. 100% of consumers will be provided access to the vaccine.</p> <p>Target Date: Ongoing (the virus will set the time table)</p>

<p>2. Increase public awareness of mental health and branding and potential rebranding of MHAEM.</p> <p>Ref: Strategic Goals # 2, 3, 4, 5</p>	<p>a. Work with Board of Directors, the Advocacy Committee and Director of Development to continue raising awareness and potentially rebrand. Specifically, areas as described in the Strategic Plan.</p> <p>Outcome Measure - High impact media drops (e.g., newspaper and cyber press releases, Op/Eds, etc.) and paid media campaigns, i.e., Suicide Prevention. Potential new brand.</p> <p>Target Date: Ongoing</p>
<p>3. Continue Advocacy efforts at MHAEM.</p> <p>Ref: Strategic Goals # 1, 2, 3, 4, 5</p>	<p>a. If health conditions permit organize Legislative Breakfast(s) (Essex & Morris) – advocate for the following:</p> <ul style="list-style-type: none"> • Reduction in stigma • Access to treatment during a pandemic • Appropriate rates re: Fee-for-Services • State Psychiatric Hospitals • Housing <p>Outcome Measure – Hold well “attended” Legislative Breakfasts with meaningful representation from elected officials. Quantitative action concerning the above initiatives.</p> <p>b. Virtually meet with Office of the Governor, State Senators and Assemblymen/women about the above-mentioned issues.</p> <p>Outcome Measure – Virtually meet with 10 elected officials. Quantitative action concerning the above funding.</p> <p>c. Virtually meet with federal elected officials (senators, congressional representatives) about federal issues, e.g., regulations, mental health funding, etc.</p> <p>Outcome Measure – Virtually meet with one senator and three congressional representatives.</p> <p>d. Involve Board members and community supporters in advocacy efforts, e.g., legislative “visits”, Town Halls, letter writing, Mental Health Awareness Campaign, etc.</p> <p>Outcome Measure – 100% Board involvement in at least one aspect of advocacy and/or public awareness.</p> <p>Target Date: June 30, 2022</p>
<p>4. Recruit new members of the Board of Directors.</p>	<p>a. Working with the Board, Board President and Nominating Committee Chair to recruit 2-3 new and diverse Board members for FY 2023.</p>

<p>Ref: Strategic Goal # 8</p>	<p>Outcome Measure – 2-3 new Board members.</p> <p>Target Date: June 30, 2021</p>
<p>5. Establish plan to raise funds during a pandemic.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with Development Committee, Board, Senior Director of Development and Development Associate to develop “pandemic” fundraising as well as other potential opportunities.</p> <p>Outcome Measure – Exceed MHAEM budget of \$ 270,000.</p> <p>Target Date: June 30, 2022</p>
<p>6. Secure public grant for mental health services.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with senior staff to successfully secure public support for mental health services, e.g., Riskin Children’s Center, Raising Awareness, Morris County Pilot project.</p> <p>Outcome Measure – secure \$500,000 of public funding.</p> <p>Target Date: June 30, 2022</p>
<p>7. Continue to use technology in order to increase access to support and treatment.</p> <p>Ref: Strategic Goals 1-7</p>	<p>a. Work with management staff to increase the use of technology, e.g., integrated phone system, tablets, Personal Data Devices, texting appointment reminders.</p> <p>Outcome Measure – Use technology in all programs to increase service participation.</p> <p>Target Date: June 30, 2022 and ongoing</p>
<p>8. Secure funds to continue vehicle replacement and maintain owned facilities (33 So. Fullerton, Prospect House, Supportive Living Services sites).</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Replace five vehicles and make necessary capital improvements.</p> <p>Outcome Measure – Secure county/state grant and private funding to purchase new cars and make necessary capital improvements.</p> <p>Target Date: June 30, 2022</p>
<p>9. Contain Medical Benefit Plan Costs and leverage the impact of the merger.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Review, in conjunction with Director of Human Resources, CFO and Board, medical benefit plan and remain within budget.</p> <p>Outcome Measure – Improved Plan (within budgetary restrictions) while maintaining quality.</p> <p>Target Date: September 30, 2022</p>
<p>10. Maintain fiscal stability and maintain financial position, relative to the economic fall out of the pandemic.</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>Ref: Strategic Goal # 7</p>	<p>Target Date: Ongoing</p> <p>b. Finish FY 2022 on budget or better, e.g., no operational deficit.</p> <p>Target Date: June 30, 2022</p> <p>c. Working with Finance Committee, CFO and key staff, develop fiscally sound budget for FY 2023, approved by the Board and accepted by the State.</p> <p>Target Date: June 30, 2022</p>
<p>11. Coordinate a successful Presidents Club, Annual Appeal and 2022 Gala.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Board, Director of Development and the community to organize successful events that raise money and awareness.</p> <p>Outcome Measure – Net more funds than budget, increase media exposure.</p> <p>Target Date: June 30, 2022</p>
<p>12. Educate the Board of Directors.</p> <p>Ref: Strategic Goals # 1-8</p>	<p>a. Provide short, high impact presentations to the Board at Board meetings.</p> <p>b. Provide ongoing information concerning the mental health industry.</p> <p>Outcome Measure – Informed Board of Directors.</p> <p>Target Date: Ongoing</p>
<p>13. Virtually attend Continuing Education programs and conferences.</p> <p>Ref: Strategic Goals # 1, 2, 3, 4, 5, 6, 7</p>	<p>a. Keep informed of industry-wide standards, dynamics and changes.</p> <p>Outcome Measure – As evidenced by attendance at appropriate conference and continuing education opportunities.</p> <p>Target Date: Ongoing</p>
<p>14. Emphasize the integration of physical and mental health in all MHAEM services.</p> <p>Ref: Strategic Goal # 6</p>	<p>a. Provide appropriate education for all staff.</p> <p>Outcome Measure – MHAEM maintaining its accreditation as a Health Home.</p> <p>Target Date: Ongoing</p>
<p>15. Secure foundation and corporate support of agency.</p>	<p>a. Work with Senior Director of Programs, Executive Assistant and other staff to secure \$100,000 of new grants/support for FY 2022.</p>

<p>Ref: Strategic Goals # 1, 2, 3, 4, 5, 6, 7</p>	<p>Outcome Measure – Successfully secure \$100,000 of grants/support.</p> <p>b. Work with Board/community members to identify “known contacts” at various foundations/government/companies.</p> <p>Outcome Measure – Board/community members making contacts that result in successfully funded grants.</p> <p>Target Date: June 30, 2022</p>
<p>16. If a Federal Grant becomes available become a Certified Community Behavioral Health Center</p> <p>Ref: Strategic Goal # 1-7</p>	<p>a. Work with COO, Director of CSS and entire staff to become a CCBHC.</p> <p>Outcome Measure- Becoming a CCBHC</p> <p>Target Date: Ongoing</p>
<p>17. Obtain addiction license to provide substance abuse counseling and services.</p> <p>Ref: Strategic Goal # 5</p>	<p>a. Working with senior staff to obtain addictions license and commence providing service.</p> <p>Outcome Measure – Outpatient Addictions License.</p> <p>Target Date: Oct. 31, 2022</p>
<p>18. Perform analysis of viability of purchasing Morris County Headquarters</p> <p>Ref: Strategic Goal # 1-6</p>	<p>a. Working with Director of Operations and Finance Committee, determine viability of purchasing Morris County Headquarters on or about March 2023.</p> <p>Outcome Measure- Assessment presented to and approved by Finance Committee</p> <p>Target Date: Dec. 31, 2021</p>
<p>19. Receive land use approval from the City of East Orange to build 3rd floor at Prospect House</p> <p>Ref: Strategic Goal # 1-6</p>	<p>a. Receive a variance from the City of East Orange to build a 3rd. floor at Prospect House.</p> <p>Outcome Measure: Land use approval</p> <p>Target Date: June 30, 2022</p>

STRATEGIC PLAN OF THE MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.

I. Values

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

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

II. Mission

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

III. Vision

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

IV. Organizational Strengths, Weaknesses and Threats

Organizational Strengths:

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

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

Organizational Weaknesses

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

Organizational Threats

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

V. Opportunities

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

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

VI. Three-Year Plan

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

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

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

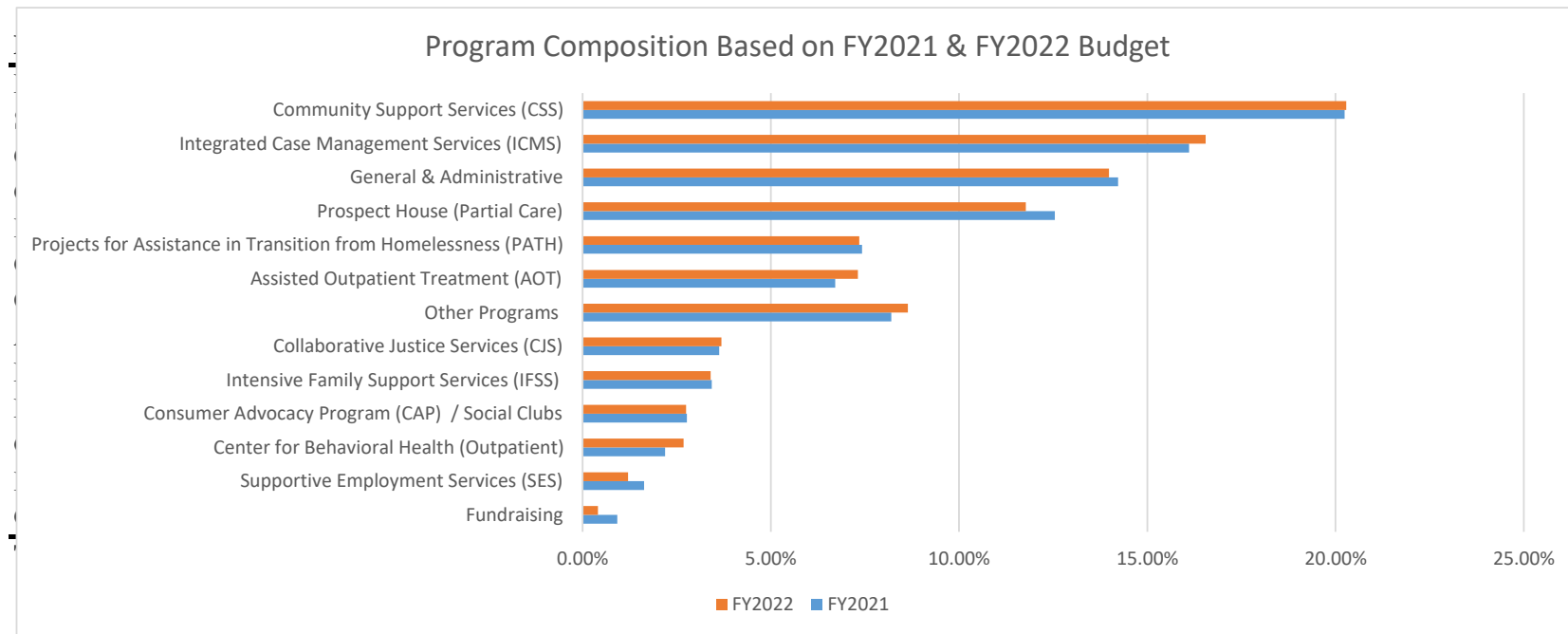
Reviewed and Adopted by
MHAEM Board of Directors
April 15, 2019

FINANCE

For the fiscal year ending June 30, 2021 the agency was faced with continued challenges associated with operating during the pandemic, but remained fiscally sound with a current ratio of 2.47 indicating the ability to meet current obligations. Financial highlights for the fiscal year ended June 30, 2021 are as follows:

- The agency benefited from Federal relief associated with the pandemic which allowed us to continue to provide our essential services.
- As a result of the pandemic, the agency invested in personal protective equipment for staff and consumers, increased cleaning of vehicles, properties and other supplies as needed to keep the employees, workplace and agency property safe to comply with CDC guidelines.
- The agency made a one-time, 5.2% discretionary 401(k) contribution in the amount of \$305,000. Over a three year period, the agency, on average, contributed 4.40% per year as a discretionary 401(k) contribution.
- The agency's available line of credit amounts to \$1,250,000 and did not have an outstanding balance as of June 30, 2021.
- The agency replaced nine vehicles during the fiscal year ending June 30, 2021. We continue to maintain and review our fleet of vehicles to keep the vehicles under 10 years old.
- The agency made improvements in the infrastructure including enhancing the ventilation systems at all properties. The agency monitors all facilities in order to keep the properties well maintained.
- The agency's property and casualty insurance renewal on July 1, 2020 reflected a decrease.
- The fiscal year ending June 30, 2021 medical insurance was renewed with Horizon Blue Cross Blue Shield of NJ without an increase.
- The agency's services, based upon the budget for June 30, 2022, are made up of Assisted Outpatient Treatment (AOT) - 7.31%, Center for Behavioral Health (Outpatient) - 2.68%, Partial Care (PH) - 11.77%, Community Support Services (CSS) - 20.28%, Consumer Advocacy Program (CAP)/Social Clubs - 2.75%, Integrated Case Management Services (ICMS) - 16.55%, Projects for Assistance in Transition for Homelessness (PATH) - 7.35%, Supported Employment Services (SES) - 1.21%, Intensive Family Support Services (IFSS) - 3.40%, Collaborative Justice Services (CJS) - 3.69% and Other Programs - 8.64%.
- Based upon the budget for June 30, 2022, general and administrative expenses are 13.98% while fundraising expenses represent .41%.

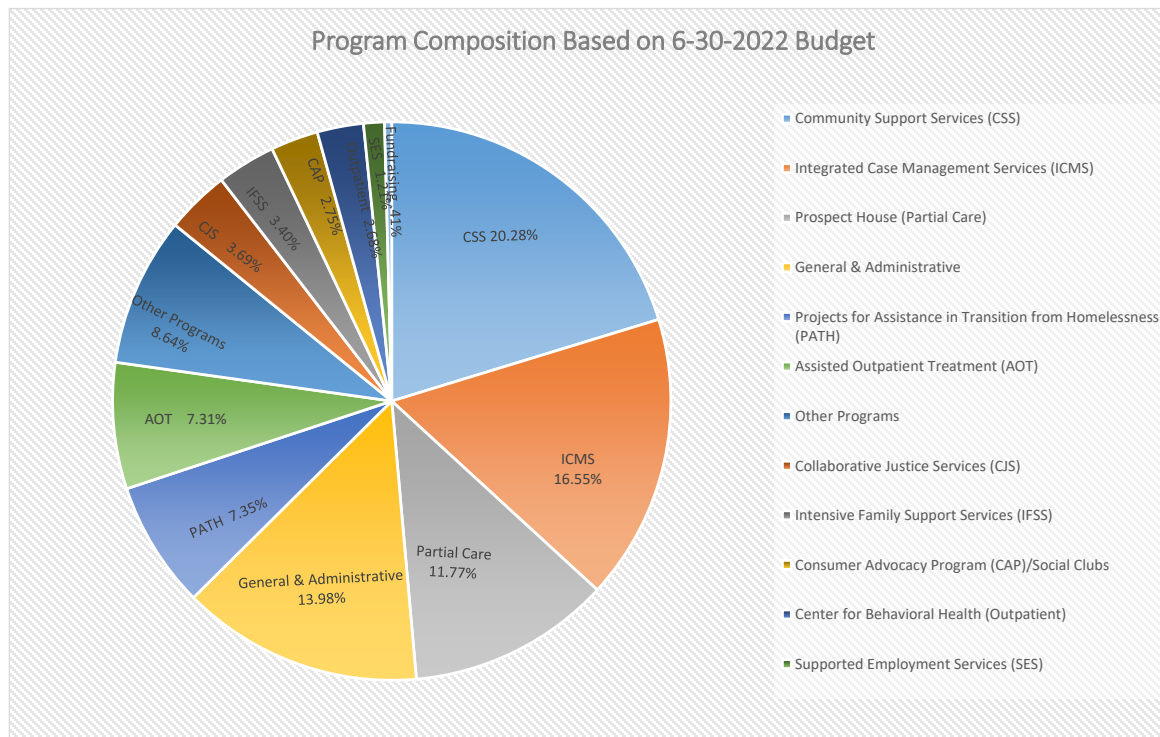
Program Composition Based on Budget	FY2021	FY2022
Community Support Services (CSS)	20.24%	20.28%
Integrated Case Management Services (ICMS)	16.11%	16.55%
Prospect House (Partial Care)	12.54%	11.77%
General & Administrative	14.22%	13.98%
Projects for Assistance in Transition from Homelessness (PATH)	7.42%	7.35%
Assisted Outpatient Treatment (AOT)	6.71%	7.31%
Other Programs	8.20%	8.64%
Collaborative Justice Services (CJS)	3.63%	3.69%
Intensive Family Support Services (IFSS)	3.43%	3.40%
Consumer Advocacy Program (CAP) / Social Clubs	2.77%	2.75%
Center for Behavioral Health (Outpatient)	2.19%	2.68%
Supported Employment Services (SES)	1.63%	1.21%
Fundraising	0.92%	0.41%
Total	100%	100%



Program Composition
Based on 6-30-2022 Budget

NOTE: Per Line 19 on Budget Matrix

Program	Percentage
Community Support Services (CSS)	20.28%
Integrated Case Management Services (ICMS)	16.55%
Prospect House (Partial Care)	11.77%
General & Administrative	13.98%
Projects for Assistance in Transition from Homelessness (PATH)	7.35%
Assisted Outpatient Treatment (AOT)	7.31%
Other Programs	8.64%
Collaborative Justice Services (CJS)	3.69%
Intensive Family Support Services (IFSS)	3.40%
Consumer Advocacy Program (CAP)/Social Clubs	2.75%
Center for Behavioral Health (Outpatient)	2.68%
Supported Employment Services (SES)	1.21%
Fundraising	0.41%
Total	100%



CORPORATE COMPLIANCE

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

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

- Despite the COVID-19 pandemic, all services continued to be provided without interruption.
- All MHAEM employees received the annual Corporate Compliance training through Relias Learning web-based classes.
- Quarterly peer audits were conducted by program Psychiatrists. Corrections identified during audits were made as needed.
- Quarterly billing audits were completed and all areas of concern were addressed and corrected in a timely manner.
- Quarterly clinical compliance audits were conducted by Quality Assurance Coordinator. All items that needed to be addressed were corrected in a timely manner.
- Memos were distributed to staff in August 2020 and May 2021 from the Corporate Compliance Officer (CCO) when the Compliance Officer changed. This memo indicated who the Corporate Compliance Officer was, the process for filing a complaint, and that the CCO has direct access to the Board of Directors and Chief Executive Officer.
- Client Grievance Procedure was updated and distributed.
- Human Resources conducted criminal background checks upon hire and then every two years thereafter.
- Driver's License checks were completed upon hire and annually.
- Clinical license checks continue to be conducted annually and upon renewal.
- Conflict of Interest forms continue to be updated yearly.
- There were no reports within our programs for fiscal year 2021 pertaining to malpractice, violation of the code of ethics or grievance.
- Sobel & Company completed an independent financial audit.

Program Activity

- Prospect House and ICMS Essex, Morris and Passaic were audited by Medicaid throughout the year. All reported no significant findings.
- PATH programs had a successful site review by Morris County representatives.
- Mental Health First Aid and Hope One had a successful review by Morris County representatives.
- The Quality Assurance Coordinator presented to the Board of Directors in June 2021.

Upcoming Year Plan

- Employees to continue receiving the annual Corporate Compliance training through Relias Learning web-based classes.
- Corporate Compliance Committee will continue to meet quarterly.
- Corporate Compliance trainings will be completed for all staff through Relias Learning web-based classes.
- CCO will continue to monitor and report on matters pertaining to corporate compliance policies and procedures.
- CCO will continue to complete quarterly audits with recommendations, if needed, and corrections.
- CCO will distribute a memo to all staff twice a year, updating staff in regard to compliance procedures as well as the role of the CCO.
- CCO will present to the Board of Directors with a yearly overview of compliance for the agency in June 2022.

DEVELOPMENT

In what was truly an unprecedented full year of challenging circumstances, it is important to look at overall trends within the charitable sector in order to assess the performance of MHA's Development efforts.

Overall, 2020 was a banner year for charitable giving in the United States, which rose to \$471.4 billion, according to estimates from the latest "Giving USA" report. That's a 3.8 percent increase over estimated giving in 2019.

In the face of economic upheaval, it was uncertain how charitable giving would be affected and whether past crises would provide a road map. In the last recession, in 2008 and 2009, giving declined significantly as the economy contracted. The fact that giving grew in a year with a recession is notable.

Early fears that charitable assets would be hit hard by a declining stock market eased as the year went on. Despite a plunge in March, markets rebounded rapidly. By the end of the year, the S&P 500 had gained roughly 15 percent.

Many Americans were able to hold onto their jobs and had resources to give; many wealthy donors became wealthier. But others found themselves unemployed and couldn't make charitable contributions.

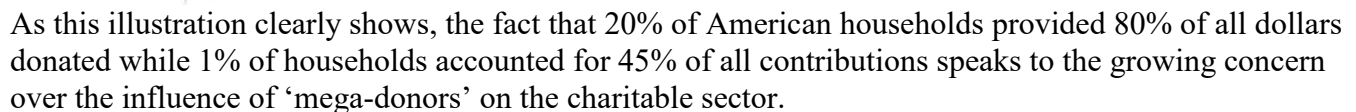
"For a segment of the population, personal savings were up, incomes were stable, but the economic picture was very, very turbulent," said Una Osili, Associate Dean for Research and International Programs at the Lilly Family School of Philanthropy at Indiana University, which produces the annual "Giving USA" report. "There was a lot of generosity, and those that had the means did step up. But not everybody was in a position to give."

Giving by individuals increased, albeit modestly. Individual giving increased just one percent over 2019, adjusting for inflation. If you take MacKenzie Scott's nearly \$6 billion in charitable donations out of the equation, individual giving would have decreased by nearly 0.8 percent. It represented nearly 69 percent of all philanthropy in 2020. Small-dollar donors had new tax incentives to give in 2020, thanks to the universal charitable deduction, but it's still unclear how much giving that policy inspired.

Corporate giving declined, especially among industries hit hard by the pandemic. Giving by corporations declined 7.3 percent in 2020. Corporate giving is highly responsive to changes in businesses' pre-tax profits and gross domestic product, both of which declined last year. In addition, many of the biggest corporate gifts that drew headlines in 2020 were multi-year commitments and pledges that included impact investing or programs like support for small businesses. Some employee giving programs also took a hit as traditional in-person fundraising and volunteering activities were unable to continue.

Giving from foundations increased significantly. Giving from foundations surged 15.6 percent. The strong performance of the stock market in the second half of the year had a big influence on foundation payout rates. Last year also brought public pressure campaigns urging foundations to increase payout, give unrestricted support, and loosen reporting requirements. Many foundations committed to making those changes.

Of particular concern among fundraising professionals is an alarming statistic that was featured in the 2021 "Giving USA" Report.



\$21 BILLION FOR U.S. PANDEMIC RELIEF



Many of the observations noted in the 2020 Management Report continue to be true today and just as uncertain looking forward:

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

In spite of these observations and all of the challenges we have collectively faced, the Mental Health Association of Essex and Morris had a relatively strong year in terms of fundraising. A quick review of MHAEM's major development activities during the past fiscal year reveals the following:

Presidents Club – MHA's annual giving society for higher-end donors generated proceeds that were consistent with last year's strong performance. In addition to standard Presidents Club membership at \$500 and Leadership levels beginning at \$1,000, donors again had the option of making an additional gift, this year specifically to benefit our suicide prevention initiative. Since in-person events were still not an option, this year's traditional *Presidents Club Thank You Reception* was held as a ZOOM Wine & Cheese/Tea & Scones virtual event.

Despite the success of this year's solicitation, it is important to note that members of *Presidents Club* represent a small, albeit extremely loyal and generous, group of donors. Their continued and remarkably consistent support is invaluable. However, the overall number of donors to the appeal remained flat... a dynamic which must be addressed moving forward. It is also important to note, as we have in the past, that the solicitation continues to be buoyed by one or two exceptional gifts, which still tends to skew the analysis significantly.

Annual Appeal - This year-end solicitation of lower-end annual donors performed exceptionally well, largely due to a continued increase in match eligible GivingTuesday contributions. Again, donor loyalty and responsiveness are considered to be significant dynamics with this constituency. The challenge facing us in this area will be retaining the expanded donor base and continuing its growth.

2020 Spring Gala – This year’s event was again cancelled as a result of the pandemic. In lieu of the gala event, we hosted a free Virtual Night Out featuring the Mental Health Players, a comedienne and a magician/mentalists as entertainment.

Technology – The unusual circumstances of the past year actually allowed us an opportunity to make significant enhancements and upgrades in department systems. A project was launched to overhaul the agency website and we moved many of our functions to a fully integrated software platform that brought together fundraising software, electronic communications, donor relation management on on-line communications all into a single operation. In partnership with a digital media consultant, we also executed a sustained social media awareness campaign promoting suicide awareness/prevention and pandemic assistance services on communities including Facebook and Instagram. Response to that campaign has been overwhelmingly positive and it has been consistently.

In terms of involvement and support of the agency’s advocacy expanded programs, staff coordinated an ongoing, multi-media awareness campaign aimed at promoting free counseling and support services relating to the pandemic within the general community. This initiative was made possible with funding from the Federal Emergency Management Agency (FEMA). We also continued our partnership with the Seton Hall University Men’s Basketball program, resulting in considerable success and visibility throughout the season.

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

Sources:

"Giving USA" Report

compiled by the Indiana University Lilly Family School of Philanthropy

The Chronicle of Philanthropy

July 2021 Issue

CCS Fundraising Survey

HUMAN RESOURCES (HR)

As of June 30, 2021, there were 173 active employees to fill 220 positions. For fiscal year 2021 the annual turnover rate was 26%, averaging 2% per month.

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

The Survey was conducted through Survey Monkey in June of 2021. This annual survey allows staff an opportunity to evaluate MHAEM, anonymously. This year, the Survey content was adapted to include staff input and feedback regarding the Agency's operational response to the COVID-19 pandemic. Results of the survey indicated an overall satisfaction rating of 92% among those staff that chose to participate - 44 respondents participated in the survey. Suggestions, criticisms and compliments are given careful thought and consideration among Management and our Quality Assurance Committee. Outcomes are addressed by management and discussed with staff appropriately by way of memos addressed to staff and our Quarterly Staff Meetings.

In September of 2020, the Human Resources department launched our new, password protected, *MHAEM Human Resources Portal*. The webpage gives staff exclusive access to enrollment and contact information, summary plan descriptions and forms related to any and all of the exceptional fringe benefits offered to eligible staff. This electronic portal enables MHAEM to disseminate important information and options to staff in a highly efficient, paperless format.

Effective October 1, 2020, the Agency renewed its existing medical plans through Horizon Blue Cross Blue Shield of NJ. Our dental plans with Principal Dental were also renewed effective October 1, 2020. As the open enrollment period fell at the height of the COVID-19 crisis, the open enrollment event was held virtually. All forms and options for Open Enrollment 2020 were made available on the MHAEM website with the launch of the new HR Portal. During this period, benefits eligible staff members are notified of the open enrollment period and given the opportunity to enroll in benefit options either for the first time or as they may make changes to their existing benefit plan elections. Representatives from each of our benefits providers made themselves available to staff during this time via phone, as necessary.

Both Horizon BCBS and Principal Dental have continued to offer competitive plans that are both cost-effective and meet the Agency's budgetary standards. In addition, the Agency continues to offer a comprehensive employee benefit package, which includes the following:

- The OMNIA 2 Tier, Exclusive Provider Organization and Direct Access medical plans, are all offered through Horizon Blue Cross Blue Shield of NJ. MHAEM continues to pay the monthly premium for single enrollments on the OMNIA Medical Plan. This equivalent benefit is applied to all employee medical plan selections. We continue to conduct Open Enrollment workshops to provide thorough plan details and opportunities for staff to make changes to their current plan elections.
- MHAEM offers a voluntary cost-effective Panorama Vision Plan, also through Horizon BCBS of NJ.
- Through Principal Dental, the Agency is able to offer our benefits eligible employees two dental plan options.

- USABLE Life is the Agency's insurance provider which provides all benefits eligible employees with a policy that is 1.5 times their annual salary to a maximum of \$175,000.
- The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 197 active participants. The "Safe Harbor" plan requires MHAEM to make a safe harbor matching contribution equal to 100% of the salary deferrals that do not exceed 3% of the employee compensation plus 50% of the salary deferrals between 3% and 5% of employee compensation. The safe harbor matching contribution is 100% vested.
- The Agency continues to offer a well-structured paid-time-off policy.
- MHAEM reimbursed \$12,000.00 in tuition for employees who met the application requirements in the fall and spring semesters.
- The Agency offers supplemental income to employees with more than 5 years tenure who are receiving temporary disability. The administrative services for short-term disability are processed through the NJ Temporary Disability Benefits program.
- Additional employee benefit options for eligible staff include: Aflac, Colonial Life, New York Life, Liberty Mutual, Verizon Wireless Employee Discount, College America 529 Savings Plan and a pre-tax Commuter Benefit plan administered through Gente Employee Benefits and HR Solutions.

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

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

This marks the 8th year that MHAEM has conducted annual and introductory performance evaluations electronically through our vendor "Reviewsnap". The performance review process continues to operate in an efficient and effective manner allowing both staff and supervisors to play an integral part in the review process.

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

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

Hartford Underwriter's Insurance Company is the Agency's current Worker's Compensation provider. The Agency had four workers' compensation claims for the FY 2021.

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

MHAEM applied for and was awarded the Incumbent Worker Training Grant through the NJ DOL and LWD to be utilized throughout the calendar year 2020. However, due to the onset of the COVID-19 crisis, all live events were cancelled for most of the calendar year. In spite of this obstacle, MHAEM was able to work closely with the training provider to promptly develop an alternate plan to offer the same trainings via Zoom. In addition, MHAEM petitioned the NJ DOL to provide an extension on the original Incumbent Worker Training Grant. With this extension, MHAEM was successful in utilizing the full \$80,000.00 of State Funds granted. Through this grant, MHAEM was pleased to offer 500 hours of in-person training to staff with the option of also applying optional CEUs for licensed staff members. Topics offered included:

- Motivational Interviewing
- Trauma Informed Care/Nurtured Heart Approach
- Mindfulness Based Stress Reduction
- Ethics and Professional Boundaries
- Crisis Intervention & Prevention/Safe & Positive Approaches
- Gender and Transgender Issues in the Clinical & Case Management Work Setting
- Working with Substance Use Disorders
- Safety for Behavioral Health Workers
- Service Excellence for Social Service Providers
- Management Essentials for Social Services Leaders

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

- The “Safety In the Workplace” training was conducted for new staff on a quarterly basis. This training focuses on workplace violence, behavioral indicators/warning signs, the importance of early intervention and safety measures that may be used in the workplace.
- MHAEM retained Steve Crimando, MA, BCETS, CHPP, Principal of Behavioral Science Applications to provide “Safety for Behavioral Health Workers” training to MHAEM staff. This training was offered in an effort to empower and better prepare our professionals with practical strategies necessary to enhance their personal safety at the office, while working in the field and during activities of daily work-life.
- The annual “Psychopharmacology” training, normally conducted in-person by our onsite primary care provider, was made virtual on Zoom in response to the COVID-19 pandemic. The training was curated and conducted by the MHAEM Health Home Coordinator, Jessica Velasquez, RN.
This comprehensive course provided an overview of signs and symptoms of common mental health disorders, common medications prescribed for each mental health disorder, common side effects and adverse effects to each classification of medication, as well as anti-psychotic medications and their relationship to heat and sun risk. The course was completed in April by all direct care staff.
- The “Trauma Informed Care” training, conducted by Barbara Maurer, MA, LPC, CTS is provided to all direct care staff upon hire. The training provides our staff with education on the prevalence of trauma, the knowledge of how to assess individuals for exposure to trauma and tools to provide psychoeducation to our consumers to help them feel safe and empowered in their work with MHAEM. This event was video recorded onsite in 2017 and is available on our online Relias Learning system.

- CPR/First Aid/AED training was provided for the 11th consecutive year by an ASHI certified instructor. In addition, this was the 4th consecutive year that MHAEM has offered CPR/First Aid/AED certification classes provided by our own staff, certified through the American Heart Association. This has enabled the Agency to provide training more frequently in order to ensure new staff are trained more promptly after hire. In 2020, we were able to offer and continue to require CPR/First Aid/AED certification classes via hybrid completion. Necessary mannequins and other physical equipment was made available to staff individually for this purpose, on site.

The HR department continues to conduct required compliance checks including: NJ State Criminal Background, Central Registry of Offenders Against Individuals with Developmental Disabilities (N.J.A.C. 10:44D), Motor Vehicle Abstracts, Degree and Professional License Verification, Pre-employment Drug Screening and CARI background checks (N.J.S.A. 9:6-8.10f).

Information Technology (IT) Management Report FY 2021

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

Highlights from 2020-2021:

- Due to the COVID-19 pandemic, this year we continued to improve our IT department for remote work. Most of the year, a majority of our staff did work from home and/or in the field. The IT department continued to help all of our staff with working from home and in the field with the use of agency laptops, cellphones and various other telehealth technology.
- This year, we replaced “Amazon Chime” video conferencing software with “Zoom Meetings” and “Vonage Meeting.” Zoom Meetings is being used to provide therapy to our clients in various programs.
- This fiscal year, the FCC announced a grant for telehealth services to help agencies deploy new technology to provide telehealth. MHAEM’s IT Director worked with senior management to apply for this grant and the agency was awarded this grant by the FCC. The agency was awarded \$39,959.00 to buy new technology to provide telehealth services.
- With the FCC grant, the IT department ordered and setup 110 cellphones to be given out to our clients without any telephone equipment. These cellphones have helped our clients receive many of our services using telehealth.
- With the FCC grant, the MHAEM also deployed telehealth software called Doxy.me to provide one-on-one therapy to clients in our outpatient program. This software also helps our doctors with medication monitoring.
- This year, the IT department also deployed a new appointment scheduler software in our partial care program to setup our doctor/APN appointments online.
- This year, the MHAEM took over a new program at Newark Airport to help the homeless. The IT department helped setup the airport office with internet and phone systems. The office is setup as a standalone remote office as internet is very limited there. We also installed a new copier at this office.
- This year, our Electronic Health Record software provider, Foothold, has changed the company providing E-Prescriptions from Digital Rx to Dr. First. Because of this change, all of our doctors and APNs need to verify with Dr. First. The IT department worked with each doctor and APN to help them get verified and provided one-on-one training with the new system. All of our providers are now using this new system without any issues.
- All year, we have made many changes to our EHR software Awards system to meet the different state regulations and billing requirements/rules for COVID-19 pandemic billing.
- We have setup new programs in Awards and setup billing for those new programs.

- All year, the IT department has worked with all billing staff and the accounting department to troubleshoot and fix any billing issue that arose.
- The IT department has researched and setup our Parsippany conference room with new Zoom Room technology to allow us to conduct hybrid meetings, i.e., Director's Meetings and Board Meetings.
- All year, the IT department has updated and maintained our IT infrastructure to stay up-to-date with technology. The IT department continues to monitor and update all of our network and staff devices to make sure they are secure at all times.
- This Management Report is only for the major goals of the IT Department for the year 2020-2021. Many other minor and major changes and upgrades at each office have also been made in order to keep staff working as efficiently as possible.

QUALITY ASSURANCE ANALYSIS

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

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

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

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

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

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

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

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

Strengths of the Quality Assurance Plan

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

Highlights of Quality Assurance

- MHAEM received full licensure for all agency owned properties.
- MHAEM continues to find and implement technologies that assist consumers with their goals. At admission individuals are provided a patient portal which allows easy access to their records. All outreach case managers are provided an agency cell phone in order to increase communication and schedule/remind consumers of appointments via text messaging. All outreach case managers are provided a laptop or tablet to utilize in the field in order to be more mobile in the community to better serve the consumer where

they are located. iPads are utilized during in-vivo visits to assist with completing treatment/service plans and enhancing services.

- MHAEM's website as well as social media sites such as Facebook and Twitter are easily accessible and newly updated. These features have been enhanced with the expansion of the development department this year. MHAEM will continue to work with its Information and Technology department to improve services through the use of technology.
- MHAEM continues to provide care coordination ensuring a holistic service approach. All treatment is individualized to meet the needs of each person served. Individuals are encouraged to include a health goal in their treatment/service plan and are encouraged to schedule annual physicals.
- MHAEM continues to be committed in assisting individuals in applying for and receiving benefits. MHAEM has four staff trained as Presumptive Eligibility Counselors and is a Presumptive Eligibility site. The Presumptive Eligibility Counselors are able to provide quick access to temporary Medicaid for approximately one month while eligibility is being determined for NJ Family Care.
- MHAEM understands the importance of ongoing education and training. Therefore, in-services are conducted throughout the year, such trainings to include, but are not limited to: Ethics and Legal Issues, Psychopharmacology, Safety in the Community and CPR, First Aid and AED training. Other trainings which are program specific are provided through our Relias Learning which is a web-based training program.
- MHAEM currently has four staff certified as Mental Health First Aid Instructors. The Mental Health First Aid instructors educate the public on risk factors and warning signs regarding mental health and addiction concerns. Participants are educated on strategies to help someone in both crisis and non-crisis situations, and provides community resources. This year, MHAEM trained individuals who included clinical and non-clinical mental health staff, graduate students, local deacons of worship, and transportation drivers.
- During this fiscal year, Integrated Case Management Services in Essex and Morris and Prospect House had successful Medicaid audits.
- MHAEM continues to provide tuition reimbursement to eligible staff for courses which directly relate to the mission of the agency and the employee's job description.
- MHAEM completed move of programs from scattered sites in Essex County to one centralized location for better access for consumers. During the process it was imperative to relocate to building with ample public transportation to ensure consumers would be able to independently transport to offices as well.
- MHAEM's Annual Provider Survey indicated a 98% overall satisfaction rate.
- MHAEM's Annual Consumer Satisfaction Survey indicated a 92% satisfaction rate.
- Prospect House's Consumer Quality Assurance Committee met throughout the year.
- There were several suggestions throughout the year. One of the suggestions discussed the need for a place to display activities for consumer held through MHAEM. As a response to this suggestion, MHAEM placed a bulletin board for posting activities.

- MHAEM's Strategic Plan ensures we remain strategically positioned to fulfill our mission. This plan is reviewed and revised by the Board of Directors with input from staff, consumer and family focus groups, County Administrators and other stakeholders.
- MHAEM achieved an overall staff productivity rate of over 50%.
- MHAEM continues to utilize our electronic clinical records in AWARDS. The benefits of the electronic clinical records are: improved access to complete and accurate information. In addition, forms are updated on an as needed basis based on consumer need. This year a new service plan was implemented with collaboration from all levels of staffing.
- Quarterly staff meetings are held in order to provide staff with up to date information.

CJS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	85%	n/a	n/a	95%	n/a	n/a	90%	n/a	n/a	95%	n/a	n/a	95%	93%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%	95%	97%	94%	95%	95%	94%	95%	98%	95%	93%	95%	95%	95%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	n/a	100%	n/a	100%	n/a	100%	100%	100%	n/a	100%	100%
Closed Chart Audits	Monthly	80%	n/a	100%	n/a	100%	n/a	100%	100%	100%	n/a	100%	n/a	100%	100%
Linked to Medical Services	Monthly	25	3	0	1	2	2	0	1	2	14	12	11	13	61
Wait for Service	Monthly	<7	4	4	1	0	2	3	5	4	4	3	4	3	3
Hospitalizations (Medical)			0	0	2	1	0	0	0	0	1	1	0	0	5
Hospitalizations (Psychiatric)			2	2	0	2	1	2	2	2	3	4	4	2	26
Indicators:															
Employment	Monthly	40 clients	8	8	10	9	10	8	10	8	8	8	7	10	104
Number of days ↓ county jail time	Monthly	1000 days	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of days ↓ state time	Monthly	10,000 days	0	0	0	0	0	0	0	0	3,422	1,076	1,076	0	5,574
Divert/Pre-Adjudication	Monthly	15 clients	0	0	0	0	0	0	0	0	2	1	1	0	4
Community Linkages	Monthly	75	10	13	15	4	6	4	9	6	13	6	7	10	52
Recidivism to jail within 30 days	Monthly	≤25 clients	0	0	0	0	0	0	0	0	0	0	0	1	1
Recidivism to jail within 60 days	Monthly	≤50 clients	0	0	0	0	2	0	0	0	0	0	0	0	2
Recidivism to jail within 90 days	Monthly	≤25 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 120 days	Monthly	≤50 clients	1	1	0	0	0	0	0	0	0	0	0	0	2
Satisfaction Survey	Annual	80%											90%		90%
Sun Risk Education	Annual	100%										100%			100%

CJS MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	92%	87%	100%	95%	100%	100%	100%	98%	95%	98%	100%	97%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	98%	87%	85%	92%	98%	95%	92%	98%	95%	98%	100%	87%	94%
Linked to Medical Services	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for services	Monthly	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Hospitalizations (Psychiatric)	Monthly	Baseline	2	0	0	1	2	1	0	0	0	0	1	0	1
Hospitalizations (Medical)	Monthly	Baseline	0	0	0	0	1	1	0	1	0	0	0	0	1
Indicators:															
Employment	Monthly	20 clients	3	3	3	3	2	4	3	3	3	3	4	3	37
Number of days ↓ county jail time	Monthly	1000 days	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of days ↓ state time	Monthly	10,000	2190	0	0	0	0	0	0	730	0	0	0	0	2,920
Linkage to MH Prosecutors Program	Monthly	10	1	0	0	1	1	0	0	0	0	0	0	0	1
Community Linkages	Monthly	60	5	1	0	1	4	6	2	1	5	0	0	5	30
Recidivism to jail within 30 days	Monthly	<5 clients	0	0	0	0	0	0	0	1	0	0	0	0	1
Recidivism to jail within 60 days	Monthly	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	1

CJS MORRIS															
Recidivism to jail within 90 days	Monthly	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	1
Recidivism to jail within 120 days	Monthly	<10 clients	0	0	0	1	1	0	0	0	0	0	0	0	1
Satisfaction Survey	Annual	80%											91%		91%
Sun Risk Education	Annual	100%										100%			100%

AOT ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%	92%				90%		86%		87%				89%
Service Access:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	7 consumers	7	4	5	5	0	5	3	4	8	5	2	6	54
Long Term Care (LTC) referrals	Monthly	3 consumers	1	1	1	2	1	0	0	1	2	0	3	0	12
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	1	0	1	2	2	1	0	0	7
Linked to Medical Services	Quarterly	2 consumers	0	0	0	0	1	1	1	0	1	0	0	1	5
60 day discharge follow up	Monthly	Baseline	2	3	1	1	3	3	1	0	2	1	0	2	19
Hospitalizations (Medical)	Monthly		0	0	1	0	0	1	3	2	2	0	4	2	15
Hospitalizations (Psychiatric)	Monthly		6	8	1	4	7	9	6	5	8	9	7	8	78
Indicators:															
ER (screening)	Monthly	<6	3	6	1	5	4	4	2	3	4	5	2	3	4
Voluntary admissions	Monthly	<3	4	2	0	1	1	1	2	0	2	4	3	6	2
Involuntary admissions	Monthly	<2	2	6	1	3	6	8	4	4	5	4	4	2	4
Long Term Care	Monthly	<3	0	0	0	0	0	1	0	0	1	1	0	0	1
Arrests	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0
Incarceration	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%											92%		
Sun Risk Education	Annual	100%										100%			100%

AOT MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	94%	87%	87%	96%	92%	94%	92%	95%	85%	100%	95%	87%	92%
Focused:															
Wait for service	Monthly	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	7 consumers	2	0	5	2	3	1	2	2	3	0	1	2	2
Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	2	1	0	0	0	1	1	0	0	0	1
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	0	0	1	0	1	0	0	0	0
Linked to Medical Services	Quarterly	2 consumers	0	0	0	0	0	0	0	0	0	0	0	0	0
60 day discharge follow up	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%
Hospitalizations (Psychiatric)	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalizations (Medical)	Monthly	Baseline	0	0	0	0	1	1	0	0	0	0	0	1	3

AOT MORRIS

Indicators:															
ER (screening)	Monthly	≥ 4	0	0	0	0	1	0	0	0	0	0	0	0	1
Voluntary admissions	Monthly	≤ 2	0	0	0	1	0	1	0	0	0	0	0	0	0
Involuntary admissions	Monthly	≤ 2	0	1	1	0	0	0	5	3	1	2	2	0	1
Long Term Care	Monthly	≤ 2	0	0	0	0	2	0	0	0	0	0	0	0	0
Arrests	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Incarceration	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%											92%		92%
Sun Risk Education	Annual	100%										100%			100%

AOT SUSSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020							2021					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Service Access:															
Wait for service	Monthly	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days	3 days
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	1	0	0
Inpatient referrals	Monthly	7 consumers	1	0	1	1	0	1	1	0	1	1	1	1	1
Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	1	0	0	1	1	0	0	1	1	0	1
Number of transport orders	Monthly	transport orders	0	0	0	0	0	0	0	0	0	0	0	0	1
Linked to Medical Services	Quarterly	2 consumers	1	0	0	0	0	0	0	0	0	11	2	4	1
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Medical)	Monthly	Baseline	1	0	1	0	0	0	1	0	1	0	0	1	N/A
Hospitalizations (Psychiatric)	Monthly	Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Indicators:															
ER (screening)	Monthly	≤ 3	1	0	0	0	0	0	0	0	1	0	0	0	0
Voluntary admissions	Monthly	≤ 1	1	1	1	1	0	0	0	1	2	1	3	1	1
Involuntary admissions	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	1	0	1	0
Long Term Care	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Arrests	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
Incarceration	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%											97%		97%
Sun Risk Education	Annual	100%										100%			100%

CSS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020							2021					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Med. Education	Monthly	80%	83%	100%	80%	93%	100%	100%	100%	100%	100%	100%	100%	100%	96%
Client Consent	Monthly	80%	100%	37%	100%	100%	57%	64%	65%	67%	75%	75%	75%	75%	74%
Psychiatric Advance Directives	Monthly	90%	100%	12%	100%	80%	7%	57%	50%	50%	25%	25%	13%	13%	44%
Hospitalizations (Psychiatric)	Monthly		0	0	0	1	0	0	1	1	1	1	1	0	6

CSS ESSEX															
Hospitalizations (Medical)	Monthly		0	0	0	0	1	0	1	0	1	1	1	1	6
Linked to Medical Services	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up	Semi-Annual	80%													
Objectives/interventions linked to notes	Quarterly	75%	100%	87%	100%	100%	78%	71%	80%	80%	62%	80%	100%	93%	86%
Closed Chart Audits	Quarterly	80%													
Wait for service	Monthly	baseline	2 days	2 days	3 days	2 days	2 days	2 days	3 days	3 days	0 days	0 days	0 days	3 days	2.5 days
Indicators:															
Employment	Quarterly	≥10%			2%			5%			10%			5%	5%
Recidivism to County/State	Monthly	≤20%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Recidivism to STCF	Monthly	≤20%	0%	0%	0%	1%	0%	0%	1%	0%	0%	1%	1%	1%	0%
Nursing Assessments	Monthly	≥90%	33%	37%	60%	60%	64%	33%	46%	33%	87%	87%	73%	66%	57%
Satisfaction Survey	Annual	80%												93%	93%
Sun Risk Education	Annual	100%										100%			100%
Permanent Housing	Quarterly	80%	99%	99%	99%	99%	99%	100%	100%	99%	100%	93%	100%	100%	99%
Linked to benefits	Monthly	90%	66%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	50%	100%	100%	93%	64%	71%	80%	80%	75%	86%	86%	86%	81%

CSS MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020							2021					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Med. Education	Monthly	80%	79%	75%	75%	79%	80%	75%	77%	75%	75%	75%	77%	80%	77%
Client Consent	Monthly	80%	79%	85%	85%	82%	79%	80%	80%	80%	80%	80%	80%	80%	81%
Psychiatric Advance Directives	Monthly	90%	0%	35%	20%	30%	35%	37%	35%	35%	37%	37%	30%	35%	31%
Hospitalizations (Medical)	Monthly		0%	1%	0%	1%	1%	1%	0%	0%	1%	1%	1%	1%	1%
Hospitalizations (Psychiatric)	Monthly		1%	0%	1%	3%	2%	1%	3%	1%	3%	3%	1%	1%	2%
Linked to Medical Services	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up	Semi-Annual	80%						100%						100%	100%
Objectives/interventions linked to notes	Quarterly	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	80%			100%			100%			100%			100%	100%
Wait for service	Monthly	baseline	2 days	2 days	2 days	3 days	3 days	2 days	1 day	1 day	1 day	1 day	1 day	1 day	2 days
Indicators:															
Employment	Quarterly	≥10%			8%			3%			8%			6%	6%
Recidivism to County/State	Monthly	≤20%	0%	0%	1%	1%	0%	0%	0%	0%	1%	1%	0%	0%	0%
Recidivism to STCF	Monthly	≤20%	0%	0%	1%	3%	2%	1%	3%	2%	3%	1%	1%	1%	2%
Nursing Assessments	Monthly	≥90%	86%	80%	80%	77%	70%	50%	40%	50%	40%	50%	45%	45%	59%
Satisfaction Survey	Annual	80%												91%	91%
Sun Risk Education	Annual	100%										100%			100%
Permanent Housing	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	99%	99%	99%	99%	99%	100%
Linked to benefits	Monthly	90%	99%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Natural Community social supports	Monthly	90%	99%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	86%	100%	100%	100%	100%	100%	100%	100%	86%	100%	100%	100%	98%

ICMS ESSEX															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020- 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:					100%			100%			100%			98%	100%
Quarterly Progress/w goal attainment	Quarterly	80%			86%			81%			85%			82%	84%
Medication Education	Monthly	80%	89%	91%	71%	90%	92%	81%	90%	94%	98%	100%	91%	98%	90%
Linked to Medical Services	Monthly	33	3	2	2	0	3	4	1	0	3	2	27	14	6
Wait for service	monthly	baseline	91%	95%	100%	100%	100%	100%	100%	100%	98%	97%	88%	91%	97%
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid Justification	Quarterly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	-20%	5%	5%	9%	6%	8%	7%	10%	3%	9%	9%	13%	10%	8%
Hospitalizations (Medical)	Monthly		4%	2%	3%	4%	2%	2%	3%	1%	1%	1%	4%	3%	3%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	96%	99%
Short Term Care Facility Recidivism	Monthly	≤20%	2%	1%	3%	2%	4%	3%	4%	3%	4%	4%	7%	4%	3%
County or State Hospitals Recidivism	Monthly	≤20%	0%	0%	4%	3%	3%	2%	3%	0%	2%	4%	6%	3%	3%
Voluntary Recidivism	Monthly	≤20%	3%	4%	2%	1%	1%	2%	3%	0%	0%	1%	0%	4%	2%
Client Employment	Quarterly	62 clients	NA	-	-	-	-	-	-	-	-	-	-	NA	NA
Satisfaction Survey	Annual	80%											92%		92%
Sun Risk Education	Annual	100%										100%			100%
ICMS MORRIS															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		80%													
Focused:	Quarterly				100%			100%			100%			92%	98%
Quarterly Progress/w goal attainment	Quarterly	80%			92%			86%			98%			86%	91%
Medication Education	Monthly	80%	88%	91%	100%	100%	100%	90%	97%	100%	100%	100%	96%	82%	95%
Linked to Medical Services	Monthly	33	3	2	0	0	0	0	0	0	0	3	2	5	1
Wait for service	monthly	baseline	100%	100%	96%	100%	100%	100%	96%	100%	88%	91%	86%	81%	100%
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ICMS MORRIS															
Medicaid Justification	Quarterly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly														
Hospitalizations (Medical)	Monthly	2%	3%	2%	0%	1%	0%	0%	3%	1%	2%	2%	4%	3%	2%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	96%	100%	100%	100%	97%	100%	96%	100%	92%	98%	98%
Short Term Care Facility Recidivism	Monthly	≤20%	1%	1%	3%	2%	1%	4%	1%	4%	1%	3%	1%	2%	2%
County or State Hospitals Recidivism	Monthly	≤20%	0%	0%	0%	1%	0%	0%	0%	2%	0%	0%	1%	1%	0%
Voluntary Recidivism	Monthly	≤20%	1%	1%	1%	1%	2%	1%	2%	3%	1%	1%	2%	2%	2%
Client Employment	Quarterly	30 clients	NA	-	-	-	-	-	-	-	-	-	-	NA	NA
Satisfaction Survey	Annual	80%											85%		85%
Sun Risk Education	Annual	100%										100%			100%

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Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	84%	na	na	78%	na	na	86%	na	na	84%	na	na	88%	84%
Medication Education	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	74%	87%	80%	75%	78%	76%	72%	71%	69%	67%	73%	71%	73%	74%
Wait for service	Monthly	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60 day discharge follow up	Monthly	100%	100%	83%	58%	83%	89%	100%	100%	100%	91%	100%	100%	100%	92%
Justified Continued Stay	Quarterly	100%	na	na	100%	na	na	100%	na	na	100%	na	na	100%	100%
Medicaid Justification	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	<10%	5%	5%	7%	2%	4%	3%	6%	3%	9%	9%	3%	8%	5%
Hospitalizations (Medical)	Monthly	Baseline	2%	1%	1%	1%	3%	2%	1%	1%	1%	1%	1%	1%	1%
Indicators:															
County/State discharges seen within 72 hours	Monthly	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	96%
Short Term Care Facility Recidivism	Monthly	<10%	2%	2%	3%	1%	0%	1%	1%	1%	3%	4%	2%	4%	2%
County or State Hospitals Recidivism	Monthly		2%	0%	1%	0%	1%	1%	2%	0%	1%	0%	0%	0%	1%
Voluntary Recidivism	Monthly		1%	3%	3%	1%	3%	1%	3%	2%	5%	6%	1%	4%	3%
Client Employment	Quarterly	17%	15%	15%	16%	17%	17%	17%	16%	16%	16%	21%	21%	20%	17%
Satisfaction Survey	Annual	80%											93%		93%
Sun Risk Education	Annual	100%										100%			100%

SES

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	100%		100%			100%			100%			100%	100%
Focused:															
Comprehensive Intake Assessment w/Strengths Needs Abilities Preferences	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Treatment Plans: update/measurable	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Support Plan	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Progress on Goal attainment	Quarterly	80%	81%	85%	77%	81%	80%	100%	100%	100%	100%	100%	100%	100%	92%
Linked to Medical Services	Monthly	15%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Wait for service	Monthly	3 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalizations (Medical)	Monthly	Baseline	0	0	1	0	1	0	0	0	1	0	0	0	3
Indicators:															
Linked to Community Service	Quarterly	80%			3%			0%			1%			1%	1%
Interviews	Quarterly	60			7			23			20			6	56
Placed within 4 months of admin.	Quarterly	30%			1%			2%			1%			1%	1%
Discharge Follow Up 90 Days	Quarterly	80%			100%			100%			100%			100%	100%
Job retention > 3 months	Quarterly	80%			80%			70%			100%			87%	84%
Client Satisfaction	Annual	80%												89%	89%
Sun Risk Education	Annual	100%									100%				100%

PATH - ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020							2021					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	89%	92%	90%	91%	82%	93%	92%	92%	90%	96%	90%	93%	90%
Focused:															
Med. Education	Monthly	80%	75%	84%	86%	82%	82%	91%	90%	90%	85%	70%	80%	90%	83%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Goal Attainment	Monthly	80%	75%	82%	81%	77%	83%	75%	80%	80%	75%	50%	80%	70%	79%
Hospitalizations (P)	Baseline	N/A	1	3	1	1	3	1	0	1	3	3	3	1	19
Hospitalizations (M)	Baseline	N/A	3	1	2	1	2	1	1	4	4	3	2	2	26
Indicators:															
Number of outreaches	Monthly	500	33	15	21	25	22	16	36	19	47	56	38	36	364
Total Individuals Served	Monthly	200	137	8	8	9	7	4	6	4	13	10	8	7	221
Linked to Community MH services	Monthly	132	9	10	5	4	10	3	3	4	6	8	8	6	76
Linked to financial benefits	Monthly	40	1	2	1	3	3	2	3	2	6	3	4	8	38
Linked to permanent housing	Monthly	40	0	4	1	5	9	2	2	3	0	4	3	2	35
Linked to temporary housing	Monthly	35	4	2	2	1	0	1	3	1	7	1	7	3	32
Linked to substance use tx. services	Monthly	35	2	3	1	0	0	1	0	2	1	0	2	2	14
Linked to medical/dental services	Monthly	30	3	3	1	1	0	0	1	3	7	1	1	3	24
Linked to rehabilitation services	Monthly	10	1	2	2	1	1	0	1	3	1	1	1	0	14
Sun Risk Education	Annual	100%										100%			100%
Satisfaction Survey	Annual	80%											93%		93%

PATH - MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020							2021					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Med. Education	Monthly	80%	80%	100%	100%	90%	90%	90%	90%	90%	90%	100%	100%	100%	92%
Client Consent	Monthly	80%		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Hospitalizations (P)	Monthly	Baseline	3	2	2	1	2	4	3	1	5	4	1	1	14
Hospitalizations (M)	Monthly	Baseline	0	2	2	1	3	3	1	1	4	1	4	1	11
Indicators:															
Goal Attainment	Monthly	80%	15%	29%	41%	33%	29%	6%	39%	31%	42%	45%	50%	2%	26%
Number of outreaches	Monthly	180	10	10	13	13	15	5	11	11	15	13	13	13	66
Number of individuals . enrolled	Monthly	70	2	5	4	4	4	2	3	1	9	1	5	1	21
Linked to Community MH services	Monthly	75	5	3	4	4	1	3	1	1	1	1	4	4	20
Linked to financial benefits	Monthly	40	5	5	0	1	1	6	1	4	2	2	2	0	18
Linked to permanent housing	Monthly	20	1	0	0	0	0	3	1	2	1	1	1	0	4
Linked to temporary housing	Monthly	40	3	5	5	2	2	4	2	3	5	1	1	1	21
Linked to substance abuse treatment services	Monthly	20	4	3	0	1	0	1	1	1	1	1	0	0	9
Linked to Medical Services	Monthly	10	3	2	0	0	2	6	1	1	1	1	1	0	13
Linked to vocational/educational services	Monthly	10	3	3	0	0	0	1	1	0	0	1	1	0	1
Sun Risk Education	Annual	80%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	100%
Satisfaction Survey	Annual	80%											89%		NA

PROSPECT HOUSE

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Height, Weight, & Blood Pressure	Monthly	85%	100%	100%	100%	100%	100%	90%	90%	100%	100%	100%	100%	100%	98%
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	100%	100%	90%	90%	100%	90%	85%	100%	100%	85%	100%	100%	95%
6 Month Psych	Monthly	100%	100%	100%	100%	100%	90%	85%	100%	100%	90%	100%	100%	100%	97%
Consent Forms	Monthly	85%	100%	100%	100%	100%	100%	100%	98%	95%	100%	100%	100%	100%	99%
Comprehensive Assessments completed within one month of acceptance into the program	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	90%	98%
Informed Consent for medications	Quarterly	100%			100%			99%			99%	100%	100%	n/a	100%
Wait for service	Monthly	>2	1	1	1	1	1	1	1	1	1	1	1	1	1
Hospitalizations (Medical)	Monthly		1	0	2	1	3	2	1	1	3	2	4	2	22
Hospitalizations (Psychiatric)	Monthly		0	2	1	0	2	2	2	2	4	2	3	4	24
Nutritional Screenings Completed	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
Employment	Quarterly	20 consumers			0			0			0			0	0
Sun Risk Education	Annual	100%										100%			100%
Client Satisfaction	Annual	80%												84%	NA
External Audits	Annual	Completed					11/10 Medicaid			2/16 Medicaid			5/28 Medicaid		

Center for Behavioral Health (CBH)

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	90%	90%			90%					90%			90%	90%
Focused:															
Service Plans	Monthly	85%	79%	74%	88%	80%	85%	83%	75%	81%	73%	90%	90%	95%	83%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AIMS	Semi-Annual	80%										X			Completed
Medication Sheet	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Informed Consent	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	80%		90%				90%	100%					90%	93%
Medication Inventory	Quarterly	Completed			X			x			x			X	Completed
Referred to Medical Provider	Quarterly	Baseline	0				1				1			0	1
Service Access:															
Wait for Intake	Monthly	≤7 Days	1	1	3	2	4	2	3	3	3	0	0	5	2.25
Wait for Assignment	Monthly	≤5Days	0	0	0	2	0	0	0	0	0	0	0	0	0
Indicators:															
Hospitalized (Medical)	Monthly	Baseline	0	0	2	2	1	0	2	0	2	2	3	4	18
Hospitalized (Psychiatric)	Monthly	Baseline	1	1	0	1	2	0	2	0	0	0	1	0	8
DASS-21	Monthly	↑functioning	2	2	2	5	5	4	4	2	2	10	8	8	5
Discharge Follow Up	Semi-Annual	95%												95%	95%
Satisfaction Survey	Annual	80%											95%		95%
Sun Risk Education	Annual	100%										100%			100%

IFSS ESSEX

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
IFSS TECHNICAL CHART AUDITS	Monthly	85%	89%	88%	88%	78%	72%	75%	77%	70%	59%	62%	78%	86%	77%
Intake Assessment completed	Monthly	85%	100%	100%	80%	70%	83%	80%	100%	80%	80%	100%	100%	100%	90%
Svce Pref Form Completed-Intke, 6mo, yrly	Monthly	85%	90%	90%	90%	90%	50%	80%	80%	80%	80%	80%	67%	90%	81%
Family Concern Survey (Intake, 6mo, yrly)	Monthly	85%	90%	100%	90%	90%	67%	100%	60%	80%	80%	100%	67%	70%	83%
Closed Chart Audits	Quarterly	80%			100%			90%			80%			100%	93%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days			< 2 days			< 3days			1 day			< 2 days	<2 days
IFSS Wait for Intake	Quarterly	≤5 days			< 3 days			< 4 days			< 3 days			< 4 days	<3 days
Project FERST Accessibility- respnse time	Quarterly	≤2 days			< 1day			< 1day			< 1 day			< 1 day	<1 day
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						-11%						-9%	0%
IFSS Family Satisfaction Survey	Annual	90%												97%	97%
IFSS Sun Risk Education	Annual	100%												100%	100%
IFSS Discharge Follow Up	Semi-Annual	90%												100%	100%
Project FERST-Family Satisfaction Survey	Annual	85%												100%	100%
Project FERST-Provider Satisfaction Survey	Annual	90%												98%	98%
Project FERST Discharge Follow Up	Semi-Annual	90%						90%						90%	90%
Sun Risk Education	Annual	100%											100%		100%

IFSS Sussex

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
IFSS TECHNICAL CHART AUDITS	Monthly	85%	86%	97%	90%	84%	97%	83%	81%	91%	80%	77%	84%	80%	86%
Intake Assessment completed	Monthly	85%	67%	83%	100%	86%	100%	100%	100%	100%	100%	71%	100%	86%	92%
Service Preference Form Compted-Intake, 6mo, yearly	Monthly	85%	83%	100%	83%	57%	97%	71%	71%	91%	91%	71%	86%	71%	82%
Family Concern Survey (Intake, 6 months, yearly)	Monthly	85%	67%	100%	83%	57%	97%	71%	71%	91%	91%	71%	71%	71%	79%
Closed Chart Audits	Quarterly	85%			93%			97%			100%			100%	97%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days			1			1			1			1	100%
IFSS Wait for Intake	Quarterly	≤5 days			3.6			5			3			5	4
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						4%						2%	3%
IFSS Family Satisfaction Survey	Annual	85%												100%	100%
Sun Risk Education	Annual	100%										100%			100%

PEER TO PEER LINE

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020- 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of calls	Annual	2537			2526			2381			2410			2458	6868
New callers	Annual	80			57			27			61			48	96
Satisfaction Survey	Annual	80%												91%	91%

EDUCATION

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of MHFA	Quarterly	4			1			3			1			3	8
Satisfaction Survey	Quarterly	80%			98%			98%			100%			100%	99%

Social Club

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of Openings	Quarterly	4			0			0			0		0	0	0
Number of Attendees	Quarterly	140			167			168			168			168	168
Activities	Quarterly	90			26			25			24			28	26
Satisfaction Survey	Annual	90%												N/A	N/A
Sun Risk Education	Annual	100%												100%	100%
Units of Service	Quarterly	4384			831			537			561			678	1929

Community Advocacy/ POST

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Active Clients Enrolled	Annual	106			149			150			152			155	606
Total new enrolled/ clients/volunteers	Annual	10			2			1			3			3	9
Total Units Served	Annual	21,160			5434			5334			4907			7143	22818

Homeward Bound

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%		77%	75%	72%	77%	65%	70%	72%	75%	64%	66%	75%	72%
Focused:															
Med. Education	Monthly	80%		77%	90%	92%	88%	85%	86%	88%	90%	92%	93%	90%	88%
Client Consent	Monthly	80%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (P)	Baseline	N/A		2	4	3	2	3	0	1	0	0	0	1	16
Hospitalizations (M)	Baseline	N/A		0	0	0	0	1	1	4	2	2	1	2	13
Indicators:															
Total Encounters (Daytime)	Monthly	Baseline		279	303	312	358	380	358	365	237	216	198	260	297
Total Encounters (Night time)	Monthly	Baseline		214	221	253	296	305	294	294	190	158	133	150	228
Linked to Community MH services	Monthly	Baseline		3	3	1	2	1	4	7	3	2	2	1	3
Linked to financial benefits	Monthly	Baseline		1	0	3	6	5	4	0	4	1	4	2	3
Linked to permanent housing	Monthly	Baseline		2	3	1	6	2	0	4	0	0	2	1	2
Linked to temporary housing	Monthly	Baseline		4	2	3	4	9	10	5	5	6	5	2	5
Linked to substance use tx. services	Monthly	Baseline		0	0	0	0	0	0	2	0	0	2	2	1
Linked to medical/dental services	Monthly	Baseline		0	0	2	0	0	0	1	6	3	2	0	1
Linked to rehabilitation services	Monthly	Baseline		0	0	0	0	0	0	0	1	0	0	0	1

Homeward Bound															
Individuals diagnosed	Monthly	Baseline		0	0	1	9	2	3	4	1	0	1	3	2
APN Encounters	Monthly	Baseline		0	0	5	15	8	7	6	3	4	3	15	6
Sun Risk Education	Annual	100%										100%			100%
Satisfaction Survey	Annual	85%											NA		NA
Suicide Prevention															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020							2021					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Participants under 18	Monthly	Baseline	0	0	264	12	0	19	0	21	140	28	69	6	264
Participants over 18	Monthly	Baseline	122	22	135	100	246	366	139	91	20	48	1536	28	1862
Training Hours	Monthly	Baseline	4	2	12	6	6	12	5	5	15	6	14	4	49
Presentations	Monthly	Baseline	2	1	8	3	5	11	5	4	15	6	13	3	46
Satisfaction Survey	Annually	Baseline													N/A
# of Law Enforcement Trained	Annually	Baseline	0	0	0	0	144	0	60	0	0	0	0	0	60
# of Teachers Trained	Annually	Baseline	60	0	59	15	75	289	47	25	0	22	34	0	128
# of Students Trained	Annually	Baseline	0	0	264	12	0	19	0	21	140	28	69	6	264
West Orange Police Department Collaboration															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021					2020					2021					
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE	TOTALS
Training															
Number of training videos provided	Monthly	Baseline			1	1	1	0	2	1	1	0	1	1	9
Training hours	Monthly	Baseline			22 min	25 min	26 min	0	55 min	17 min	5 min	0	16 min	30 min	3.25 hr
Police Outreach															
Number of face to face co-responds (WOPD & MHAEM)	Monthly	Baseline			3	4	7	3	3	0	1	2	6	3	20
Hours Co-Responding (WOPD & MHAEM)	Monthly	Baseline			4.75	3	3.5	1.5	2.5	0	1	1	2.75	0.75	15.25
Number of Unduplicated homeless individuals outreached	Monthly	Baseline			6	1	1	1	1	0	0	0			10
Number of homeless outreaches (WOPD request)	Monthly	Baseline			2	1	2	1	1	0	0				7
Outcomes of Police Outreach															
Arrest	Monthly	Baseline			0	0	0	0	0	0	0				0
Transported to hospital with transport order	Monthly	Baseline			1	1	0	1	0	0	0			1	3
Transported to hospital without transport order					1	1	1	2	3	0	1	1	3		8
Refused Services	Monthly	Baseline			1	1	1	0	0	0	0				3
Linked to mental health services	Monthly	Baseline			1	2	1	2	2	0	0	2	2	1	8
Linked to Domestic Violence Services	Monthly	Baseline			0	0	0	0	0	0	0				0
Linked to Detox/Rehab	Monthly	Baseline			0	0	0	0	0	0	0				0
Linked to Substance Abuse Treatment	Monthly	Baseline			0	0	0	0	1	0	0				1
Linked to other resources	Monthly	Baseline			0	1	2	0	0	0	0				3
Body Camera After-Action Review															
Number of videos reviewed	Monthly	Baseline			2	10	4	8	11	8	17	8	16	8	92
Number of videos with recommendations	Monthly	Baseline			0	2	0	0	2	0	0	0	1	0	5
Number of videos with no recommendations	Monthly	Baseline			2	8	4	8	9	8	17	8	15	0	79

NJ Hope and Healing Crisis Counseling Program

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	TOTALS
Indicators:	Monthly	Baseline													
Individual Contacts	Monthly	Baseline			3	30	35	46	33	20	34	35	25	14	275
Referrals	Monthly	Baseline			3	31	39	49	38	29	43	42	33	16	323
Helpline, Hotline, Life Line	Monthly	Baseline			0	1	13	39	20	7	15	9	27	18	149
In Person Contacts	Monthly	Baseline			2	81	95	62	53	14	83	108	68	38	604
Telephone Contacts	Monthly	Baseline			2	62	125	52	111	79	91	132	148	85	887
Email Contacts	Monthly	Baseline			2	896	7143	319	412	488	810	420	587	427	11504
Community Networking & Coalition Building	Monthly	Baseline			0	1	12	5	7	10	21	40	25	8	129
Materials Distributed	Monthly	Baseline			0	2847	8442	2386	1290	937	2705	2131	2632	759	24129
Mass Media	Monthly	Baseline			0	12	23	51	66	108	180	140	127	28	735
Social Networking Messages	Monthly	Baseline			0	2	12	32	54	79	137	128	148	18	610
Group Contacts	Monthly	Baseline			0	4	8	22	23	24	28	29	26	17	181
Group Counseling	Monthly	Baseline			0	2	4	17	17	18	21	27	21	17	144
Public Education	Monthly	Baseline			0	2	4	5	6	6	7	2	5	0	37

Health Home

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020-2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AIMS Completed	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	2	0	2
Blood Pressure < 140/90	Monthly	Baseline	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A (covid-19)	N/A
Nursing Meetings	Quarterly				0			0			1			0	1
Health Group Attendees	Monthly	Baseline	0	1	0	0	0	0	0	65	0	0	0	2	68
Clients linked to Medical Services	Annual	80%												82%	82%
Nursing Visits	Quarterly	Baseline	312	214	193	199	143	177	148	137	151	118	122	120	2034
Nursing Assessments Completed	Monthly	Baseline	26	10	5	20	6	4	10	21	21	9	20	15	167
Satisfaction Survey	Annual	80%											N/A (covid-19)		N/A

IT

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
System Upgrades	Monthly	Completed	5	7	3	8	5	2	6	4	5	3	3	2	53
Trouble Ticket Response	Monthly	≤5 days	1	1	1	1	1	1	1	1	1	1	1	1	1.5
Trouble Ticket Received	Monthly	≤200	9	12	10	12	10	11	12	10	9	9	7	5	116
Hardware Inventory	Annual	90%												95%	95%
Software Inventory	Annual	90%												95%	95%

MHA-AGENCY-WIDE

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2020 - 2021			2020						2021						
Topic/Issue Requesting															
Follow Up	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Indicators:															
Staff Voluntary Turnover	Monthly	≤30%	1%	2%	3%	1%	3%	0%	3%	2%	3%	3%	4%	2%	26%

MHA-AGENCY-WIDE															
Staff Satisfaction		↑satisfaction	x	x	x	x	x	x	x	x	x	x	x	x	92%
	Annual	↑response	x	x	x	x	x	x	x	x	x	x	x	x	44
90 day New Hire Survey Satisfaction	Quarterly	% Satisfaction			N/A COVID			85%			86%			66%	79%
Voluntary Resignations	Monthly		1	4	5	2	5	0	5	4	5	6	7	4	48
Community Provider Survey	Annual	80%											98%		98%
Safety First Calls	Monthly	<20	0	1	0	2	0	2	0	0	0	1			6
Suggestions	Monthly	NA	0	0	0	0	0	0	0	0	0	0	0	0	0
Complaints	Monthly	0	0	0	0	0	0	0	0	0	0	2	0	0	2
Grievances	Monthly	0	0	0	0	0	1	0	0	0	1	0	1	0	3
Corporate Compliance	Quarterly	Completed			100%			100%			100%			100%	Complete
External Financial Audit	Annual	Completed											X		Complete
Psychiatrist Peer Review	Quarterly	Completed			100%			100%			100%			100%	Complete
Medication Errors	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adverse Reactions to Medications	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COVID19 Consumer Cases	Monthly	NA					5	10	5	8	3	3	2	3	39

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

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

FY2020: 3.0% average monthly turnover rate

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

FY2020: Due to the COVID-19 pandemic, the staff satisfaction surveys have been postponed

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

FY2020: Due to the COVID-19 pandemic, the community agency satisfaction surveys have been postponed until the public crisis permits

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

FY2020: over 10,700 consumers received services from MHAEM

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

FY2020: 65% was the lowest number achieved

Annually: voluntary staff turnover $\leq 25\%$

2.0% average monthly turnover rate

Annually: satisfaction rate $\geq 90\%$; percentage of staff respondents 40%

92% satisfaction and response rate of 26%

83% satisfaction and increased response rate: annual:

98% satisfaction rate and a 31% response rate

MHAEM will provide services to 5000 consumers annually

Over 13,000 consumers received services from MHAEM

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

77% was the lowest number achieved

Cultural Competency

Consumer Satisfaction: MHAEM ensures that services are provided in a culturally competent manner to all consumers and family members, including those with limited English proficiency. MHAEM's Quality Assurance Coordinator directly receives, documents and response to all grievances. Quality Assurance Coordinator also ensures satisfaction surveys are distributed, reviewed and analyzed annually
FY2020: 0 cultural competency grievances reported; 99% satisfaction rate

Effectiveness: MHAEM staff provide services to all consumers and family members regardless of their ages, cultures, races, ethnicities, and/or religion. In order to provide these serves, MHAEM Quality Assurance Coordinator reviews the demographic profile of service areas to ensure MHAEM reflects the communities it serves. Cultural Competency Committee Chair reviews and updates the staff language bank quarterly
FY2020: 100% of demographics profiles of the service area reviewed; language lists were reviewed, updated and distributed quarterly

Efficiency: MHAEM ensures that staff are educated in cultural competency to better serve consumers and family members. MHAEM conducts cultural competency trainings through a web-based system during initial orientation and annually thereafter. With these trainings and annual cultural competence events, staff become more cultural sensitive/competent when providing services to consumers and family members
FY2020: 100% of staff received Cultural Diversity training; 100% of staff received educational information via email from Cultural Competence Committee quarterly; MHAEM held a virtual event to educate staff on cultural competency

Access: MHAEM understands the importance of being able to communicate with consumers and family members in their preferred language. MHAEM provides agency literature, promotional brochures and agency forms that are culturally relevant and are available in various languages
FY2020: 100% of agency literature, brochures and forms were reviewed and were found relevant

Annually: MHAEM will receive less than 2 cultural competence grievances
0 cultural competence grievances reported

Annually: 95% satisfaction rate on consumer and family survey
94% satisfaction rate

Annually: 100% of demographic profiles of the service areas will be reviewed
100% reviewed

Quarterly: Staff language list will be reviewed, updated and distributed
Language list were reviewed, updated and distributed quarterly

Annually: 100% of staff will receive Cultural Diversity training
100% of staff received Cultural Diversity training
Quarterly: Cultural Competency Committee will distribute educational information to 100% of staff
100% of staff received educational information via email from the Cultural Competence Committee quarterly

Annually: MHAEM will hold a Cultural Competence event to educate staff about different cultures
MHAEM will held a virtual event to educate staff on cultural competency
Annually: 100% of agency literature, brochures and forms will be review for cultural relevance
100% of agency literature, brochures and forms were reviewed and were found relevant

Center for Behavioral Health

Access: Wait for service and wait for assignment are indicators of standards of professionalism and operations. Thresholds of performance are ≤5 business days between initial call and intake and between intake and assignment to service. *FY2020: 4 days wait for intake; day wait for assignment*

Effectiveness: CBH uses the DASS-21 Depression, Anxiety and Stress Scale designed to measure emotional status of depression, anxiety and stress.
FY2020: Clients showed improvement in their self-reported functioning after three months of therapy in all areas

Client Satisfaction: Annually, CBH conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services.
FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

Efficiency: CBH utilizes a cancellation policy for all clients. After two missed appointments without providing 24-hour notice, the case is closed. CBH monitors productivity rate for clinicians and Medical Director.
FY2020: 91% productivity

≤5 business days
0 days wait for intake; 0 day wait for assignment

80% of clients will show an average of 20% decrease in overall symptoms 6 months into treatment. The overall symptom score is a combined number of the individual depression, anxiety, and stress scores from the DASS-21 screening tool.
80% of clients showed an average of 20% decrease in overall symptoms 6 months into treatment

80% satisfaction: annually
95% satisfaction rate

90% Productivity: annually
93% productivity reported

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

FY2020: Essex/Morris: 99% of consumers were seen within 72 hours of discharge

Passaic: 82% of consumers were seen within 72 hours of discharge

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

FY2020: Essex/Morris: 10% recidivism to all hospitals; 2% to state and county hospital; 5% to community hospitals; 5% to short term care facilities Passaic: 5% recidivism to all hospitals; 12% to state and county hospital; 1% to community hospitals; 2% to short term care facilities

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

FY2020: Essex/Morris: 50 consumers from the active caseload were employed Passaic: 43 consumers from the active caseload were employed

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

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

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

FY2020: Essex/Morris: 38% required continued stay; 100% Justified continued stay. Passaic: 34% required continued stay; 100% Justified continued stay

80% compliance: monthly monitoring
Essex/Morris: 99% of consumers were seen within 72 hours of discharge
Passaic: 92% of consumers were seen within 72 hours of discharge

≤20% annually: monthly monitoring, annual aggregate

Essex/Morris: 2% recidivism to all hospitals; 3% to state and county hospital; 2% to community hospitals; 3% to short term care facilities
Passaic: 5% recidivism to all hospitals; 1% to state and county hospital; 3% to community hospitals; 3% to short term care facilities

15% of case load employed: yearly
Essex/Morris: 36 consumers from the active caseload were employed
Passaic: 28 consumers from the active caseload were employed

80% satisfaction: annually
Essex/Morris: overall satisfaction was 89%
Passaic: overall satisfaction was 93%

10% of caseload will require continued stay: quarterly
Essex/Morris: 41% required continued stay; 100% Justified continued stay
Passaic: 54% required continued stay; 100% Justified continued stay

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. *FY2020: BMI- average of 24% within normal range; vitamin D- average of 57% within normal range; glucose level- average of 81% within normal range; blood pressure-avg. of 68% within normal range*

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

FY2020: 158 visits were made to MHAEM's Prospect Primary Care; Due to the COVID-19 pandemic, medical services were conduct via telehealth from March 2020 – June 2020.

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

Access: Wait for service is a measure of efficiency and indicates standards of professionalism and operations. Access to MHAEM programs are monitored by the time taken to set a first or subsequent appointment once referral is made. *FY2020: 2 business days*

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

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

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

BMI- average of 30% within normal range; vitamin D- average of 36% within normal range; glucose level-average of 75% within normal range; blood pressure-avg. of 71% within normal range

Care Coordination will increase physician visits by 20%

148 visits were made to MHAEM's Prospect Primary Care on-site. Due to the pandemic, on-site visits did not start until 11/2021

93% of consumers throughout the agency have identified a medical provider

≤5 business days: monthly
0 business days

80% overall satisfaction rate: annually
91% satisfaction rate

PROSPECT HOUSE (PH)

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

FY2020: Medical staff on-site 5 days per week

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

FY2020: 10% of members gained employment

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

FY2020: 100% of charts were in compliance

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

FY2020: 97% of members participated in a Comprehensive Intake Assessment within 14 days of acceptance into the program

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

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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

Medical staff on-site 5 days per week

≥15%: quarterly

5% of members became employable

≥80% chart compliance: monitored monthly

100% of charts were in compliance

Initial psychiatric evaluations completed with 14 days: 90%

95% of members participated in a Comprehensive Intake Assessment within one month of acceptance into the program

80% satisfaction: annually

93% of consumers were satisfied with Prospect House services

SUPPORTED EMPLOYMENT SERVICES (SES)

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

FY2020: 32% of consumers were placed into employment within the targeted period

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

FY2020: 42% of units of service were achieved

Effectiveness: An outcome of successful placement and job support is measured by retained employment of three (3) months or more.

FY2020: 84% of consumers placed retained employment for 3 months or more

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

FY2020: 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.

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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

FY2020: Due to the COVID-19 pandemic, employer satisfaction surveys were postponed once the public health crisis permits

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

FY2020: 17 new consumers were registered and referred. The average time for intake was 3 business days and enrollment into SE was 1 business day

50% in 4 months: quarterly
26% of consumers were placed into employment within the targeted period of time

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

60% retention: quarterly:
76% 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
89% of consumers were satisfied services, responsiveness of staff and preparation for employment

80% satisfaction: annually
98% of employers where clients are placed are satisfied with the collaboration with SES staff

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

COLLABORATIVE JUSTICE SERVICES (CJS)

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

FY2020: Essex: 118 consumers were successfully linked to community services as outlined in their Individualized Service Plan.

Morris: 39 linkages to mental health and social organizations.

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.

FY2020: Essex: 4 consumers returned to jail within 30 days throughout the fiscal year.

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

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.

FY2020: Essex: 1 consumers returned to jail within 60 days throughout the fiscal year

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

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

FY2020: Essex: Consumers decreased incarceration days by 5,340

Morris: Consumers decreased incarceration days by 866

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.

FY2020: Essex and Morris: Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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

FY2020: Essex: The average wait for service for intake and/or admission was 5 business days.

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

75 clients linked to community providers: monthly

Essex: 52 consumers were successfully linked to community services as outlined in their Individualized Service Plan

Morris: 30 linkages to mental health and social organizations.

Less than 25 clients: monthly

Essex: 1 consumers returned to jail within 30 days throughout the fiscal year.

Morris: 1 consumers returned to jail within 30 days throughout the fiscal year.

Less than 50 clients: monthly

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

Morris: 0 consumers returned to jail within 60 days throughout the fiscal year

Decrease incarceration days by 1000:

Essex: Consumers decreased incarceration days by 5,547

Morris: Consumers decreased incarceration days by 2,920

80% satisfaction: annually

Essex: 90% Satisfaction rate

Morris: 91% Satisfaction rate

Less than 5 days: monthly

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

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

COMMUNITY SUPPORT SERVICES (CSS)

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

FY2020: 11% employment rate

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

FY2020: 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. McKinney-Vento funded programs measure residential stability as one of three major goals. Effective services provided and appropriate housing opportunities correlate with tenant retention rates.

FY2020: 99% of individuals remained in housing for 12 months

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

FY2019: 84% of charts were complaint

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

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

≥10% employment: quarterly monitoring
11% employment rate

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

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

≥80% chart compliance: monitored monthly
81% of charts were compliant

≥80% client satisfaction: monitored yearly
92% consumer satisfaction

INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

Accessibility: IFSS ensures easy access of services for all family members by having professional staff on-call 24 hours a day, every day of the year, including holidays. Families can request services through phone calls or through the NAMI-IFSS or MHAEM website. The ease of a family's accessibility to IFSS services will be measured by their specific response to question #5 on the IFSS questionnaire which asked if families were seen quickly enough when requesting services, and question #1 which asked if it was easy to find out about this program.

FY2020: Essex and Sussex: The administration of the satisfaction survey was delayed due the outbreak of Covid-19. Results are pending

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

FY2020: Essex: 1days wait for service; <4 days wait for intake; Sussex: <2 day wait for service; <4 days wait for intake

Effectiveness: The Family Concerns Scale (formerly the Family Burden Scale) measures effectiveness and impact of services on family stress. This indicator is NJDMHAS mandated; a 24 item standardized burden questionnaire is administered upon admission, at six months, and then annually, to all IFSS families. Expected outcome of successful service is a general reduction of family stress (burden) as reported by family-respondents.

FY2020: Essex: 10% reduction in levels of stress/burden reported by families;

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

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

FY2020: Essex and Sussex: The administration of the satisfaction survey was delayed due to the outbreak of Covid-19.

Measured: annually

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

Essex: 89% felt IFSS services were accessible

Sussex: 98% felt IFSS services were accessible

Measured: quarterly

Baseline: ≤ 5 business days

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

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

Measured: semi-annually through pre and post-tests

Baseline: $\geq 10\%$ reduction in stress/burden

Essex: IFSS families reported 10% reduction in levels of stress/burden.

Sussex: IFSS families reported 3% reduction in levels of stress/burden

Measured: Annually

Baseline: threshold of achieving 90% satisfaction among respondents

Essex: 97% overall satisfaction

Sussex: 100% overall satisfaction

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.

FY2020: 2 days wait for service, 0 days wait for assignment

Effectiveness: Age appropriate screening tools are distributed to all youth at intake. For youth under 12, the Mood and Feeling Questionnaire – short version is given to the youth while the Mood and Feeling Questionnaire – Parent-Report on Child is given to the youth. Kutcher scales includes ones specific for depression, social anxiety, ADHD, and PTSD. The screening tool that was given at intake is given again to the youth and parent (if given in the beginning) to be able to compare scores.

FY2020: 85% 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.

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

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

FY2019: 99% of consumer records are compliant with agency standards

<5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services. *2 day wait for service, 0 day wait for assignment*

80% of youth will show an average of 20% decrease in overall symptoms 6 months into treatment. 80% of parents will indicate an average of 20% decrease in symptoms of their youth's functioning.

90% of all participants showed decreases in aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints and thought problems 6 months into treatment

80% satisfaction rate: annually
90% satisfaction rate

≥80% chart compliance: monitored monthly

99% of consumer electronic clinical records are compliant with agency standard.

ASSISTED OUTPATIENT TREATMENT (AOT)

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

FY2020 Essex: Screening: 0 referral; STCF: 25 referrals; LTC: 1 referrals

FY2020 Morris: Screening: 0 referral; STCF: 11 referrals; LTC: 4 referrals

FY2020 Sussex: Screening: 2 referral; STCF: 16 referrals; LTC: 1 referrals

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

FY2020 Essex: 93% of charts were compliant

FY2020 Morris: 91% of charts were compliant

FY2020 Sussex: 98% of charts were compliant

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

FY2020 Essex: 6% ER (screening); 11% voluntary admissions; 8% involuntary admissions; 3 % Long Term Care;

3% arrested; 0 % incarcerated; 3% homeless

FY2020 Morris: 0% ER (screening); ≤ 17% voluntary admissions; ≤ 3 % involuntary admissions; ≤ 0 % Long Term Care; ≤ 4% arrested; ≤ 4% incarcerated; and 0 % homeless

FY2020 Sussex: ≤ 8% ER (screening); 75% voluntary admissions; 8% involuntary admissions; 13 % Long Term Care; 8% arrested; 8% incarcerated; and 8 % homeless

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

Essex, Morris, Sussex 2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed once the public health crisis permits

Measured: Monthly

Measured Monthly

Essex: 1 Screening Referrals; 7 STCF Referrals; 3 LTC Referrals

Morris: 1 Screening Referrals; 7 STCF Referral; 3 LTC Referrals

Sussex: 1 Screening Referrals; 7 STCF Referrals; 3 LTC Referrals

Essex: Screening: 0 referral; STCF: 34 referrals; LTC: 12 referral

Morris: Screening: 0 referral; STCF: 6 referrals; LTC: 5 referrals

Sussex: Screening: 1 referral; STCF: 7 referrals; LTC: 5 referrals

Measured: Quarterly

≥80% chart compliance

Essex: 89% of the charts were compliant

Morris: 92% of charts were compliant

Sussex: 100% of charts were compliant

Measured: Monthly

Measured Monthly

Essex: < 6 ER Admissions; < 3 Voluntary Admissions; < 2 Involuntary Admissions; < 3 LTC Admissions; < 3 Arrested; < 3 Incarcerated; < 3 Homeless

Morris: ≤ 4 ER Admissions; ≤ 2 Voluntary Admissions; ≤ 2 Involuntary Admissions; ≤ 2 LTC Admissions; ≤ 2 Arrested; ≤ 2 Incarcerated; ≤ 2 Homeless

Sussex: ≤ 3 ER Admissions; ≤ 1 Voluntary Admissions; ≤ 1 Involuntary Admissions; ≤ 2 LTC Admissions; ≤ 1 Arrested; ≤ 1 Incarcerated; ≤ 1 Homeless

Essex: 42 client enrolled went to a local ER for screening, 3 client enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 0 clients enrolled was incarcerated, 0 client enrolled were voluntarily hospitalized, 26 clients enrolled were homeless

Morris: 1 client enrolled went to a local ER for screening, 2 clients enrolled were admitted to Long Term Care, 0 client enrolled was arrested, 0 client enrolled was incarcerated, 12 client enrolled were voluntarily hospitalized, 0 clients enrolled were homeless

Sussex: 2 client enrolled went to a local ER for screening, 0 clients enrolled were admitted to Long Term Care, 0 client enrolled was arrested, 0 client enrolled was incarcerated, 12 client enrolled were voluntarily hospitalized, 0 client enrolled was homeless

Measured: Annually

≥85%

Essex: 92% satisfactory rate

Morris: 92% satisfactory rate

COMMUNITY ADVOCACY PROGRAM/SOCIAL CLUB

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

FY2020: There were 712 groups held.

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

FY2020: 1 day wait for service

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

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

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

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

Measured: Annually
566 groups are expected
There were 709 groups held

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

Measured: Annually
90% consumer satisfaction rate with groups
92% satisfaction rate

Measured: Annually
90% satisfaction among respondents
91% satisfaction rate

COMMUNITY EDUCATION PROGRAM

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

FY2020: There were 14 trainings held.

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

FY2020: 1 day wait for service

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

FY2020: 100% of Participants received their certification

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

FY2020: Due to the COVID-19 pandemic, client satisfaction surveys were postponed until the public health crisis permits

Measured: Annually
4 groups are expected

There were 18 trainings held

Measured: Quarterly
≤ 2 business days.

1 day wait for service

Measured: Annually
90% Completion Rate

100% of participants received their certification

Measured: Annually
90% satisfaction among respondents

99% satisfaction among respondents

SUICIDE PREVENTION SERVICES

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

FY2020: 15 presentations

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

FY2020: 1 business day

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

FY2020: 92% gained knowledge of the topic

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

FY 2020: 96% satisfaction among respondents

24 presentations: Annually
63 presentation

90% of request for information will be returned in 2 business days:
Monitored Quarterly
1 business day

85% of participants will gain knowledge of the topic: Monitored Quarterly
100% of participates gained knowledge on the topic

85% overall satisfaction among respondents: Measured Semi-Annually
100% satisfaction among respondents

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

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

FY2020: Essex: PATH outreached 411 homeless or at imminent risk of homelessness consumers.

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

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

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

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

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

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

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

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

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

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

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

FY2019: Essex: overall consumer satisfaction was 93%

Morris: overall consumer satisfaction was 91%

Essex: 500 Outreaches: Yearly

Essex: 434 consumers were outreached

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

Essex: 200 Individuals to be served: Yearly

Essex: 209 consumers were served

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

Essex: 35 Consumers linked to Temporary Housing: Yearly

Essex: 36 consumers linked

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

Essex: 40 Consumers linked to Permanent Housing: Yearly

Essex: 53 consumers linked

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

Essex: 80% Satisfaction Rate: Yearly

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

INCIDENT ANALYSIS

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

While providing these outstanding services, MHAEM reported only 115 incidents throughout the agency during FY2019, this is a .008% average, which is slightly higher than last year's report of .006%. When the variable of COVID-19 cases is taken out of the equation, the average drops to .005%, which is slightly less than FY2020. Of these 115 incidents, 88 were critical incidents which means they had to be reported to the state (of these 88 critical incidents, 39 were positive COVID-19 consumers and with no deaths due to COVID-19). Please note that the agency served over 13,000 individuals this year.

In fiscal year 2021, there were no completed suicides throughout the agency. There were 12 suicide attempts off-premises in fiscal year 2021 which is an increase from fiscal year 2020. These suicide attempts were reported by the following programs: Center of Behavioral Health, Assisted Outpatient Services - Sussex, Integrated Case Management Services - Essex and Passaic, Prospect House, Collaborative Justice Services – Morris, and Community Support Services - Morris. QAC reviewed the suicide attempts and found no identifiable trends or marked opportunities for improvement in the course of treatment. In each event, best practices were followed.

There were 33 deaths, all off-premise, in fiscal year 2021 which is a slight increase from 29 reported in fiscal year 2020. Consumer deaths were reported in the following programs: Assisted Outpatient Treatment - Morris and Sussex, Integrated Case Management Services - Essex, Passaic and Morris, Prospect House, Collaborative Justice Services - Essex and Morris, Community Support Services - Essex and Morris, and Projects for Assistance in Transition from Homelessness - Essex and Morris.

MHAEM continues to focus on the importance of health and wellness and recommends that each consumer has one physical goal incorporated into their treatment/service plan. Each consumer is also encouraged to have a medical doctor listed in their record. Each consumer is offered a yearly physical at Prospect House Primary Care regardless of ability to pay or insurance. In order

to improve access to medical treatment, MHAEM continues to offer Prospect Primary Primary Care, a full service medical treatment facility housed within MHAEM's Prospect House.

In fiscal year 2021, there were five psychiatric and four medical ambulance or police response incidents reported. In all incidents, staff followed appropriate protocol. QAC reviewed all incidents and after actions plans. There were no trends found. In each incident, best practices were followed.

Mental Health Association of Essex and Morris, Inc.
FY 21 Incident Reporting

Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
1. Suicide/Suspected Suicide													
2. Death	2	3		4	1	6		1	3	6	3	4	33
3. Suicide Attempt	1		4	1		1	1			1	1	2	12
4. Serious Inquiry on premises client/staff													0
5. Overdose												4	4
6. Alleged physical abuse/ assault-client/staff													0
7. Newsworthy incidents	1												1
8. Property damage	1												1
9. Physical fight/client or staff													0
10.Theft loss to agency										1			1
11. Medication error/Adverse Drug Reaction													0
12. Infection control/ Bio-hazardous accidents													0
13. Use or possession of weapons													0
14. Elopement or wandering													0
15. Use or possession of licit or illicit substances													0
16. Communicable Disease													0
17. Violence or Aggression													0
18. Ambulance or Police Call (P)			1	1					1		2		5
19. Ambulance or Police Call (M)		1		1	1						1		4
20. Vehicle Accident		1	1		1		1	4		3		1	12
21. Other			1				1				1		3
22. COVID-19					5	10	5	8	3	3	2	3	39
Total	5	5	7	7	8	17	8	13	7	14	10	14	115

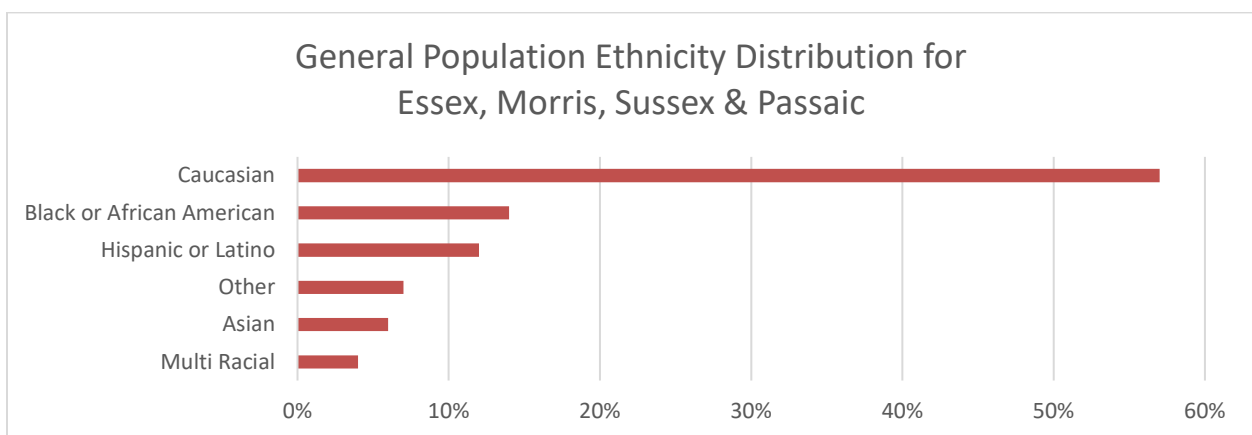
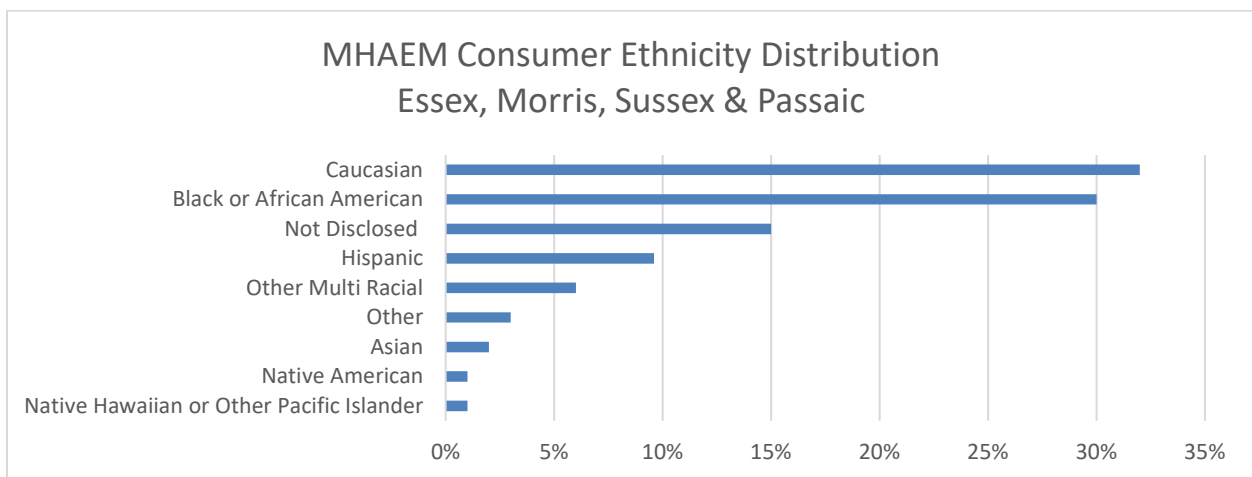
CULTURAL COMPETENCY

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

Personnel

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

Demographic Data



Linguistic and Communication Support

To ensure the delivery of culturally competent services to all people within these diverse counties, MHAEM seeks to hire staff in every program that closely reflects the demographics of the community. During fiscal year 2021, the list of interpreter staff was comprised of thirty-three (33) employees fluent in fifteen (15) different languages and dialects including Haitian Creole, French, Portuguese, Spanish, Gujarati, Hindi, Tagalog, Kru (African dialect), Russian, and American Sign Language. The agency maintains a list of staff fluent in these languages and updates and disperses this list quarterly within the agency. The language list also provides details on accessing other interpreting resources including the “Language Line Personal Interpreter” which provides translation services for over 200 languages.

The Cultural Competency Committee continues to ensure that all agency literature, promotional brochures and agency forms are culturally relevant and readily available to consumers and referral sources. These forms are translated into Spanish and Haitian Creole. Several fields within the Foothold Technology Software are accessible in Spanish and Haitian Creole.

Trainings and Resource Allocation

All MHAEM employees attend cultural competency training as part of their professional development through Relias Training (web-based). As fiscal year 2019-2020 ended with the nation suffering a pandemic and civil unrest related to systemic racism and injustice, the agency continued the hard conversation and work of assessing its role in the advocacy of ending the pattern of systemic racism. As an agency who consistently provides education and advocacy to the community, the following strategies were employed to address these issues:

- All agency staff were enrolled in a 4-hour workshop entitled Pathways to Healing Prejudice, Discrimination & Racism. This was an interactive workshop aimed to increase self-awareness and discover one’s own implicit biases. This workshop taught the impact of racism, prejudice and discrimination in our nation, community, at work and home. All staff being more aware of the impact of power structures and privilege that hinder social equity discussed ideas on how to uproot systemic racism and develop meaningful actions and ways to heal and address the consequences of racism.
- For Minority Mental Health Month, NAMI’s statement on Recent Racist Incidents and Mental Health Resources for African-Americans was sent out to staff.
- As a result of the Pathways to Healing training, the agency reviewed its policies and hiring practices specifically related to racism. Historically, we have had in place an Affirmative Action/EEO policy statement and Non Discrimination policy, which was last revised in 2018.
- The Agency added a statement to the website regarding their commitment to antiracism.
- The Agency put out a statement to all staff to stand in solidarity with the Asian-American and Pacific Islander communities due to an increase in hate crimes.
- The Collaborative Justice Services program entered a partnership with the West Orange Police where the staff train officers on de-escalation techniques and working with consumers to reduce any use-of-force incidents.

The committee sends monthly awareness email blasts focused on Diversity Awareness topics each month. These have included, *Hispanic Heritage Month*, *Diwali*, *The Impact of Historical Trauma for Native Americans*, *International Holocaust Remembrance*, *Women's History Month*, *International Women's Day*, *Asian-American/Pacific Islanders Month*, *Juneteenth*, *African-American History*, *World Mental Health Month*, *Jewish-American Heritage/Rosh Hashanah*, *Ramadan*, and *LGBT Pride Month*. These emails provide staff with resources and information about upcoming events specific for that month. Committee members are also encouraged to attend relevant trainings pertaining to competency practices and then share and discuss materials learned within their individual programs.

Quality Monitoring

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

Advocacy Events

The Committee was unable to host its Annual Potluck for the second year due to the National Health Crisis (COVID-19). This year the committee decided to do something creative that celebrates the diversity of the consumers we serve and the staff employed by creating a Restaurant and Recipe Guide, as sharing meals fosters community and collectiveness. This guide entitled, "Let's Share a Meal" is comprised of 32 pages of favorite restaurants and recipes submitted by staff. The cultures represented include American, Asian, Columbian, Dominican, Haitian, Indian, Irish, Italian, Jamaican, Caribbean, Mexican, Polish, Spanish, Thai, Jewish, Middle Eastern and African-American (Gullah).

Cultural Competency Survey

The Annual Cultural Competency Survey conducted by the agency was distributed to all employees. The purpose of the survey is to identify the agency's ability to work effectively in cross-cultural situations. Social determinants of health are assessed as well, such as availability of community-based resources, socioeconomic conditions, exposure to trauma and community inclusion of different cultures. The survey assesses the agency's ability to integrate behaviors, attitudes, policies and practices while working in a culturally diverse population. The survey was electronically distributed to all MHAEM employees and addressed specific questions regarding the effectiveness of cultural competency practices in the agency and provided respondents the opportunity to offer suggestions for improvements. The survey consisted of 14 questions, in which the first question specifically asks respondent about the length of employment at MHAEM and the last question was open-ended asking for feedback on areas that MHAEM can focus on regarding cultural competence. There was a total of 52 respondents this year. The overall

satisfaction regarding cultural competency at MHAEM was 91%. This was a 2% decrease from fiscal year 2019. Due to COVID-19 precautions, surveys were not distributed in 2020.

- 91% of respondents felt as if MHAEM's mission statement, philosophy, vision and goals reflect an explicit commitment to diversity, which is a 3% increase from fiscal year 2019.
- 89% of respondents felt as if MHAEM reinforces ethnic/cultural competence as organizational culture.
- 87% of respondents felt as if culture awareness and competence is integrated into services, which is a 6% decrease from 2019.
- 89% of respondent felt as if MHAEM staff reflects the ethnic and cultural characteristics of consumer and community served.
- 86% of respondents felt that MHAEM provides services in the preferred language of the consumer. MHAEM maintains a language list of staff that speak different languages. MHAEM staff also have access to the language line.
- 93% of respondents felt that staff was sensitive to the role that religious beliefs may have and incorporates these beliefs into treatment.
- 93% of respondents felt that family is defined differently by different cultures and roles in families may vary significantly among different cultures.
- 92% of respondents felt as if they received training and understand and appreciate the various socioeconomics of individuals being served, which is a 1% increase from 2019.
- 91% of respondents felt that MHAEM provides ongoing and effective continuing education that addresses all relevant ethnic/cultural individuals served.

There were 14 comments left in the open-ended portion of the survey. These discussed a need to continue additional training on ethnicities such as Haitian, African, and Korean. The remaining comments focused on suggestions for training such as transgender population, systematic racism and the impact COVID-19 has had on certain culture groups. The agency will continue to work on ensuring comments are taken into consideration to ensure best practices are maintained.

Cultural Competency Committee Plan

- The Cultural Competency Committee will meet quarterly and report to QA monthly.
- The Cultural Competency Committee will continue to recruit members to represent all the programs and ethnicities within the agency.
- The Cultural Competency Committee will ensure that the Mental Health Association of Essex and Morris, Inc.'s language bank is updated quarterly.
- The Mental Health Association of Essex and Morris, Inc. will continue to actively recruit bi-lingual staff.
- The composition of the Mental Health Association of Essex and Morris, Inc. employees will continue to be representative of the community served.

- The Cultural Competency Committee will continue to integrate information regarding the impact of trauma and racism on the different ethnic groups we serve through the use of presentations using Zoom or other platforms during the upcoming fiscal year.
- The Cultural Competency Committee and agency staff will continue to participate in racism trainings offered throughout the year to strengthen our ability to empathize with and serve our consumers.
- The Cultural Competency Committee will continue to send out monthly e-blasts regarding cultural events occurring that month. We will also use this time to present information on Trauma/Racism and Its Impact on the various ethnicities that we serve.
- The Cultural Competency Committee will identify areas of policy, practice and attitudes that may serve as barriers for persons of different cultures to access and/or receive appropriate services. The committee will make recommendations to the appropriate person(s). Articles and Relias Learning trainings will continue to be made available for staff to increase awareness of different cultural practices and the impact of trauma and racism.
- The Cultural Competency Committee will work with the trauma committee as needed when discussing race and trauma.
- The Cultural Competency Committee will continue to host the agency's Annual Cultural Potluck when able to do so and continue to disperse resources and participate in advocacy/awareness events.
- The agency will administer the annual survey, which focuses on cultural competency issues. All employees of the Mental Health Association of Essex and Morris, Inc. will be encouraged to participate in the survey.
- All MHAEM sites will host quarterly cultural competency in-service presentations to assist staff in becoming better at identifying and working with the population that we serve.

Health and Safety

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

Healthy & Safe Work Environment

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

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

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

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

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

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

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

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

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

Over the past year, we have continued to closely monitor the COVID-19 pandemic. The health and safety committee policies, procedures and COVID-specific protocols in place have met or exceeded CDC recommendations with consumer, staff and public health focus at the forefront. The committee continues to monitor our environment of care and PPE inventory to meet the demands of each of our locations. All visitors have been required to wear masks. The temperature kiosks and sanitation stations at each entrance provide a level of comfort for everyone who enters our environment and the signs posted set expectations for our offices. All services have resumed to normal operations.

In December 2020, we began distributing regular emails with information regarding vaccines facts and myths, and when vaccines were approved, the logistics of how and when to access a vaccine.

In January 2021, as healthcare workers, our staff were eligible for the vaccine as Tier 1 and through working with our partners in the community were able to schedule staff for vaccines when they were almost impossible to schedule via public access.

In 2021, we partnered with Essex and Morris counties and hosted five vaccine clinics at MHAEM offices. Through these clinics, we were able to vaccinate 800 individuals who, had it not been for MHAEM, would likely not have had access or been motivated to get a vaccine.

Vehicle Safety

At the time of this report, MHAEM has a total of 88 vehicles that are insured by the Philadelphia Indemnity Co. During fiscal year 2021, there were 12 vehicle incidents. There has been a slight decrease in vehicle accidents compared to 13 in FY 2020, which we attribute to an increase in safe

driving communications, which have been shared electronically. We have also ensured any newly purchased vehicles are equipped with safety technology such as lane assist, backup cameras and sensors to alert or stop the vehicle if sudden braking in front of our drivers. We postponed our Live Defensive Driving Training, due to the COVID-19 pandemic, and are resetting this goal to FY 2022.

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

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

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

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

The vehicle OBD (on-board diagnostics system) continues to be a valuable asset to the agency. Using the activity and inactivity reports, we were able to pin point, at each of our six locations, which cars needed to be started/driven to ensure the health of the fleet.

MHAEM has a responsibility to assure that MHAEM drivers act in a safe and responsible manner. In addition to the GPS units, MHAEM has Safety First (How's my driving) decals assigned to all agency vehicles, a program proven to reduce motor vehicle accidents. Safety First is a preventative measure to safeguard our drivers, as well as other motorists, from harm caused by unsafe driving habits and behaviors. MHAEM utilizes this management tool to assist staff in continuing safe driving. The program allows other drivers to report how the staff are driving to provide real time feedback to improve safety of the staff and clients. During FY 2021, we have seen a decrease in Safety First reports, which we attribute to an increase in safe driving communications and decrease in vehicles on the road during the pandemic.

Health and Safety Plan

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

We will continue to monitor and encourage safe driving using the tools we currently have in place and continue sharing safe driving tips to keep the conversation fresh and ongoing with all staff.

HOME HEALTH (CARE COORDINATION)

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

During the year of 2021, the COVID-19 pandemic continued to significantly affect the physical and mental health of the consumers that MHAEM serves. Many steps have been taken to protect the physical and mental health of MHAEM's consumers and staff during the pandemic. MHAEM has continued to follow and often exceed all Center of Disease Control (CDC) regulations regarding infection control and prevention including social distancing practices, use of masks, hand hygiene, and periodic and frequent disinfection of office spaces and vehicles. MHAEM continues to provide valuable physical and behavioral health services to consumers while following these CDC recommendations. Telehealth services are provided to consumers during the current pandemic as well as physical visits, which entail both staff and consumers wearing masks and practicing social distancing during visit. To further protect MHAEM's consumers and staff, questions related to COVID-19 exposure and risk are asked before staff physically outreach consumers to reduce the risk of transmission. Similarly, a checklist is completed with COVID-19 related questions with each consumer before transport is completed in an agency vehicle. When the first COVID-19 vaccine was approved in December of 2020, MHAEM staff were some of the first individuals eligible to get vaccinated. As staff members became fully vaccinated, the agency continued to follow and often exceed CDC guidelines and recommendations regarding infection control practices for vaccinated individuals, including mask wearing and social distancing during physical outreaches.

MHAEM believes that ensuring the population it serves has the opportunity to get vaccinated against the COVID-19 virus is a top priority and one of the most important tasks the agency will ever take on. MHAEM worked with both Morris and Essex County to arrange vaccination sites specifically for our consumers. A total of five on-site vaccination clinics were set up in both Morris and Essex County locations in which consumers were provided the Johnson and Johnson COVID-19 vaccine as well the Moderna COVID-19 vaccine. Along with our on-site vaccination clinics, MHAEM staff has worked with every consumer to assist in getting a COVID-19 vaccine through local and state resources, if interested. To date, MHAEM staff have been able to facilitate getting the COVID-19 vaccine for 800 consumers.

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

Medical Provider Communication forms, which can be filled out with the assistance of MHAEM staff prior to medical appointments to help promote continuity and quality of care. MHAEM staff continues to provide education to our consumers on the importance of following up with their health care provider regularly during the current COVID-19 pandemic.

MHAEM staff continues to support individuals in managing their health concerns through provided resources and education. Skills based groups are conducted by MHAEM staff in several programs, covering topics such as budgeting and stress management. Also, health related groups are run monthly by Registered Nurses in both Essex and Morris County in which all individuals MHAEM serves are welcome. During these groups, individuals are able to learn about health promotion and chronic disease management practices. Due to the COVID-19 pandemic, MHAEM adapted these groups to be available to all consumers using telehealth in which consumers can call in to join the group. Along with health education groups regarding chronic disease and health promotion, health education groups dedicated to educating consumers on the risks of COVID-19 and how to prevent it following CDC recommendations are provided. As the different COVID-19 vaccines became approved, MHAEM made it a priority to ensure that consumers were educated on the vaccines, including their efficacy, safety, side effects and administration. Virtual educational groups were conducted on a regular basis to ensure that fact based education was provided and that any misinformation about the vaccines and/or COVID-19 were addressed in a safe environment. Along with the groups, health education regarding COVID-19 and the COVID-19 vaccines was provided on an individual basis to consumers by MHAEM staff. A COVID-19 vaccine education curriculum was created to ensure that all consumers served by MHAEM received fact based education on each of the COVID-19 vaccines. A COVID-19 vaccine educational pamphlet was created and each consumer served by MHAEM was provided education from the pamphlet in verbal and written form. During the 2021 fiscal year, 66 consumers attended MHAEM's health education groups.

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

All programs continue to conduct Comprehensive Intake Assessments which determine the coordination of services that are needed. Staff gather information such as past medical and behavioral health history, family health history, and past hospitalizations. Information is also gathered on current medication use, profile and treatment, and any current health concerns or needs. Suicide Risk Assessments are completed with each individual to promote prompt identification of life threatening crises and appropriate intervention. Identification of chronic disease status is completed, including but not limited to the presence of asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, and obesity. Individuals in all agency programs collaborate with MHAEM staff to create a person-centered plan that addresses areas of need in both physical and behavioral health. This plan is developed by the individual, and all staff members involved in the individual's care have access to this plan to promote continuity of care. Staff assist individuals in identifying appropriate services and scheduling appointments based on the needs indicated. Prospect Primary Healthcare monitors Body Mass Index (BMI), vitamin D levels, glucose levels, and blood pressure for the individuals who participate in this program.

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

Each program offers all individuals an opportunity to complete a Consumer Satisfaction Survey. The surveys are completed in order to measure an individual's satisfaction in areas of personal treatment, physical environment, consumer/staff interactions and overall quality of services. All results are analyzed and reviewed. Due to the COVID-19 pandemic, it was decided to postpone these surveys until the public health crisis permits.

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

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

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

ICMS is made up of three teams serving the counties of Essex, Morris and Passaic while based out of a satellite office in their corresponding county. Program staffing consists of two Program Directors, four Program Coordinators, six Senior Case Managers, two Case Manager-Co-Occurring, 22 Case Managers, and 2.5 administrative staff. This impressive group shares over 220 years of outreach experience, collectively, and remains culturally diverse and representative of the persons served. ICMS is staffed with bi-lingual Case Managers who are fluent in Spanish and Haitian Creole. Multiple staff are currently enrolled in continuing education courses as well as pursuing additional licensing for both professional and personal growth.

Caseload

ICMS serves adult individuals diagnosed with a serious and persistent mental illness, specifically under two primary disorders - the psychotic disorders (Schizophrenia, Schizoaffective and Delusional), and the mood disorders (Bipolar and Major Depressive). Case management services are initially offered for 12 months to individuals referred from a state or county hospital, and six months for all others. A consumer's length of program stay is reassessed during service planning and can be extended if there is a justified need. The current average length of stay is 1.6 years. It is important to note that under the direction of DMHAS, consumer discharges were encouraged to be extended during the COVID-19 pandemic. As of June 30, 2021, the ICMS ending caseload was 439 consumers. Please refer to the detailed grid and descriptors for a breakdown of the 2020-2021 ICMS caseload.

2020-2021	Essex	Morris	Passaic	Totals
Total Enrolled Consumers Served	417	235	269	912
Newly Enrolled	134	71	87	292
Discharged	236	136	116	488
Ending Caseload	182	102	155	439
Total Face-to-Face Units	21,198	10,140	19,435	50,773
Risk Level				
High	15	5	42	62
At	113	45	105	263
Low	54	52	8	114

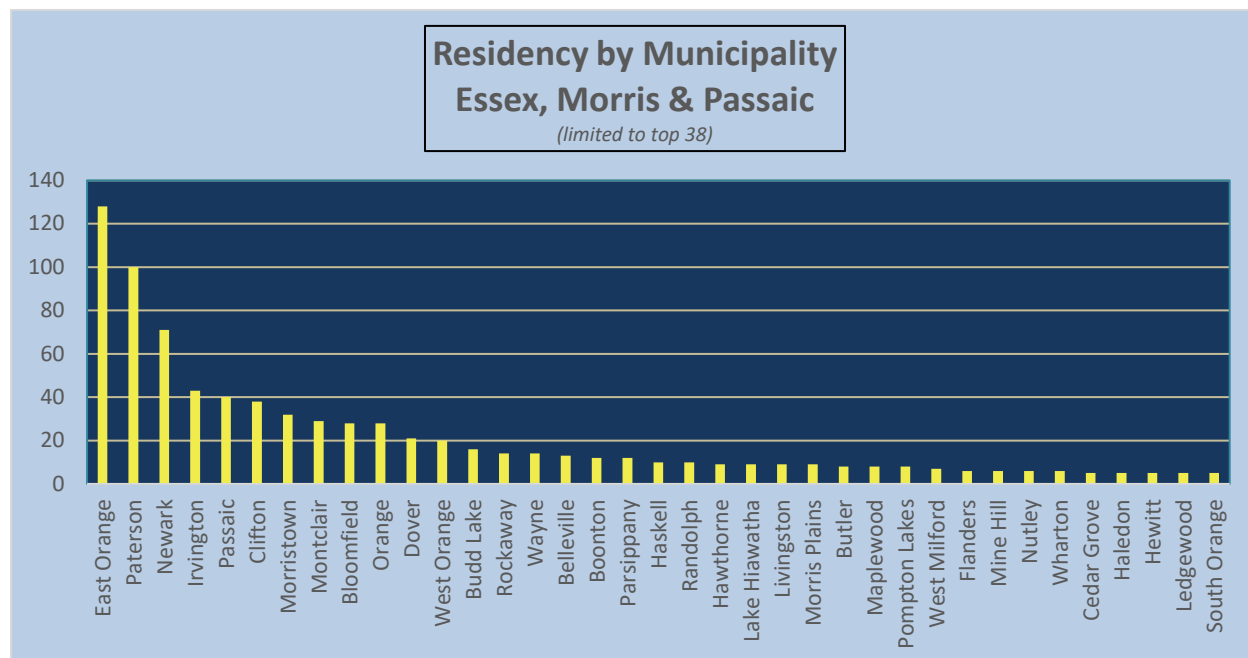
- Admissions/Referrals are received from a variety of sources including state and county hospitals, Short Term Care Facilities (STCF), voluntary psychiatric inpatient units, community treatment providers, families and consumers themselves. ICMS served 912 enrolled individuals in the community and hospitals, 292 of which were new enrollees.
- Discharge/“Graduation” occurs primarily once a client has achieved their individualized set goals and are linked accordingly. Other reasons for discharge may include moving out of the county, being referred to more appropriate services such as PACT, CSS, and other mental health residential services, requiring continued hospitalization for more than six months, declination of services or inability to establish contact. All ICMS discharges must be approved by DMHAS, which are submitted on a web-based portal. For this reporting year, ICMS discharged 488 consumers.
- Units of service are defined as a continuous face-to-face contact with an enrolled consumer, or on behalf of an enrolled consumer, which lasts 15 minutes, not including travel time. During the COVID-19 pandemic, agencies were afforded the option to substitute telecommunication contact in place of face-to-face contact as needed to ensure the safety of both consumers and staff while adhering to CDC guidelines. It is important to note that at no time did MHAEM ICMS discontinue outreach services, however, methods of contact were assessed on a case-by-case basis. For this reporting

year, ICMS total units of service include both face-to-face contact and telecommunication contact and was a remarkable 50,773 units, which is over 12,600 hours of contact.

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

Demographics

MHAEM ICMS consumers reside throughout Essex, Morris and Passaic counties. East Orange, Morristown and Paterson are each county's most consumer populated municipality at the current time, respectively. There are a total of 76 municipalities served overall.



The current ICMS census ranges from age 19 to 80, the average age being 44. Gender identity was 52% female, 48% male and <1% Transgender female. Self-reported races of consumers enrolled are as follows: White/Caucasian (45%), Black or African-American (33%); Black or African-American & White (2%); Asian (1%); American-Indian or Alaskan Native (1%); other (7%); other multi-racial (3%); declined to specify (1%); unknown (7%). The primary spoken language of consumers is predominately English; however, ICMS is able to serve all clients with assistance from bi-lingual staff, family and use of a paid translation service, when needed. Consumer languages spoken is as follows: English (92%); Spanish (6%); Creole (1%); French, Russian, Polish, Portuguese, and other (1%).

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

Performance Outcomes

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

- Hospitalization Recidivism (*effectiveness*)

**Benchmark ≤ 20% Annually	Essex	Morris	Passaic
Total Hospital Recidivism	8%	4%	5%
State/County Hospitalizations	3%	<1%	<1%
Short Term Care Facility Hospitalizations (STCF)	3%	2%	2%
Voluntary Hospitalizations	2%	2%	3%

- Employment Rates (*effectiveness*)

MHAEM ICMS collaborates with both internal and external county-based Supported Employment Services (SES) to increase employment rates and opportunities for individuals with severe mental illness. In the fiscal year 2021, Passaic ICMS identified an average of 17% of the active caseload as employed, Essex ICMS identified 11%, and Morris ICMS identified 7%. Employment opportunities and circumstances remain impacted by the COVID-19 pandemic. Some consumers, like many others, were laid off from work or have found it difficult to find safe employment within their means or abilities during this time.

- Contact within 72 hours (*access*)

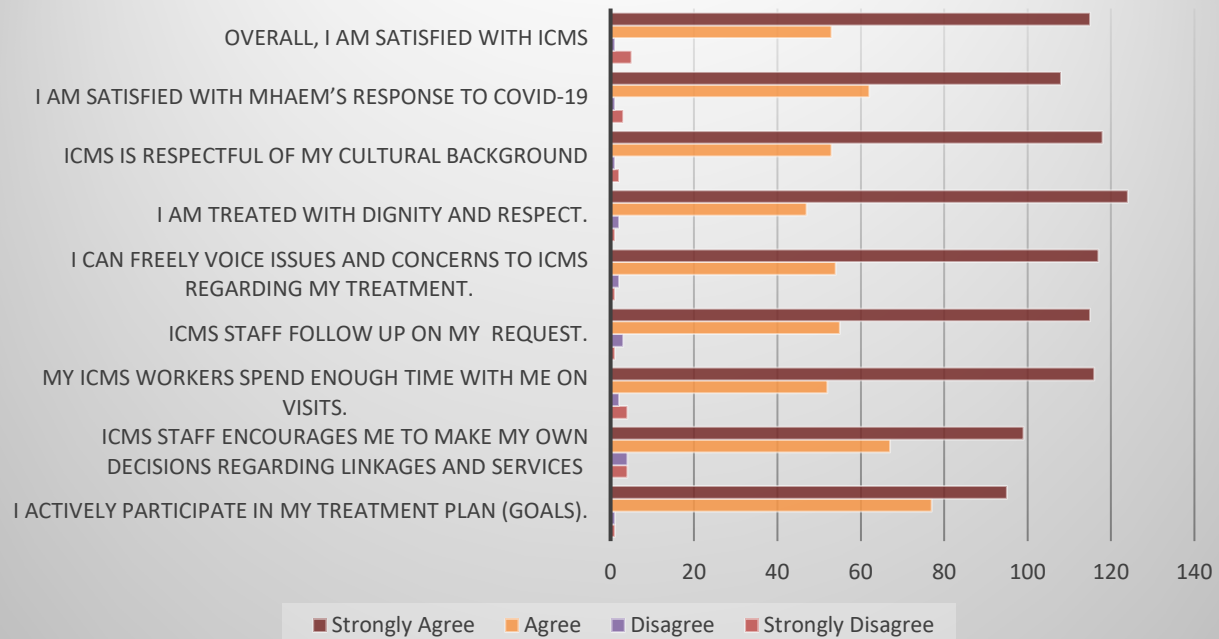
Access was measured in the time lapse between a person's discharge from a state or county hospital and the first contact by a case manager. The threshold for this indicator is more than 80% of the consumers enrolled into ICMS being seen within 72 hours of discharge from a hospital.

**Benchmark ≥80%	Essex	Morris	Passaic
County/State discharges seen within 72 hours	99%	98%	96%

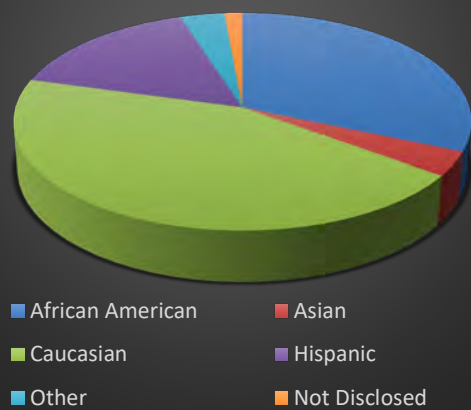
Consumer Satisfaction Survey

In May 2021, ICMS consumers were given the opportunity to participate in a consumer satisfaction survey. The confidential survey included a total of nine questions formatted in a five point Likert scale, demographic collection and optional comment area. The survey was prepared in both English and Spanish and offered in a paper format as well as a web-based link (SurveyMonkey). In total, there were 171 surveys submitted, giving a 37% response rate, with an overall satisfaction score of 90%.

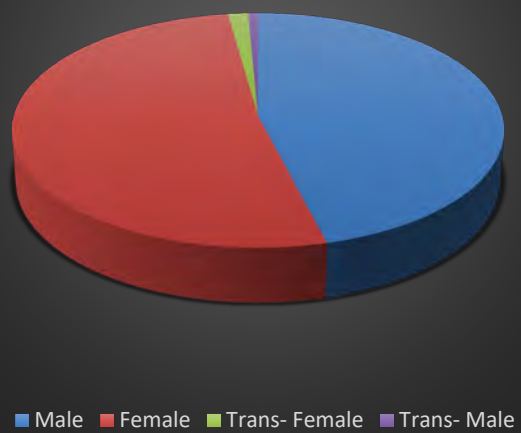
ICMS Consumer Satisfaction Survey Results Essex, Morris & Passaic



2021 Survey Ethnicity Breakdown



2021 Survey Gender Identity Breakdown



Essex- Overall satisfaction score 92%

Gender

Fifty-nine consumers responded, (33) 57% male, (24) 41% female and (1) 2% trans-female.

Age

Consumer ages ranged from 19 through 78. The average age was 44.

Ethnicity

Of the 59 respondents, (31) 53% consumers identified as African-American, (18) 31% as Caucasian, (6) 10% as Hispanic, (2) 3% as Asian, and (2) 3% as other.

Morris- Overall satisfaction score 85%

Gender

Forty consumers responded, (17) 43% male, (21) 52% female, (1) 2.5% trans-female, and (1) 2.5% trans-male.

Age

Consumer ages ranged from 18 through 67. The average age was 44.

Ethnicity

Of the 40 respondents, (31) 72% identified as Caucasian, (4) 9% as Hispanic, (3) 7% consumers as African American, (1) 2% as Asian, (2) 5% as other and (2) 5% did not disclose.

Passaic- Overall satisfaction score 93%

Gender

Seventy-five consumers responded, (30) 40% male, (45) 60% female.

Age

Consumer ages ranged from 21 through 75. The average age was 40.

Ethnicity

Of the 75 respondents, (28) 38% identified as Hispanic, (22) 29% as Caucasian, (22) 29% as African-American, (2) 3% as Asian, and (1) 1% as other.

ICMS Highlights

Similar to last year, the world faced continued challenges due to the COVID-19 pandemic. With that being said, ICMS consumers and staff were able to face those challenges together to achieve goals and ensure needs were met. In-person visits continued throughout the year to all clients without disruption as well as telecommunication contact for additional support or when a consumer reported having symptoms of, or exposure to the Corona virus. All clients

are provided with ongoing education on COVID-19 symptoms, what to look for and what steps to take if thought to be infected or exposed to the virus. Vaccine education was also provided routinely, and all ICMS consumers wanting the vaccine have been assisted in getting vaccinated through various community resources including at multiple vaccine clinics conducted by our agency at our various locations in Essex and Morris.

MHAEM was able to purchase and provide over 150 winter coats to ICMS consumers as well as hats and gloves, if needed. This assistance has been provided yearly with the understanding that some consumers may not have the means or ability to attain such basic but necessary items to get through a winter known to New Jersey. Food donations were received and distributed to consumers and families as well as “wellness” boxes that included a variety of items promoting wellness and self-care. PPE gear and products were readily available and provided to consumers, families and staff to ensure the safety and protection of all during ongoing face-to-face contacts.

The pandemic continued to impact some in-person group activities due to CDC and state guidelines. This did not prevent our consumers from receiving support and opportunities to celebrate the holidays with us, including “Operation Holiday”, “Gifts for the Season”, and “Holiday Express Virtual Concert”. These events/donors were able to gift our consumers and families with various items such as clothes, personal care products and toys.

In June 2021, MHAEM was able to hold the Annual Consumer Picnic at two locations, Eagle Rock Reservation in Essex and Hedden Park in Morris. ICMS consumers from all three counties were able to attend the picnic and enjoy the beautiful weather, good food, and great company amongst their peers.

Other notable highlights include staff and consumer participation in “Get Out The Vote - GOTV” campaign which encouraged and supported consumers in registering to vote, empowered consumer independence and reminded that all voices are valued.

Many external resources and services were limited or unavailable during the pandemic, including transportation. MHAEM was able to initiate and fund transportation through Uber Health for consumers, if needed, to ensure all necessary medical and mental health appointments were attended.

Training

All staff are trained annually in the core areas of case management required by DMHAS and provided by the Rutgers UBHC Technical Assistance Center as well as through Relias web-based learning. These core trainings include Motivational Strategies for Implementing EBPs, Cognitive

Behavioral Strategies: Shaping Behavior from the Inside Out, Person-Centered Strategies for Successful Engagement, Considering the Causes of Aggression, The Challenge of Documentation, Suicide and Risk Assessment, Addictive Behavior and Substance Use, and Practical Applications for Being Trauma Informed. All staff attended a mandatory live or virtual training for Medication/Sun Risk Education and Community Workplace Violence. In addition, ICMS staff had the opportunity to continue participation in the virtual educational training sessions provided through the Department of Labor grant that MHAEM received for the year 2020. Finally, staff are required to maintain a valid CPR status, which is offered at no cost to employees.

Systems Advocacy Activities

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

- ***Essex, Morris and Passaic Systems Review Committees (SRC)*** - This monthly meeting is convened by the Mental Health Administrator and Screening Center of the respective county. The purpose of these meetings is to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committees provide education and advocacy to the community, mental health providers, consumers of mental health services and their families and provides advocacy on the needs of the mental health system in the county.
- ***Essex Children Systems Review Committee (CSRC)*** - ICMS participates in these monthly meetings convened by the Mental Health Administrator of Essex County. The purpose of these meetings is to identify countywide gaps of clients transitioning or aging out of services of Department of Child Protection and Permanency and identify breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to mental health providers, consumers of mental health services and their families on systems in the county.
- ***ICMS Statewide Quarterly Meeting (NRQM)*** – This leadership meeting is scheduled on a quarterly or as needed basis by the DMHAS ICMS Coordinator for the purpose to discuss any system issues, identify service gaps and for DMHAS to provide support and guidance to the ICMS programs statewide.
- ***Essex, Morris and Passaic Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task Force Meeting*** - ICMS/Agency leadership participates in a monthly meeting with the Counties Drug and Alcohol Task Force to develop ways in which community providers can serve individuals with mental health, addictions and co-occurring mental health and addictions disorders in a unified manner.
- ***Essex, Morris and Passaic Residential Meeting*** - ICMS participates in a monthly meeting along

with DMHAS, County Administrator and hospital and residential housing professionals to collaborate on safe and appropriate discharge planning for persons primarily in state and county psychiatric facilities.

- ***ICMS Statewide Practice Meeting*** -This meeting is convened by NJAMHAA with a priority goal to promote leadership support, communication, collaboration and information sharing (i.e., program management, operations, data tracking, FFS, nuances of each ICMS program) in order to develop uniformity and ensure quality service delivery across NJ.
- ***Passaic County Behavioral Health/Opioid Task Force*** – The Task Force was established by the Passaic County Collective Impact Council to undertake a process of designing and implementing an organized system of services for individuals and families, including strategies for enhancing prevention, early intervention, and aftercare services, in addition to crisis-based services. Monthly virtual meetings are attended by the Passaic ICMS Director.

Prospect House

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

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

Prospect House's Response to the COVID-19 Pandemic

In response to the COVID-19 pandemic, Prospect House provided a hybrid model of virtual and in-person services including psychosocial groups and case management. During FY 2021, we continued to see consumers on-site for weekly bloodwork, long acting injectable medications, and medication monitoring appointments, as needed. Our services and treatment at Prospect House have not halted, slowed down, or been effected by the COVID-19 shutdowns. We have learned in the last year to provide services in different and flexible ways to keep our consumers healthy, safe, and out of the hospitals. During this fiscal year, our Medical Director and APN have provided 1,891 medication monitoring appointments (either face-to-face or through telehealth), 254 psychiatric evaluations and saw consumers 559 times for injectable medications.

Prospect House staff have worked tirelessly throughout the pandemic to ensure that there is no break in services to our consumers. PH staff were able to quickly and seamlessly transition to a telehealth model of services reaching 85% of the normal daily attendance through call-in virtual groups. In July 2020, we began providing on-site groups to a small group and continued to slowly increase the daily census to approximately 50-60 people a day. In addition to continuing partial care services virtually and in-person, we have also filled a gap in service, delivering meals to consumers while they are quarantining safely at home. We have been able to subsidize the cost of these meals by applying for a waiver through the NJ Department of Agriculture to transition our food services during this time.

Due to the frightening statistic that individuals with schizophrenia are nearly 10 times more likely to contract COVID-19 and are nearly three times more likely to die from it if they do fall ill, compared with individuals who do not have a mental illness, we have made educating and getting our consumers vaccinated against COVID-19 a main priority at Prospect House. Since approval by the CDC, we have had three vaccination clinics at Prospect House and were able to vaccinate 90 Prospect House consumers. Due to the diligence of the Prospect House staff, the Prospect House consumer population is 78% vaccinated against COVID-19.

Personnel

Prospect House services are provided by *Administrative Staff*; 1 Director, 1 Administrative Coordinator, 1 Billing Clerk, 5 Van Drivers (2 full-time, 3 part-time), 2 Security Guards (1 full-time, 1 part-time), *Direct Care Staff*; 1 Program Coordinator, 1 Client Care Coordinator, 1 Intake Coordinator, 11 Case Managers, *Medical Staff*; 1 Psychiatrist, 1 Advanced Practice Nurse (APN), and 1 Registered Nurse (RN). Staff are culturally diverse and represent the consumers served. Prospect House has 2 staff fluent in Creole, 2 staff fluent in Spanish, and 1 staff fluent in Portuguese. Of the medical staff, we have 1 fluent in Spanish and 1 fluent in Creole to assist in treating our diverse caseload.

During this year, we were able to re-employ our 5 van drivers who were furloughed, in May 2020, due to the COVID-19 pandemic.

Caseload

During this reporting year, Prospect House has serviced 205 consumers with severe and persistent mental illness including 30 new admissions. New admissions during this year were approximately less than half of a normal operating year. We serviced, on average, 117 consumers each day prior to COVID closures, and approximately 80 consumers daily via telecommunications and in-person with continued COVID precautions in place. Within FY 2021, we serviced consumers representing every town or city in Essex County, with the majority being residents of Newark, East Orange, Irvington, West Orange, and Montclair as well as three consumers residing out of county. The majority of consumers attending Prospect House have been diagnosed with Schizophrenia, Schizoaffective Disorder and Bipolar Disorders and we have provided Co-Occurring (Mental Health and Substance Abuse) services to 58 individuals. Although Prospect House receives referrals from hospitals (long and short term), other outpatient programs, and self-referrals, the majority of consumers are coming to Prospect House from a recent psychiatric inpatient hospitalization.

Demographics

During fiscal year (FY) 2021, Prospect House serviced a diverse population of consumers both through telecommunication and in-person. Of Prospect House consumers serviced this year, 39 served were under 30 years old and 34 were over the age of 65. Our youngest consumer serviced was 19 and the eldest consumer was 93 years old. To address this age difference, Prospect House has two staff assigned to work with the senior population in the 'Senior Unit' and staff have developed a special group for the young adults to specifically address the concerns of a younger individual diagnosed with severe and persistent mental illness. The self-reported races of the consumers serviced are as follows; 68% African-American, 27% White, 4% mixed race, and 1% Asian. Individuals served by Prospect House are 40% female, 59% male and 1% identified as transgender.

Performance Indicators

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

As tracked by the QA Committee, Prospect House's performance indicators measure the overall consumer satisfaction with Prospect House, available psychiatric time, recidivism to a higher level of co-occurring services, rate of consumer employment, and timeliness of psychiatric

evaluations. During this fiscal year, there were 5 days a week with available psychiatric time, zero consumers were in need of a higher level of co-occurring treatment, and new referrals were seen for initial psychiatric evaluation within 14 days, 95% of the time, up from 67% in FY 2019.

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

Consumer Satisfaction Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. In response to the COVID-19 pandemic, MHAEM has steadily followed CDC recommendations, resulting in modifications to some of our services. With that said, the MHAEM Annual Satisfaction Surveys were postponed last year. During this year, we were able to conduct surveys to those consumers who have been attending services on-site.

Approximately 100 surveys were distributed to PH consumers. They were informed that their answers are anonymous and confidential. Seventy-six (76) surveys were completed and returned to PH. It should be noted that the only surveys returned were completed on-site and do not capture the consumers that are not yet attending in-person services.

Gender

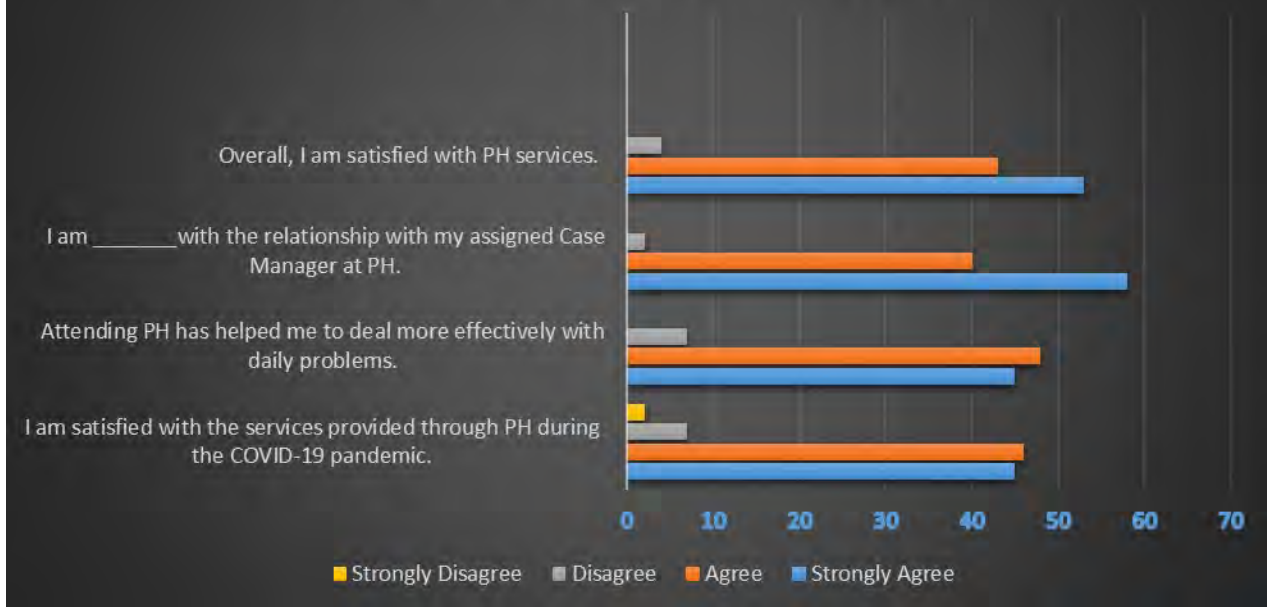
Consumers responded in which fifty-two (52) are male (69%) and twenty-three (23) are female (30%) and one or 1% reported gender non-conforming.

Ethnicity

Forty-eight (48) consumers identified as African-American (64%), sixteen (16) consumers reported as Caucasian (12%), eight (8) consumers reported as Hispanic (9%), six (6) reported ‘other’ (8%) as their ethnicity.

Overall, consumers reported on their surveys that they are 96% overall satisfied with Prospect House services, 93% are satisfied with MHAEM’s overall response to the COVID-19 pandemic, and 91% are satisfied or very satisfied with the services provided through Prospect House throughout the COVID-19 pandemic.

2021 Prospect House Consumer Satisfaction Surveys



PH Highlights

During this fiscal year, Prospect House has continued to navigate our ‘new normal’ while COVID-19 shutdowns continue. We have worked tirelessly to ensure that our consumers are receiving the best quality services whether they be in-person or via telehealth while they are quarantining safely at home. During this year, we were not able to come together for big events as we normally would but were forced to be creative in giving the consumers a PH experience from home.

During this year, we were able to cook and package over 100 Thanksgiving, Winter Holiday and Summer BBQ meals to be delivered to the consumer’s home, to allow them to celebrate with us virtually. We also were able to hold our annual picnic on-site where over 100 consumers were able to eat some delicious BBQ food, participate in games and Karaoke.

Other Highlights:

- PH continued working with Medicaid Managed Care Plans to bill for partial care treatment including United Healthcare, Amerigroup, Horizon Blue Cross Blue Shield, and Wellcare.
- PH successfully passed five Medicaid audits with note of significant improvement in documentation, decrease in billing errors, clinical treatment planning, and timeliness of request for prior authorization.

COLLABORATIVE JUSTICE SERVICES (CJS)

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

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

Service Modifications due to COVID-19 Pandemic

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

CJS Essex traditionally operates out of Essex County Correctional Facility (ECCF). Due to the COVID-19 pandemic, beginning March 2020, CJS began operating remotely out of MHAEM's West Orange offices for service provision. During this time, CJS monitored consumers incarcerated at ECCF weekly through collateral phone contact with the mental health department at the facility. Beginning in August of 2020, CJS was able to re-introduce the onsite presence of one Forensic Case Manager to ECCF once a week in order to provide onsite face-to-face services. In December of 2020, a second Forensic Case Manager joined the onsite rotation, therefore allowing the program to have an increase of face-to-face contact and service provision at the correctional facility. CJS Morris staff operated remotely, monitoring service provisions through weekly telecommunication and collateral contact with Morris County Correctional Facility staff.

In regard to onsite staffing, CJS staff schedules were changed to decrease the amount of individuals in the office, as per CDC recommendations, and modified consumer services continued without any interruption. CJS staff were provided with the necessary personal protective equipment to utilize while in the office and in the field in addition to being provided

with instructions from MHAEM's Health Home Department to ensure services were being provided as safely as possible. CJS staff continues to meet the unique needs of the consumers served either through telecommunication, services on behalf of consumers (food shopping/food delivery to the consumer), or through safe, socially distant in-person visits.

In order to promote the health and safety of both staff and consumers, CJS continues to provide consumers with education/support surrounding the COVID-19 pandemic including: education on coping mechanisms, ways to decrease isolation during this time, and CDC best practice safety guidelines and recommendations. MHAEM also continues to provide personal protective equipment to consumers in need in order to promote safety among staff and consumers, in addition to educating 100% of consumers on vaccine efficacy and access.

Personnel

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

Caseload

As of June 30, 2021, CJS Essex had 69 active cases. Referrals were made by Essex County Correctional Facility (ECCF) Mental Health and Medical Departments, Essex County Office of Public Defenders, Essex County Probation, and Essex County Prosecutor's Office. Referrals were also made by various criminal justice personnel and community providers such as: Essex County Correctional Facility Social Services Dept., Ann Klein Forensic Center, community hospitals, Justice Involved Services programs, Delaney Hall, self-referrals, family members, and within our own organization. During this same time period in the Morris campus, there were 13 active cases. During FY 2021, referrals were made through the Morris County Prosecutor's Office, Morris County Correctional Facility, the Morris County Public Defender's Office, community referrals, and Morris County Probation Services.

Demographics

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

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

Performance Outcomes

Performance outcomes were measured, as well as monitored through MHAEM's Quality Assurance Committee (QA). For FY 2021, Essex CJS QA grid monitored consumers' recidivism to the jail within 30 and 90 days. The threshold indicates that less than 25 consumers would not return to jail during this time frame and one (1) consumer was re-incarcerated within 30 and 90 days of their release. CJS QA grid also monitored consumers' recidivism to the jail within 60 days and 120 days. The threshold indicates that less than 50 consumers would not return to jail during this time frame and only four (4) consumers were re-incarcerated within 60 and 120 days of their release.

In the Morris location, consumer's recidivism to jail within 30, 60, 90, and 120 days were monitored monthly. The threshold indicates that less than five consumers would return within 30 and 90 days, and less than ten consumers would return to jail within 60 and 120 days. During FY 2021, one (1) consumer returned to jail within 30 days, zero (0) consumers returned within 60 days, zero (0) consumers returned within 90 days, and two (2) consumers returned within 120 days.

This year, CJS Essex successfully diverted four (4) consumers from a state prison sentence. As a result of the jail diversions, a total of 5,547 days were reduced in our consumers' prison sentences. CJS continues to monitor the cost-effectiveness for county costs. In FY 2021, the program saved approximately \$752,830 in county costs. (Please note the approximate cost to house a county inmate daily is \$135.72.) Based on the data gathered, CJS will continue to monitor time saved for consumers both for county and state time.

This year, CJS Morris was successful in working collaboratively with Morris County Correctional Facility as well as the Morris County Prosecutor's Office and the Morris County Public Defender's Office to link three (3) clients to the Morris County Prosecutors Mental Health Program. As a result, staff successfully diverted consumers from a criminal sentence by approximately 2,920 prison days. For FY 2021, the program saved approximately \$490,560 in state costs.

Consumer Satisfaction Survey

Essex

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

Approximately seventy (70) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of seventy surveys, twenty-four (24) consumers responded. For the fiscal year, the overall satisfaction rate was ninety (90%) percent.

Gender

Of the twenty-four (24) consumers that responded to the survey; seventy-nine (79%) percent were male and twenty-one (21%) were female.

Ethnicity

Of these twenty-four (24) consumers, eighty (80%) percent identify as African American, thirteen (13%) percent identify as Caucasian, and seven (7%) percent identify as Hispanic.

Age

The exact age of the consumers was collected. The ages ranged from 22-61 years old. The mean age for the consumers was 38 years old.

Morris

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

Approximately thirteen (13) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the thirteen surveys, two (2) consumers responded. This accounts for a fifteen (15%) percent response rate. For the fiscal year, the overall satisfaction rate was ninety-one (91%) percent.

Gender

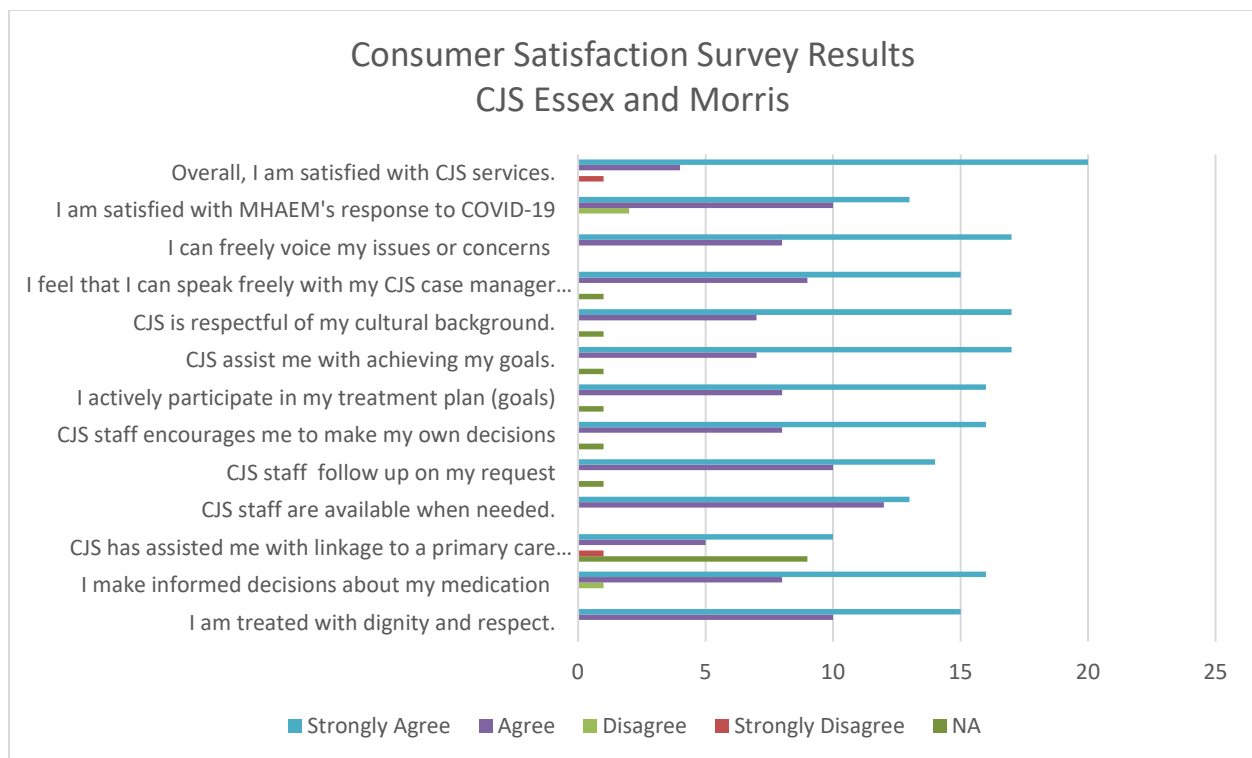
Of the ten (10) consumers that responded to the survey; one (1) was male (50%), and one (1) was female (50%).

Ethnicity

Of these 2 consumer, two (2) consumers identify as African American (100%).

Age

The exact age of the consumers was collected. The ages ranged from 30-37 years old. The mean age for the consumers was 34 years old.



Highlights

Essex

Beginning in September 2020, CJS Essex began a collaboration with the West Orange Police Department to develop a pilot program focused on community co-responding, providing training to law enforcement, and body camera after-action review. The collaborative efforts of the Mental Health Association of Essex and Morris (MHAEM) and the West Orange Police Department (WOPD) has led to opportunities for success in managing mental health awareness and community related response calls in a manner that facilitates treatment and recovery while reducing involvement in the criminal justice system.

As a result of the collaboration, MHAEM was able to provide nine (9) trainings to WOPD in an effort to further enhance understanding and knowledge of mental illness. Topics included: mental health (signs, symptoms, de-escalation techniques, and crisis assessment), suicide prevention and awareness for the community, law enforcement and suicide awareness, co-occurring disorders and substance use and abuse for the community, law enforcement and mental health, mental health and racism/cultural awareness, and mental health and the family perspective.

Additionally, throughout the course of the year, MHAEM and WOPD worked in tandem to review body camera video footage on a bi-monthly basis. These efforts aimed to assess and provide feedback and recommendations for areas of improvement when responding to mental health-related calls, in addition to offering recognition and highlighting effective strategies and dispositions demonstrated through law enforcement interactions with community members. MHAEM was able to review ninety-two (92) incidents during this initiative. Assessment of videos determined the following outcomes: five (5) recommendations were made for

performance improvement purposes, while seventy-nine (79) incidents had no further recommendations at the time.

In an effort to provide real-time assistance and support, MHAEM licensed staff made themselves available for weekly co-responding to WOPD mental health related response calls throughout the course of the year. Upon receiving calls from dispatch, MHAEM would report to the designated scene/incident. Through this initiative, MHAEM was able to provide practical support to officers responding to mental health-related crises. As a result of this collaboration, all parties were able to ensure that the individual received the appropriate level of care in order to promote treatment and recovery and prevent involvement in the criminal justice system. During the year, MHAEM co-responded to twenty (20) incidents in the community. As a result of these efforts, the following outcomes were measured:

- Twenty (20) face-to-face mental health response outreaches (equaling 15 hours)
- Seventeen (17) face-to-face outreaches for homeless population
- Zero (0) arrests
- Three (3) involuntary hospital transports
- Eight (8) voluntary hospital transports
- Twelve (12) linkages (i.e., mental health services, substance services, community resources) were made in the community as a result of follow up.

As evidenced by outcomes, MHAEM and WOPD's collaboration and partnership has allowed for an increase in the success rate of appropriate dispositions and interactions with individuals in the community living with mental illness. Through mental health awareness training, recommendations and analysis, and real-time support, MHAEM has assisted WOPD with the important process of utilizing community resources in an effort to promote options of prevention, intervention, treatment, and overall wellness and recovery.

CJS continues to develop strong relationships with the Essex County Prosecutor's Office by collaboratively working together to identify appropriate consumers for services and assisting consumers with being diverted at the earliest point possible to a therapeutic disposition as opposed to the correctional setting. As a result of COVID-19, court meetings were held weekly. Program Director attends these meetings with the presiding Judge, Office of Public Defenders and Essex County Prosecutor's Office to review cases that have been accepted into Essex County Prosecutorial Mental Health Diversion Program. CJS and the Essex County Correctional Facility Mental Health and Medical Departments continue to provide a 14-day supply of medications (both psychotropic and medical) to CJS active consumers upon release.

During FY 2021, CJS staff assisted clients with advocating for themselves through voting. CJS staff were able to accomplish this by providing clients with the information necessary to register to vote and encouraging clients to participate in the upcoming November election.

During FY 2021, CJS staff were able to successfully link clients to 103 community linkages.

CJS consumers, in collaboration with all other MHAEM adult programs, attended the Annual Consumer Picnic at Eagle Rock Reservation in June.

CJS was able to participate in the Annual Consumer Achievement Awards ceremony, held at Eagle Rock Reservation, acknowledging the success and progress of program clients.

CJS was able to successfully provide access to the COVID-19 vaccine to seventeen (17) consumers through the MHAEM vaccine clinics, as well as local pharmacies.

CJS was able to successfully link four (4) consumers to DMV services via MHAEM onsite Mobile DMV clinic at Prospect House.

Morris

During the past fiscal year, the Program Director worked closely with the Morris County Prosecutor's Office and was able to successfully enroll three (3) consumers into the Morris County Prosecutor's Mental Health Program.

During FY 2021, CJS staff assisted clients with advocating for themselves through voting. CJS staff were able to accomplish this by assisting clients with registering to vote and by encouraging clients to get to the voting polls to vote for someone who is aligned with their personal beliefs.

During FY 2021, CJS staff were able to successfully link clients to 30 community linkages.

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

CJS was able to participate in the Annual Consumer Achievement Awards ceremony, held at Eagle Rock Reservation, acknowledging the success and progress of program clients.

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

CJS was able to successfully provide access to the COVID-19 vaccine to eleven (11) consumers through the MAHEM vaccine clinics, as well as local pharmacies.

During FY 2021, Morris County Correctional Facility began an orderly, staggered release of non-violent offenders in compliance with a New Jersey Supreme Court order that suspended county jail sentences of certain inmates to minimize risks of the spread of COVID-19 in correctional facilities. During this time, CJS Morris staff operated remotely, monitoring service provisions through weekly telecommunication and collateral contact with Morris County Correctional Facility staff. CJS staff were able to provide critical case management services to approximately three individuals released from Morris County Correctional Facility during this time. These services included, but were not limited to mental health treatment, Office of Temporary Assistance, medical services, as well as emergency housing placements.

Trainings

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

Advocacy

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

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

Morris and Essex County also collaborates with the Statewide CJS Director's meetings convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings is to meet with counterparts in other counties to discuss ways to increase effectiveness of the program, review service delivery concerns, and to obtain needed updates on practices and protocols of the CJS program.

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

Upcoming Year Recommendations:

Essex

- Program Director and Forensic Case Managers will work towards 100% electronic health records for all consumers enrolled in CJS.
- As the agency moves toward Fee-for-Service, Program Director will be monitoring staff contact hours to ensure expected productivity levels are being met weekly (as it relates to service provision to consumers served).
- CJS will continue to enhance clinical documentation through internal focus audits and by attending in-services.
- Staff will continue to collaborate with Essex County Correctional Facility, Office of Public Defenders, Essex County Probation, Essex County Prosecutor's Office, and other community providers to increase referrals.
- Staff will continue to work on reducing gaps in the service system with increased linkages and smooth transitioning of services for the consumers reintegrating into the community.
- Program Director will continue partnerships and collaborations with courts and local police municipalities with the hopes of increasing the number of consumers referred for diversion by law enforcement and/or the court before arrest or at the time of initial detention/first appearance hearings.

Morris

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

CENTER FOR BEHAVIORAL HEALTH (CBH)

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

Personnel

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

Service Provision

CBH provided services to 140 individuals during fiscal year 2021 with a total of 8,649 contacts. CBH reached 125% of the targeted number of contacts overall. CBH continues to maintain a small group of clients who see a panel therapist in the community, however, this model gradually continues to be phased out as there are now only two panel therapists remaining.

CBH consumers are insured through Medicaid (51%), Medicare (30%), uninsured and enrolled in NJMHAPP (13%), and other (6%).

COVID-19

At the start of this fiscal year (July 2020), CBH operated virtually via telehealth platforms. The majority of individual therapy and medication management sessions were held through a HIPAA-compliant telehealth platform (doxy.me); this platform has been adopted across the field to provide best-in-class virtual services. For those who did not have access to either a computer or a smart phone, CBH provided audio-only services to ensure there was no barrier in connecting to services. With direction from the State of New Jersey and the Department of Health and Human Services, CBH continued to bill Medicaid and Medicare for telehealth services at the same rate as face-to-face.

Due to extenuating circumstances, there were a few clients who were offered onsite face-to-face services in our parking lot in the warmer months to ensure they could continue to participate in therapy.

Beginning in April 2021, Clinical staff began to come back on site to the agency to provide both in-person and virtual services. Many of the clients who were first seen in-person were those who clinically benefitted or expressed a desire to return to onsite. On the other hand, the majority of clients continued to prefer the flexibility and convenience of participating in services via telehealth. By the end of the fiscal year in June, about 15% of services were being provided onsite with the remaining 85% being provided via telehealth.

During the pandemic, CBH increased service provision as the no-show/cancellation rate decreased and a full-time staff was added. When comparing service usage in FY2020 vs FY2021, CBH had an overall

30% increase. More specifically, psychiatric contacts increased by 26% while individual therapy contacts increased by 30%.

Throughout the pandemic, all service offerings continued uninterrupted including onsite medication injections, intake, and group therapy.

Highlights

The highlights for the past fiscal year include:

- Billing has been uninterrupted as the payers continue to provide parity reimbursement for telehealth services.
 - March 2021 was the highest billing month for CBH since Finance began tracking the department via a P&L in July 2018.
- Full-time staff Clinician was added to the program which allowed the program's regular census to grow.
 - Census increased on average about 13% per month.
- More robust group therapy program was added with a new 6-week curriculum-based coping skills group offered July-August 2020 with an 8-week processing group offered February-April 2021.
 - CBH continued to facilitate and host the "Comfort Zone" group, a community drop-in support group for those diagnosed with a mood disorder.
- Continued focus on maximizing our efficiency with our therapists maintaining an average 93% productivity rate weekly.
- Continued onsite medication injections for consumers who required this level of care uninterrupted throughout the pandemic.
- Continued phasing out of the panel therapy model. Four remaining panel therapy clients were brought in-house, which leaves only three clients receiving services in the community.
- Our psychiatric providers maintained an average 6% no show rate and a 97% productivity level, both marks are far above industry standards.
- Continued to provide a multitude of therapeutic approaches and practice from a trauma-informed care lens.
 - Multiple staff are now trained in trauma-based evidence-based practices, such as EMDR, Trauma-Focused Cognitive Behavioral Therapy, and the Nurtured Heart Approach, which enhances CBH's ability to address client's trauma history and practice in a trauma-informed way.
- CBH remains a learning environment by hosting both MSW level interns and LSW level clinicians.

- During academic year 2020-2021, CBH hosted four second-year MSW students who were in the field three full days per week, which allowed them to take on a large caseload, administrative and intake duties, and facilitate many additional non-billable services for the consumers on their caseloads. The interns also took on cases in the Riskin Children's Center (RCC).
- LSW Clinicians (who work in different parts of the agency) in need of clinical hours and supervision, are assigned a small caseload separate from their standard job duties in order to gain clinical hours and supervision needed for the next stage of licensure.

Ongoing Programs

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

CBH continues to provide ongoing collaboration with other community agencies. CBH has resumed the collaborative partnership with The Bridge to provide psychiatric evaluations and medication management for Bridge clients in need of these services. With the resumption of the collaborative agreement in April 2021, CBH has provided psychiatric services for three clients of The Bridge.

Performance Indicators

The performance indicators, which measure efficiency in CBH, are the "wait for an intake appointment" and the "wait for assignment to a therapist." This fiscal year, the average wait for an intake appointment was two business days and the average wait for assignment to a therapist was zero, as the client was assigned to a therapist at intake.

CBH continues to use the DASS-21 (Depression, Anxiety, and Stress Scale) to obtain a clinical measure of a consumer's functioning in those three areas. The inventory is completed at the initial intake appointment and repeated six months into treatment. Thus far, 80% of individuals surveyed showed an improvement in negative symptomatology when the inventory was distributed six months after admission. At admission, we also provide the PC-PTSD5 screen that measures traumatic reactions and symptoms of PTSD, as trauma plays a major role in many consumers' treatment.

The results of this year's client satisfaction survey indicate a continued high level of satisfaction among the clients of CBH. This past year, electronic surveys were distributed to all clients via text/e-mail or via mail. Out of the 105 surveys sent out, 12 were returned which equates to an 11% response rate. Overall, satisfaction was 95%. While most measures indicate a 95% or higher satisfaction rate, the question regarding whether virtual services are the same as in-person services had a 75% rating. Virtual services for some clients are not as equitable so CBH staff have begun, where clinically appropriate, to shift services back onsite and in-person.

Comments on the questionnaire included:

- *Had helped me work through a tough time in my life by being there every week and supporting me. I could not have done it without their support.*
- *CBH has helped me to grow and make progress in terms of the ways I understand my family relationships and my role in them, in terms of the way I see and value myself, and CBH has helped me find ways to improve my health and quality of life.*
- *They help to solve ISSUES and create different ways to cope with depression.*
- *Not isolated during Covid.*
- *I'm much happier than when I started coming. I set goals with my therapist and work towards them.*
- *Saved my life.*

Fiscal Year 2022

The pandemic introduced telehealth to outpatient services. This medium has allowed CBH to provide uninterrupted clinical services to ensure that the mental health needs of clients could be managed in a time of unprecedented uncertainty and anxiety. With an ever-changing landscape, CBH has resumed a degree of normal operations by beginning to provide onsite services to clients interested and/or in need clinically of this level of care. However, many clients like and prefer telehealth services. The department's no show and cancellation rates are significantly improved vs. pre-pandemic levels as telehealth affords a level of flexibility that was not there previously. Historically, one of the main barriers to accessing outpatient mental health services was physically coming into the agency. Telehealth addresses that barrier. As conditions improve and restrictions are lessened, more onsite services will be offered. However, with many insurers and the State of New Jersey approving telehealth indefinitely, telehealth services will remain and are here to stay industry-wide.

CBH will continue to offer high-quality, strengths-based behavioral health services through individual and group therapy. With the advent of having a full-time staff Clinician, CBH has increased the overall census and can now provide additional clinical offerings like periodic group therapy sessions and psychoeducational programming. CBH plans to offer at least one psychoeducational group in the fall of 2021 on coping skills and anxiety reduction.

CBH will continue to maximize revenue and productivity in order to maintain the program's financial stability in this fee-for-service environment while continuing to serve our mission of providing high-quality services to the low-income and uninsured population. Staff continue to take post-masters training in trauma, anti-racism, evidence-based models of practice including ACT, DBT, CBT, and EMDR which they incorporate into clinical practice with clients. CBH is well positioned to provide a hybrid of clinical services to meet the ever-changing mental health needs of the population we serve.

The Riskin Children's Center (RCC)

The Riskin Children's Center (RCC) was created in September of 2011 after a generous gift from Dr. Sylvia Riskin. RCC provides comprehensive outpatient mental health services for youth ages 3 to 18 at our Montclair location. The Center provides a variety of services including individual therapy, family therapy, psychiatric evaluation, medication management, and consultations. At RCC, the mission is to provide high quality mental health service to children, adolescents, and their families, many of whom are uninsured or have limited financial means to pay for private practice care.

Personnel

RCC operates under the direction of the full-time Program Director, administrative support, part-time Medical Director/Psychiatrist, two part-time LCSW Clinicians, and one LSW clinician who provides services under the supervision of the Director. Throughout the year, the program worked with three graduate social work interns who provided clinical services to youth in addition to their CBH caseload, all under the supervision of the Director.

Service Provision

RCC continues to provide services to the low-income youth of Essex County. This fiscal year, RCC provided services to 45 individuals, all of whom were engaged in psychotherapy. Thirty of these youth also received psychiatric services. RCC provided 1,017 units of service and served eight new consumers. The Center works with families who have Medicaid or are uninsured. For those who are uninsured, RCC offers services on a sliding-scale fee basis.

COVID-19

At the start of this fiscal year (July 2020), all services at RCC operated virtually via telehealth platforms. The majority of services were provided via doxy.me, a HIPAA-compliant telehealth platform, with the remainder provided through FaceTime or audio only means. RCC was able to provide uninterrupted care, which gave the youth and families some much needed stability in these uncertain times. With direction from the State of New Jersey and the Department of Health and Human Services, RCC was able to continue to bill Medicaid for telehealth services at the same rate as face-to-face.

Until about September 2020, service utilization for psychotherapy was lower than pre-pandemic levels as many youth were overwhelmed by screens and did not want to participate in another service offered through virtual means. As youth began to acclimate to this new normal around the start of the school year, we saw a resumption in therapy services again. Psychiatric contacts remained at a high level with little no shows/cancellations as families and clients were able to attend medical appointments on a more flexible basis from home. Overall, RCC saw a 2% drop in service utilization as opposed to FY20, though a 9% increase from FY19.

Beginning in June 2021, onsite services were once again offered to clients and families that were interested and/or the clinical team felt would benefit. By the end of the fiscal year in June, about 10% of services were being provided onsite with the remaining 90% being provided via telehealth.

Highlights

The highlights for the past fiscal year include:

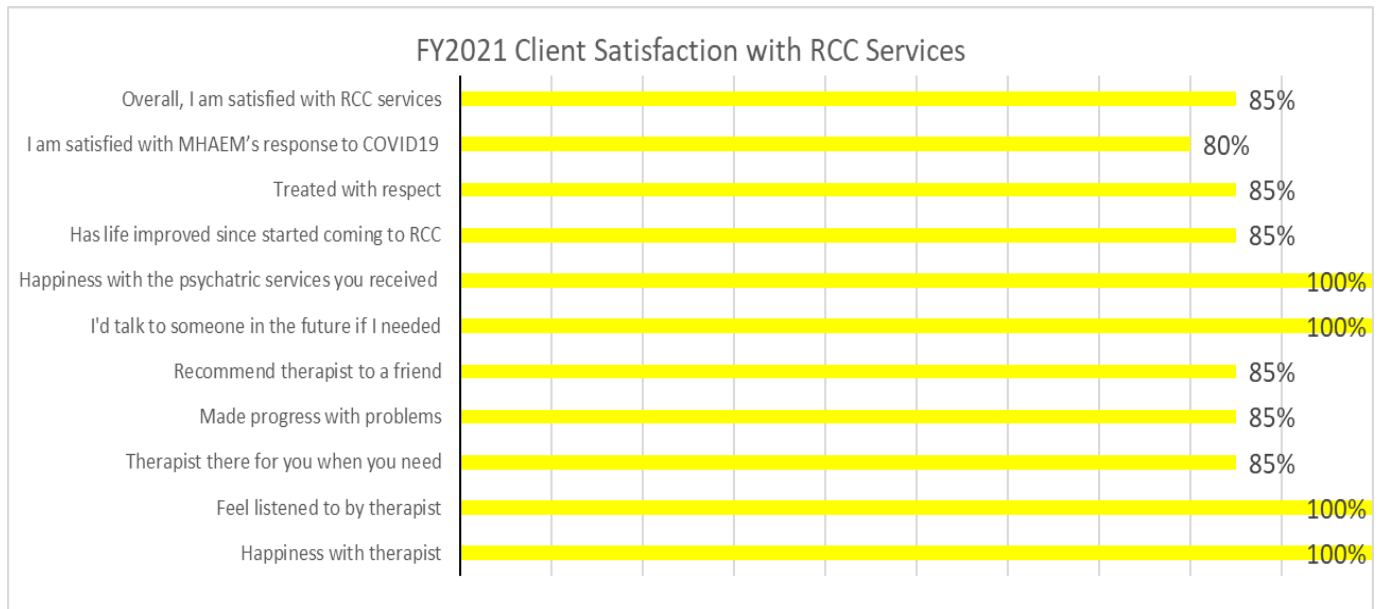
- Continued to provide virtually the same level of services to youth as pre-pandemic as well as continue to admit new clients into the program.
 - Much of the Children's System of Care, operated by the State of NJ, and other outpatient programs for youth were either nonoperational or not admitting clients during this time, so RCC remaining open and admitting new clients has been significant.
 - RCC was among the first agencies to resume partial onsite, face-to-face services for youth.
- Child Psychiatrist provided additional psychoeducational training and support to members of the MHAEM community and staff.
- Billing mechanisms have continued throughout the pandemic, thereby not disrupting revenue.
- Continued focus on maximizing our efficiency with our therapists maintaining an average 94% productivity rate weekly.
- High service utilization rate for psychiatric appointments with an only 9% failed appointment/no show rate.
- Like CBH, RCC remains a learning environment by hosting both MSW level interns and LSW level clinicians.

Performance Indicators

The performance indicator, which measures efficiency in RCC, is the "wait for service." This fiscal year, the "wait for an intake appointment" was two business days and there was a zero-day wait for assignment to a therapist, as this occurred at intake.

To measure effectiveness with our clinical interventions, RCC uses a variety of validated evidence-based outcome measures. RCC has used the DASS-21 (Depression, Anxiety, and Stress Scale) for youth, 12 and older, in order to obtain a clinical measure of a client's functioning in those three areas. The inventory is completed at the initial intake appointment and repeated six months into treatment. At this point, there has been a 90% overall improvement in symptoms.

This year's consumer satisfaction survey showed a 90% overall satisfaction rate with all scores above 80%. We sent out 34 electronic surveys with only three returned for a 9% response rate. However, this is a typical response rate for this department. For our parent satisfaction survey, we had one parent respond with a 100% overall satisfaction rate.



Fiscal Year 2022

As telehealth has become a proven part of clinical services across the field, the Riskin Children's Center is well positioned to move into a hybrid model providing both in-person/onsite services and virtual telehealth services. For some youth, particularly the adolescent population, telehealth services offers greater accessibility and convenience than onsite services. At the same point, we recognize that some cases need onsite, in-person services, which we are now able to provide.

The department continues to look to target an average census of between 30-35 clients at a given point, which is dictated by psychiatric capacity. The MSW interns are now taking at least one or two cases in RCC, which provides them with a more robust internship experience and also has the added benefit of providing more slots to new clients.

In the upcoming year, RCC will facilitate at least two psychoeducational groups for parents and youth via telehealth as the pandemic continues. The agency has been facilitating programming and groups for youth with RCC providing clinical support and guidance to other departments.

Community Support Services (CSS)

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

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

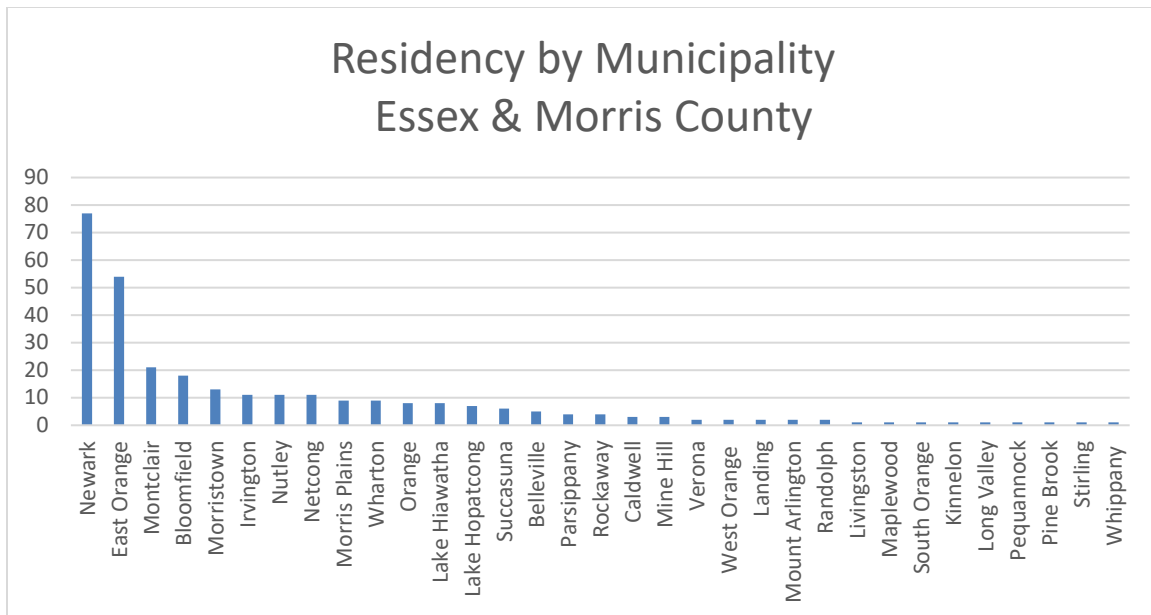
Caseload

Community Support Services has successfully placed over 323 individuals diagnosed with a serious and persistent mental illness from a wide variety of referral sources, such as Greystone Park Psychiatric Hospital, Essex County Hospital Center, community-based providers, higher level of care/service organizations, self-referrals and shelters due to homelessness. Additionally, CSS provided supportive services to 104 individuals who have their own residence but needed additional care to ensure their stability in the community.

Demographics

As of June 30, 2021, the active caseload for Community Support Services was 357. On this date, there were 187 males (52%), 171 females (47%), 4 transgender male to female (1%), and 2 transgender female to male (.6%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 15 Hispanic/Latino (4%); 307 non-Hispanic/Latino (8%), and 23 individuals who did not want to disclose (6%). The self-reported races of the consumers enrolled with CSS are as follows: 1 American-Indian or Alaskan Native & Black or African-American (.3%); 1 American-Indian or Alaskan Native & White (.3%); 6 Asian (1%); 6 Black or African-American & White (1%); 145 Black or African-American (40%), 4 multi-racial (1%); 2 Native Hawaiian or Other Pacific Islander (.6%); 4 Other (1%); 160 White (44%); 40 who did not want to disclose (11%).

CSS works with consumers throughout Essex and Morris counties. Remaining cognizant of the importance of wellness and recovery, CSS consumers primarily live in residences that are convenient to mass transportation, employment opportunities, social service organizations and natural community supports.



Personnel

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

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

Performance Outcomes

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

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

CSS performance indicators also measure the linkage to employment which includes full-time work, part-time work, volunteer work and educational programs. This performance indicator is monitored quarterly. During this past fiscal year, CSS was able to assist 11% of our consumers to secure and/or maintain involvement with employment, vocational programs or schools.

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

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

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

Consumer Satisfaction Surveys

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. Forty-one individuals served completed consumer surveys this year. The overall satisfaction rate was 92%. Below are the findings from the Community Support Services Consumer Satisfaction Survey:

Question #	Question	Percentage
1	I am treated with dignity and respect.	96%
2	I make informed decisions.	91%
3	CSS has assisted me with linkage to primary care physician.	87%
4	CSS staff are available when needed.	89%
5	CSS staff follow up on my request.	89%
6	CSS staff encourages me to make my own decisions.	90%
7	I actively participate in my treatment plan (goals).	95%
8	CSS assists me with achieving my goals.	88%
9	CSS is respectful of my cultural background.	95%
10	I can freely voice my issues or concerns with CSS staff.	91%
11	I am satisfied with MHAEM's response with COVID-19.	92%
12	Overall, I am satisfied with CSS services.	93%

CSS Highlights

Due to the continuing public health crisis, telecommunication services were offered to the consumers enrolled in Community Support Services. As the health crisis transitioned and vaccinations became available, face-to-face services returned to ensure consumer needs were being met. During face-to-face interactions, both staff and consumer are required to wear personal protective equipment for safety reasons. If a consumer remains uncomfortable with face-to-face interaction, telecommunication is offered to ensure the contact is being made and consumers' wellness is being assessed.

Community Support Services participated in four COVID-19 vaccinations clinics hosted by MHAEM that were held at MHAEM's Morris County campus in Parsippany and Prospect House in East Orange. Staff transported consumers who were interested in receiving the vaccine to and from the clinic. Staff were on site to discuss any concerns consumers may have had and potential side effects.

Community Support Services Program Director continues to work with the Community Assessment Team in Morris County, "Neighbors in Need," in their on-going leadership to launch the Landlord Support Program. This program will be led by Monarch Housing Associates with services being provided by MHAEM and Family Promise of Morris County. The Landlord Support Program is targeted to launch on January 1, 2022.

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

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

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

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

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

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

All CSS staff, through Relias Learning, were trained on various topics which included but were not limited to HIPPA for Healthcare Professionals, Corporate Compliance and Ethics, Cultural Diversity, Co-Occurring Disorders, Coordinating Primary Care Needs of People with Serious and Persistent

Mental Illness, Illness Management and Recovery, Nutrition and Exercise for Clients with Mental Illness, Incorporating Recovery Principles and Practices into Mental Health Treatment, Case Management, Crisis Management, Overview of Suicide Prevention and Psychiatric Rehabilitation. In addition, CSS staff are trained in WRAP (Wellness and Recovery Action Plan), Motivational Interviewing, Safety in the Community and CPR.

The CSS staff continue to provide information and education to each individual on Psychiatric Advance Directives. CSS offers assistance in the development, modification, execution and registration of a Psychiatric Advance Directive. CSS Recovery Coordinators attended a Psychiatric Advance Directive training held by the Division of Mental Health and Addiction Services; this training was held to discuss the new system that is being implemented to assist individuals with registering a Psychiatric Advance Directive.

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

Advocacy Activities

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

Due in part to the agency efforts, DMHAS increased their Fair Market Rent to match the 2020 HUD standards.

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

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

SUPPORTED EMPLOYMENT SERVICES (SES)

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

Personnel

Supported Employment Services is staffed by three full-time employees which includes the master's level Program Coordinator and two Employment Specialists who have a minimum educational requirement of a BA or BS in a related social service field. Supported Employment staff is culturally diverse and represents the local population which MHAEM serves in Essex County. For fiscal year 2020-2021, SES operated with one full-time Employment Specialist.

Supported Employment Services

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

Caseload

Between July 1, 2020 and June 30, 2021, SES served 100 clients. There were 52 new clients referred and 26 accepted from various sources such as: self-referrals, jail diversion, PATH, Collaborative Justice Services (CJS), Assisted Outpatient Treatment (AOT), Prospect House (PH), Integrated Case Management Services (ICMS), Northwest Essex Community Healthcare (NWECH), Community Support Services (CSS), Greystone Park Psychiatric Hospital, Ancora Psychiatric Hospital, Trenton Psychiatric Hospital, Community Psychiatric Institute, and Family Connections.

Demographics

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

Performance Outcomes

The target number of clients served was 130. SES served 100 and achieved 77% of our goal. SES placed 20 clients into full-time employment (33%), and placed 32 clients in part-time employment at (32%) and five clients were replaced on a job (15%). At the end of this fiscal year, SES caseload was 68.

The unemployment rate in NJ is 7.3% as of June 2021 due to the COVID-19 pandemic. SES placed 4.25 % of our clients into employment within 120 days of their entry into the program. One hundred percent (100%) of the clients were placed in an occupation of their choice. At the end of the year, 10.25% of clients retained employment for three months or more. The Employment Specialist worked diligently to motivate clients and made multiple outreaches to ensure a smooth transition. Staff engaged clients to participate in Job Readiness activities, which focused on multiple areas including interviewing skills, work ethics and positive communication. The target wait for intake is three business days and admission to the program is within one day. Individual service plans were established with the clients input and were reviewed monthly and quarterly. Progress was also reviewed as necessary to help the clients to meet their objectives. The staff/client ratio is 1:35, respectively. Due to the pandemic, many consumers decided to put work on hold due to fears of becoming exposed to the virus. 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 be more focused in documenting all areas of job development and client contact to meet our goals.

Consumer Satisfaction Survey

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. The Consumer Satisfaction Survey was made available to all consumers by SurveyMonkey and sent by email and by postal mail with a self-addressed/stamped returned envelope. Of the surveys distributed, there were 16 returned responses. There was an overall 89% satisfaction with SES services.

Training

Specialized training workshops for staff continued throughout the year:

- WRAP
- Psychopharmacology
- Effective Job Coaching
- Motivational Interviewing
- Safety in the Community
- Pathways to Healing Prejudice, Racism & Discrimination
- Gender Issues in Social Work & Case Management
- Illness Management and Recovery Model
- Cultural Competence
- Crisis Management

Highlights

- Individuals were employed in competitive jobs as Food Service Workers, Retail Workers, Home Health Aides, Certified Nurse Aides, Sanitation, Housekeeping, Package Handlers, Case Manager and Office Assistants.
- Employment Specialists provided ongoing support for Warm Line Peer Support Specialists.
- More than 50% of SES caseload have been vaccinated for COVID-19 through MHAEM Vaccination Clinics or other community resources.
- Some consumers and families were provided with a turkey dinner for the holidays.
- Consumers were provided with bus cards or transportation funds until they were able to appropriately budget on their own.
- MHAEM has staff who are Certified Application Counselors to assist those without health insurance to apply for coverage.
- One third of SES caseload continued to work as essential workers during the COVID-19 national pandemic.
- SES continued to be an internship site for Rutgers School of Health Professional's Psychiatric Rehabilitation Program.

Advocacy

- Monthly Outreach Community Meetings to increase collaboration and in-house referrals.
- Participation at Professional Advisory Committee (PAC) Meetings.

Recommendations for Fiscal Year 2021-2022

- SES will continue to collaborate with community providers to secure work opportunities through word-of-mouth or resources within their organizations/agencies.
- SES will continue to work on improved employment outcomes and reduced gaps in the service system with increased linkages and smooth transitioning of services for consumers.
- SES will continue to re-engage consumers for in-person services over fiscal year 2021 as deemed able.
- SES will continue to provide COVID-19 education, especially as it pertains to their work goals and assist all consumers to receive the vaccine.

Family Resource Center (FRC)

The FRC includes the following programs and services:

- I. IFSS - Intensive Family Support Services – Essex and Sussex County**
- II. “Thursdays” - Family Respite Consumer Drop-In Center**
- III. Project F.ER.S.T. – Family Emergency Room Support Team**
- IV. East Orange School-Based Counseling**
- V. Montclair Child Development Center - Mental Health Consulting**
- VI. Information and Referral Services**
- VII. NJPAC – MHAEM Collaboration**
- VIII. NJ Hope and Healing Program – CCP – Crisis Counseling Program**

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

Description: Intensive Family Support Services are designed to provide support, education, advocacy, and respite to family members who are coping with the mental illness of a loved one. As the world adapted to social distancing restrictions in response to the global pandemic, IFSS services were delivered remotely using virtual platforms which made it easy for family members to access support despite isolating conditions. Through individual supportive counseling sessions, psychoeducational workshops, family support groups, respite services, and telephone consultations, families learn skills to help them cope with the associated stress of caring for a loved one with mental illness within the context of a global pandemic.

Location and Hours of Operation:

IFSS Essex - Services are provided from the office located at 33 South Fullerton Avenue, Montclair. IFSS hours are Monday through Friday, 9:00AM to 5:00PM, with evening availability for appointments, workshops and support groups. Families can also reach out and connect to an Essex IFSS on-call worker anytime the agency is closed.

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

Personnel:

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

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

Essex Program Highlights:

During fiscal year **2020/2021**, IFSS facilitated **106 virtual family support group sessions** and conducted **31 psychoeducational workshops for families**. Of these, **17 sessions were interactive workshops with a focus on respite** to provide relief from the stress of caregiving for family members and to help counter the traumatic impact of the global pandemic. Collaboration between IFSS Essex and Sussex programs was maximized due to ease of access afforded by virtual programming. This allowed families across counties to take full advantage of the range of services offered by both teams. In addition to traditional workshops and groups, families were given opportunities to engage in expressive arts, mindfulness meditation, and therapeutic movement. Families were invited to experience the relaxation of a Chinese tea ritual and participated in a coffee making presentation from a local business owner. As agencies adapted to changing CDC guidelines for in-person work and learning, IFSS provided education to promote mental health literacy for library staff, educators, and law enforcement.

IFSS continued to work on its mission of stigma busting through participating in the **National Alliance for Mental Illness (NAMI) Walks virtual event on September 29, 2020**, and by collaborating in an ongoing partnership with **NJ Transit through a twitter campaign during April and May of 2021**.

Family Support Groups: IFSS Essex offered four distinct opportunities for families to engage in professionally facilitated support groups during the past fiscal year: A weekly Thursday morning session, a twice a month Wednesday evening session, a monthly evening meeting of adult siblings of people with mental illness, and a twice a month Family and Consumer Connection (FCC) group. The FCC group is a structured, problem-solving group attended by both family members and mental health consumers to increase understanding about mental illness, improve socialization, teach coping skills, and foster connection. Of note, **IFSS Essex facilitated 56% more support group meetings this fiscal year**, as compared to the previous year. **(106 sessions in FY 2020/2021 as compared to 68 sessions FY 2019/2020).** **Here's what families have said about IFSS Essex facilitated support groups:** "I am connected to others that are in the same situation and we are a true community." "The support of the groups - it's like a family, which I don't feel alone anymore..." "The group I attend is so helpful I never want to miss a session..."

Psychoeducational Workshops for Families: Topic highlights covered by psychoeducational workshops for families included **Managing Mental Health While Returning to School during COVID-19**, **Talk Saves Lives**, with Suicide Prevention Director, Tracy Klingener, **Coping with the Holidays Parts One and Two**, and **Future Planning**. IFSS Essex invited CSS Director, Taisia Koeppel, to help demystify housing options for mental health consumers and to share information about the local **Community Support Services program**. IFSS also hosted agency nurse, Jessica Velasquez, who provided families with science based, up-to-date **information about COVID-19 vaccines** during two information sessions with Q&A segments. Communication tools, limit setting, and understanding marijuana's impact on the brain were explored in joint workshops co-facilitated with members of the IFSS Sussex team.

Arts-Based Respite Workshop Series: IFSS art therapist, together with three graduate interns from Caldwell University and Montclair State University, created and implemented a virtual workshop series for families. Psychoeducational elements were reinforced utilizing hands on expressive arts activities related to each topic. Attendees used materials readily available at home and art materials were mailed out to individuals who requested them. Topics included science-based information about schizophrenia, bipolar disorder, limit setting, self-care, building resilience, and coping with the emotional impact of mental illness.

Additional stand-alone workshops in response to the increased stress of the COVID-19 pandemic included a **September 11th Hands of Healing Workshop** to help family members cope with grief and loss, and **Creating a Love Map: Self-Care as a Form of Activism** with special guest, author Stacy Russo.

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

Fragile Freedoms Town Hall: Disparities in Our Community, a community-wide, virtual conversation moderated by activist, James Johnson, with remarks by Congresswoman Mikie Sherrill and Artist Maggie Meiners, was hosted by the Montclair Art Museum. On **March 18, 2021**, IFSS Counselor, Renee Folzenlogen joined Anne Mernin, Director of Toni's Kitchen and Masiel Rodriguez-Vars, Director of Montclair Fund for Educational Excellence, in this panel discussion, and facilitated a breakout room for open discussion about the mental health needs of the community. Crisis Counseling Program Team Leader, Genaya Palmer, and NAMI Essex/Passaic Family Advocate, Susan Eisenhauer, provided information about their programs. This was a Facebook Live event with an eye on building partnerships and programs to address community needs.

Law Enforcement Education: In June of 2021, IFSS created a recorded presentation on the Family Perspective, at the request of the West Orange Police Department, to be utilized in their mental health literacy and anti-stigma training program for officers. The 30-minute presentation provided information about the impact of mental illness on the family, how families can be an important resource to law enforcement during a crisis, the impact of stigma, and cultural considerations for people of color. The presentation provided an overview of mental health resources, a description of IFSS, and a brief history of NAMI. This video was created in lieu of in-person trainings due to the social distancing requirements in response to the pandemic.

Mental Health Themed Exhibits and Events: NAMI Walks virtual event on September 29, 2020. In a collaboration with NAMI Essex/Passaic, IFSS staff recorded a slide show presentation of MHAEM's **Inside Out Project Group Action, *Out in the Open. In it Together***, comprised of evocative, larger than life sized portraits and personal statements of strength and resilience written by individuals impacted by mental illness. This presentation reached around **900 people** through Facebook, Instagram and Zoom platforms during NAMI's annual event, which was conducted virtually due to the pandemic. **During April and May of 2021, this group action continued to be in the public eye**, raising awareness of mental health issues. **By invitation of NJ Transit**, IFSS staff created a series of #erasesthe stigma messaging with links to mental health resources, which were posted on the NJ Transit Twitter account with a reach of over 300k followers.

- <https://twitter.com/NJTRANSIT/status/1374798271982485513>
- <https://twitter.com/NJTRANSIT/status/1380995259950333952>
- <https://twitter.com/NJTRANSIT/status/1382059021570609159>



Images: 1. Arts Respite Materials Kit 2. Portrait from NAMI Walks slideshow. 3. Excerpt from “In the Mix” Spoken Word Poem

Sussex Program Highlights:

IFSS facilitated **77 family support group sessions** and **32 psychoeducational program sessions** during the fiscal year 2020/2021. These were programs designed to teach families and/or the community about diagnosis, treatment options, available services, and coping skills they need to know to help their loved one. Psychoeducational Community Presentations include:

How to Talk About Suicide with Your Loved One, and Coping with the Holidays, a Family Workshop brought families together virtually to discuss the specific stressors related to caring for a loved one with a mental illness during the holiday seasons. IFSS Sussex provided **eight** additional trainings to Sussex County that reached individuals with mental illness and their families, agency staff, school superintendents, faculty, and parents. A webinar reviewing suicide prevention skills was presented by Sussex IFSS to **185 employees** of the BASF Corporation.

The Benefits of Family Involvement in Treatment was another presentation by Sussex IFSS that focused on evidenced-based practices and clinical outcomes. This was presented to the clinical personnel of mental health agencies across Sussex County. The aim was to increase the recognition of the value of family collaboration on the treatment goals of the individuals served. The following agencies participated: Western Region Crisis Team, Atlantic Health PES, Atlantic Health Newton Behavioral Health Outpatient Clinical Services, Bridgeway Sussex Team PATH/ICMS programs, Bridgeway Sussex Team Partial Care program, and Advance Housing, Inc. staff. This workshop content was also adapted for mental health consumers and delivered in a special presentation at the Bridgeway, Inc. Consumer Forum.

What to do when someone you know is in a mental health crisis: How to become a mental health first aid responder, was presented to parents, professionals and community members of Family Partners of Morris and Sussex Counties. Participants received information on Mental Health First Aid certification.

A Film Screening of “Scattering CJ” was hosted by the Sussex County Commissioner, Sylvia Petillo, and the Sussex County Division of Community and Youth Services. This film explored the devastating effects of suicide on a family and their activities to honor their son’s memory in a unique way that paid homage to his love for travel. Sussex IFSS Program Coordinator and MHAEM Suicide Prevention Services Director participated in a panel discussion after the film.

At Greystone Park Psychiatric Hospital, IFSS Sussex continued to advocate at the *Concerned Families Group* monthly meeting in order to assist Sussex County families in advocating for their loved ones who are hospitalized at Greystone.

Holidays in December, A Virtual Family Respite event, was held by the Sussex IFSS team. Families were invited to share a recipe for an appetizer or dessert, bring their food and beverage, and join in the holiday festivities with their favorite holiday apparel. Surprise entertainment was provided by a family member on the bagpipes!

IFSS Essex and Sussex Collaborations and Virtual Services:

IFSS Essex and Sussex continued to provide all IFSS services (family consultations, support groups, educational seminars and respite events) remotely through telehealth or phone consultation, keeping families connected to the program while maintaining health and safety of all participants. Implementation of remote services continued throughout the fiscal year with staff and families across counties adapting well to the convenience and safety of these modalities. Virtual workshops included the following:

Both IFSS programs joined to host a webinar on **Limit Setting** designed to teach families how to cope with behaviors in their home especially during the pandemic which had forced the closure of community-based programs and services. **Communication Workshop Part I and II** were presented to about 50 family members of people with mental illness who learned about types and goals of communication and engaged in Q&A and role play to reinforce strategies such as reflective listening. Participants learned about the LEAP framework of communication developed by Dr. Xavier Amador. Counselors from both teams co-facilitated a follow-up discussion for attendees of these workshops to practice communication tools through role play and discussion.

Another joint collaboration was on the topic of **Housing and Community Support Services** which was presented by Harry Reyes, Assistant Division Director of NJ DMHAS. Mr. Reyes discussed housing options, availability of state housing vouchers, NJ rental assistance, Community Support Services, and the referral process.

Richard Miller, an attorney from Mandelbaum-Salsburg law firm, presented a workshop, **Future Planning For Your Loved One** where information about estate planning and special needs trusts were shared with IFSS families.

Mary Jean Ellis, an attorney for people in need of applying for Social Security Disability Benefits or Supplemental Security Income, answered questions and reviewed the application process in her presentation entitled, **Helping individuals and their families with Social Security Disability Benefits and SSI**.

Javier Argueta, Senior Coach, presented, **Wellness Respite Services**, a workshop that provided information to families about respite housing services in NJ as a safe alternative to psychiatric hospitalization.

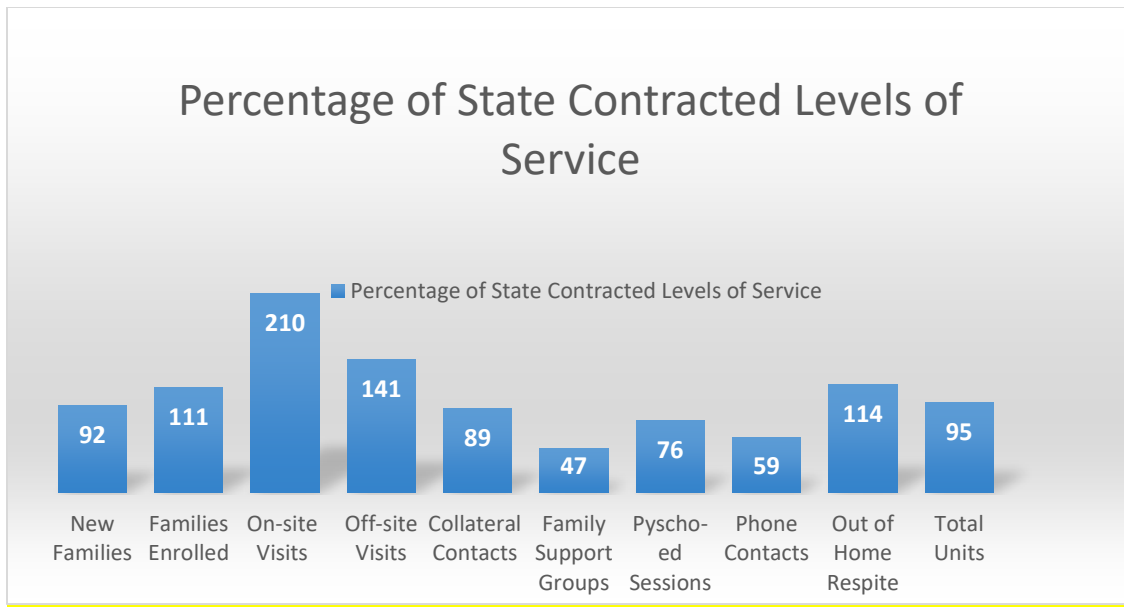
IFSS Essex and Sussex hosted Director of Prevention Services, Tina Aue, and Youth Prevention Specialist/Coalition Coordinator, Laura Burger, from Center for Prevention and Counseling presented, **The Impact of Marijuana on the Brain and Our Behavior**, to provide information to families on this important topic.

Performance Outcomes: IFSS Essex

The IFSS Essex program produced **2,212 units of service, 105% of its overall targeted program commitments for the 2020-2021 fiscal year**. Supportive Telephone Contacts (176%) significantly exceeded contracted thresholds, as did telehealth virtual counseling sessions (127%) and Multiple Family Support Groups (114%), which were all conducted remotely. Psychoeducational Sessions, conducted through virtual platforms, were lower than expected (66%) with more families opting for supportive counseling, family support groups, and interactive respite services utilizing expressive arts and other therapeutic modalities. This shift in utilization may suggest the isolating impact of trauma from the pandemic, with families seeking increased connection. Social distancing guidelines from CDC continued to be in place, prohibiting in-person services, which accounts for the lack of in-home respite, face-to-face respite, and off-site face-to-face contacts. Due to CDC restriction of in-person services, the “Thursdays” drop-in group for mental health consumers was suspended for the entire fiscal year. This accounts for the low percentage of out-of-home respite contacts. Collateral contacts continue to be an area identified for improvement by the team. **IFSS Essex was able to serve 240 individuals from 187 families.**

Performance Outcomes: IFSS Sussex

IFSS Sussex produced 1,640 units of service, 95% of its overall targeted program commitments for the fiscal year 2021. The program provided levels of service exceeding program commitments specifically in four areas: enrolled families, on-site visits, off-site visits, and out-of-home respite.



IFSS Sussex: Total of numbers families served - 83 Total number of individuals served - 113

Performance Indicators: IFSS Essex

Accessibility: IFSS adapted to the challenge of the pandemic by offering all services remotely which allowed for continuity of support even when the pandemic warranted agency staff to work from home. In this past fiscal year, **89%** of families indicated that IFSS staff were available when needed. This data is based on combined responses to questions 1 and 5 on the Annual Satisfaction Survey.

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

Effectiveness: IFSS measures the effectiveness of its services by recording changes in a family’s perceived level of concern and stress over a six-month time frame. IFSS used a statewide uniform method of calculation with a NJDMHAS approved instrument called the Family Concerns Survey. After analyzing pre and post survey scores, IFSS families indicated a **10% reduction in stress** (statistically significant) for this fiscal year as a result of receiving family support services. This indicator remained consistent, despite the additional stress of the pandemic. IFSS Essex adapted programming to address the increased isolation and reported stress of the pandemic by increasing the frequency of family support group meetings, and by providing updated information about CDC safety guidelines and vaccine eligibility. Staff also focused on respite services and stress reduction strategies for families. These family driven program adaptations may have contributed to this year’s significant reduction in levels of concern for families.

Technical Data: Monthly chart audits of all active IFSS families were implemented with an annual compliance rate of 77%. This is an area targeted for improvement in the next fiscal year.

Performance Indicators: IFSS Sussex

Accessibility: According to families who responded to our 2021 Satisfaction Survey, IFSS Sussex has shown an accessibility rate of 95% as indicated by the responses to the question, “Was it easy to find out about this program?”

Efficiency: The Wait for Service measurement is a state and agency-generated indicator based on high standards of professional practice that indicate efficiency. IFSS Sussex exceeded the program's expectation for wait for service which was measured at *<1 day wait for service, <4 days wait for intake.*

Effectiveness is measured by the IFSS Family Concerns Scale. This measures effectiveness and impact of services on family stress. An average of a 3% reduction in levels of stress/burden was reported by families in the past year. Given the increased level of stressors experienced by individuals with mental illness and their family caregivers, this rate remains significant.

Satisfaction Data: IFSS Essex

Satisfaction with the IFSS program was measured by the NJDMHAS approved instrument that was sent out to approximately 170 families in May of 2021. With a 10% return rate, 17 questionnaires were returned to MHAEM's QA Coordinator, who aggregated the raw data for further analysis. The data showed that 71% of respondents were parents, 12% were siblings, 11% had a parent with mental illness, and 6% identified their relationship as other, which could indicate a grandparent, friend, neighbor, or other relationship. **Families reported a 97% overall satisfaction rate.**

Here's what families have to say about their experience with IFSS Essex:

"We started lost, alone and afraid. We now structure our lives around whatever they have to offer. We feel more empowered, educated and less fearful."

"I no longer feel alone, I am better prepared to handle the future, whatever it may bring."

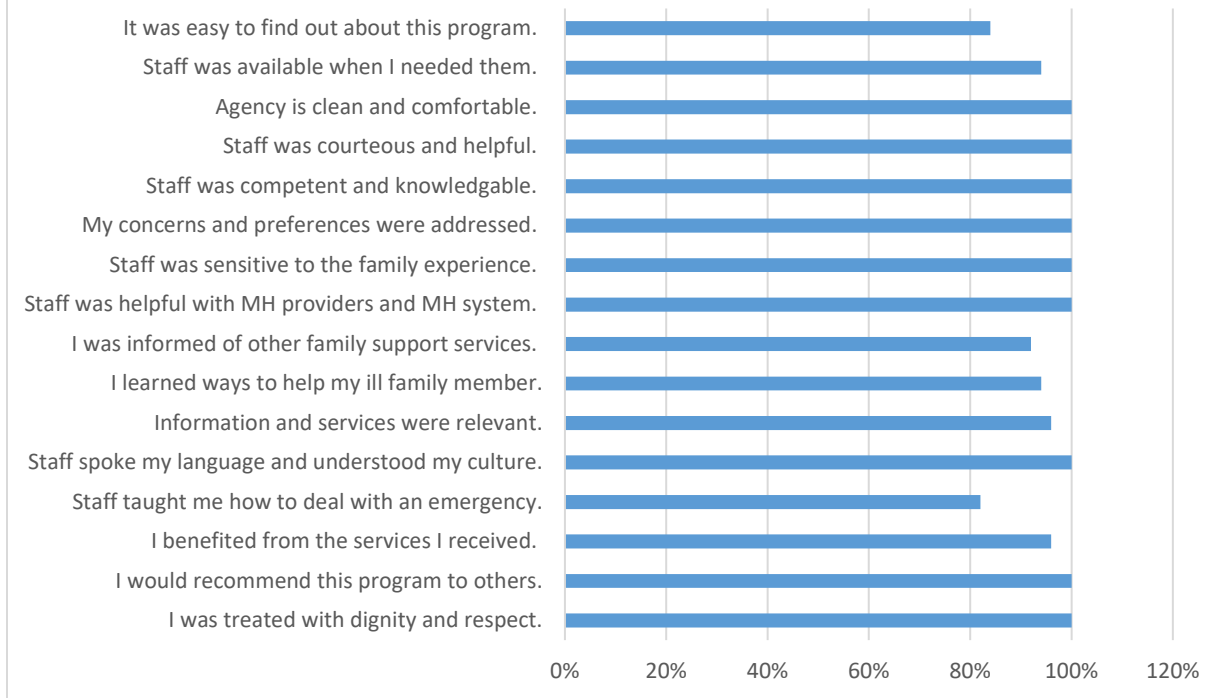
"The program can provide unknown beneficial information to people who have mentally ill family members. They can also provide various ways to deal with your family member, i.e., how to talk to them when they are in crisis, how to establish barriers so they don't completely take over your life."

"I have learned SO much about mental illness, medication, communication...the list can go on and on. In addition, I know that I have lots of support out there and several people I can call or email if I need them."

"When a family member is in crisis, it's emotionally difficult to navigate the healthcare system without help. This program provides information, comfort, and support when needed most. We are very grateful."

'This is hands down the best, most knowledgeable and most caring group of on the ground people who know about and have strategies to deal with a loved one with mental illness.'

IFSS Essex Family Satisfaction Survey Analysis FY 2020-2021



Satisfaction Data: IFSS Sussex

According to the 24-item survey, standardized and mandated by NJDMHAS for IFSS programs, the **overall satisfaction level of IFSS Sussex families was determined to be 100%**. This result was calculated based on responses to the questions 18 and 19, asking if families benefited from the services, and if they would recommend the services to others.

Below are a few comments from IFSS Sussex responders:

What I like most about IFSS is, “The support which is given in group and also the one-on-one support that is available to help me navigate my own unique issues. Support is readily available. I am very grateful to have found this help.”

“The counselors and meetings have helped us to gain insight into our loved one’s condition and how to help us cope with and manage it.”

“This program offers support that is needed for family members. It also provides various lectures and informational programs to assist various concerns.”

“I realize I am not alone. There is support through knowledgeable and informative staff. The guidance, information and support has been very valuable.”

II. Family Respite Services “Thursdays” Consumer Drop-In Center 2020-2021

Description: For the last 22 years, IFSS Essex has facilitated “Thursdays”, a consumer drop-in center that has met every Thursday for 2.25 hours from 6:30PM to 8:45PM. Through this service, families were provided with 2.25 hours of out-of-home respite and relief from caring for their loved ones with a mental illness. IFSS families have been comforted in the knowledge that their loved one has been able to get out of the house and make positive social connections with their peers, both critical to wellness and recovery.

Personnel: With “Thursdays” shut down by the pandemic, no part-time staff or graduate students were needed. Instead, a virtual “Thursdays” was facilitated weekly by our new Crisis Counseling Program (CCP).

Highlights and Data: The ongoing pandemic forced “Thursdays” to close their doors to protect the safety of the consumers and staff as the focus shifted to expediting vaccinations for all mental health consumers that wanted one. IFSS understood the importance of providing families with respite and providing a social support network for consumers and thus moved “Thursdays” to a virtual format to still be able to connect with consumers. A weekly virtual social connection group was implemented and was able to serve over 12 different consumers in the fiscal year using the Zoom virtual format and through connecting to them by phone. A total of five IFSS families were able to benefit from these respite services.

The virtual “Thursdays” group continued to espouse a wellness philosophy that promoted healthy eating and positive lifestyle choices with the consumers, while checking in with them as to their level of stress as they coped with the ongoing pandemic.

III. 2020-2021 Project F.ER.S.T. – Family Emergency Room Support Team:

Description: Acute Care Family Support (ACFSP) otherwise known as “Project F.ER.S.T.” is the NJDMHAS contracted service component that provides in-person support, education and advocacy to families while they are in local acute care hospital emergency rooms accompanying their loved ones through the psychiatric screening process. As one of the few community-based acute care family support programs in the state, Project F.ER.S.T. has unique challenges with regard to receiving referrals from all of the Essex County acute care hospitals, which include three psychiatric screening centers.

The success of Project F.ER.S.T. relies upon a commitment to maintain relationships with screeners and acute care hospital workers, as these relationships provide Project F.ER.S.T. with the majority of its referrals. As a result, Essex County families benefit from receiving emotional support and education regarding hospital procedures and commitment laws while their loved one is experiencing a mental health crisis.

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

Highlights: During this past fiscal year, Project F.ER.S.T. faced challenges due to the COVID-19 pandemic and the need to quickly adapt to the use of telehealth and teletherapy for service delivery. However, what is unique to Project F.ER.S.T. is that this family support program is designed to provide primarily **on-site** emergency room support to families with a loved one experiencing a psychiatric crisis.

Since mid-March 2020 of the last fiscal year, families were no longer allowed into the emergency room with their loved ones and Project F.ER.S.T. staff needed to work remotely. Throughout the entire 2020-2021 fiscal year, the pandemic continued and families were not permitted into hospital emergency rooms when accompanying their loved ones for a psychiatric assessment. Thus, Project F.ER.S.T. services

operated virtually using telehealth through the Zoom platform and by using telecommunication to connect with families.

Despite these challenges, Project F.ER.S.T. outreached hospital emergency rooms and worked collaboratively with hospital staff to reach those families in need. Staff provided supportive counseling, education and linkage to ongoing services via teletherapy, continuing to adapt to this new and successful model of service. Over the course of the fiscal year, Project F.ER.S.T. served **127** families, 75% of the target number, and provided 252 follow-up contacts to families.

Throughout the year, Project F.ER.S.T. has maintained a presence at the monthly meetings of the Essex County Systems Review Committee, which provided an opportunity to collaborate with community providers and market program services.

Performance Outcomes:

Efficiency: 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. Project F.ER.S.T. data shows that 100% of Project F.ER.S.T. services were provided efficiently, responding to families significantly less than 48 hours from when referrals were received.

Satisfaction: In order to ensure that the highest level of quality services for families are maintained, a 12-item questionnaire is mailed out at the end of each month to families who received services. Due to COVID-19 restrictions, Project F.ER.S.T. was no longer providing services in the ER and staff were unable to have families complete questionnaires in-person. During this past fiscal year, 10 surveys were returned. Upon return of the completed questionnaires, the data was aggregated and analyzed. A weighted average was calculated from the responses for each question.

According to the survey responses:

- 100% of the respondents agree or strongly agree that they would recommend Project F.ER.S.T. and that they were satisfied with the services they received.
- 100% agreed that they were treated with respect by the Project F.ER.S.T. Counselor.
- 90% of families reported they coped more effectively with their loved one's hospitalizations as a result of receiving Project F.ER.S.T. services.
- 90% felt supported and listened to by the Project F.ER.S.T. Counselor.

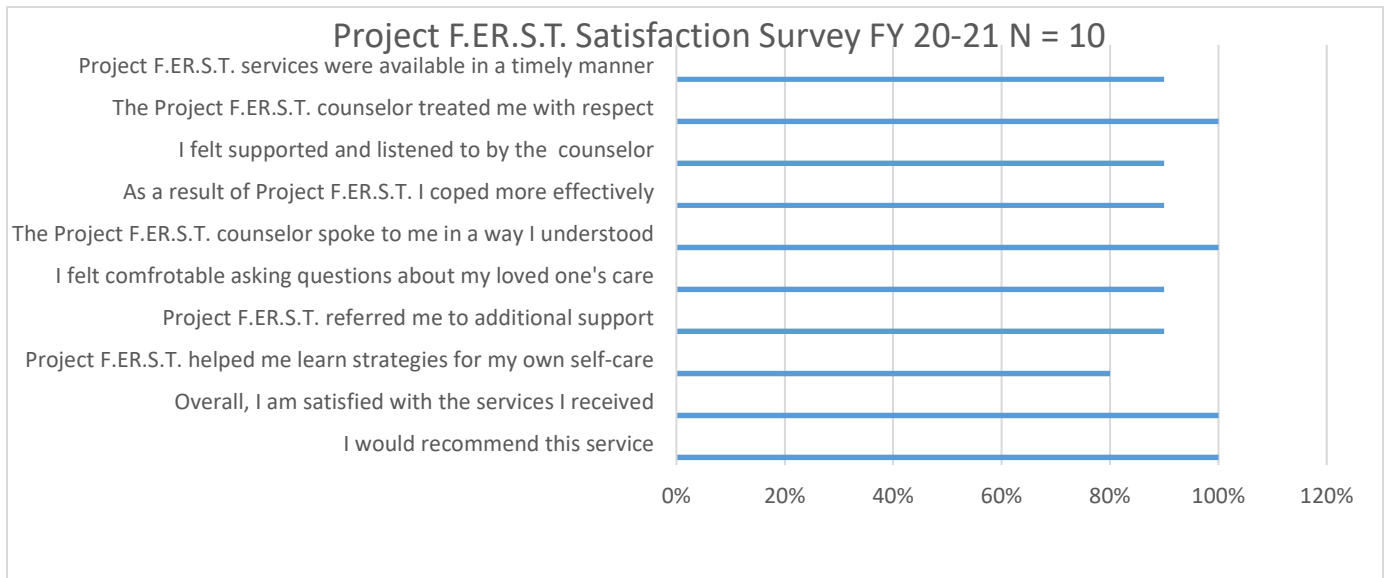
Many families felt compelled to write positive comments on the back of their satisfaction survey. See below for a few of these comments:

"Mel has been amazing. He is very knowledgeable and has been very helpful throughout the process. I am very grateful."

"Over the last two years struggling with my wife's mental illness, Mr. Mel has been there constantly helping me to cope as well as pointing me in the right direction. He is an asset to your team and organization."

"I was very appreciative that someone reached out to me in a timely manner and talked me through coping skills I could use when my loved one came home."

"I truly believe Mr. Bryan went above and beyond to support me at every cost possible. I appreciate the services he provided and continues to provide."



IV. East Orange School-Based Counseling 2020-2021
Description: For well over two decades, the MHAEM has applied for and been awarded a Community Development Block Grant (CDBG) from the City of East Orange to provide supportive mental health counseling services to the high school and middle school students in several East Orange schools.

Personnel: This program utilizes the services of one (1) Part-time Licensed Clinical Social Work Clinician, working with one or two graduate social work interns.

Highlights: When this fiscal year began in July 2020, the pandemic was in full force and the City of East Orange was in lockdown with only emergency essential personnel operating out of City Hall. Consequently, the MHAEM's grant proposal was never reviewed. **Thus, this program was not funded and no services were implemented.**

V. 2020-2021 Montclair Child Development Center - Mental Health Consulting

Description: In the past fiscal year, the MHAEM continued to provide clinical mental health consultation services to the Montclair Child Development Center (MCDC) at their four locations; Montclair, Glen Ridge, Orange, and Belleville for their Head Start and Early Head Start programs. This fee-for-service arrangement has enabled MHAEM to provide MCDC with a licensed counselor and registered art therapist to make classroom observations, assessments and in class supportive interventions. Services and support were also available for staff and parents. Through psychoeducational presentations, both staff and parents are exposed to positive behavioral support strategies.


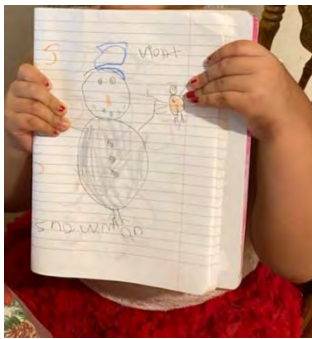
Highlights: Due to the COVID-19 pandemic, the MHAEM Art Therapist/Counselor provided virtual support services for the entire school year. The MHAEM consultant also conducted teacher consultations in order to promote effective classroom-based strategies to better support the children. Virtual services included parent meetings where information related to coping and identifying symptoms of anxiety in children were discussed in relation to COVID-19. An ongoing community-based art directive was implemented to each classroom to create a "community mosaic" featuring every student, teacher and staff member which is now on display at one of their community classroom sites.

During the 2020-2021 school year, the MHAEM Art Therapist/Counselor continued to provide a virtual staff support group to assist staff through the ongoing changes related to COVID-19. Daily activities based on Social Emotional Learning, Mindfulness and Art Therapy were provided for children through an application called Class Dojo, where parents and children were able to interact with the counselor/art therapist. These activities and an interactive virtual support classroom were also provided using Google Classroom. These posts reached 500 children and families on a daily basis. Individualized zoom sessions for children were also offered and completed. Some of the images from these virtual sessions with children are included in this report.

Personnel: one (1) Part-time Mental Health Clinician/Art Therapist working 20 hours each week was able to provide evaluations, assessments, and counseling to MCDC preschool students and their families.

Outcome Data: Over the 2020-2021 school year, a total of 32 unduplicated students and their families were referred for mental health consultation services. Due to the unusual circumstances surrounding this pandemic, performance indicators such as distributing surveys to parents and faculty on observed social and behavioral changes in their children, were unable to be completed.

Below find some work products from the MCDC pre-school children:

1. 
2. 
- 3.



Images left to right: Individual session drawing to “I Am” statements (1), In Class Virtual Activity, drawing following a Snowman guided visualization (2), Example of one class’s mosaic piece featuring self-portraits (3).

VI. MHAEM Collaboration with NJPAC - New Jersey Performing Arts Center Project

Description: Funded by a grant from the Healthcare Foundation, NJPAC and MHAEM entered into a collaborative venture. This collaboration enabled MHAEM to provide mental health support for NJPAC students, parents, and teaching artists as NJPAC implemented their creative programming. In class support was provided to students when tapping into sensitive themes, and ongoing parent support groups were co-facilitated by IFSS, CCP, and CBH Clinicians.

Staffing: Part-time staff included: IFSS (Renee Folzenlogen), CBH (Barbara Brownsword), and CCP (Genaya Palmer) Counselors.

Highlights. During FY 2020/2021, IFSS and CCP Counselors co-facilitated Saturday sessions of *In the Mix*, a student driven workgroup where participants agreed to respectfully share their thoughts and feelings around social justice issues that were important to them. Together with NJPAC staff, the counselors empowered students to speak out about difficult topics such as the impact of racism, bullying, identity, and the pandemic. Students reported improved communication, understanding and empathy, and engaged in creative collaboration through spoken word poetry, music, and dance.

IFSS and CCP Counselors co-facilitated two virtual Creative Rap Sessions for students from Acting, Hip Hop, and Jazz for Teens. For the fall semester Creative Rap Session, students and NJPAC staff were invited to participate in a sound meditation using an item they could safely make noise with. CCP Counselor led the students in creating 3D symbols of identity using aluminum foil, masking tape, and markers. In the spring semester, the Creative Rap Session was broken up into two different activities – free writing and music. MHAEM staff helped students highlight words from a particular prompt, create a six word story out of the words, and share it in the chat or to read it aloud. NJPAC teaching artists facilitated the music segment. Students explored and openly engaged in discussion about artists who combined elements of Jazz and Hip Hop in their music.

CCP Counselors facilitated two virtual Mindfulness Workshops for parents and guardians. The fall semester workshop consisted of leading parents and guardians in a guided imagery and art therapy activity. In the spring semester, CCP Counselor led parents and guardians in a three sighs breathing exercise. Parents discussed about the health benefits of breathing, the cultural practices of breathing, and self-care. CBH and CCP Counselors facilitated monthly virtual parent and guardian support groups. Parents and guardians expressed their gratitude for counselors, citing how much they needed safe spaces to communicate their concerns of parenting young artists during a global pandemic. IFSS, CBH, and CPP Counselors also provided program updates at virtual Coffee Talk parent meetings once a month. The counselors worked with NJPAC staff to create a new evaluation framework called SEED impact, which was used to map social emotional interaction and assess mental health outcomes.

VII. Information and Referral Services 2020-2021

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

Data Highlights: The entire 2020/2021 fiscal year was impacted by the ongoing pandemic. While the agency quickly pivoted to virtual services due to the COVID-19 pandemic, the impact of closing the agency doors for in-person visits, along with all staff and students working from home, resulted in a significant decline in **recorded** I&R requests.

MHAEM staff and graduate students primarily worked from home and requests for information and referrals were transferred to their cell phone or email. During the summer and into the fall of 2020, new graduate students were trained virtually in handling these requests through a virtual format. Despite all personnel being trained to complete data sheets for every I&R handled, it was difficult to track the I&Rs being completed by a number of virtual staff. Throughout their clinical internship over the year, very few, if any of the department's graduate students, appeared in-person at the office and thus never had the opportunity to file their I&R data sheets. Consequently, many I&R sheets never made it back to the agency I&R files for this fiscal year.

Data collection revealed that during this fiscal year, only a total of 250 I&R documented requests were received. However, anecdotal evidence and reports from all staff and students indicated that this number was clearly under reported as all reported that they were quite busy with requests from the general public for support and information due to presenting concerns of anxiety, grief and depression.

VIII. NJ Hope and Healing Crisis Counseling Program (CCP)

Description: The NJ Hope and Healing Crisis Counseling Program (CCP) is a short-term disaster relief FEMA (Federal Emergency Management Agency) and SAMHSA (Substance Abuse and Mental Health Services Administration) funded project which addresses the emotional and behavioral health needs of NJ residents affected by the COVID-19 pandemic. On September 15, 2020, MHAEM was awarded the Regular Services Program (RSP) grant in the amount of \$175,556.00. Funding for this RSP grant period closed on June 21, 2021. MHAEM was approved for a cost extension which began June 22, 2021.

Crisis counselors provided support using the CCP model. The CCP model is strengths based, outreach oriented, and encourages cultural awareness. Crisis counseling is typically conducted in nontraditional settings, designed to strengthen existing community support systems, and based on an assumption of natural resilience and competence. Crisis counselors served the following populations throughout Essex and Morris counties in the form of brief individual counseling, brief family counseling, support groups, psychoeducation presentations, workshops, events, referral and resources linkage:

- School-Age Community (K-12 students, parents/caregivers, teachers)
- Young Adults and College Community (students, employees, staff)
- Mental Health and Substance Use Consumers
- Individuals with Access and Functional Needs
- Older Adults

Personnel: One (1) F.T.E. Team Leader Crisis Counselor, Three (3) F.T.E. Crisis Counselors

Highlights: During the fiscal year 2020/2021, CCP facilitated **144** virtual group counseling sessions, **37** psychoeducation presentations, and provided **275** brief individual counseling sessions.

Group Services: CCP Team facilitated the following groups: Holiday Discussion, COVID-19 Support, After School Chat and Craft, Unwind with Us (textile group), Consumer Thursday, and Fun Zone Friday. Two of these groups are described below.

The **After School Chat and Craft** were virtual support groups facilitated by trained Art Therapists where children and teens conversed and de-stressed using art. These groups were created in direct response to the changes, uncertainty, and stress brought on by COVID-19. With **150** registrants, these groups have been well attended since its onset in December 2020. Due to the high demand confirmed by school counselors, teachers, parents, and guardians for children's groups, an additional group was created in March 2021 to help this population connect using different art-based activities each week. Therefore, a total of three groups – two for children (ages 7-12) and one for teenagers (ages 13-17) were conducted each week.

The CCP Team had the wonderful opportunity to expand this group by partnering with Heidi Woo, Occupational Therapist and Ceramicist, to provide another artistic medium – clay. By mid-April 2021, the CCP Team implemented a virtual 5-week After School Chat and Craft: Ceramic Edition Group for youth (ages 9-13). The children participated in mindfulness guided visualizations, learned how to make salt dough using household items, and created emoji using donated self-drying molding clay. During the third week in June 2021, the CCP held their final groups for the After School Chat and Craft. Parents and guardians expressed gratitude for the groups. Children and teenagers cited they enjoyed having the space to connect and create.

Consumer Thursday Group: In 2020, the COVID-19 pandemic disrupted or halted many mental health services. Physical distancing policies, including stay-at-home orders, made it difficult for people with mental health and substance use disorders to access in-person services. Our connections with mental health related programs within our agency, allowed us to reach out to individuals within this special population. To help fill this gap and need, our team partnered with the agency's staff to create a virtual Consumer Thursday Support Group offering weekly connection for mental health and substance use consumers.

Psychoeducation

In collaboration with the Montclair Department of Health, the CCP Team conducted two Facebook Live events on **Navigating Life as a Student during the Pandemic** for high school and college students. The CCP Team facilitated virtual presentations for the school-age community from Barringer High School (Newark, NJ), Whitney E. Houston Academy of Creative and Performing Arts (Newark, NJ), Montclair Child Development Center (Montclair, Glen Ridge, Orange, NJ), and Cedar Grove High School (Cedar Grove, NJ) in order to support them through this pandemic. In partnership with Family Partners of Morris and Sussex Counties and Atlantic Health System, the CCP Team co-facilitated a virtual presentation that addressed concerns about youth returning to school. Other pandemic related presentations were facilitated for; (1) the Educational Opportunity Fund (EOF) staff members at Caldwell University, (2) Intensive Family Support Services (IFSS) of Essex and Sussex family members, (3) 174 adult clients from Essex County Drug Court, and (4) adult students of the Vision Loss Alliance of New Jersey (VLANJ).

The CCP Team co-facilitated a virtual presentation on the **Impact of COVID on Teenagers' Mental Health** with Tracy Klingener, MHAEM's Director of Suicide Prevention Services, and Tammy Williams, Councilwoman Township of West Orange. During mental health awareness month, the CCP Team presented information on **COVID-19's Impact on Mental Health within the Black and Brown Communities** to children and parents from the Jack and Jill Foundation - Morris County Chapter's Gavel Club and members of Montclair National Association for the Advancement of Colored People (NAACP) Chapter. In an effort to connect and support older adults, the CCP Team conducted a virtual presentation on **Nurture and Nourishing Plan: Reintegrating into the Community** for older adults at the Aging in Montclair (AIM) organization.

Self-Care Events

The Associate Director of Human Resources and Coordinator of Counseling and Student Services from County College of Morris (CCM) reached out to the CCP Team to develop workshops centered on mindfulness and self-care. The CCP Team facilitated a virtual **Bring Your Own Pet (BYOP)** event and collaborated with Sarah Jones, Founder and CEO of Fierce Bodhi Yoga, to conduct a virtual **Self-Care through Movement** event for CCM faculty and staff. Other virtual self-care events incorporated the use of art-based activities from participants such as a young widows' grief group who lost their spouse during COVID, adults from MHAEM's Virtual Family Fun Night, and employees from NJ Dept. of Child Protection & Permanency (DCP&P).

In collaboration with Sinofilia Tea Shop, a local business in Boonton, NJ, the CCP Team provided an hour of self-care and connection for adults on March 29th. Tea Master, Feng Xiao, facilitated a traditional Chinese Tea Ceremony that symbolized tranquility, healing, and peace. This educational yet uplifting experience helped participants to slow down, stay grounded, and enjoy tea with others on a virtual platform. On June 4th, the CCP Team collaborated with Paper Plane Coffee Co., a local business in Montclair, NJ, to provide another virtual hour of self-care and connection for adults. Individuals expressed gratitude for the ability to hear stories, connect with others, and share how they practice mindfulness with their coffee.

Outreach

In April 2021, the CCP Team participated in Montclair Mutual Aid's Food Drive at Glenfield Park in Montclair. For the first time in-person, CCP provided brief education and support as well as handouts/flyers. People of all ages were invited to create messages of hope and resilience. By May 2021, the CCP Team was asked to attend an informational tabling event to showcase their services to residents from two locations in Newark, NJ - Garden Spires Apartments and Spruce Spires Apartments. The CCP Team also provided emotional support and program information to individuals at the mobile vaccination event hosted by Toni's Kitchen at St. Luke's Episcopal Church in Montclair, NJ. Montclair Fund for Educational Excellence (MFEE) invited the CCP Team to provide brief support and program information to individuals at their vaccination event. This event was in partnership with Essex County and took place on June 6th at the Wally Choice Center in Glenfield Park.



Image: Messages of hope and resilience from individuals at Montclair Mutual Aid's Food Drive – Glenfield Park, Montclair, NJ

Networking and Coordination

Community networking and coalition building opportunities provided the CCP Team larger platforms to share program information. With pastors, educators, and health care providers, the CCP Team participated in Congresswoman Mikie Sherrill's roundtable discussion on the impact of COVID on the African-American community. In April, the CCP Team met with Carl Gould (Growth Advisor, Speaker, and Author) to pre-record a podcast discussion on employees returning to the workplace, feelings associated with this, and emotional supportive services. This podcast episode is expected to be released in September 2021. With CCP's internal contact through the Hope One Van, the Team were able to have program flyers and contact information distributed. The CCP Team also collaborated with local food pantries such as, Toni's Kitchen and Nourish.NJ, in order to distribute flyers to homebound older adults who receive food deliveries, and adults who are able to visit the food pantries in-person to pick up meals.

Marketing and Media

Innovations in our use of technology allowed our team to expand our program information on all of our social media platforms. Communication vehicles included: the agency website, e-blasts to agency's substantial distribution list, social media platforms (Facebook, Instagram and Twitter), and printed materials (flyers, mini flyers/business cards) left in public places (hospitals, libraries, pharmacies). The CCP Team had the opportunity to create a text line (973-380-0507) and launched a webpage on MHAEM's website. Program services were advertised in a radio commercial on WDHA 105.5 - The Rock of New Jersey, in a Montclair Local News article, and in a Seton Hall University (SHU) vs. Butler men's basketball game.

In January 2021, the CCP Team implemented bi-weekly Mindfulness Monday videos on social media platforms (Facebook, Instagram, Twitter, and YouTube). Viewers were provided with tips on how to practice mindfulness using things that bring them comfort (i.e., the Danish concept of hygge, pets and music), being in nature (i.e., mindful walking, and plants/gardening), and simple techniques that required little to no tools (i.e., guided beach visualization). For the last Mindfulness Monday video, the CCP Team sent a message and survey to those they served, collaborated with, and encountered to find out what mindfulness means to them. The CCP Team created a Mindfulness Monday video with everyone's answers and posted it on all of MHAEM's social media platforms as a way to commemorate the program in June 2021.

ASSISTED OUTPATIENT TREATMENT (AOT)

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

Service Modifications Due to COVID-19 Pandemic

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

In regard to on-site staffing, AOT staff schedules were changed to decrease the number of individuals in the office, as per CDC recommendations, and modified consumer services continued without any interruption. As of June 30, 2021, AOT staff returned to the office five days per week and resumed pre-COVID-19 operations. AOT staff were provided with the necessary personal protective equipment to utilize while in the office and in the field in addition to being provided with instructions from MHAEM's Health Home Department to ensure services were being provided as safely as possible. AOT staff continues to meet the unique needs of the consumers served either through telecommunication, services on behalf of consumers (food shopping/food delivery to the consumer), or through safe, socially distant in-person visits. During this time, MHAEM was able to connect with a local food pantry, Joi's Angels, that was able to provide weekly food donations to the agency for consumers served. The food was distributed to all four counties served by MHAEM and has helped individuals living independently, individuals in boarding homes, and individuals experiencing homelessness.

In order to promote the health and safety of both staff and consumers, AOT continues to provide consumers with education/support surrounding the COVID-19 pandemic including: education on coping mechanisms, ways to decrease isolation during this time, and CDC best practice safety guidelines and recommendations. MHAEM also continues to provide personal protective equipment to consumers in need in order to promote safety among staff and consumers, in addition to educating 100% of consumers on vaccine efficacy and access.

Personnel

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

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

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

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

Caseload

Essex

As of June 30, 2021, there were fifty-two (52) active cases. During fiscal year 2021, forty-five (45) referrals were enrolled into the AOT program. Seventy-seven percent (77%) of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings. Twenty-three percent (23%) were made through conversion hearings at long-term facilities, i.e., Essex County Hospital Center (ECHC) and/or state hospitals. There were no referrals enrolled through the designated screening centers.

Sussex

As of June 30, 2021, there were twenty-one (21) active cases. During fiscal year 2021, sixteen (16) referrals were enrolled into the AOT program. Forty-four percent (44%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Nineteen percent (19%) were made through conversion hearings at other hospitals. Thirty-one percent (31%) were state hospital referrals and six percent (6%) of the referrals were made through the designated screening facility.

Morris

As of June 30, 2021, there were twenty (20) active cases. During fiscal year 2021, twenty-eight (28) referrals were enrolled into the AOT program. Twenty-one percent (21%) of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. Sixty-one percent (61%) were made through conversion hearings at other hospitals, zero (0%) were made through screening, and eighteen percent (18%) were state hospital referrals.

Demographics

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

Gender

At the end of the fiscal year, the Essex caseload was forty-two percent (42%) female and fifty-eight percent (58%) male; the Sussex caseload was fifty-seven percent (57%) male and forty-three percent (43%) female; and the Morris caseload was fifty-five percent (55%) female and forty-five percent (45%) male.

Ethnicity

At the end of the fiscal year, AOT Essex provided services for forty-four percent (44%) African-Americans, ten percent (10%) Hispanics, thirty-two percent (32%) Caucasians, three percent (3%) Asians and eleven percent (11%) individuals who identified as multiracial. AOT Sussex provided services for eighty-five percent (85%) Caucasians, five percent (5%) other multiracial, five percent

(5%) Asian, and five percent (5%) other. AOT Morris provided services for sixty-five percent (65%) Caucasians, fifteen percent (15%) African-Americans, fifteen percent (15%) unknown, and five percent (5%) Asian.

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

Age

AOT Essex serviced thirty-six percent (36%) of individuals between the ages 18-29, twenty-one percent (21%) were between the ages of 30-39, seventeen percent (17%) were between ages 40-49, thirteen percent (13%) were between ages 50-59, and **twelve percent (13%)** were above age 60.

AOT Sussex serviced twenty-nine percent (29%) of individuals between the ages 18-29, twenty-nine percent (29%) were between the ages of 30-39, and forty-two percent (42%) were above the age of 40.

AOT Morris serviced thirty percent (30%) of individuals between the ages 18-29, fifteen percent (15%) were between the ages 30-39, and fifty-five percent (55%) were above the age of 40.

Performance Outcomes

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

Essex

In its ninth year of operation, AOT Essex has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT developed a baseline measure for the number of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2021, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

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

Sussex

In its sixth year of operation, AOT has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT developed a baseline measure for the number

of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2021, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

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

Morris

In its sixth year of operation, AOT has collected data in an effort to establish thresholds and baselines for several performance indicators. AOT developed a baseline measure for the number of consumers referred from each of the three referral sources. Based on the data, it is expected that for FY 2021, each month one (1) individual will be referred from local screening centers, seven (7) will be referred from Short Term Care Facilities (STCF), and three (3) individuals will be referred from Long Term Care facilities.

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

Consumer Satisfaction Survey

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

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

Essex

Approximately forty (40) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the forty (40) surveys, ten (10) consumers responded. This accounts for a twenty-five percent (25%) response rate.

Gender

Of the ten (10) consumers that responded to the surveys; sixty percent are male (60%) and forty percent are female (40%).

Ethnicity

Of the ten (10) consumers surveyed, sixty percent (60%) identified as African-American, forty percent (40%) identified as Caucasian, and ten percent (10%) identified as other race.

Age

The exact age of the consumers was collected. The mean age for the consumers was forty-three (43) years old.

Overall Satisfaction with MHAEM's Response to COVID-19

92% of consumers indicated that they “strongly agree” that they are satisfied with MHAEM’s response to COVID-19. These results indicate that consumers are satisfied with the agency’s overall response to the COVID-19 pandemic.

Included in Decisions Regarding Treatment

93% of consumers indicated that they “strongly agree” that they are included in decisions regarding treatment. Results indicate that both staff and consumers are collaborating when discussing treatment.

Able to Freely Voice Issues and Concerns Regarding Treatment

88% of consumers indicated they “strongly agree” they are able to freely voice issues and concerns regarding their treatment. The results align with the AOT philosophy of working closely with consumers to ensure they are able to express their concerns regarding treatment. This will allow case managers to help shape how consumers achieve their goals.

Treats Me With Respect

93% of consumers indicated they “strongly agree” they are treated with respect. The results indicate that case managers are working closely with consumers to ensure genuine concern and respect is being conveyed in all interactions.

Overall Satisfaction (AOT)

92% of consumers indicated that they “strongly agree” they are satisfied with AOT services.

Sussex

Approximately seventeen (17) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the seventeen (17) surveys, six (6) consumers responded. This accounts for a thirty-five percent (35%) response rate.

Gender

Of the six (6) consumers that responded to the surveys; two (2) are male (33%) and four (4) are female (67%).

Ethnicity

Of the six (6) consumers surveyed, six (6) identified as Caucasian (100%).

Age

The exact age of the consumers was collected. The ages ranged from 33-63 years old. The mean age for the consumers was 44 years old.

Overall Satisfaction with MHAEM’s Response to COVID-19

100% of consumers indicated that they “strongly agree” that they are satisfied with MHAEM’s response to COVID-19. These results indicate that consumers are satisfied with the agency’s overall response to the COVID-19 pandemic.

Included in Decisions Regarding Treatment

100% of consumers indicated that they “strongly agree” that they are included in decisions regarding treatment. Results indicate that both staff and consumers are collaborating when discussing treatment.

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Treats Me With Respect

100% of consumers indicated they “strongly agree” they are treated with respect. The results indicate that case managers are working closely with consumers to ensure genuine concern and respect is being conveyed in all interactions.

Overall Satisfaction (AOT)

100% of consumers indicated that they “strongly agree” they are satisfied with AOT services.

Morris

Approximately twenty (20) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the twenty (20) surveys, approximately eight (8) consumers responded. This accounts for a forty percent (40%) response rate.

Gender

Of the eight (8) consumers that responded to the surveys; six (6) are male (75%) and two (2) are female (25%).

Ethnicity

Of the eight (8) consumers surveyed, four (4) identified as Caucasian (50%), one (1) as African-American (13%), one (1) as Hispanic (12%), and two (2) as Asian (25%). The ethnicity of the respondents mirrors that of our caseload.

Age

The exact age of the consumers was collected. The ages ranged from 38-65 years old. The mean age for the consumers was 51 years old.

Overall Satisfaction with MHAEM’s Response to COVID-19

94% of consumers indicated that they “strongly agree” that they are satisfied with MHAEM’s response to COVID-19. These results indicate that consumers are satisfied with the agency’s overall response to the COVID-19 pandemic.

Included in Decisions Regarding Treatment

91% of consumers indicated that they “strongly agree” that they are included in decisions regarding treatment. The results indicate that both staff and consumers are collaborating when discussing treatment.

Able to Freely Voice Issues and Concerns Regarding Treatment

91% of consumers indicated they “strongly agree” they are able to freely voice issues and concerns regarding their treatment. The results align with the AOT philosophy of working closely with consumers to ensure they are able to express their concerns regarding treatment. This will allow case managers to help shape how consumers achieve their goals.

Treats Me With Respect

91% of consumers indicated they “strongly agree” they are treated with respect. The results indicate that case managers are working closely with consumers to ensure genuine concern and respect is being conveyed in all interactions.

Overall Satisfaction (AOT)

91% of consumers indicated that they “strongly agree” they are satisfied with AOT services.

AOT Highlights

Essex

- During the past fiscal year, fifteen (19) consumers were able to successfully accomplish their goals with the least amount of intervention from AOT and graduate from the program.
- AOT provided individual psychoeducation for consumers transitioning or approaching graduation from AOT. These groups focused on raising consumers’ self-awareness regarding their emotions, identifying and establishing social supports outside of AOT and education on the importance of medication adherence.
- AOT continued to collaborate with and educate staff at all Essex County Screening Centers, six Short Term Care Facilities, Essex County Hospital Center (ECHC), state psychiatric institutions and private hospitals.
- AOT met with various hospitals virtually in order to educate hospital staff about AOT.
- AOT consumers, in collaboration with all other MHAEM adult programs, participated in a picnic at Eagle Rock Reservation.

Morris/Sussex

- AOT continued to collaborate with and educate staff at the Saint Clare’s Behavioral Health inpatient unit and screening center, as well as Greystone Park Psychiatric Hospital (GPPH).
- AOT met with several outpatient mental health treatment providers to educate them on this program.
- During the past fiscal year, ten (10) consumers from Morris County, and ten (10) consumers from Sussex County were able to successfully accomplish their goals and graduate from the program.
- AOT was able to successfully provide access to the COVID-19 vaccine to nine (9) Morris County and ten (10) consumers from Sussex County through the MAHEM vaccine clinics, as well as local pharmacies.
- AOT continued to collaborate with and educate staff at the Newton Medical Center’s inpatient unit and screening center.
- During FY 2021, AOT staff assisted clients with advocating for themselves through voting. AOT staff were able to accomplish this by assisting clients with registering to vote and by encouraging clients to get to the voting polls to vote for someone who is aligned with their personal beliefs.
- Program Director provided trainings on AOT to several outpatient mental health treatment providers to educate them on this program.

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

System Advocacy

AOT staff work closely with consumers to assist them in developing self-advocacy skills by keeping an open dialogue on various ways they can become involved in different levels of advocacy (self-help centers, NAMI-NJ). All counties participate in the Statewide IOC Directors' meeting convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings is to meet with counterparts in other counties to discuss ways to increase effectiveness of the program, review service delivery concerns and to obtain needed updates on practices and protocols of the IOC programs.

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

Essex

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

Morris

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

Sussex

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

mental health providers, consumers of mental health services and their families and provides advocacy on the needs of the mental health system in the county.

Upcoming Year Recommendations

Essex, Morris & Sussex

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

Projects for Assistance in Transition from Homelessness (PATH)

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

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

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

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

COVID-19 Response

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

Essex

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

Morris

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

Caseload

Since July 1, 2020, Projects for Assistance in Transition from Homelessness (PATH) outreached a total of five hundred forty-nine (549) homeless and those at imminent risk of homelessness across both counties. Of those outreaches, two hundred seventy-eight (278) consumers received case management services through the PATH program. PATH provides weekly outreaches in the community including all townships spanning from the farthest corner of Essex County to the farthest point of Morris County wherever homeless are reported. Areas outreached include but are not limited to: Newark International Airport, Newark Penn Station, Morristown and Dover train stations, and other local stations, local drop-in centers (including Salvation Army Montclair and NJCRI, Edna's Haven, Our Promise, Community Soup Kitchen, Dover Faith Kitchen), as well as other local churches and soup kitchens.

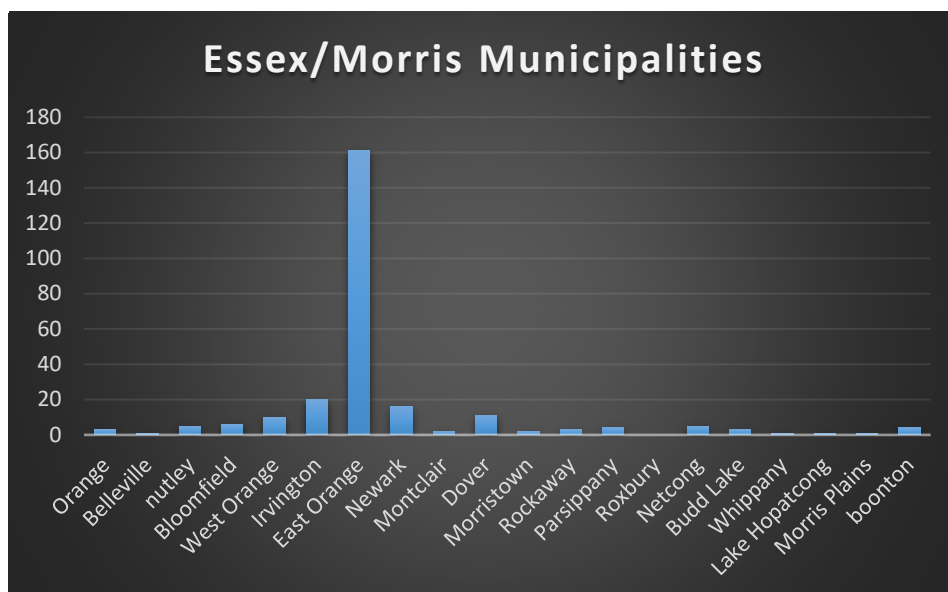
Referrals were received from all local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, Saint Michael's Medical Center, Morristown

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

Demographics

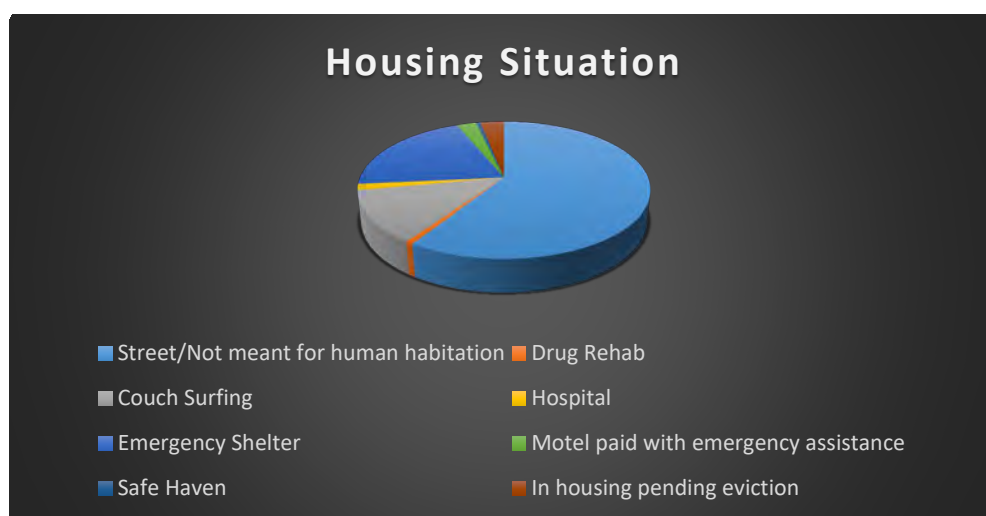
As of June 30, 2021, Essex and Morris Projects for Assistance in Transition from Homelessness serviced two hundred sixty-five (265). Of the individuals serviced there were; males 149 (56%) females (113) (43%), and transgender 3 (3%). The self-reported ethnicities of the consumers were as follows: Hispanic/Latino 30 (11 %) and Non- Hispanic/Latino 233 (88%). The self-reported races of the enrolled consumers with PATH are as follows: Multiple Races 1 (1%), Other 0 (0%), Caucasian 71 (27%), African-American 188 (71%), Asian 2 (1%), Native Hawaiian or Other Pacific Islander 2 (2%), and American-Indian or Alaska Native 2 (2%). Others serviced did not wish to provide this information.

PATH makes every effort to provide services to homeless consumers throughout Essex and Morris Counties, with the understanding that homelessness does not only afflict consumers in the urban municipalities. The following reflects the municipality in Essex and Morris County where the consumers reported they slept the night before being outreached by PATH: three (3) Orange, zero (0) Belleville, one (1) The Caldwell’s, zero (0) Bloomfield, six (6) West Orange, ten (10) Irvington, twenty (20) East Orange, one hundred and sixty-one (161) Newark, sixteen (16) Montclair, two (2) Nutley, five (5) Dover, eleven (11) Morristown, two (2) Rockaway, three (3) Parsippany, four (4) Roxbury Township, zero (0) Netcong, five (5) Budd Lake, three (3) Whippany, one (1) Lake Hopatcong, one (1) Boonton, four (4) Morris Plains, one (1) Randolph, and one (1) Wharton.



Consumers outreached by the PATH program reported sleeping in the following locations the night before engagement. Street or place not meant for human habitation 323 (65%), Emergency Shelter 111 (20%), Safe Haven 3 (.05%), Drug rehab 4 (.07%), Motel paid with emergency assistance 14 (.25%), couch surfing 67 (12%), inpatient hospital 8 (.01%), and housing pending eviction 17 (.03%).

Of enrolled consumers, 124 (45%) met the definition of “chronically homeless” set forth by the Department of Housing and Urban Development (HUD), meaning being homeless for one year or more or having experienced four periods of homelessness in the past three years totaling at least twelve months.



Personnel

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

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

Performance Outcomes

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

As tracked by the QA Committee, PATH's performance indicators measure the number of homeless reached through outreach in the community and the number of homeless engaged in PATH services. PATH performance indicators also measure linkages for enrolled consumers to community mental health, substance abuse treatment, financial benefits, temporary housing, permanent housing, medical/dental treatment, and rehabilitation/habilitation services.

During this fiscal year, Essex and Morris PATH outreached five hundred forty-nine (549) individuals or 81% of the contract commitment and serviced two hundred seventy-eight (278) individuals or 98% of the contract met. During the past fiscal year, PATH successfully linked to the following services: one hundred two (102) to Community Mental Health, twenty-four (24) to substance abuse treatment, sixty-five (65) to financial benefits, sixty-three (63) to temporary housing, forty-six (46) to permanent housing, thirty-eight (38) to medical/dental, and twenty-two (22) to rehabilitation/habilitation services.

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

Consumer Satisfaction Survey

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

SURVEY DEMOGRAPHICS

Of the 35 responses, 44% were female and 56% were male. The average age of respondents was 43 years old; 29% were African-American, 52% were Caucasian, 16% were Hispanic, 0% were Asian, 3% were other mixed race.

PATH Highlights

MHAEM's PATH program has been servicing the homeless in both counties as one entity since August 1, 2017. This year, our most proud accomplishment is forty-six (46) chronically homeless individuals with severe and persistent mental illness and co-occurring substance abuse disorders have a place to call home.

Essex

- PATH outreach staff participated in this year's Essex County Project Homeless Connect. During this event, PATH staff were able to outreach homeless individuals and provide care packages that included toiletries, snacks, and bus tickets.
- PATH Director participated in the U.S. Department of Housing and Urban Development (HUD) mandated Point-In-Time Count for the entire County of Essex. Due to the COVID-19 pandemic, official results of the count have not yet been obtained.
- PATH Director worked closely with local police departments and health departments. Upon request from the police and health departments, PATH Outreach staff would engage homeless individuals throughout Essex County and would link individuals to shelter placement, detox programs, or mental health treatment, when appropriate.
- PATH Director participated in weekly development meetings with The City of Newark of the Newark Hope Village, a unique sheltering community. PATH Outreach staff engaged individuals on-site and provided weekly case management to link individuals to medical services, mental health treatment, financial resources, and additional case management needs.
- PATH Director organized an event with New Jersey Motor Vehicle Commission for their mobile van to come out to the Mental Health Association and provided 39 individuals with NJMVC services, such as driver's licenses and non-driver state IDs, to community locations.
- PATH Director collaborated with Newark YMCA to obtain three emergency housing rooms to be utilized by PATH consumers as an alternative to shelter placement.
- PATH participated in Health, Housing and Justice Access projects organized by Court Innovations to eliminate inequities around virtual legal, healthcare, and social services through the creation of outreach events that connect individuals facing housing insecurity to in-person and remote providers. The project set up events at various locations around Essex County.
- On August 1, 2020, Homeward Bound began operations at The Newark International Airport. Homeward Bound is a 24 hour, 7 day a week program contracted by The Port Authority of New York & New Jersey to provide homeless outreach to individuals residing at The Newark International Airport. One hundred and twenty-two individuals were outreached throughout the year.

Morris

- The PATH Director served as the Press Coordinator for the U.S. Department of Housing and Urban Development (HUD) mandated Point-In-Time Count for Morris County. Due to the COVID-19 pandemic, we have not received the reported outcomes of the count for January 2021.
- The PATH team attended to the local warming centers to provide assessment for services during Code Blue. Staff ensured that all unsheltered individuals had a place to stay on the nights Code Blue was called and advocated for placement to be extended until May 31, 2021.
- The PATH program shifted its focus of service to meet food insecurity needs during the COVID-19 pandemic by delivering food and hygiene products to homeless shelters, motels and the streets.

- Despite the mandatory quarantine and barriers to access housing, the PATH program was able to house 10 individuals during pandemic months.

Advocacy

Essex

- PATH Director is a voting member for the Essex County Continuum of Care (CoC)/Comprehensive Emergency Assistance System (CEAS).
- Member of the Outreach Committee for the Essex County Continuum of Care (CoC)/Comprehensive Emergency Assistance System (CEAS). Through this committee, PATH outreach staff participated in organized outreaches with 10+ agencies to provide regular outreach and develop a list of the county's chronically homeless to assure they are prioritized for housing.
- Member of the CoC/CEAS's Coordinate Entry Committee - this is a subcommittee of the CoC/CEAS and is used to develop a HUD mandated Coordinated Entry (No Wrong Door) into the homeless service system.
- Member of the CoC/CEAS's Housing and Homeless Prevention Committee - this is a subcommittee of the CoC/CEAS and is used to develop strategies to house and maintain housing for individuals.
- DMHAS Systems Review Committee (SRC) - PATH actively participates in monthly meetings. The purpose of the committee is to identify countywide gaps in service delivery. Within this committee, PATH Director was selected to chair the High Recidivism Committee to advocate and plan for improved treatment for the high utilizers of the acute mental health system.
- Quarterly DMHAS's PATH Coordinators' Meeting.

Morris

- Member of the Morris County CoC/CAS (Community Assistance Services) Committee. This committee is tasked with planning and coordinating the delivery of emergency services to the homeless and those at risk of homelessness.
- PATH Director remains Chair of the Project Homeless Connect/Everyday Connect Committee. This is a subcommittee of the CoC/CAS used to organize and plan the county's Annual Project Homeless Connect Event as well as coordinate service providers to visit local drop-in center sites on a rotating basis to allow "everyday access" to needed services for the homeless. Due to the COVID-19 pandemic, the mission statement of this committee has been re-focused to work toward ensuring access to needed services in Morris County is available to homeless individuals every day rather than just one day a year.
- Member of the CoC/CAS's Coordinated Assessment Committee. This is a subcommittee of the CoC/CAS and is used to develop a HUD mandatory coordinated entry (No Wrong Door) into the homeless service system.
- Member of the CoC/CAS's Data Quality and Performance Evaluation Committee. This is a subcommittee of the CoC/CAS and is used to track homeless systems and housing systems quality of care and compliance with contracts.

- Member of the Code Blue subcommittee tasked with improving the procedure for Morris County which resulted in a small committee developing to include local service providers partnering with the Office of Temporary Assistance, local fire departments and the Office of Emergency Management to develop a solution to meet the new legislative mandate to provide warming centers in municipalities that have 10 or more homeless residents. No reported environmental deaths occurred this year.
- Quarterly DMHAS's PATH Coordinators Meeting.

Edna's Haven Resource Center (Morris)

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

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

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

Edna's Haven Resource Center has been an access point for the Morris County Coordinated Entry System since its launch in 2019. This project was developed in response to the U.S. Department of Housing and Urban Development (HUD) Continuum of Care priority to create a systemic response to homelessness that strategically allocates resources and uses a Housing First approach to gaining access to shelter and housing. A Resource Navigator is stationed at Edna's Haven specifically to assist individuals in need of shelter and housing to bring them through the

process of coordinated entry. The Resource Navigator serves as a point of contact to individuals on the county shelter and housing wait list and directs each individual to any other needed resources.

Caseload

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

Demographic

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

Personnel

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

Performance Outcomes

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

COVID-19 Response

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

video call. Individuals who do not have access to video technology are welcome to phone in to the conference line to participate.

Consumer Satisfaction Survey

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

Edna's Haven Highlights

- Provided many needed items to homeless individuals including winter coats, blankets, scarves, hats and hand warmers, hygiene products, bus passes, etc. In the warmer months, guests were provided with sunscreen, bug spray and chapstick.
- Edna's Haven Coordinator organized two small curbside canned food drives so there would be food available for consumers who needed emergency food.
- Center for Addiction and Recovery Services (CARES) held all weekly recovery meetings at the center to discuss maintaining sobriety in an open, non-therapy format until this service was required to stop due to in-person gathering restrictions of COVID-19.
- HOPE One and Navigating Hope mobile outreach vans were stationed outside of Edna's Haven once a month to provide NARCAN training, kits and access to mobile social services.
- Edna's Haven partnered with Zufall Health Clinic to get individuals tested if they suspected they had COVID or were experiencing symptoms.
- Acted as a mailing address for homeless individuals to ensure they do not miss important mailings related to housing, financial benefits, etc.

Self-Help, Advocacy and Education

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

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

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

I. Community Education – Mental Health First Aid

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

Personnel: The department is staffed by one Master's Level Program Director who also coordinates MHFA for the agency, one Master's Level Assistant Program Director, One Associate's Level Case Manager and One Program Coordinator. Of these department staff, three employees are also certified MHFA instructors. There are five other MHAEM employees from other departments who are also MHFA certified instructors and teach classes.

Data and Highlights: Throughout this fiscal year, the MHAEM conducted **14** separate 8-hour Mental Health First Aid classes in either the Senior, Adult or Youth Module and certified over **166** individuals as Mental Health First Aiders. In addition to providing resources and services, the MHAEM provided trainings and presentations to approximately **6,700** attendees, at Microsoft, Morris County Chamber of Commerce, PSEG, homeless shelters, schools, houses of worship, healthcare agencies, police officers, community providers, senior programs, support groups, Congresswoman Mikie Sherrill's office, as well as participated in community festivals and fairs later in the fiscal year. They included events at various Clubs, Girls, Guts, and Glory, Motorcycle Rides, Stomp Out Sigma Free, People's Picnic, Morris Plains Parade, and Family Night Out.

Self Help, Advocacy and Education participated in presentations and trainings for the community, organizations, houses of worship, etc., including virtual panel discussions and presentations and trainings that addressed a variety of topics and issues. Some of the titles and topics were, "Beyond the Silence" Mental Health in the Black Community, "Let's Talk" Healing Out Loud, A Gathering of Advocates, Mental Health and COVID-19, Maintaining Your Mental Health During COVID-19, Mental Health and Suicide Awareness, Overview of Mental Illness and De-escalation, and Breaking the Stigma.

Outcome: 99% of Mental Health First Aid participants report overall satisfaction with the training.

II. Hope One

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

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

1. **Data and Highlights:** Hope One continues to make amazing strides in combating the opioid epidemic throughout Morris County and the State of New Jersey. **From July 2020 – June 2021, the truck has made over 200 stops and 4,438 community contacts.** From the truck, one person went to rehab/recovery services, 35 people received mental health services, 567 people were NARCAN trained and several hundreds more received other services, were given brochures, gift cards, toiletries, and food. In addition to those services, Hope One provides PAARI (Police Assisted Addiction and Recovery Initiative) which gives law enforcement support, resources and assistance for individuals who are struggling with addiction and mental health issues. Hope One has assisted 8 other counties in NJ (Atlantic, Burlington, Cape May, Hunterdon, Monmouth, Essex, Passaic and Warren) to launch their own Hope One Van. In March 2021, the Hope Hub was launch as an extension of Hope One. The primary goal of the Hope Hub is to provide services to the "at-risk" population. These individuals are without support and may need additional substance use disorder treatment and mental health services. The Hope One team provided education, linkage, and meals to the community at local food pantries, soup kitchens, and churches. Hope One goes out into the community 4-6 times a week to provide services, education and trainings.

III. Mental Health Players

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

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

Data and Highlights: There has been two performances by the Mental Health Players for over **75** audience members in the 2020-2021 fiscal year. These performances were done for the Morris County Chamber of Commerce Family Night Out and for MHAEM Night Out.

IV. Peer-to-Peer Support Line

Description: Peer-to-Peer Support Line is a warm line that is staffed by mental health consumers for people with mental illness. The hope and goal of this service is to provide telephone peer support to mental health consumers in lieu of costly and intrusive emergency psychiatric services. Per the sub grant requirement, the Line is expected to provide 1,460 Peer Line Service hours to a minimum of 160 unduplicated clients during the year. All Peer-to-Peer Support Line staff complete an individualized training program prior to working on the Line. The Line operates 7 days a week, 365 days a year from 5pm-10pm and 5 weekdays a week from 11am-2pm. Callers are able to call in using three (3) separate lines in the evening, (1) line during the weekday and are provided peer counseling support services by trained staff.

Personnel: 18 Peer Line Staff

Data and Highlights: A third line and an additional staff was added due to the increase in call volume and weekday daytime hours to support callers especially during the pandemic. **The Peer-to-Peer Support Line provided hope, encouragement and resources to 357 people during 6,140 hours of calls to the Peer-to-Peer Support Line.**

Outcome: 91% of callers report their satisfaction with Peer-to-Peer Line.

V. Social Club

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

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

Data and Highlights: During the 2020/2021 fiscal year, **The Club held 103 group sessions, 2,607 units of service were delivered and 354 consumers were served.** Units of service delivered this fiscal year have been impacted due to COVID-19.

June 2021, in-person Social Club groups resumed on a modified schedule. Self-Help, Advocacy and Education continues to hold socialization groups via web-based services and face-to-face. Groups consist of trivia games, fun facts, Family Feud, shopping outings, etc. Consumers are also encouraged to participate in all of the wellness groups hosted by the nurse at MHAEM. Consumers who would typically take part in other activities were called weekly and provided education/support surrounding the COVID-19 pandemic, education on coping mechanisms, and on utilizing the social media, text, emails and other ways to decrease isolation and to stay connected with loved ones.

VI. Community Companion

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

Personnel: 9 Volunteers

Data and Highlights: This fiscal year, three consumers were paired with a volunteer and 312 pairing hours were completed. Companions of the program continued to work with the consumer they were matched with and provided companionship through weekly face-to-face meetings, telephone conversations and letters.

VII. Information and Referral Services

Description: The information and referral service component remains a major gateway to those individuals in the general public seeking mental health services or information. Known as I&R, this component involves responding to phone service requests that come into the Parsippany office. It also involves responding to requests for mental health services from individuals who walk in off the streets, communicate through e-mail, or make inquiries on the agency's website. Most agency requests for information and referral are handled by the staff of Self-Help, Advocacy and Education.

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

Data Highlights: Data collected revealed that **944** documented requests for information and referral were received in this 2020/2021 fiscal year. I&R requests are mostly related to finding a therapist in the community. Self-Help, Advocacy and Education staff have provided information about mental illness and mental health resources to participants of several community providers and health fairs. Others included schools, Community Festivals, Stomp out Stigma, Morris Plains Parade, law enforcement, homeless outreach, treatment providers and various other programs.

Information and Referral continued to operate as normal during the pandemic without any interruptions. There has been an increase in calls and referrals during the pandemic. Many people expressed fear, anxiety and depression as a result of COVID-19, losing their job, home and/or love ones.

VIII. Mental Health Resource Network

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

Data Highlights: These houses of worship give needed resources to clients such as microwaves, furniture, cleaning supplies, bedding, pots, pans, bookcases, coats, gloves, food, clothing, shoes and vacuums. In December 2020, Church of God in Christ in Morristown provided 30 selected consumers with gift cards to purchase groceries for complete holiday meal boxes and personalized gifts. The Presbyterian Church of Chatham Township provided clients with gift cards, toiletries, clothing, blankets and household items for the holidays. Pine Brook Jewish Center also filled the PATH pantry with food on four separate occasions, which helped our homeless consumers enormously and furnished a consumers home with new beds for herself and four children. In addition, Operation Holiday provided gifts to over 195 consumers, their families and children, and the United Way of Northern New Jersey provided backpacks and school supplies to 42 consumers and holiday gifts to 20 consumers. St. Peter's Episcopal Church and First Presbyterian Church of New Vernon have donated to the MHAEM in support of the mission and the work that is done at the agency.

Self-Help, Advocacy and Education connected with eight of the houses of worship from the Mental Health Association Faith Resource Network to help meet the food needs of our consumers. All donations have filled our food pantry with non-perishable food. St. Peter's Episcopal Church and Notre Dame of Mount Carmel Church provide weekly donations of non-perishable food for the pantry. Notre Dame of Mount Carmel Church also provides prepared lunches Monday – Friday to over 50 consumers. In addition to food donations from the houses of worship, weekly donations from West Essex YMCA and Simple Greek restaurant in Livingston have made donations of food that were distributed to all four counties served by MHAEM and has helped individuals living independently, individuals in boarding homes, in the shelter, and individuals experiencing homelessness.

Self-Help, Advocacy and Education has also connected with a non-profit and car dealership that provided needed items to consumers.

- Healthy Right is a non-profit whose mission is to raise awareness about mental health, substance misuse and homelessness in youth. Healthy Right put together 150 mental health kits during the pandemic for MHAEM consumers. The kits contained positive messages and self-care items such as tea bags, bath bombs and inspirational quotes. These mental health kits were distributed to consumers across all four counties served by MHAEM.
- Holiday Express would normally host a holiday dinner for consumers but due to the pandemic, it was canceled. Instead, they hosted a concert virtually and dropped off lunches and gift bags that were distributed to 200 consumers.

IX. Mental Health Faith Liaison Program

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

- a. Direct Clinical Support – Once a faith leader identifies a mental health challenge in their congregation, they can refer the congregant to MHAEM through a written referral. Depending on the need, the MHAEM will send a licensed therapist, addiction specialist or geriatric care manager to meet with the congregant for up to 10 free sessions. These sessions are meant to diagnose the problem and provide a clear pathway to resolution.
- b. Information and Referral – Offering information and referral to clergy, individuals and families to mental health programs and a variety of community resources.
- c. Education About Mental Health Issues:
Mental Health First Aid - an 8-hour training that teaches people to recognize the symptoms of a mental health issue and utilize appropriate strategies to intervene.
Speakers, Roundtables and Presentations - designed to meet the needs of your group or congregation. Some topics include stress management, addiction, mental health, suicide, etc.
Mental Health Faith Resource Network - an opportunity for congregations to provide material support to the consumers of the MHAEM.

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

Data and Highlights: In the 2020/2021 fiscal year, 11 presentations/groups and one Mental Health First Aid class were given. In total, over 800 attendees were present during the presentations/groups on grief, mental health, suicide, mental health services, and mental illness. Ten (10) people were certified in Mental Health First Aid. Funding for clinical services ended, however, and three consultants volunteered their services to the program to seven individuals. Other referrals from 13 houses of worship were linked to programs within the agency or in the community. MHAEM is actively exploring funding options for the program.

X. Self-Help Programs

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

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

Data and Highlights: Consumers were informed of program changes as a result of the pandemic in real time. Self-help programs were held virtually for consumers. Staff checked in with consumers weekly to give support and tools to help them maintain their mental health while at home. Services were modified for consumers to

make sure their basic needs were being met, i.e., limiting participants in group, limiting passengers in agency vehicles, picking up their food supply from the food pantry, delivering personal hygiene products, water and food to consumers.

Outcome: 91% of consumers report overall satisfaction with Self Help Programs

- a. **Exercise Group** focuses on physical wellness through exercise. In May 2021, services reopened. Sixteen sessions were held with participation by 16 people.
- b. **Community Garden** involves mental health consumers developing and tending a community garden to help them stay active in the community and contribute to the community. This fiscal year, a consumer led the garden's tasks. He formed a team of volunteers to prepare and tend to the garden. All produce was donated to the food pantry and shelter. Over 35 hours, collectively, was spent at the garden.
- c. **Community Rides** facilitates independent living for people who have been discharged from psychiatric hospitals by helping them to meet their basic needs in the community. 448 hours of trips was provided to 224 consumers.
- d. **All About You** helps consumers create a positive self-image of themselves. Once a week, up to 10 consumers are transported to Artistic Academy Beauty School to get manicures, pedicures, facials, or haircuts. The goal is to have their beautiful outside appearance help them feel positive and beautiful on the inside. This fiscal year, sessions were canceled due the pandemic.
- e. **Advocacy**, which is commonly known as CAP, is a self-help and consumer advocacy group. Over 19 CAP consumers were active and vocal in helping to create a mental health system that is more responsive to their needs.

XI. Elizabeth T. Dorl Educational Assistance Fund

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

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

XII. Peer Support to Greystone

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

Data and Highlights: Due to the pandemic, visits to Greystone Park Psychiatric Hospital have been suspended until further notice.

Through various methods, including the annual Consumer Satisfaction Survey, MHAEM is continuously refining services based on consumer input. In response to the COVID-19 pandemic, MHAEM has steadily followed all CDC recommendations resulting in modifications to some of our services. Through the course of the pandemic, consumers continue to be encouraged to maintain contact with their program staff and supervisors to provide input and feedback regarding the modification of services.

Suicide Prevention Services

We recognize that suicide is a serious public health problem and that more can be done to prevent suicide. Each year, 800,000 individuals across the entire world die by suicide. In the United States, suicide deaths have increased at an alarming pace. Suicide is the second leading cause of death among young people. In 2019, 47,511 Americans died by suicide. Here in New Jersey, 762 individuals died by suicide in 2019. In New Jersey, suicide is the third leading cause of death among 10-24 year olds. As an organization whose mission is all about improving mental health, the MHAEM took action to address this issue.

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

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

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

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

The department continued to provide the community with education about suicide prevention and mental illness through multimedia outlets, such as Zoom, Facebook, and Instagram. Presentations were recorded and uploaded to YouTube to educate a larger population of people. These videos focused on: depression, anxiety, suicide prevention, and self-care.

Personnel: One 1 Master's Level Program Director

Data and Highlights: The Suicide Prevention Services program successfully launched two suicide prevention websites. By the end of June 2021, the two teen suicide prevention landing pages have received a total of **27,259 Pageviews**. Broken-down by page:

- stopteensuicide.mhaessexmorris.org - **15,043 Pageviews**
- youarenotalone.mhaessexmorris.org - **12,216 Pageviews**

Since July of 2020, the MHAEM taught 63 presentations to over 3,474 individuals. These individuals included: parents, teachers, support staff, youth, college professors, school counselors, community members, business professionals, seniors, and law enforcement. Presentations were given to: Clifton High School, Hope School District, County College of Morris, Bloomfield College, Drew University, Dover High School, Franklin Middle School, West Orange Police Department, Maplewood Police Department, and BASF Corporation.

The Signs of Suicide (SOS) Program was delivered to over 150 students in the Franklin Middle School. Signs of Suicide (SOS teaches students how to identify signs of depression and suicide in themselves and their peers, while training school professionals, parents, and community members to recognize at-risk students and take appropriate action.

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.

Prospect House (PH)

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

Prospect Primary Healthcare

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

Center for Behavioral Health

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

Riskin Children's Center (RCC)

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

Integrated Case Management Services (ICMS)

Essex Campus

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

Morris Campus

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

Passaic Campus

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

Supported Employment Services (SES)

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

Collaborative Justice Services (CJS)Essex Campus

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

Morris Campus

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

Community Support Services (CSS)Essex Campus

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

Morris Campus

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

Intensive Family Support ServicesEssex Campus

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

Sussex Campus

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

Assisted Outpatient Treatment (AOT)Essex Campus

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

Morris Campus

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

Sussex Campus

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

Projects for Assistance in Transition from Homelessness (PATH)

Essex Campus

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

Morris Campus

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

Self-Help, Advocacy and Education

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

Suicide Prevention Services

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