

Mental Health Association
of Essex and Morris, Inc.

2022



Report

Mental Health Association of Essex and Morris, Inc.

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Index

Introduction	page 1
CEO Goals	page 4
Agency Strategic Plan	page 10
Finance	page 15
Corporate Compliance	page 18
Development.....	page 20
Human Resources	page 24
Information Technology.....	page 27
Quality Assurance Analysis	page 29
FY2022 Quality Assurance Grid.....	page 33
Performance Indicators	page 46
FY2022 Incident Analysis	page 62
FY2022 Incident Grid	page 64
Cultural Competency	page 65
Health & Safety Plan/Care of the Environment	page 70

Program Reports:

Health Home (Care Coordination)	page 73
Integrated Case Management Services	page 76
Prospect House	page 85
Collaborative Justice Services	page 89
Center for Behavioral Health	page 97
Riskin Children’s Center	page 101
Community Support Services.....	page 104
Supported Employment Services	page 110
Family Resource Center	page 113
Assisted Outpatient Treatment	page 128
Projects for Assistance in Transition from Homelessness	page 139
Self-Help, Advocacy and Education	page 148
Suicide Prevention Services	page 155
Program Contacts	page 160

Introduction

The Mental Health Association (MHA) continued its strong focus on the recovery, safety and mental health needs of consumers and their families in fiscal year 2022, despite the pandemic that continued to be the principle viable in-service provision. In order to be more inclusive and inviting to our consumers, the agency rebranded as the Mental Health Association. While we are still legally the Mental Health Association of Essex and Morris, Inc., we now do business as the Mental Health Association, which is more representative of our geographical span of services (North Jersey) and easier to say. MHA 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.

MHA continued to focus on innovative service delivery, emphasizing wellness and recovery:

- *The agency advanced its strategic plan, highlighted by implementing a pilot program, funded by the Division of Mental Health and Addiction Services, to provide clinical evaluation and case management services to individuals who are justice system involved in Morris County.*
- *Formally moving into addiction recovery services the agency received an addiction license and started providing addiction services through its SURE program (Substance Use Recovery and Empowerment).*
- *The agency won a grant to be the Sussex County Early Intervention Support Services provider (a psychiatric urgent care service).*

- *Working with the Township of West Orange, MHA became the sub-recipient of a federal Department of Justice grant to provide co-responding services with the Police Department to serve residents with mental illness who interface with the legal system.*
- *The agency received a grant from the County of Morris allowing it to implement a Veterans and Family Support Program.*
- *MHA 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 are culturally competent to the diverse communities we serve.*

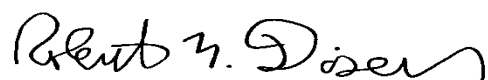
Public health continued to be an emphasis at the agency as MHA collaborated with officials from both Essex and Morris Counties to ensure that consumers, families and staff had access to the coronavirus vaccine. The agency conducted a vigorous education campaign concerning the coronavirus vaccine for both consumers and staff, meeting people where they were at in regard to vaccine comfort.

Raising mental health awareness was the centerpiece of MHA's performance for fiscal year 2022, especially in the context of re-branding. The highlight of the rebranding campaign was a dynamic new logo and concise tagline... Inspiring Hope and Healing. The agency had a concerted media campaign, utilizing cable TV, radio and digital platforms. MHA provided over 375 virtual and in-person 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 interest in fiscal year 2022. Led by the Board's Advocacy Committee and senior staff, the agency was instrumental (working with other community partners) in securing an increase in the State budget for direct care staff. The agency advocated strenuously for improving the conditions at Greystone Park Psychiatric Hospital, holding two family and former patient forums, and with the CEO serving on the Federal Lawsuit Settlement Oversight Committee. MHA advanced its advocacy efforts with two Legislative Breakfasts attended by over 500 people and broadcast live via the internet. Participants included 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 and those with addictions.

The environment of care is in excellent condition. MHA 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 MHA 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 MHA.*
- 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 MHA's focus on statistically more pervasive mental health concerns such as depression and anxiety, working to broaden MHA's name recognition while concurrently seeking new funding sources because 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 expand treatment to all demographics, will obtain appropriate designation and/or approvals to become a Certified Community Behavioral Health Center (CCBHC), as well as operationalize MHA's recently awarded Substance Abuse License to provide treatment for substance abuse and other addictions, e.g., gambling, internet, etc., and MHA's recently awarded Early Intervention Support Services (EISS) Program.*
- 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 MHA 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, and (C) purchase a building to act as the Morris campus.*
- 8. Develop a Board of Directors and Committees that are more representative of the communities that MHA serves. Specifically:*
 - a. Increasing membership from communities of color.*
 - b. Increasing membership of people who identify as LGBTQ+.*
 - c. Maintaining membership of people with lived experience regarding mental illness.*

CHIEF EXECUTIVE OFFICER

Goals and Objectives

July 1, 2022 – June 30, 2023

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, 2</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 addiction recovery and the rebranding of MHA.</p> <p>Ref: Strategic Goals # 1-6</p>	<p>a. Work with Board of Directors, the Advocacy Committee and Director of Development to continue raising awareness and promote 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, New brand.</p> <p>Target Date: Ongoing</p>
<p>3. Continue Advocacy efforts at MHA.</p> <p>Ref: Strategic Goals # 1, 3</p>	<p>a. Organize Legislative Breakfast(s) (Essex & Morris) – advocate for the following:</p> <ul style="list-style-type: none"> • Reduction in stigma • Increasing staff salaries • Appropriate rates re: Fee-for-Service • 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. Meet with Office of the Governor, State Senators and Assemblymen/women about the above-mentioned issues.</p> <p>Outcome Measure – Meet with 10 elected officials. Quantitative action concerning the above funding.</p> <p>c. Meet with federal elected officials (senators, congressional representatives) about federal issues, e.g., regulations, mental health funding, etc.</p> <p>Outcome Measure – 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, 2023</p>
<p>4. Recruit new members to the Board of Directors.</p> <p>Ref: Strategic Goal # 8</p>	<p>a. Working with the Board, Board President and Nominating Committee Chair to recruit 2-3 new and diverse Board members for FY 2024.</p> <p>Outcome Measure – 2-3 new Board members.</p> <p>Target Date: June 30, 2023</p>
<p>5. Raise money for MHA.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Working with Development Committee, Board, Senior Director of Development and Development Associate to develop fundraising as well as other potential opportunities.</p> <p>Outcome Measure – Exceed MHA budget of \$ 270,000.</p> <p>Target Date: June 30, 2023</p>
<p>6. Secure public grant for mental health services.</p> <p>Ref: Strategic Goal # 1,2,3</p>	<p>a. Working with senior staff to successfully secure public support for mental health services, e.g., Riskin Children’s Center, Raising Awareness, Suicide Prevention, Essex County Justice System Pilot Project, CCBHC, etc.</p> <p>Outcome Measure – secure \$500,000 of public funding.</p> <p>Target Date: June 30, 2023</p>
<p>7. Successfully Implement Sussex County Early Intervention Support Services (EISS).</p> <p>Ref: Strategic Goals 1,2,3</p>	<p>a. Work with COO and Program Director to onboard program.</p> <p>Outcome Measure – Fully staffed, licensed and operational program.</p> <p>Target Date: October 31, 2022</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, 2023</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, 2023</p>
<p>10. Maintain fiscal stability and maintain financial position, relative to the economic fall out of the pandemic.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Board, Finance Committee, CFO and Investment Advisor to ensure sound, organizational investments.</p> <p>Outcome Measure – Growth in investments relative to the market.</p> <p>Target Date: Ongoing</p> <p>b. Finish FY 2023 on budget or better, e.g., no operational deficit.</p> <p>Target Date: June 30, 2024</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, 2023</p>
<p>11. Coordinate a successful Presidents Club, Annual Appeal and 2023 Gala.</p> <p>Ref: Strategic Goal # 3 ,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, 2023</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. 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 MHA services.</p> <p>Ref: Strategic Goal # 6</p>	<p>a. Provide appropriate education for all staff.</p> <p>Outcome Measure – MHA maintaining its CARF Accreditation as a Health Home.</p> <p>Target Date: Ongoing</p>
<p>15. Secure foundation and corporate support of agency.</p> <p>Ref: Strategic Goals # 1-8</p>	<p>a. Work with Senior Staff and other staff to secure \$100,000 of new grants/support for FY 2023.</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, 2023</p>
<p>16. If a Federal Grant becomes available, become a Certified Community Behavioral Health Center (CCBHC).</p> <p>Ref: Strategic Goal # 1-8</p>	<p>a. Work with COO, Senior Director of Clinical Services and entire staff to become a CCBHC.</p> <p>Outcome Measure - Becoming a CCBHC</p> <p>Target Date: Ongoing</p>
<p>17. Implement Substance Use Recovery and Empowerment (SURE) program (addiction services) to provide substance abuse counseling and services.</p> <p>Ref: Strategic Goal # 1-6</p>	<p>a. Working with COO and Program Director to obtain addictions license and commence providing service.</p> <p>Outcome Measure – Fully Licensed and operational program.</p> <p>Target Date: October 31, 2023</p>

<p>18. Purchase and site new Morris County Headquarters</p> <p>Ref: Strategic Goal # 1-7</p>	<p>a. Working with Director of Operations and Board President to purchase Morris County Headquarters on or about March 2023.</p> <p>Outcome Measure - New Headquarters</p> <p>Target Date: March 31, 2023</p>
<p>19. Advocate nationally as a Board member of Mental Health America, Washington DC</p> <p>Ref: Strategic Goal # 1-7</p>	<p>a. Participate as an active Board member.</p> <p>Outcome Measure - Evidence of contributions in National MHA policy</p> <p>Target Date: Ongoing</p>

STRATEGIC PLAN OF THE MENTAL HEALTH ASSOCIATION (MHA)

I. Values

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

- Promoting mental and physical health and the treatment of emotional and mental disorders.
- 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 MHA 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
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 MENTAL HEALTH DISORDERS AND ADDICTIONS.
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 anxiety and depression treatment, addiction relief, and the integration of physical healthcare.
4. To secure 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 MHA 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 MHA is the best provider to do so.

IV. Organizational Strengths, Weaknesses and Threats

Organizational Strengths:

- MHA 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: MHA has effective, experienced administrators; excellent clinical leadership; quality staff throughout the entire organization; and a committed, active Board of Directors.
- A positive working environment: MHA'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: MHA has a strong information technology (IT) infrastructure, and is well-prepared for the fee-for-service, managed care, and Certified Community Behavioral Health Center environments, *e.g.*, electronic clinical records, sound financial and clinical management.

- MHA has an expertise in providing education regarding suicide prevention
- MHA 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 anxiety and depression, and addiction treatment.
- Competition for staff with governmental and private sectors, which has increased because of the pandemic.
- Limited Board diversity.
- No provision of outpatient mental health services in Morris County.

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.
- Difficulties regarding staff retention prior to and exacerbated by the pandemic.

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.
- Federal Government support for Certified Community Behavioral Health Centers.

VI. Three-Year Plan

1. Continue to expand advocacy for individuals with mental illness within the vision and mission of the MHA.
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 MHA's focus on statistically more pervasive mental health concerns such as depression and anxiety, working to broaden MHA's name recognition while concurrently seeking new funding sources because 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 expand treatment to all demographics, will obtain appropriate designation and/or approvals to become a Certified Community Behavioral Health Center, as well as operationalize MHA's recently awarded Substance Abuse License to provide treatment for substance abuse and other addictions e.g. gambling, internet, etc., and MHA's recently awarded Early Intervention Support Services (EISS) Program.
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 MHA 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, and (C) purchase a building to act as the Morris campus.

8. Develop a Board of Directors and Committees that are more representative of the communities that MHA serves. Specifically:
 - a. Increasing membership from communities of color.
 - b. Increasing membership of people who identify as LGBTQ.
 - c. Maintaining membership of people with lived experience regarding mental illness.

In all aspects of this Three-Year Plan, proceeding in ways and through means that acknowledge (A) the capabilities of the MHA (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
MHA Board of Directors
May 16, 2022

FINANCE

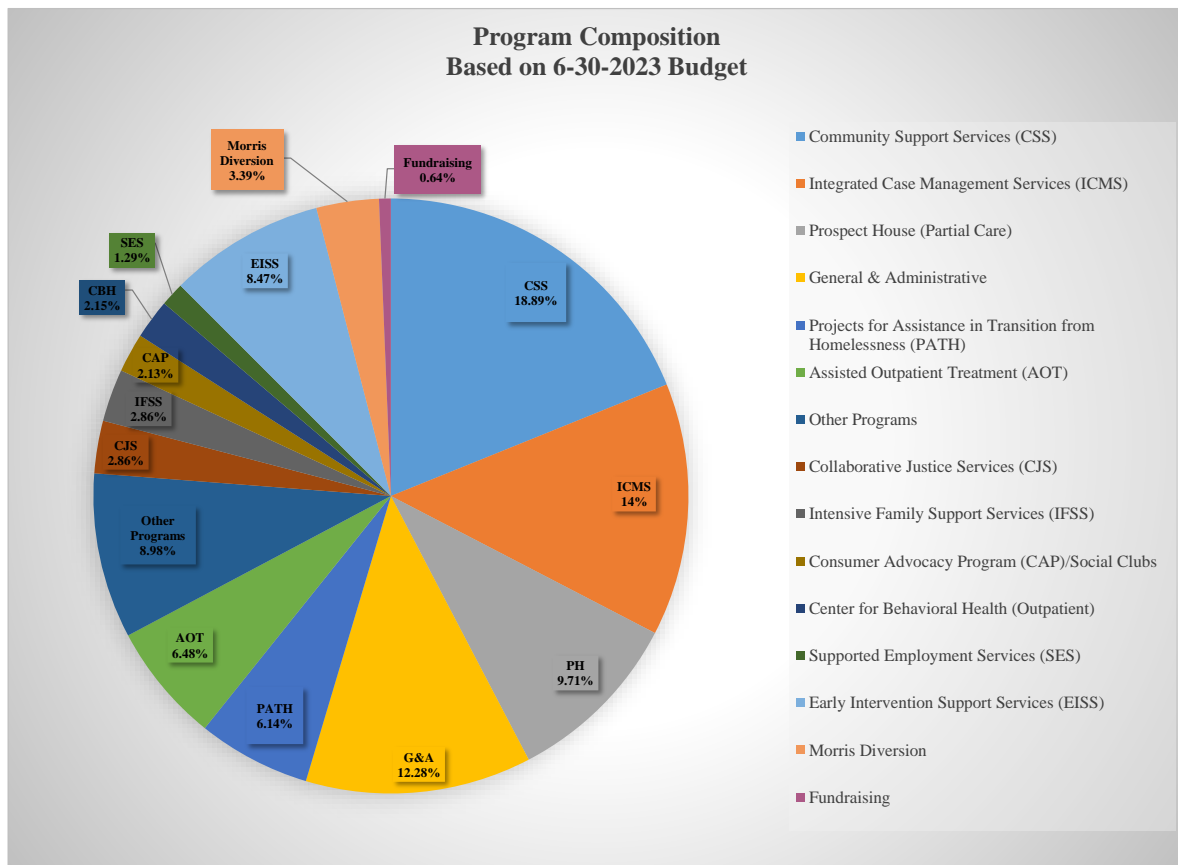
For the fiscal year ended June 30, 2022, the Agency was faced with continued challenges associated with operating during the pandemic, but remained fiscally sound with a current ratio of 2.09 indicating the ability to meet current obligations. Financial highlights for the fiscal year ended June 30, 2022 are as follows:

- The Agency benefited from Federal relief associated with the pandemic which allowed us to continue to provide our essential services.
- The Agency continued to invest 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% discretionary 401(k) contribution in the amount of \$274,897. 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, 2022.
- The Agency replaced five vehicles during FY 2022. We continue to maintain and review our fleet of vehicles to keep the vehicles under 10 years old.
- The Agency's property and casualty insurance renewal on July 1, 2021 reflected a minor increase.
- The FY 2022 medical insurance was renewed with Horizon Blue Cross with a 3% increase.
- The Agency's services based upon the budget for 6-30-2023 are made up of Assisted Outpatient Treatment (AOT) 6.48%, Center for Behavioral Health (Outpatient) 2.15%, Prospect House (Partial Care) 9.71%, Community Support Services (CSS) 18.89%, Consumer Advocacy Program (CAP)/Social Clubs 2.13%, Integrated Case Management Services (ICMS) 13.73%, Projects for Assistance in Transition for Homelessness (PATH) 6.14%, Supported Employment Services (SES) 1.29%, Intensive Family Support Services (IFSS) 2.86%, Collaborative Justice Services (CJS) 2.86%, Early Intervention Support Services (EISS) 8.47%, Morris Judicial Diversion 3.39%, and Other Programs 8.98%.
- Based upon the budget for 6-30-2023, general and administrative expenses are 12.28% while fundraising expenses represent .64%.
- Operationally, the Agency performed at a break even level, while enduring a small deficit due to the difficulties related to investments and the stock market.

Program Composition
Based on 6-30-2023 Budget

NOTE: Per Line 19 on Budget Matrix

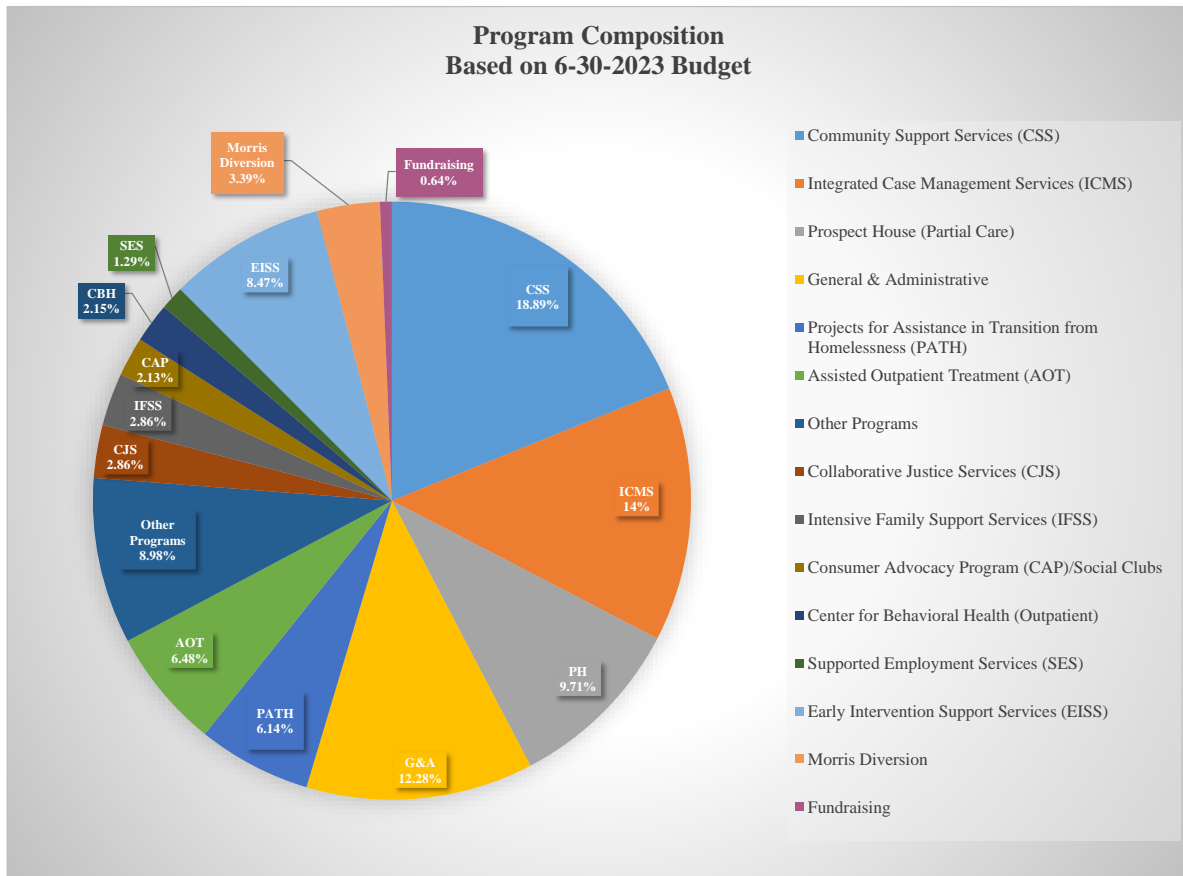
Program	Percentage
Community Support Services (CSS)	18.89%
Integrated Case Management Services (ICMS)	13.73%
Prospect House (Partial Care)	9.71%
General & Administrative	12.28%
Projects for Assistance in Transition from Homelessness (PATH)	6.14%
Assisted Outpatient Treatment (AOT)	6.48%
Other Programs	8.98%
Collaborative Justice Services (CJS)	2.86%
Intensive Family Support Services (IFSS)	2.86%
Consumer Advocacy Program (CAP)/Social Clubs	2.13%
Center for Behavioral Health (Outpatient)	2.15%
Supported Employment Services (SES)	1.29%
Early Intervention Support Services (EISS)	8.47%
Morris Diversion	3.39%
Fundraising	0.64%
Total	100%



Program Composition
Based on 6-30-2023 Budget

NOTE: Per Line 19 on Budget Matrix

Program	Percentage
Community Support Services (CSS)	18.89%
Integrated Case Management Services (ICMS)	13.73%
Prospect House (Partial Care)	9.71%
General & Administrative	12.28%
Projects for Assistance in Transition from Homelessness (PATH)	6.14%
Assisted Outpatient Treatment (AOT)	6.48%
Other Programs	8.98%
Collaborative Justice Services (CJS)	2.86%
Intensive Family Support Services (IFSS)	2.86%
Consumer Advocacy Program (CAP)/Social Clubs	2.13%
Center for Behavioral Health (Outpatient)	2.15%
Supported Employment Services (SES)	1.29%
Early Intervention Support Services (EISS)	8.47%
Morris Diversion	3.39%
Fundraising	0.64%
Total	100%



CORPORATE COMPLIANCE

The Mental Health Association is committed to conducting and providing services that are corporately compliant. MHA emphasizes the importance of corporate compliance and monitoring through policies, Corporate Compliance Officer/Director of Quality Assurance and a Corporate Compliance Committee. These entities collaborate on the establishment, implementation and maintenance of a corporate compliant agency utilizing different techniques. These techniques include, but are not limited to, the prevention of wrongdoing, whether intentional or unintentional, immediate and accurate reporting and investigation of questionable activities. MHA 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 which 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 MHA employees received the annual Corporate Compliance training through Relias Learning web-based classes.
- ✓ Quarterly peer audits were conducted by program Psychiatrists and APNs. 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 the Director of Quality Assurance. All items that needed to be addressed were corrected in a timely manner.
- ✓ Memos were distributed to staff in November 2021 and again in January 2022 from the Corporate Compliance Officer (CCO) when the Compliance Officer changed hands. This memo indicated who the Corporate Compliance Officer was, the process for filing a complaint, and the role of the CCO including having direct access to the Board of Directors and Chief Executive Officer. The memo is distributed biannually.
- ✓ Client forms including Grievance Procedures and Bill of Rights were 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 FY 2022 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.
- ✓ Prospect House received a Federal audit with no significant findings.
- ✓ PATH Morris SOS had a successful site review by Morris County representatives.
- ✓ The Director of Quality Assurance presented to the Board of Directors in June 2022.

Upcoming Year Plan

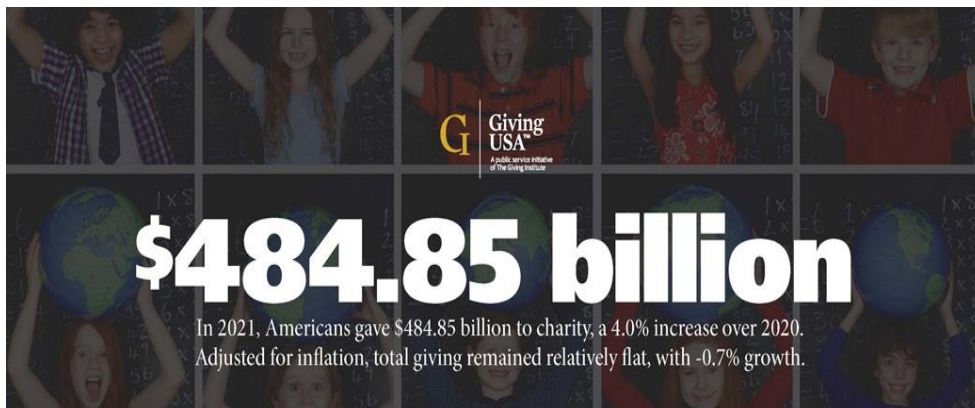
- ✓ Employees to continue receiving the annual Corporate Compliance training through Relias Learning web-based classes.
- ✓ Corporate Compliance Committee will continue to meet quarterly.
- ✓ CCO will continue to monitor and report on matters pertaining to corporate compliance policies and procedures.
- ✓ 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 2023.

DEVELOPMENT

In what was truly an unprecedented second almost 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 during FY2021-2022.

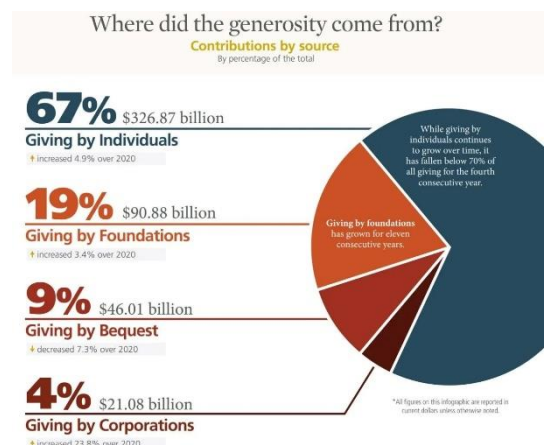
"The story of charitable giving in 2021 is closely tied to the events of 2020, a historic year that included a global pandemic, economic crisis and recovery, efforts to advance racial justice, and an unprecedented philanthropic response. In 2021, Americans continued giving more generously than before the pandemic. However, the growth in giving did not keep pace with inflation, causing challenges for many nonprofits," said Laura MacDonald, CFRE, chair of Giving USA Foundation.

Based on research reported in the Giving USA 2022 Annual Report, the following data was revealed:



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- **American Philanthropy remained strong in 2021 at \$484.85 Billion** (larger than the size of some countries' economies!)
- **Many challenges were present from 2020 to 2021** – COVID-19 impacts continued, racial and social justice movements continued, and the newest challenge – the highest rates of inflation seen in the US in 40 years...but the economy was still strong in 2021 which allowed for continued philanthropy.
- **Giving in 2021 grew nominally but did not keep pace with inflation.**
 - 67% of all giving comes from individuals – still the strongest group of givers
 - Positive two-year growth for all categories
 - Corporate giving is the bright spot in 2021 – due to increased pre-tax profits
 - Individuals and Foundations – grew in current dollars and achieved near records. 2021 saw many very large gifts from individuals – accounting for close to 5% of all individual giving; Foundations continued their innovation created in 2020
 - Corporate Giving – increased in 2021 as pretax profits grew and allowed for expanded philanthropic resources. Additionally, businesses rebounded after 2020
 - Health and the Arts saw a rebound in donations in 2021 after the challenges of 2020
 - Some sectors that did very well in 2020 saw more moderate support in 2021: Human Services, Education, and International Affairs. But in a two-year period, there was strong growth in all of these sectors



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- **Areas to watch in the future – giving in the Public Society Benefit area, Foundations, and Animals and the Environment.** Giving in these areas tends to be linked to the strong economy
- **Technology has taken on an outsized role in philanthropy – hybrid events are here to stay!**
 - 12% of total giving occurred online in 2021 – this is the first time seeing double digits in this category
 - Nonprofits will need to stay agile in this ever-changing environment
 - Staffing is also a very challenging new issue in businesses, and is also effecting non-profits.

A January survey from the consultancy CCS Fundraising found that many charities expect their fundraising revenue to take a hit in 2021. 43% of charities expect to see a decline in their 2021 fundraising compared with what they raised last year. 33% of fundraisers at those charities expect a modest decline, while 9% expect a significant decline. One trouble spot is special-event fundraising, with 66 % of responding nonprofits expecting a decline in that source of revenue this year.²

More than half (56%) of Americans have donated to charity in 2021. While similar to last year's 55%, it's still down from pre-pandemic levels in 2019, when about two-thirds made charitable contributions.

"It doesn't surprise me that folks might be more likely to simply save their money or pay down debt with it rather than donating it," says Matt Schulz, Chief Credit Analyst at LendingTree.

As for why charitable contributions have been down for the last couple of years, Schulz says it most likely comes down to the pandemic wreaking havoc on finances.

"People are worried about keeping the lights on and putting food on the table, not making charitable donations, he says.

Tight budgets are certainly a fact of life for just over half (51%) of respondents who say they don't make enough money to donate to charity. Strangely, that percentage is lower than in 2019, when 56% said the same.

That said, given that lower wage-earners had higher percentages saying they can't afford to be charitable, lack of income is likely a leading reason why donations have remained down since the coronavirus crisis swept the nation.³

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

As this illustration clearly shows, 20% of American households provided 80% of all dollars donated. The staggering fact that 1% of households accounted for 45% of all contributions speaks to the growing concern over the influence of 'mega-donors' on the charitable sector.



As our association began to emerge from the pandemic and return to some sense of pre-pandemic normalcy, there have been some dynamics worth noting:

- *Special event fundraising has seen only a gradual return. This is of particular concern for many organizations as event fundraising continues to be prominent in the sector. The earliest in-person gatherings required considerable new health and safety protocols, attendance levels at most events were lower, and people had a wide variety of comfort levels with live events after two years of quarantine.*
- *Major gift solicitation is challenging as well in that individual donors, even those of considerable means, are still faced with trepidation and uncertainty in terms of their capacity to make significant philanthropic contributions. The strength of the economy, usually a strong driver of charitable giving, has not translated into correlating growth. Fears that we are headed for a recession in spite of the surprisingly sustained stock market performance are having a definite impact on donor behaviors.*
- *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. Instead, for many the conversation has started to shift towards blended giving... gift strategies that combine current donations with longer term charitable plans.*
- *The use of Donor Advised Funds (DAF) continues to grow in popularity as a mechanism for charitable giving. DAFs are appealing to donors because of the ease of transaction and, in many cases, the ability to remain anonymous. That anonymity, however, presents significant challenges for fundraisers and organizations to effectively cultivate and properly steward donors.*

In spite of these observations and all of the challenges we have collectively faced, the Mental Health Association had a relatively strong year in terms of fundraising. A quick review of MHA'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 \$1000, donors again had the option of making an additional gift, this year specifically to benefit our suicide prevention initiative. This year's Presidents Club generated 17 gifts at the Leadership level or higher.

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 well, due in part to a strong response to GivingTuesday. Unfortunately, the GivingTuesday donations were not match-eligible as they have been in past years so their impact on the 2021 Annual Appeal was somewhat diminished.

2022 Spring Gala – The agency's first in-person gala event in three years performed well... not as well as some past events but better than some others. From the event planning perspective, the gala was presented more as an afternoon Garden Party with options for guests to gather either inside or outdoors with a much less structured format and a very casual atmosphere. The new model was very well received and is expected to be how we approach the event moving forward.

Technology – The unusual circumstances of the past year actually allowed us an opportunity to make significant enhancements and upgrades to 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, and donor relation management 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 extended.

In terms of involvement and support of the agency's 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.

Probably the most significant development for the agency during the 2021-22 year was the development and launch of a new agency logo/brand. Officially launched in January of this year, the agency name for marketing purposes dropped the "Essex and Morris" geographic moniker and added the tagline "Inspiring Hope and Healing." The new logo graphic itself is streamlined, contemporary and has been very well received.

Another area of growth worth noting has been considerably stepped up involvement in various community-based activities with other community partners. Working with the Montclair Y, we participated in their Healthy Kids Day and were a sponsor of their Annual 5K Run, a major event in the community. We also participated in the town's first Pride Festival as a sponsor of the Kid's Stage. The event drew upwards of 15,000 attendees and provided a tremendous opportunity for community outreach, awareness and connection for the association.

In light of the challenges we continue to foresee moving forward in terms of a 'return to normalcy', stewardship of existing donors, innovative approaches to fundraising, and messaging that acknowledges the importance of mental health and wellness for all will be key priorities with regard to our development efforts.

Sources:

"Giving USA" Report

compiled by the Indiana University Lilly Family School of Philanthropy (1)

Perspectives on Philanthropy – Giving USA 2022

CCS Fundraising Consultancy (2)

Giving USA 2022 – Analysis

Dawn Papandrea, LendingTree (3)

HUMAN RESOURCES (HR)

The MHAEM workforce composition is made up of individuals whose experience and credentials support the Organization's mission and culture. MHAEM embraces equal employment opportunity in all aspects of operations. The organization hires and promotes qualified applicants for available employment opportunities based on the individual's knowledge, skills, abilities, and talents.

MHAEM is committed to maintaining a workforce that is richly diverse, contributing to the Organization's ability to effectively serve the community of Northern New Jersey.

As of June 30, 2022, there were 187 active employees. Overall, there was a 10% increase in the staff count over FY 2021. 60 positions remained vacant on June 30, 2022. For fiscal year 2022, the annual turnover rate was 42%, averaging 3% per month.

Annually, staff completes an Employee Opinion Survey. As a quality organization, MHA 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. MHA believes that staff satisfaction promotes staff retention. Expected measures of this indicator are an increased number of respondents and continued or increased levels of satisfaction.

The Survey was conducted through Survey Monkey in June of 2022. This annual survey allows staff an opportunity to evaluate MHA, anonymously. This year, the Survey content was adapted to include input and feedback on what staff like best about working at MHA. 50% of the respondents indicated that they like working with MHA because of the *mission, culture, values and advocating for the consumers we serve*. Others chose *benefits and time off, co-workers, and providing quality direct services to consumers*. A total of 64 employees participated in the survey. Results indicated an overall satisfaction rating of 94% and 95% of respondents stated that they are generally satisfied with MHA as a place to work. Suggestions, criticisms and compliments are given careful thought and consideration among Management and our Quality Assurance Committee. Outcomes are addressed by management and discussed with staff appropriately by way of memos addressed to staff and our Quarterly Staff Meetings.

Effective October 1, 2021, 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, 2021. As the open enrollment period took place during the COVID-19 pandemic, the open enrollment event was held virtually. All forms and options for Open Enrollment 2021 were made available on the MHA employee portal. During this period, benefits eligible staff members were notified of the open enrollment period and given the opportunity to make changes to their existing benefit selections or to enroll in benefit options for the first time. 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. MHA 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.

- MHA 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 165 active participants. The "Safe Harbor" plan requires MHA 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.
- MHA reimbursed \$24,000.00 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 all MHA staff, regardless of benefits eligibility status.

This marks the 9th year that MHA has conducted annual and introductory performance evaluations electronically. Our vendor has changed their name from "Reviewsnap" to "Trakstar Perform". 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.

Employees of MHA enjoy the privilege of access to exclusive entertainment and travel discounts through Plum Benefits, offered exclusively to employees of companies that enroll.

MHA 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.

State Auto Worker's Compensation Insurance Company is MHA's current Worker's Compensation provider. The Agency had three workers' compensation claims for the FY 2022.

Online training for all staff members is conducted through Relias Learning. This platform allows MHA 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.

MHA, in consortium with other NJ healthcare organizations, applied for and were awarded the Incumbent Worker Training Grant for a second year through the NJ DOL and LWD to be utilized throughout the remainder of calendar year 2022 through 2023.

Through this grant, MHA is pleased to offer 196 hours of in-person training to staff with the option of also applying optional CEUs for licensed staff members. Topics offered include:

- Diversity and Cultural Competency
- Ethics and Professional Boundaries
- Cognitive Behavior Therapy
- Working with Substance Use Disorders
- Suicide Prevention
- Performance Management

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

- The “Safety In The Workplace” training was conducted for new staff on a quarterly basis. This training focuses on workplace violence, behavioral indicators/warning signs, the importance of early intervention and safety measures that may be used in the workplace.
- MHA retained Steve Crimando, MA, BCETS, CHPP, Principal of Behavioral Science Applications to provide “Managing Behavioral Risks In Field and Office Environments” training to MHA 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, was conducted by the MHA 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 12th consecutive year by a third party certified instructor. In addition, this was the 5th consecutive year that MHA 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.

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 2022

Mission Statement

The mission of the Mental Health Association (MHA) 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 2021-2022:

- This year, we have moved our ICMS Passaic office from Passaic, NJ to Clifton, NJ. IT department planned the network move and setup the new office with all the network requirements with no downtime. We were able to move all of our existing infrastructure from the old office to the new office without any issues.
- This year, the agency started a new program and has opened a new office in Morristown. IT department planned and implemented network wiring, server installation and SD-WAN deployment. We were able to connect the new office with all existing offices without any issues.
- This year, the agency's cellphone contract was up for renewal. IT department received proposals from different vendors and decided to stay with our current provider, Verizon Wireless. IT department was able to negotiate a better monthly rate with Verizon and also acquired new iPhone 13 cellphones for all staff without any out of pocket cost.
- IT department started a new project this year to replace all of our old servers with the new Windows Server 2022 operating system. This year we have replaced the Montclair office servers with new servers without any downtime. We will continue this project next year, office by office, to upgrade all of the servers.
- This year, the agency started many new programs. IT department was able to add new programs into our Electronic Health Record (EHR) software, Awards. This was done based on the needs of each program. IT department also worked on setting up the billing for these programs in Awards and the agency was able to successfully start billing for these programs to all insurance providers.
- This year, the agency decided to move on from our current phone system provider, Vonage, to a new provider. IT department requested proposals from other phone system providers and did testing for about two months. The agency decided to sign a contract with Ring Central as our new provider. The implementation of the new phone system will start in July 2022.
- This year, the agency also decided to move to a new SD-WAN internet service provider. IT department conducted testing of multiple SD-WAN providers, ultimately choosing TPX Communication as our new provider. IT department worked on developing plans of implementation for each office to ensure a smooth transition. By the end of June 2022, IT department was able to implement the new SD-WAN into all of our offices with no downtime.
- During the year, we have made many changes to our EHR software (Awards). The changes were made to meet the different state regulations and billing requirements. IT department continues to make changes, as needed, to address the ending of the COVID-19 pandemic billing rules.

- During the year, IT department worked with all billing and accounting department staff to troubleshoot any kind of billing issue that came up.
- During the year, IT department updated and maintained our IT infrastructure to stay up-to-date with technology. IT department continues to monitor and update all of our network and staff devices to make sure they are secure at all times.
- This is a management report of only major goals for the year 2021-2022. IT Department has done many other minor and major changes and upgrades at each office throughout the year in order to help staff use technology to finish their work.

QUALITY ASSURANCE ANALYSIS

The Mental Health Association (MHA) strives to provide the highest quality behavioral health services to those who live or work in Essex, Morris, Passaic and Sussex Counties. Services are provided in a competent, respectful and timely manner which reduce risk and maximize outcomes. MHA 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 Director of Quality Assurance. The committee members consist of the Chief Operating Office, all MHA Program Directors, 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 member.

MHA 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 MHA 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 MHA 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 MHA's responsiveness as a partner. Quality Assurance Peer Reviews are conducted for psychiatric records, as well as monthly reviews of service delivery issues and unusual incidents to analyze program trends and take corrective action as needed. This may include tracking additional performance indicators, modifying service approaches, training/retraining staff, among other corrective action to ensure compliance and delivery of quality service.

MHA 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 MHA employees who have identified issues and problems; feedback including complaints and grievances received by supervisory personnel; and suggestion boxes which are located at every MHA 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 60 days post discharge of programs.

Analyzed and summarized data flow from QAC to MHA's Chief Executive Officer, the MHA 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, Diversity and Inclusion 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 for ensuring 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 (MHA's day treatment program): the overall goal is to address programmatic areas of concern. QAC reviews suggestions from the suggestion box and safety issues, and discusses ways to enhance services at Prospect House. This sub-committee meets six times per year.
- Trauma Informed Care Committee: composed of clinical staff with the purpose to identify, evaluate, and make recommendations regarding the agency's response to providing trauma informed practices. This sub-committee meets four times per year.

Strengths of the Quality Assurance Plan

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

Highlights of Quality Assurance

- MHA received full licensure for all agency owned properties.
- MHA 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. This allows for increased mobility in the community to better serve the consumer in-vivo and assist with completing treatment/service plans and enhancing services.
- MHA's website, as well as social media sites such as Facebook and Twitter, are easily accessible and newly updated. MHA will continue to work with its Information and Technology and Development departments to improve services through the use of technology.
- MHA 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.
- MHA continues to be committed in assisting individuals in applying for and receiving benefits. MHA has four staff trained as Presumptive Eligibility Counselors and is a designated 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.
- MHA understands the importance of ongoing education and training, therefore, in-services are conducted throughout the year. Such trainings include, but are not limited to: Ethics and Legal Issues, Psychopharmacology, Safety in the Community and CPR, First Aid and AED training. Other trainings, which are program specific, are provided through our Relias Learning which is a web-based training program.
- MHA 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, MHA trained individuals who included clinical and non-clinical mental health staff, graduate students, local deacons of worship, and other community members.
- During this fiscal year, Integrated Case Management Services in Essex, Morris and Passaic, as well as Prospect House had successful Medicaid audits.
- MHA 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.
- MHA completed moves of multiple programs from scattered sites in Passaic and Morris Counties to more ideal locations providing an improved working environment for both staff and consumers as well as better and more convenient access to necessary resources. During the process, it was imperative to relocate the offices with ample public transportation to ensure consumers would be able to independently transport to offices as well.
- MHA's Annual Provider Survey indicated a 98% overall satisfaction rate.

- MHA's Annual Consumer Satisfaction Survey indicated a 96% satisfaction rate.
- Prospect House's Consumer Quality Assurance Committee met throughout the year.
- MHA'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. An updated Strategic Plan was approved and implemented during this fiscal year.
- MHA achieved an overall staff productivity rate of over 55%.
- MHA continues to utilize our electronic clinical records in AWARDS. The benefits of the electronic clinical records are: improved access to complete and accurate information, ease of updating client information in real time, and production of data analysis to identify needs/trends.
- Agency wide Quarterly Staff Meetings are held in order to provide staff with up-to-date information. This year's quarterly staff meetings were held outdoors at Eagle Rock Reservation, weather permitting, to allow for social distancing while maintaining agency cohesiveness.

AOT ESSEX

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2021-2022

2021

2022

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%
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	5	3	2	5	4	2	3	2	7	7	5	3	4.0
Long Term Care (LTC) referrals	Monthly	3 consumers	0	1	0	2	1	1	2	2	2	1	0	4	1.3
Number of transport orders	Monthly	<3 transport orders	0	0	1	1	0	0	1	1	0	1	1	0	0.5
Linked to Medical Services	Quarterly	2 consumers			5			0			3			1	2.3
60 day discharge follow up	Monthly	BASELINE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Medical)	Monthly	BASELINE	2	0	0	0	0	0	0	0	1	0	0	0	0.25
Hospitalizations (Psychiatric)	Monthly	BASELINE	8	5	5	3	5	2	3	2	4	5	6	8	4.7
Indicators:															
ER (screening)	Monthly	<6	8	4	3	4	2	3	3	1	3	5	7	2	3.8
Voluntary admissions	Monthly	<3	4	1	1	1	2	1	1	1	2	3	3	5	2.1
Involuntary admissions	Monthly	<2	4	4	4	2	3	1	2	1	2	2	3	3	2.6
Long Term Care	Monthly	<3	0	1	1	0	0	0	0	0	0	0	0	0	0.2
Arrests	Monthly	<3	0	0	0	0	0	0	0	0	0	1	1	0	0.2
Incarceration	Monthly	<3	0	0	0	0	0	0	0	0	0	1	1	2	0.3
Homelessness	Monthly	<3	0	0	0	0	0	0	1	1	2	0	0	0	0.3
Satisfaction Survey	Annual	80%											90%		90%
Sun Risk Education	Annual	100%										100%			100%

AOT SUSSEX

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2021-2022

2021

2022

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	98%	100%	100%	95%	98%	100%	75%	100%	96%	99%	100%	100%	97%
Focused:															
Service Access:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	1	3	3	3	3	3	2.8
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Inpatient referrals	Monthly	7 consumers	3	0	0	0	0	3	3	1	1	0	1	2	14
Long Term Care (LTC) referrals	Monthly	3 consumers	0	1	1	1	0	0	0	0	1	1	0	0	5
Number of transport orders	Monthly	<3 transport orders	0	1	0	0	0	0	0	0	0	0	0	0	1
Linked to Medical Services	Quarterly	2 consumers			3			0			1			2	6
60 day discharge follow up	Monthly	90%	100%	100%	100.00%	100%	100%	100%	100%	100%	100%	0%	100%	100%	92%
Hospitalizations (Medical)	Monthly	Baseline	1	1	0	0	1	0	1	0	0	0	0	0	4
Hospitalizations (Psychiatric)	Monthly	Baseline	2	0	4	0	3	1	2	2	1	0	0	2	17
Indicators:															
ER (screening)	Monthly	≤ 3	1	1	4	0	2	0	2	2	0	0	0	1	13
Voluntary admissions	Monthly	≤ 1	1	0	0	0	1	1	0	0	1	0	0	1	5
Involuntary admissions	Monthly	≤ 1	1	0	4	0	2	0	2	2	0	0	0	1	12
Long Term Care	Monthly	≤ 2	0	0	0	0	0	0	1	0	0	0	0	0	1
Arrests	Monthly	≤ 1	0	1	0	0	0	0	0	0	0	0	0	0	1
Incarceration	Monthly	≤ 1	0	1	1	0	0	0	0	0	0	0	0	0	2
Homelessness	Monthly	≤ 1	0	0	0	0	1	0	1	0	0	0	0	0	2
Satisfaction Survey	Annual	80%													100%
Sun Risk Education	Annual	100%										100%			100%

AOT MORRIS															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
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%	85%	82%	80%	82%	80%	98%	100%	97%	88%	95%	90%	89%
Focused:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	7 consumers	0	2	0	0	1	2	0	1	2	4	2	2	1.3
Long Term Care (LTC) referrals	Monthly	3 consumers	1	2	0	0	2	0	0	0	0	1	0	0	0.5
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	0	0	0	0	0	0	0	0	0
Linked to Medical Services	Quarterly	2 consumers			0			2			0			0	0.5
60 day discharge follow up	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	Baseline	1	1	0	0	0	3	3	1	1	4	3	2	19
Hospitalizations (Medical)	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Indicators:															
ER (screening)	Monthly	≥ 4	1	1	0	0	0	0	0	0	2	2	0	1	7
Voluntary admissions	Monthly	≤ 2	0	0	0	0	0	1	1	1	1	4	3	1	12
Involuntary admissions	Monthly	≤ 2	1	1	0	0	0	2	2	0	0	1	0	0	7
Long Term Care	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	1	0	1
Arrests	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	1	0	0	1
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	1	1	2	1	5
Satisfaction Survey	Annual	80%													100%
Sun Risk Education	Annual	100%										100%			100%
CJS MORRIS															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	98%	87%	92%	85%	80%	95%	95%	100%	100%	100%	98%	95%	94%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	95%	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%	92%	95%	98%	82%	80%	85%	92%	98%	100%	100%	100%	100%	94%
Linked to Medical Services	Monthly	Baseline	0	0	0	0	1	0	0	0	2	0	0	0	0.25
Wait for services	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Hospitalizations (Psychiatric)	Monthly	Baseline	0	0	0	2	2	1	0	0	1	0	0	0	0.50
Hospitalizations (Medical)	Monthly	Baseline	0	1	0	0	0	0	0	0	0	0	0	0	0.08
Indicators:															
Employment	Monthly	20 clients	5	5	4	5	3	3	2	3	5	3	3	3	44
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	0	0	0	0	0	0	0	0	0	0	0	0	0
Linkage to MH Prosecutors Program	Monthly	10	3	1	0	0	0	1	0	0	0	1	0	0	6
Community Linkages	Monthly	60	2	1	0	0	4	2	0	2	21	10	0	0	42
Recidivism to jail within 30 days	Monthly	<5 clients	0	0	0	0	0	0	0	0	0	0	1	0	1
Recidivism to jail within 60 days	Monthly	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 90 days	Monthly	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 120 days	Monthly	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Sun Risk Education	Annual	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%

CJS Expansion MORRIS

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2021-2022

2021

2022

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%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%							100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%							100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%							N/A	N/A	N/A	N/A	N/A	N/A	N/A
Closed Chart Audits	Monthly	80%							N/A	N/A	N/A	N/A	N/A	100%	100%
Linked to Medical Services	Monthly	80%							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
Hospitalizations (Psychiatric)	Monthly	Baseline							0	1	0	2	0	3	1.00
Hospitalizations (Medical)	Monthly	Baseline							0	0	0	1	0	1	0.33
Indicators:															
Employment	Monthly	20 clients							1	1	2	4	4	4	16
Number of days ↓ county jail time	Monthly	1000 days							240	0	0	0	0	0	240
Number of days ↓ state time	Monthly	10,000							0	0	0	0	730	730	1460
Consumers Served	Annual	70							3	5	7	13	17	20	65
Referrals from Community Connections	Monthly	Baseline							0	0	10	6	4	6	26
Linkage to MH Prosecutors Diversion Pro.	Monthly	10							0	0	0	0	1	1	2
Community Linkages	Monthly	60							2	4	10	14	7	10	47
Recidivism to jail within 30 days	Monthly	<5 clients							0	0	0	0	0	0	0
Recidivism to jail within 60 days	Monthly	<10 clients							0	0	0	0	0	0	0
Recidivism to jail within 90 days	Monthly	<5 clients							0	0	0	0	0	0	0
Recidivism to jail within 120 days	Monthly	<10 clients							0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%							N/A	N/A	N/A	N/A	100%	N/a	100%
Sun Risk Education	Annual	100%							N/A	N/A	N/A	100%	N/A	N/A	100%

PATH - ESSEX

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2021-2022

2021

2022

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	93%	93%	93%	97%	97%	92%	84%	92%	93%	97%	94%	98%	98%
Focused:															
Med. Education	Monthly	80%	100%	90%	83%	100%	80%	80%	100%	100%	100%	100%	60%	100%	91%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	90%	100%	98%
Goal Attainment	Monthly	80%	90%	86%	83%	73%	88%	90%	80%	80%	70%	80%	80%	90%	83%
Hospitalizations (P)	Baseline	N/A	1	1	0	1	1	1	1	3	1	1	0	2	1.08
Hospitalizations (M)	Baseline	N/A	3	1	0	3	2	1	2	2	3	1	2	3	1.92
Indicators:															
Number of outreaches	Monthly	500	45	39	39	40	29	27	53	50	52	45	42	40	501
Total Individuals Served	Monthly	200	121	9	11	8	5	7	8	17	17	8	11	10	232
Linked to Community MH services	Monthly	132	12	10	4	11	8	8	5	14	10	6	6	6	100
Linked to financial benefits	Monthly	40	5	4	2	4	1	5	1	4	3	9	1	3	42
Linked to permanent housing	Monthly	40	4	2	4	3	5	4	4	4	3	4	4	1	42
Linked to temporary housing	Monthly	35	4	5	2	4	6	1	4	2	6	3	4	6	47
Linked to substance use tx. services	Monthly	35	1	3	2	0	1	1	0	1	0	0	1	1	11
Linked to medical/dental services	Monthly	30	6	1	1	0	1	0	4	1	2	1	1	6	24
Linked to rehabilitation services	Monthly	10	2	2	0	0	0	1	0	0	3	3	2	0	13
Sun Risk Education	Annual	100%										100%			100%
Satisfaction Survey	Annual	80%											100%		100%

CJS ESSEX															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	85%	100%	100%	n/a	100%	100%	n/a	100%	100%	n/a	n/a	n/a	100%	100%
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%	n/a	100%	100%	n/a	100%	100%	n/a	n/a	n/a	100%	n/a	100%	100%
Closed Chart Audits	Monthly	80%	100%	n/a	100%	100%	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	25	13	12	13	13	0	1	3	2	4	6	5	2	74
Wait for Service	Monthly	<7							3	2	7	9	8	3	5.33
Hospitalizations (Medical)		BASELINE	1	1	1	2	0	1	0	0	0	1	0	0	0.58
Hospitalizations (Psychiatric)		BASELINE	3	1	2	1	0	0	0	0	0	0	2	0	0.75
Indicators:															
Employment	Monthly	40 clients	7	9	11	12	10	6	6	11	7	9	10	9	107
Number of days ↓ county jail time	Monthly	1000 days	0	1,070	0	0	0	0	0	0	0	0	0	0	1070
Number of days ↓ state time	Monthly	10,000 days	0	0	0	0	0	0	0	0	0	0	0	0	0
Divert/Pre-Adjudication	Monthly	15 clients	0	1	0	0	0	0	0	0	0	0	0	0	1
Community Linkages	Monthly	75	2	5	8	2	11	11	3	6	3	2	5	4	62
Recidivism to jail within 30 days	Monthly	≤25 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 60 days	Monthly	≤50 clients	0	0	0	0	1	0	0	0	0	0	0	0	1
Recidivism to jail within 90 days	Monthly	≤25 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 120 days	Monthly	≤50 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annual	80%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%	n/a	100%
Sun Risk Education	Annual	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%	n/a	n/a	100%
PATH - MORRIS															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Focused:															
Med. Education	Monthly	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (P)	Monthly	Baseline	5	0	7	0	3	0	1	0	2	0	2	1	1.8
Hospitalizations (M)	Monthly	Baseline	3	2	4	1	5	0	4	2	1	1	0	0	1.9
Indicators:															
Goal Attainment	Monthly	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Number of outreaches	Monthly	180	5	4	4	5	4	7	22	22	11	5	10	6	105
Number of individuals . enrolled	Monthly	70	5	5	4	4	4	4	4	5	3	3	4	3	48
Linked to Community MH services	Monthly	75	1	4	2	4	4	4	5	3	6	6	4	6	49
Linked to financial benefits	Monthly	40	4	4	4	3	2	0	6	6	5	4	4	3	45
Linked to permanent housing	Monthly	20	1	2	2	0	3	2	2	1	2	2	1	3	21
Linked to temporary housing	Monthly	40	4	4	0	5	6	2	8	10	4	3	3	3	52
Linked to substance abuse treatment services	Monthly	20	1	2	0	1	1	0	2	2	0	0	1	1	11
Linked to Medical Services	Monthly	10	2	1	0	1	0	0	3	3	6	2	0	1	19
Linked to vocational/educational services	Monthly	10	0	0	0	1	0	0	0	8	0	1	2	2	14
Sun Risk Education	Annual	80%	na	na	na	na	na	na	na	na	na	100%	na	na	100%
Satisfaction Survey	Annual	80%	na	na	na	na	na	na	na	na	na	na	na	90%	90%
External Audits	Annual	Completed	0	0	0	0	0	0	0	0	0	0	YES	0	Completed

HOMEWARD BOUND

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2021-2022

2021

2022

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Focused:															
Hospitalizations (P)	Baseline	N/A	1	1	1	1	3	2	1	2	1	2	0	1	1.3
Hospitalizations (M)	Baseline	N/A	1	2	0	0	0	2	1	6	1	1	1	1	1.3
Indicators:															
Total Encounters (Daytime)	Monthly	Baseline	98	69	101	85	105	108	124	119	210	167	110	147	120.3
Total Encounters (Night time)	Monthly	Baseline	163	223	227	169	207	239	331	412	426	395	422	374	299.0
Unduplicated Consumers Outreached	Monthly	Baseline	40	70	50	38	65	72	113	122	97	84	75	87	76.1
Linked to Community MH services	Monthly	Baseline	1	3	2	8	0	2	9	14	6	3	0	4	4.3
Linked to financial benefits	Monthly	Baseline	1	4	1	0	0	3	0	0	7	0	4	0	1.7
Linked to permanent housing	Monthly	Baseline	1	3	0	3	0	1	0	3	2	0	0	1	1.2
Linked to temporary housing	Monthly	Baseline	5	4	5	4	7	5	4	6	6	5	4	4	4.9
Linked to substance use tx. services	Monthly	Baseline	0	2	1	0	1	1	3	1	0	2	0	2	1.1
Linked to medical/dental services	Monthly	Baseline	1	1	1	1	3	4	2	8	2	7	1	3	2.8
Linked to rehabilitation services	Monthly	Baseline	0	0	0	0	0	0	2	0	0	0	0	0	0.2
Individuals diagnosed	Monthly	Baseline	2	2	2	4	1	1	0	8	3	8	5	3	3.3
APN Encounters	Monthly	Baseline	10	3	2	13	6	5	12	14	5	11	10	8	8.3

Homeless Diversion Program

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2021-2022

2021

2022

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Indicators:															
Total number of referrals	Monthly	Baseline	1	3	1	1	2	1	10	8	17	8	9	5	6
Total number of accepted	Monthly	Baseline	1	1	1	0	1	0	9	8	17	5	4	5	4
Total number of resolved	Monthly	Baseline	1	0	0	0	0	1	1	5	6	5	5	2	2
Days until Resolution	Monthly	Baseline	2	0	1	3	30	0	26	73	19	40	52	70	26
Consumers diverted from Shelter	Monthly	Baseline	1	1	1	1	1	0	1	5	6	5	5	2	2
Days spent in Shelter	Monthly	< 7	0	0	0	0	0	0	0	0	2	0	0	0	2
Diverted initially and later entered shelter	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of diverted and returned to seek other assistance other than shelter	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Age Group (look up on HMIS to distinguish groups)															
Individuals Diverted Gender															
Female	Monthly	Baseline	0	2	1	0	1	0	1	1	4	2	4	1	17
Male	Monthly	Baseline	1	1	0	1	1	0	0	4	2	3	1	1	15
Other	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing type linked to															
Current Housing	Monthly	Baseline	0	0	0	1	0	0	1	3	2	3	5	2	17
Reunited with family	Monthly	Baseline	1	0	1	0	0	0	0	0	2	1	0	0	5
Relocated	Monthly	Baseline	0	1	0	0	1	0	0	1	1	1	0	0	5
Boarding home	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing home	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	Monthly	Baseline	0	0	0	0	1	0	0	1	1	0	0	0	3
Consumer Satisfaction	Monthly	> 80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

CSS ESSEX															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022 2021 2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly														
Technical Audits with remediation		80%	98%	97%	86%	100%	95%	94%	94%	93%	99%	96%	97%	95%	95%
Focused:															
Med. Education	Monthly	80%	80%	85%	80%	75%	77%	80%	75%	75%	100%	100%	100%	100%	86%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Psychiatric Advance Directives	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly		3%	2%	4%	5%	5%	5%	4%	4%	4%	1%	1%	1%	3%
Hospitalizations (Medical)	Monthly		5%	5%	4%	2%	2%	3%	5%	3%	2%	1%	2%	2%	3%
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	Monthly	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	80%	100%			100%			100%						100%
Wait for service (days)	Monthly	baseline	1	1	1	2	1	1	1	1	1	1	1	1	1.1
Indicators:															
Employment	Quarterly	≥10%			6%			4%			5%			6%	5%
Recidivism to County/State	Monthly	≤20%	3%	2%	1%	3%	1%	1%	2%	2%	3%	2%	2%	1%	2%
Recidivism to STCF	Monthly	≤20%	2%	3%	1%	1%	4%	2%	4%	4%	4%	1%	1%	1%	2%
Nursing Assessments	Monthly	≥90%	100%	90%	90%	85%	80%	75%	70%	70%	70%	65%	65%	65%	77%
Satisfaction Survey	Annual	80%												100%	100%
Sun Risk Education	Annual	100%											100%		100%
Permanent Housing	Quarterly	80%	99%	99%	99%	100%	99%	99%	100%	100%	100%	100%	100%	100%	100%
Linked to benefits	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

CSS MORRIS

Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022 2021 2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	92%	93%	94%	93%	94%	92%	94%	93%	95%	94%	96%	93%	94%
Focused:															
Med. Education	Monthly	80%	80%	80%	75%	75%	70%	60%	75%	75%	100%	100%	100%	100%	83%
Client Consent	Monthly	80%	85%	90%	100%	90%	95%	100%	100%	100%	100%	100%	100%	100%	97%
Psychiatric Advance Directives	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Medical)	Monthly	Baseline	2%	3%	1%	4%	2%	1%	3%	4%	2%	2%	1%	1%	2%
Hospitalizations (Psychiatric)	Monthly	Baseline	1%	1%	2%	5%	2%	3%	5%	2%	4%	3%	3%	5%	3%
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%
Objectives/interventions linked to notes	Monthly	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 (days)	Monthly	baseline	1	1	2	1	1	3	3	2	2	2	2	2	1.8
Indicators:															
Employment	Quarterly	≥10%			8%			16%			15%			12%	13%
Recidivism to County/State	Monthly	≤20%	2%	1%	1%	3%	1%		1%	1%	1%	1%	1%	2%	1%
Recidivism to STCF	Monthly	≤20%	3%	1%	2%	1%	3%	1%	2%	1%	2%	2%	3%	3%	2%
Nursing Assessments	Monthly	≥90%	70%	70%	65%	70%	75%	65%	60%	60%	60%	60%	60%	60%	65%
Satisfaction Survey	Annual	80%											100%		100%
Sun Risk Education	Annual	100%										100%			100%
Permanent Housing	Quarterly	80%	99%	99%	99%	99%	100%	99%	99%	99%	99%	98%	98%	98%	99%
Linked to benefits	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	90%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
External Audits	Annual	completed													N/A

PROSPECT HOUSE															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Focused:															
Height, Weight, & Blood Pressure	Monthly	85%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	99%
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	100%	100%	100%	50%	0%	0%	0%	20%	40%	40%	60%	70%	48%
6 Month Psych	Monthly	100%	100%	100%	95%	80%	80%	50%	60%	80%	70%	90%	70%	70%	79%
Consent Forms	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Comprehensive Assessments completed within one month of acceptance into the program	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	90%	100%	90%	90%	90%	97%
Informed Consent for medications	Quarterly	100%			100%			85%			90%			90%	91%
Wait for service	Monthly	>2	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalizations (Medical)	Monthly	Baseline	1	0	2	2	1	0	1	0	0	1	2	0	1
Hospitalizations (Psychiatric)	Monthly	Baseline	2	0	1	0	1	1	1	2	2	3	3	2	2
Nutritional Screenings Completed	Monthly	100	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
Employment	Quarterly	20 consumers	1	1	0	1	1	2	0	0	0	0	1	0	7
Sun Risk Education	Annual	100%										100%			100%
Client Satisfaction	Annual	80%												91%	91%
External Audits	Annual	Completed			9/7/2021- Medicaid					1/12/2022- Medicaid					Completed
Center for Behavioral Health (CBH)															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	90%	90%			90%			89%			90%			90%
Focused:															
Service Plans	Monthly	85%	85%	91%	95%	90%	86%	96%	85%	96%	90%	90%	85%	78%	89%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AIMS	Semi-Annual	80%	100%				100%						100%		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%			100%			100%			100%			90%	98%
Medication Inventory	Quarterly	Completed	X			X			x					X	Completed
Referred to Medical Provider	Quarterly	Baseline	0				0				0			0	0
Service Access:															
Wait for Intake	Monthly	≤7 Days	3	3	2	3	3	4	3	3	0	0	1	0	2.08
Wait for Assignment	Monthly	≤5Days	0	0	0	0	0	0	0	0	0	0	0	0	0
Indicators:															
Hospitalized (Medical)	Monthly	Baseline	1	0	2	0	1	5	0	2	1	1	1	0	14
Hospitalized (Psychiatric)	Monthly	Baseline	0	1	0	0	0	1	1	0	0	0	1	1	5
DASS-21	Monthly	↑functioning	2	2	2	2	2	2	1	0	0	0	0	2	1.25
Discharge Follow Up	Semi-Annual	Completed							X						Completed
Satisfaction Survey	Annual	80%											X		95%
Sun Risk Education	Annual	100%										100%			100%

Riskin's Children Center (RCC)															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022			2021					2022							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Quarterly	80%	90%			90%					90%		90%		90%
Focused:															
Medication Education	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for intake	Monthly	≤5	2	0	0	3	6	2	5	0	0	0	0	0	1.50
Wait for assignment	Monthly	≤5	0	0	0	0	0	0	0	0	0	0	0	0	0
Informed Consent	Monthly	95%	100%	100%	100%	100%	100%	100%	100%	100%	100	100%	100%	100%	100%
Service Plans	Monthly	85%	83%	71%	67%	67%	100%	100%	75%	60%	100%	67%	67%	83%	78%
Closed Chart Audits	Quarterly	80%			100%				100%						100%
Number of individuals linked to pediatrician	Quarterly	80%			0			0	0					1	1
Indicators:															
Hospitalizations (Medical)	Monthly	Baseline	0	0	0	0	0	0	0	0	1	0	0	0	1
Hospitalizations (Psychiatric)	Monthly	Baseline	0	1	1	1	0	0	0	0	1	0	0	0	4
Child/Youth Symptom Check List	Semi-Annual	80%						80%						100%	100%
Satisfaction Survey	Annually	80%											100%		100%
Sun Risk Education	Annually	100%										100%			100%
ICMS ESSEX															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022			2021					2022							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		80%			88%			98%			96%			98%	95%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	80%			81%			94%			95%			97%	92%
Medication Education	Monthly	80%	82%	88%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%
Linked to Medical Services	Monthly	33	5	8	7	6	9	11							46
Wait for service	monthly	baseline	90%	91%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
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	Baseline	3%	3%	5%	4%	4%	3%	2%	1%	1%	2%	3%	4%	3%
Hospitalizations (Medical)	Monthly	Baeline	3%	2%	5%	4%	4%	6%	4%	2%	1%	2%	3%	2%	3%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Short Term Care Facility Recidivism	Monthly	≤20%	4%	5%	3%	2%	4%	2%	1%	2%	3%	2%	2%	2%	3%
County or State Hospitals Recidivism	Monthly	≤20%	2%	1%	1%	0%	1%	2%	2%	1%	3%	2%	3%	2%	2%
Voluntary Recidivism	Monthly	≤20%	3%	2%	1%	2%	0%	2%	3%	2%	4%	2%	1%	1%	2%
Client Employment	Quarterly	30 clients			4			9			11			10	34
Satisfaction Survey	Annual	80%													96%
Sun Risk Education	Annual	100%											100%		100%
External Audits	Annual	Completed			x			x			x			x	completed

ICMS Morris															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS		80%						100%			100%			90%	97%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	80%						82%			79%			91%	84%
Medication Education	Monthly	80%				88%	86%	90%	84%	91%	88%	94%	96%	96%	90%
Linked to Medical Services	Monthly	33				5	3	1	2	6	1	4	7	6	35
Wait for service	monthly	baseline				76%	91%	98%	100%	100%	95%	98%	100%	100%	95%
60 day discharge follow up	Monthly	90%				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%
Medicaid Justification		90%				100%	100%	100%	100%	100%	100%	100%	100%	99%	100%
Closed Chart Audits	Monthly	80%				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	baseline				3%	1%	2%	3%	1%	2%	2%	1%	2%	2%
Hospitalizations (Medical)	Monthly	baseline				2%	2%	2%	2%	1%	2%	1%	0%	0%	1%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Short Term Care Facility Recidivism	Monthly	≤20%				2%	1%	3%	1%	2%	2%	0%	1%	2%	2%
County or State Hospitals Recidivism	Monthly	≤20%				1%	0%	0%	1%	1%	1%	2%	1%	1%	1%
Voluntary Recidivism	Monthly	≤20%				1%	1%	0%	0%	2%	0%	1%	0%	1%	1%
Client Employment	Quarterly	30 clients						9			13			12	34
Satisfaction Survey	Annual	80%													100%
Sun Risk Education	Annual	100%											100%		100%
External Audits	Annual	Completed													completed
ICMS PASSAIC															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
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%			86%			90%			88%			89%	88%
Medication Education	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	74%	92%	80%	82%	96%	90%	89%	82%	92%	80%	72%	76%	80%	84%
Wait for service	monthly	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60 day discharge follow up	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	quarterly	100%			100%			100%			100%			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%	7%	9%	8%	9%	4%	1%	4%	4%	6%	5%	5%	3%	5%
Hospitalizations (Medical)	Monthly	Baseline	1%	1%	2%	2%	1%	1%	1%	1%	1%	2%	1%	1%	1%
Indicators:															
County/State discharges seen within 72 hours	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Short Term Care Facility Recidivism	Monthly	<10%	3%	4%	4%	1%	1%	0%	1%	1%	1%	1%	3%	1%	2%
County or State Hospitals Recidivism	Monthly		1%	1%	1%	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%
Voluntary Recidivism	Monthly		4%	4%	3%	3%	4%	3%	4%	3%	1%	3%	3%	1%	3%
Client Employment	Quarterly	17%	17%	17%	16%	21%	21%	20%	20%	22%	23%	22%	21%	21%	20%
Satisfaction Survey	Annual	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	92%	NA	92%
Sun Risk Education	Annual	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annual	completed	NA	NA	9/29/21- MEDICAID						9/1/22- MEDICAID				complete

IFSS ESSEX															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022 2021 2022															
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%	87%	82%	80%	71%	93%	88%	87%	90%	75%	95%	89%	90%	86%
Intake Assessment completed	Monthly	85%	90%	80%	70%	91%	90%	90%	80%	100%	80%	100%	90%	100%	88%
Svce Pref Form Completed-Intke, 6mo, yrly	Monthly	85%	100%	80%	90%	70%	90%	100%	80%	100%	80%	100%	100%	90%	90%
Family Concern Survey (Intake, 6mo, yrly)	Monthly	85%	100%	80%	80%	80%	90%	90%	80%	90%	70%	100%	100%	90%	88%
Closed Chart Audits	Quarterly	80%			n/a			80%			87%			92%	86%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days			<2 days			<2 days			<2days			<2days	<2 days
IFSS Wait for Intake	Quarterly	≤5 days			<3 days			<4 days			<5days			2days	<3.5 days
Project FERST Accessibility- respnse time	Quarterly	≤2 days			1 day			1 day			1 day			1 day	1 day
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						-5%						-13%	-9%
IFSS Family Satisfaction Survey	Annual	90%												97%	97%
IFSS Sun Risk Education	Annual	100%										100%			100%
IFSS Discharge Follow Up	Semi-Annual	90%						80%						100%	90%
Project FERST-Family Satisfaction Survey	Annual	85%												95%	95%
Project FERST-Provider Satisfaction Survey	Annual	90%												92%	92%
Project FERST Discharge Follow Up	Semi-Annual	90%						100%						100%	100%
Sun Risk Education	Annual	100%										100%			100%
IFSS Sussex															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022 2021 2022															
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%	73%	84%	81%	79%	89%	73%	80%	99%	73%	90%	77%	81%	82%
Intake Assessment completed	Monthly	85%	71%	57%	86%	71%	86%	71%	71%	100%	86%	90%	86%	86%	80%
Service Preference Form Completed-Intake, 6mo, yearly	Monthly	85%	71%	100%	43%	71%	71%	71%	71%	100%	57%	90%	57%	86%	74%
Family Concern Survey (Intake, 6 months, yearly)	Monthly	85%	71%	100%	43%	57%	86%	71%	71%	99%	57%	90%	57%	86%	74%
Closed Chart Audits	Quarterly	85%			100%			100%			90%				97%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days			1			1			1			1	1.0
IFSS Wait for Intake	Quarterly	≤5 days			2			4			4			3	3.3
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction						-17%						-13%	-15%
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: 2021-2022 2021 2022															
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			2393			2557			2284			2441	9675
New callers	Annual	80			39			57			56			29	181
Satisfaction Survey	Annual	80%												93%	93%

EDUCATION															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022			2021					2022							
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			6			4			9			2	21
Satisfaction Survey	Quarterly	80%			98%			98%			98%			99%	98%
Social Club															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022			2021					2022							
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			7			15			47	17
Numger of Attendees	Quarterly	140			168			175			190			237	193
Activities	Quarterly	90			30			20			14			21	85
Satisfaction Survey	Annual	90%												88%	88%
Sun Risk Education	Annual	100%											98%		98%
Units of Service	Quarterly	4384			690			600			948			576	2814
Community Advocacy/ POST															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022			2021					2022							
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			155			156			166			166	161
Total new enrolled/ clients/ volunteers	Annual	10			1			4			6				11
Satisfaction Survey	Annual	90%												100%	100%
Total Units Served	Annual	21,160			5175			6245			5536			7885	24841
Suicide Prevention															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022			2021					2022							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Participants under 18	Quarterly	Baseline	32	232	26	176	158	67	57	54	123	360	1692	305	3282
Participants over 18	Monthly	Baseline	14	43	167	662	137	38	122	65	33	78	10	120	1489
Training Hours	Monthly	Baseline	6	10	13	14	25	6	9	8	6	6	18	8	129
Presentations	Monthly	Baseline	5	7	9	16	17	6	6	8	6	6	8	6	100
# of Law Enforcement Trained	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Students Trained	Annually	Baseline	32	232	26	197	166	67	47	44	64	360	1692	305	3232
# of Teachers Trained	Annually	Baseline	0	13	13	553	0	0	83	6	3	27	2	3	703
Health Home															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022			2021					2022							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AIMS Completed	Monthly	Baseline	4	0	0	0	0	0	0	0	0	0	0	0	4
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 (covid-19)
Nursing Meetings	Quarterly	Baseline			NA			NA			NA			NA	NA
Health Group Attendees	Quarterly	Baseline	0	3	3	0	0	0	4	1	6	2	0	0	2
Nursing Visits	Monthly	Baseline	106	93	80	87	102	133	157	153	143	98	85	41	107
Nursing Assessments Completed	Monthly	Baseline	28	14	6	5	8	4	5	8	4	1	0	1	84

IT															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
System Upgrades	Monthly	Completed	6	3	6	5	4	3	7	5	2	6	4	5	56
Trouble Ticket Response	Monthly	≤5 days	1	1	1	1	1	1	1	1	1	1	1	1	1
Trouble Ticket Received	Monthly	≤200	9	12	8	10	7	6	9	8	7	5	8	10	99
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: 2021-2022															
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%	2%	5%	2%	3%	3%	5%	3%	3%	2%	4%	4%	1%	3%
Staff Satisfaction		↑satisfaction	x	x	x	x	x	x	x	x	x	x	x	94%	^ 2%
	Annual	↑response	x	x	x	x	x	x	x	x	x	x	x	64	^ 34%
90 day New Hire Survey Satisfaction	Quarterly	75% Satisfaction			80%			82%			88%			93%	85.75%
Voluntary Resignations	Monthly	Baseline	3	8	4	6	5	9	5	5	4	8	8	2	67
Community Provider Survey	Annual	14	x	x	x	x	x	x	x	x	x	x	x	16	16
Safety First Calls	Monthly	<20	3	1	2	0	1	3	1	0	3	1	0	1	16
Suggestions	Monthly	NA	0	0	0	0	0	0	0	0	0	0	0	2	2
Complaints	Monthly	0	0	0	0	0	0	0	0	1	1	0	0	1	3
Grievances	Monthly	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Corporate Compliance	Quarterly	Completed			100%			100%			100%			100%	Complete
External Financial Audit	Annual	Completed			100%										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
West Orange Police Department Collaboration															
Mental Health Association of Essex and Morris															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2021-2022															
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Training															
Number of training videos provided	Monthly	Baseline	0	0	1	1	1	1	1	1	1	2	1	1	11
Training hours (enter minutes)	Monthly	Baseline	0	0	24	5	35	15	15	23	25	88	71	14	5.25
Police Outreach															
Number of face to face co-responds (WOPD & MHAEM)	Monthly	Baseline	1	2	2	0	0	1	1	1	9	16	18	17	68
Hours Co-Responding (WOPD & MHAEM)	Monthly	Baseline	0	0.5	1.75	0	0	0.5	0.5	0.5	7.17	11	10	12.33	44.25
Number of homeless outreaches (WOPD request)	Monthly	Baseline	0	0	0	0	0	2	0	0	1	1	1	2	7
Outcomes of Police Outreach															
Arrest	Monthly	Baseline	0	0	0	0		0	0	0	0	0	0	0	0
Transported to hospital with transport order	Monthly	Baseline	0	0	0	0	0	1	0	0	0	1	0	1	3
Transported to hospital without transport order	Monthly	Baseline	0	0	0	0	0	1	0	0	3	11	3	6	24
Refused Services	Monthly	Baseline	0	0	0	0	0	0	1	1	0	1	0	3	6
Linked to own mental health services	Monthly	Baseline	0	0	0	0	0	0	0	0	2	2	0	1	5
Linked to other mental health services	Monthly	Baseline	0	0	0	0	0	1	1	0	0	1	2	4	9
Linked to Domestic Violence Services	Monthly	Baseline	0	0	0	0	0	0	0	2	0	0	0	0	2
Linked to Detox/Rehab	Monthly	Baseline	1	0	0	0	0	0	0	0	0	0	0	0	1
Linked to Substance Abuse Treatment	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Linked to other resources	Monthly	Baseline	0	1	1	0	0	0	0	0	0	2	1	0	5
Body Camera After-Action Review															
Number of videos reviewed	Monthly	Baseline	9	12	4	4	7	9	8	6	14	9	5	6	93
Number of videos with recommendations	Monthly	Baseline	0	1	1	0	0	0	0	0	1	0	0	0	3
Number of videos with no recommendations	Monthly	Baseline	9	11	3	4	7	9	8	6	13	9	5	6	90

SES

Mental Health Association of Essex and Morris

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2021-2022

2021

2022

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%			97%			97%			98%			98%	98%
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%	95%	98%	95%	96%	90%	96%	95%	94%	96%	96%	96%	95%	95%
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	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Hospitalizations (Psychiatric)	Monthly	Baseline	4	4	0	0	2	1	0	0	0	0	3	0	14
Hospitalizations (Medical)	Monthly	Baseline	1	0	0	1	0	0	0	1	0	1	0	1	5
Indicators:															
Linked to Community Service	Quarterly	80%			-78%			-1%			-78%			4%	-38%
Interviews	Quarterly	60			38			22			18			-1500%	63
Placed within 4 months of admission.	Quarterly	30%			30%			60%			0%			0%	23%
Discharge Follow Up 90 Days	Quarterly	80%			100%			100%			100%			100%	100%
Job retention > 3 months	Quarterly	80%			-7%			-17%			-13%			-13%	-13%
Client Satisfaction	Annual	80%													98%
Sun Risk Education	Annual	100%												100%	100%

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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

Efficiency: Staff turnover is monitored. This agency is committed to reducing turnover 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.

FY2021: 2.0% 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.

FY2021: 92% satisfaction and response rate of 26%

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.

FY2021: 98% satisfaction rate

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

FY2021: over 13,000 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.

FY2021: 77% was the lowest number achieved

Annually: voluntary staff turnover
≤ 25%

3.0% average monthly turnover rate

Annually: satisfaction rate ≥90%;
percentage of staff respondents
40%

*94% satisfaction and response
rate of 26%*

83% satisfaction and increased response
rate: annual:

98% satisfaction 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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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
FY2021: 0 cultural competence grievances reported; 94% 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
FY2021: 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
FY2021: 100% of staff received Cultural Diversity training; 100% of staff received educational information via email from Cultural Competence Committee quarterly.

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
FY2021: 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
100% 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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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. *FY2021: 0 days wait for intake; 0 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.

FY2021: 80% of clients showed an average of 20% decrease in overall symptoms 6 months into treatment

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

FY2021: 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.

FY2021: 93% productivity

≤5 business days

2 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

90% productivity reported

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

FY2021: Essex/Morris: 99% of consumers were seen within 72 hours of discharge

Passaic: 92% 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.

FY2021: 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

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.

FY2021: Essex/Morris: 36 consumers from the active caseload were employed Passaic: 28 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.

FY2021: Essex/Morris: overall satisfaction was 89%

Passaic: overall satisfaction was 93%

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: 41% required continued stay; 100% Justified continued stay. Passaic: 54% required continued stay; 100% Justified continued stay

80% compliance: monthly monitoring
Essex/Morris: 100% of consumers were seen within 72 hours of discharge
Passaic: 100% of consumers were seen within 72 hours of discharge

≤20% annually: monthly monitoring, annual aggregate
Essex/Morris: 3% recidivism to all hospitals; 1% to state and county hospital; 3% to community hospitals; 2% to short term care facilities
Passaic: 5% recidivism to all hospitals; 1% to state and county hospital; 3% to community hospitals; 2% to short term care facilities

15% of case load employed: yearly
Essex/Morris: 34 consumers from the active caseload were employed
Passaic: 35 consumers from the active caseload were employed

80% satisfaction: annually
Essex/Morris: overall satisfaction was 91%
Passaic: overall satisfaction was 92%

10% of caseload will require continued stay: quarterly
Essex/Morris: 46% required continued stay; 100% Justified continued stay
Passaic: 57% required continued stay; 100% Justified continued stay

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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.

FY2021: 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

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.

FY2021: 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

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.

FY2021: 2 business days

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

FY2021: 91% satisfaction rate

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 18% within normal range; vitamin D- average of 57% within normal range; glucose level-average of 66% within normal range; blood pressure-avg. of 30% within normal range

Care Coordination will increase physician visits by 20%

216 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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

PROSPECT HOUSE (PH)

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

FY2021: 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

FY2021: 5% 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.

FY2021: 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.

FY2021: 95% 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.

FY2021: 93% of consumers were satisfied with Prospect House services

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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

July 1, 2021 – June 30, 2022

PROGRAMS AND INDICATORS

THRESHOLD: CALENDAR

Outcomes

SUPPORTED EMPLOYMENT SERVICES (SES)

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

FY2021: 26% of consumers were placed into employment within the targeted period

50% in 4 months: quarterly
23% of consumers were placed into employment within the targeted period of time

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

FY2021: 47% of units of service were achieved

4718 units of service are expected;
 100% quarterly:
54% 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.

FY2021: 76% of consumers placed retained employment for 3 months or more

60% retention: quarterly:
50% of consumers placed successfully retained employment

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

FY2021: 100% of consumers placed were placed in occupations of their choice

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

Client Satisfaction: Annually, satisfaction with services, responsiveness of staff, and preparation for employment are surveyed.

FY2021: 89% of consumers were satisfied services, responsiveness of staff and preparation for employment

80% satisfaction: annually
94% of consumers were satisfied services, responsiveness of staff and preparation for employment

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

FY2021: Due to the Covid-19 pandemic, employer satisfaction surveys were postponed

80% satisfaction: annually
Due to the Covid-19 pandemic, employer satisfaction surveys were postponed. Surveys will be reinstituted this fiscal year

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.

FY2021: 26 new consumers were registered and referred. The average time for intake was 3 business days and enrollment into SE was 1 business day

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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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.

FY2021: 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.

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.

FY2021: Essex: 4 consumers returned to jail within 30 days throughout the fiscal year.

Morris: 1 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.

FY2021: Essex: 2 consumers returned to jail within 60 days throughout the fiscal year

Morris: 0 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.

FY2021: Essex: Consumers decreased incarceration days by 5,547

Morris: Consumers decreased incarceration days by 2,290

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.

FY2021: Essex: 90% Satisfaction rate

Morris: 91% Satisfaction rate

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

FY2021: 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.

75 clients linked to community providers: monthly

Essex: 62 consumers were successfully linked to community services as outlined in their Individualized Service Plan

Morris: 89 linkages to mental health and social organizations.

Less than 25 clients: monthly

Essex: 0 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: 1 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 1,070

Morris: Consumers decreased incarceration days by 1,700

80% satisfaction: annually

Essex: 90% Satisfaction rate

Morris: 80% 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.

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

COMMUNITY SUPPORT SERVICES (CSS)

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

FY2021: 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.

FY2021: 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.

FY2021: 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.

FY2021: 81% 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.

FY2021: 92% consumer satisfaction

≥10% employment: quarterly monitoring
9% employment rate

≤ 20% recidivism rate to psychiatric hospitals: monitored monthly
1.5% 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
94% of charts were compliant

≥80% client satisfaction: monitored yearly
94% consumer satisfaction

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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.

FY2021: 89% felt IFSS services were accessible

Sussex: 98% felt IFSS services were accessible

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

FY2021: Essex: <2 wait for service; <4 days wait for intake;

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

Effectiveness: The Family Concerns Scale (formerly the Family Burden Scale) measures effectiveness and impact of services on family stress. This indicator is NJDMHAS mandated; a 24 item standardized burden questionnaire is 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.

FY2021: Essex: 10% reduction in levels of stress/burden reported by families;

Sussex: 3% 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.

FY2021: Essex: 97% overall satisfaction

Sussex: 100% overall satisfaction

Measured: annually

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

Essex: 93% felt IFSS services were accessible

Sussex: 88% felt IFSS services were accessible

Measured: quarterly

Baseline: ≤ 5 business days

Essex: <2 days wait for service; <3.3 days wait for intake

Sussex: <1 day wait for service; <3 days wait for intake

Measured: semi-annually through pre and post-tests

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

Essex: IFSS families reported 9% reduction in levels of stress/burden.

Sussex: IFSS families reported 15% reduction in levels of stress/burden

Measured: Annually

Baseline: threshold of achieving 90% satisfaction among respondents

Essex: 100% overall satisfaction

Sussex: 100% overall satisfaction

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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.

FY2021: 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.

FY2021: 90% 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.

FY2021: 90% satisfaction rate

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.

FY2021: 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
100% satisfaction rate

≥80% chart compliance: monitored monthly

95% of consumer electronic clinical records are compliant with agency standard.

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022
PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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.

FY2021: Essex: Screening: 0 referral; STCF: 34 referrals; LTC: 12 referrals

FY2021: Morris: Screening: 0 referral; STCF: 11 referrals; LTC: 4 referrals

FY2021: Sussex: Screening: 2 referrals; 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.

FY2021: Essex: 89% of charts were compliant

FY2021: Morris: 92% of charts were compliant

FY2021: Sussex: 100% 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.

FY2021: 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
FY2020 Essex: 6% ER (screening); 11% voluntary admissions; 8% involuntary admissions; 3 % Long Term Care; 3% arrested; 0 % incarcerated; 3% homeless

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

Essex, Morris, Sussex 2021: Essex: 92% satisfactory rate

Morris: 92% satisfactory rate

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: 48 referrals; LTC: 16 referral

Morris: Screening: 0 referral; STCF: 16 referrals; LTC: 6 referrals

Sussex: Screening: 1 referral; STCF: 14 referrals; LTC: 3 referrals

Measured: Quarterly

≥80% chart compliance

Essex: 83% of the charts were compliant

Morris: 89% of charts were compliant

Sussex: 97% 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: 45 client enrolled went to a local ER for screening, 2 client enrolled were admitted to Long Term Care, 2 client enrolled was arrested, 2 clients enrolled was incarcerated, 26 client enrolled were voluntarily hospitalized, 2 clients enrolled were homeless

Morris: 7 client enrolled went to a local ER for screening, 1 clients enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 0 client enrolled was incarcerated, 12 client enrolled were voluntarily hospitalized, 0 clients enrolled were homeless

Sussex: 13 client enrolled went to a local ER for screening, 1 client enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 1 client enrolled was incarcerated, 5 clients enrolled were voluntarily hospitalized, 2 client enrolled was homeless

Measured: Annually

≥85%

Essex: 92% satisfactory rate; Morris: 92% satisfactory rate; Sussex: 100% satisfactory rate

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

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.

FY2021: There were 709 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.

FY2021: 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.

FY2021: 92% satisfaction rate

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

FY2021: 91% satisfaction rate

Measured: Annually

566 groups are expected

There were 935 groups held

Measured: Quarterly

≤ 1 business days

1 day wait for service

Measured: Annually

90% consumer satisfaction rate with groups

100% satisfaction rate

Measured: Annually

90% satisfaction among respondents

100% satisfaction rate

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

COMMUNITY EDUCATION PROGRAM

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

FY2021: There were 18 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.

FY2021: 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.

FY2021: 100% of Participants received their certification

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

FY2021: 99% satisfaction among respondents

Measured: Annually

4 groups are expected

There were 21 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

98% satisfaction among respondents

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR
Outcomes

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.

FY2021: 63 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.

FY2021: 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.

FY2021: 100% gained knowledge of the topic

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

FY 2021: 100% satisfaction among respondents

24 presentations: Annually
99 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
94% of participates gained knowledge on the topic

85% overall satisfaction among respondents: Measured Semi-Annually
91% satisfaction among respondents

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2022

PLAN FOR OUTCOME MEASURES

PROGRAMS AND INDICATORS

July 1, 2021 – June 30, 2022

THRESHOLD: CALENDAR

Outcomes

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

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

FY2021: Essex: PATH outreached 434 homeless or at imminent risk of homelessness consumers.

Morris: PATH outreached 141 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.

FY2021: Essex: 209 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Morris: 48 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.

FY2021: Essex: 36 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.

FY2021: Essex: 53 Consumers successfully linked to safe, affordable, permanent housing

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

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

FY2021: Essex: overall consumer satisfaction was 93%

Morris: overall consumer satisfaction was 91%

Essex: 500 Outreaches: Yearly

Essex: 501 consumers were outreached

Morris: PATH outreached 164 homeless or at imminent risk of homelessness consumers

Essex: 200 Individuals to be served: Yearly

Essex: 209 consumers were served

Morris: 89 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Essex: 35 Consumers linked to Temporary Housing: Yearly

Essex: 47 consumers linked

Morris: 28 Consumers were successfully linked to Temporary Housing (Shelter)

Essex: 40 Consumers linked to Permanent Housing: Yearly

Essex: 42 consumers linked

Morris: 17 Consumers were successfully linked to safe, affordable permanent housing

Essex: 80% Satisfaction Rate: Yearly

Essex: overall consumer satisfaction was %

Morris: overall consumer satisfaction was 90%

INCIDENT ANALYSIS

Incidents occur from time to time as a result of the volume of consumers served at the Mental Health Association (MHA). As such, incidents are reviewed and opportunities for improvement are identified. It is the responsibility of the Chief Operating Officer and the Director of Quality Assurance to oversee the recording of incidents, the submission of serious incidents to the New Jersey Division of Mental Health and Addiction Services (DMHAS), 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 Director of Quality Assurance, the critical incidents are reviewed and discussed by the Quality Assurance Committee (QA) during monthly meetings. QA'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, MHA reported 121 incidents throughout the agency during FY 2022, in comparison to last year's 115 incidents, a 5% increase. However, when the variable of COVID-19 cases is taken out of the equation, FY 2022 incident rate decreased by 10.5% from the previous year. Of these 121 incidents, 88 were critical incidents which means they had to be reported to the state; of these 88 critical incidents, 53 (39 reported in FY 2021) 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 FY 2022, there were no completed suicides throughout the agency. There were six suicide attempts off-premises in FY 2022 which is a 50% decrease from FY 2021. These suicide attempts were reported by the following programs: Assisted Outpatient Services – Sussex and Essex, Integrated Case Management Services - Essex and Passaic, and Prospect House. QA 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 28 deaths, all off-premise, in FY 2022 which is a 15% decrease from 33 reported in FY 2021. Consumer deaths were reported in the following programs: Assisted Outpatient Treatment - Sussex, Integrated Case Management Services - Essex, Passaic and Morris, Prospect House, Community Support Services - Essex and Morris, and Projects for Assistance in Transition from Homelessness - Essex and Morris.

MHA 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 records. 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, MHA continues to offer Prospect Primary Care, a full service medical treatment facility housed within MHA's Prospect House.

In FY 2022, there were five psychiatric and two medical ambulance or police response incidents reported. In all incidents, staff followed appropriate protocol. QA reviewed all incidents and after actions plans. There were no trends found. In each incident, best practices were followed.

**Mental Health Association
FY 22 Incident Reporting**

Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
1. Suicide/Suspected Suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Death	3	3	1	1	1	2	1	3	2	2	3	6	28
3. Suicide Attempt	0	1	0	1	1	1	0	2	0	0	0	0	6
4. Serious Inquiry on premises- client/ staff	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Overdose	0	0	0	1	0	0	0	1	0	0	0	0	2
6. Alleged physical abuse/ assault-client/staff	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Newsworthy incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Property damage	0	0	0	0	0	0	1	0	0	0	0	0	1
9. Physical fight/client or staff	0	0	0	0	0	0	0	0	0	0	0	0	0
10.Theft loss to agency	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medication error/Adverse Drug Reaction	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Infection control/ Bio-hazardous accidents	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Use or possession of weapons	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Elopement or wandering	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Use or possession of licit or illicit substances	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Communicable Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Violence or Aggression	0	0	0	1	0	0	0	0	0	0	0	0	1
18. Ambulance or Police Call (P)	0	0	2	0	1	0	0	0	0	1	0	1	5
19. Ambulance or Police Call (M)	0	0	0	0	0	0	0	0	1	1	0	0	2
20. Vehicle Accident	1	0	2	0	0	1	2	1	2	1	6	1	17
21. Other	0	0	0	1	0	0	0	0	2	2	0	1	6
22. COVID-19	2	0	1	0	0	4	27	9	0	4	6	0	53
Total	6	4	6	5	3	8	31	16	7	11	15	9	121

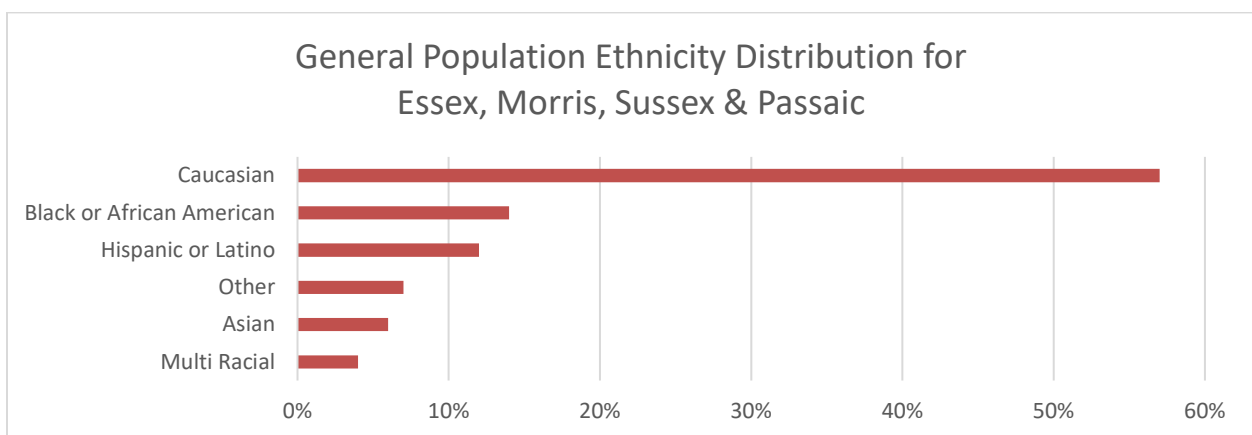
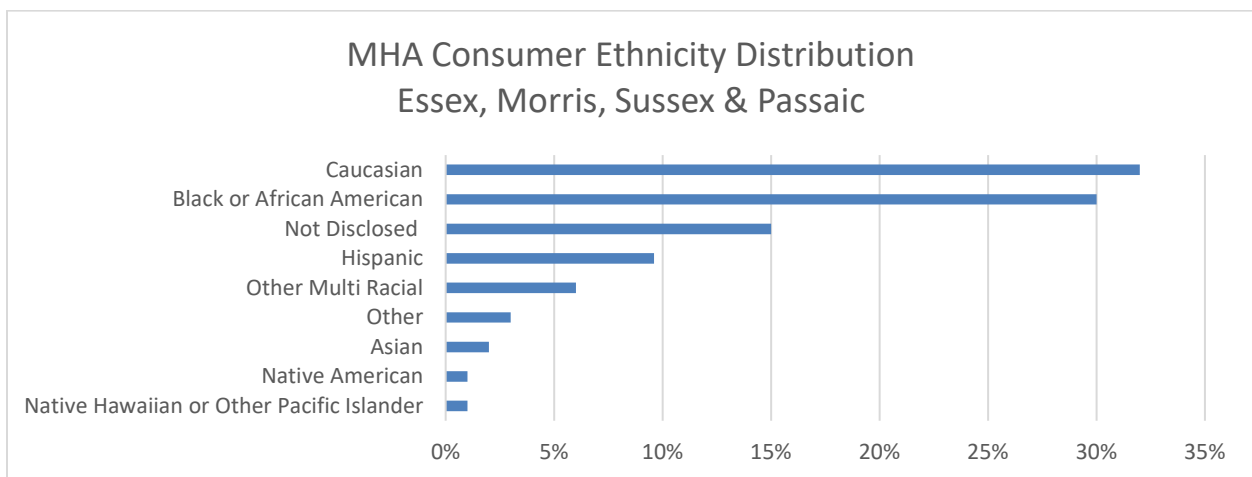
CULTURAL COMPETENCY

The Cultural Competency Diversity & Inclusion Committee (Committee) was established as a recommendation by the agency's Quality Assurance (QA) Committee. The Mental Health Association 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 the Mental Health Association and within its service provisions.

Personnel

The Cultural Competency Diversity & Inclusion Committee consists of 18 MHA 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, MHA seeks to hire staff in every program that closely reflects the demographics of the community. During FY 2022, the list of interpreter staff was comprised of 35 employees fluent in 11 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 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 MHA employees attend cultural competency training as part of their professional development through Relias Training (web-based). MHA also makes an effort to address staff and community needs as it relates to culture through education and mental health services.

- When offensive language was written into the dirty windows of our 80 Main Street location, it was documented and brought to the attention of Drill Management. We were satisfied that the management addressed it appropriately.
- The Committee partnered with the MHA-WOPD Co-Response program to provide West Orange Police Department with a video training on Cultural Sensitivity. A 25-minute PowerPoint/video was created called, Building Trust with Diverse Communities. The video provided education on the diverse cultural groups in West Orange that the WOPD might encounter when responding to calls in the West Orange.
- Regarding the war in Ukraine, the agency was asked to provide mental health support to the Ukrainian Community in Morris County. MHA provided counseling and emotional processing support to those impacted by the war in Ukraine.

The Committee sends monthly awareness email blasts focused on Diversity Awareness topics each month. These have included, *German American Heritage Month, 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, Irish American Heritage, Nirvana Day, 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. The Committee reports identified areas of improvement to the Quality Assurance Committee for monthly review.
2. The Committee documents information discussed during staff meetings and uses other means, i.e., surveys, to obtain needed feedback from the agency.
3. The 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 third year due to the National Health Crisis (COVID-19). This year, the committee decided to do another creative project that celebrates the diversity of the consumers we serve and the staff employed by creating a Healing Practices Guide that all staff could contribute and have access to. **The Healing Together, Healing Practices Across Cultures: Spring 2022** is a colorful 38-page guide with five areas of healing which includes: **Body Mindfulness, Holistic Remedies, Expressive Therapies, Spirituality and Life Style Choices**. The cultures represented include American, Asian, Columbian, Dominican, Guatemalan, Haitian, Indian, Irish, Italian, Jamaican, Caribbean, Mexican, Polish, Spanish, Thai, Jewish, Middle Eastern, African-American (Gullah) and others.

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 MHA 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 MHA and the last question was open-ended asking for feedback on areas that MHA can focus on regarding cultural competence. There was a total of 47 respondents this year. The overall satisfaction rate regarding cultural competency at MHA was 98%. This was a 7% increase from FY 2021.

- 98% of respondents felt as if MHA's mission statement, philosophy, vision and goals reflect an explicit commitment to diversity, which is a 7% increase from FY 2021.
- 96% of respondents felt as if MHA reinforces ethnic/cultural competence as organizational culture.

- 96% of respondents felt as if culture awareness and competence is integrated into services, which is a 9% increase from 2021.
- 91% of respondents felt as if MHA staff reflects the ethnic and cultural characteristics of consumer and community served.
- 100% of respondents felt that MHA provides services in the preferred language of the consumer. MHA maintains a language list of staff that speak different languages. MHA staff also have access to the language line.
- 98% of respondents felt that staff was sensitive to the role that religious beliefs may have and incorporates these beliefs into treatment.
- 96% of respondents felt that family is defined differently by different cultures and roles in families may vary significantly among different cultures.
- 98% of respondents felt as if they received training and understand and appreciate the various socioeconomics of individuals being served, which is a 6% increase from 2021.
- 98% of respondents felt that MHA provides ongoing and effective continuing education that addresses all relevant ethnic/cultural individuals served.

There were 22 comments left in the open-ended portion of the survey. These discussed a need to continue additional training on ethnicities such as the Hindu and Philippine cultures. The remaining comments focused on suggestions for learning more about different religions and how best to interact with consumers to respect their practices, the socioeconomic challenges, substance abuse challenges experienced by our consumers and how to help undocumented individuals. The agency will continue to work on ensuring comments are taken into consideration to ensure best practices are maintained.

Cultural Competency Committee Plan

- The Committee will meet quarterly and report to QA monthly.
- The Committee will continue to recruit members to represent all the programs and ethnicities within the agency.
- The Committee will ensure that the Mental Health Association language bank is updated quarterly.
- The Mental Health Association will continue to actively recruit bi-lingual staff.
- The composition of the Mental Health Association employees will continue to be representative of the community served.
- The 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 Committee and agency staff will continue to participate in racism, diversity, and inclusion trainings offered throughout the year to strengthen our ability to empathize with and serve our consumers.

- The 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 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 Committee will work with the trauma committee as needed when discussing race and trauma.
- The 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 will be encouraged to participate in the survey.
- All MHA 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 (MHA), 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 MHA 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 MHA 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 MHA 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.

During the past year, we applied for and were awarded a \$20,000 grant to improve security at two of our locations. At our corporate headquarters, we began the security project by installing an exterior surveillance system. We have accessed the cameras footage to identify and report (as needed) incidents that have occurred on our property after normal business hours. At our partial care program, we also installed an exterior surveillance system. We have had to access the camera footage at the request of law enforcement for fender benders on or near the perimeter of our property. At both of these locations, staff report a level of comfort knowing the cameras are on when leaving the office after dark. An additional unexpected benefit of the cameras has been the ability to access real time inclement weather at the location to determine if alternate plans are necessary for staff and clients safety. The project wrapped up with converting a manual entry (key) system to a card access control (fob) system. The conversion of this system has been helpful to remain open and secure during the pandemic and during inclement weather. The project was completed January 2022.

Vehicle Safety

At the time of this report, MHA has a total of 88 vehicles that are insured by the Philadelphia Indemnity Co. During FY 2022, there were 17 vehicle incidents. There has been an increase in vehicle accidents compared to 12 in FY 2021, which we attribute to increase in more staff on the roads as we returned to post pandemic operations. We continue to ensure 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 2023.

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. MHA 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 locations, which cars needed to be started/driven to ensure the health of the fleet. We also receive real time alerts for a check engine light on or maintenance service recommended.

MHA has a responsibility to assure that MHA drivers act in a safe and responsible manner. In addition to the GPS units, MHA 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. MHA 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 2022, we have seen an increase in Safety First reports, which we attribute to increase in more staff on the roads as we returned to post pandemic operations.

Health and Safety Plan

In the next year, the Health and Safety Committee will provide feedback through program team meetings and, when appropriate, make recommendations to the management team.

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 end of 2021 and beginning of 2022, the COVID-19 pandemic continued to affect the physical and mental health of the consumers that MHA serves. MHA continued to follow and often exceed the guidelines provided by the Center of Disease Control and Prevention (CDC) regarding infection control during the pandemic. The steps taken to protect MHA staff and consumers include promoting social distancing in poorly ventilated environments, mask wearing, hand hygiene, and disinfection of offices and vehicles. MHA continues to provide valuable physical and behavioral health services to consumers while following these CDC recommendations. To ensure the highest quality of care was provided, services were provided face-to-face following CDC guidelines regarding mask wearing and social distancing. Telehealth services were provided when appropriate, including if consumers are experiencing COVID-19 symptoms or feel more comfortable utilizing telehealth services during the global health crisis. As an agency that provides health care services, MHA understood the importance of vaccination against COVID-19 to prevent infection and transmission of the COVID-19 virus. All staff were required to be fully vaccinated and boosted against COVID-19 as per the CDC's guidelines except for those with a religious or medical exemption. MHA continued to follow the CDC's guidelines regarding infection control for vaccinated individuals which allowed a mask optional policy in office spaces except when visitors or consumers are present.

Individuals diagnosed with a severe and persistent mental illness have been shown to be at higher risk of poor outcomes related to COVID-19 infection. MHA 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. MHA continued to work with both Morris and Essex County to arrange vaccination sites specifically for our consumers. Along with the vaccination clinics held for MHA consumers, MHA staff worked with each consumer to assist in getting the COVID-19 vaccine and booster through local and state resources.

MHA 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 MHA programs and medical services through MHA's Prospect Primary Healthcare, located in the same building as MHA's day treatment program, Prospect House. During the COVID-19 pandemic, it is MHA's priority to continue to provide physical health services to our consumers in a safe manner. Prospect Primary reinstated in-person visits in November 2021 following all CDC guidelines and continued to provide services via telehealth when appropriate. If an individual chooses to utilize a health care provider outside of MHA, 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. MHA 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

MHA staff prior to medical appointments to help promote continuity and quality of care. MHA 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.

MHA staff continued to support individuals in managing their health concerns through provided resources and education. Skills based groups are conducted by MHA staff in several programs, covering topics such as budgeting and stress management. Also, health related groups are run monthly by a Registered Nurse in which all individuals MHA serves are welcome in-person or via telehealth platforms. During these groups, individuals learn about health promotion and chronic disease management practices. 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. MHA also made it a priority to ensure that consumers were educated on the vaccines available for COVID-19, including their efficacy, safety, side effects and administration. Virtual and face-to-face educational groups continued to be conducted 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 vaccines was provided on an individual basis to consumers by MHA staff. A COVID-19 vaccine education curriculum was created to ensure that all consumers served by MHA received fact-based education on each of the COVID-19 vaccines. A COVID-19 vaccine educational pamphlet was created and each consumer served by MHA was provided education from the pamphlet in verbal and written form. During the 2022 fiscal year, 19 consumers attended MHA's health education groups.

MHA 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 24 hours a day, 7 days a week, including holidays and weekends. This service is available for support and crisis intervention, including onsite 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 MHA 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. As of the end of FY 2022, Prospect Primary reported a BMI average of 18% within normal range, vitamin D average of 57% within normal range, glucose level average of 66% within normal range and blood pressure average of 50% within normal range.

MHA staff recognizes the importance of consistent staff education to better serve the individuals in our programs and community. All staff are provided with verbal and written educational materials 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 MHA serves. These same documents are also available to all staff digitally on a shared network to be used for self or consumer educational needs. As the status of the COVID-19 pandemic changed throughout the year, education was provided to staff on all CDC recommendations on a consistent basis to ensure that all staff was updated on any and all changes made to guidelines. MHA continued to provide education to staff on the proper use of masks and gloves, hand hygiene, social distancing, and signs and symptoms of COVID. MHA continued to encourage staff to self-monitor for symptoms of COVID-19 daily before coming to work and were instructed to review possible symptoms of COVID-19 with agency Registered Nurse to obtain guidance on testing and isolation. All staff continued to receive regular education on the COVID-19 vaccination including efficacy, safety, possible side effects, and administration. This education was provided to all staff through email and discussion during quarterly staff meetings. MHA Registered Nurses were also readily 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.

MHA 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 Kru 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, 2022, the ICMS ending caseload was 529 consumers. Please refer to the detailed grid and descriptors for a breakdown of the 2021-2022 ICMS caseload.

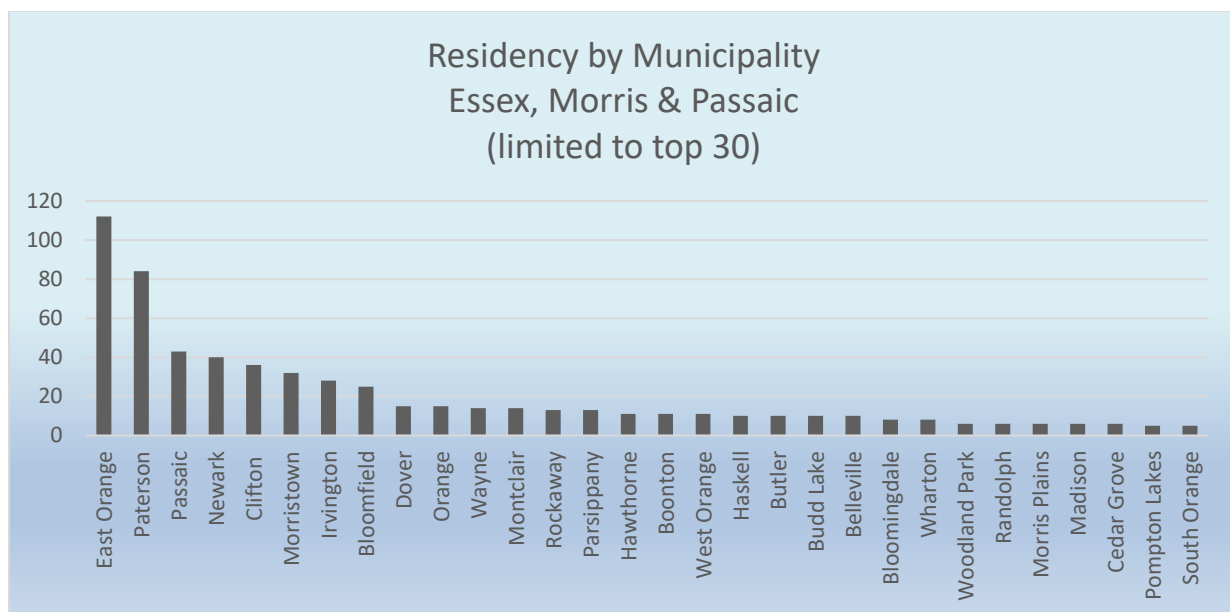
2021-2022	Essex	Morris	Passaic	Totals
Total Enrolled Consumers Served	338	246	258	842
Newly Enrolled	198	136	104	438
Discharged	140	90	84	314
Ending Caseload	212	157	176	545
Total Face-to-Face Units	23167	11952	23166	58,285
Risk Level				
High	25	5	60	90
At	130	102	112	344
Low	57	50	4	111

- 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 155 enrolled individuals in the community hospitals.
- 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 314 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 MHA 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 includes both face-to-face contact and telecommunication contact and was a remarkable 58,285 units, which is over 14,500 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

MHA 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 81, the average age being 45. Gender identity was female 52%, male 48% and Transgender male <1%. Self-reported races of consumers enrolled are as follows: White/Caucasian 46%, Black or African-American 31%; 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 8%. 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 are as follows: English 92%; Spanish 6%; Creole 1%; French, Russian, Polish, Portuguese, Arabic 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 MHA'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	6%	3%	5%
State/County Hospitalizations	2%	<1%	1%
Short Term Care Facility Hospitalizations (STCF)	3%	2%	2%
Voluntary Hospitalizations	2%	1%	3%

- Employment Rates (*effectiveness*)

MHA 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 2022, Passaic ICMS identified an average of 20% of the active caseload as employed, Essex ICMS identified 10%, and Morris ICMS identified 5%. 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*)

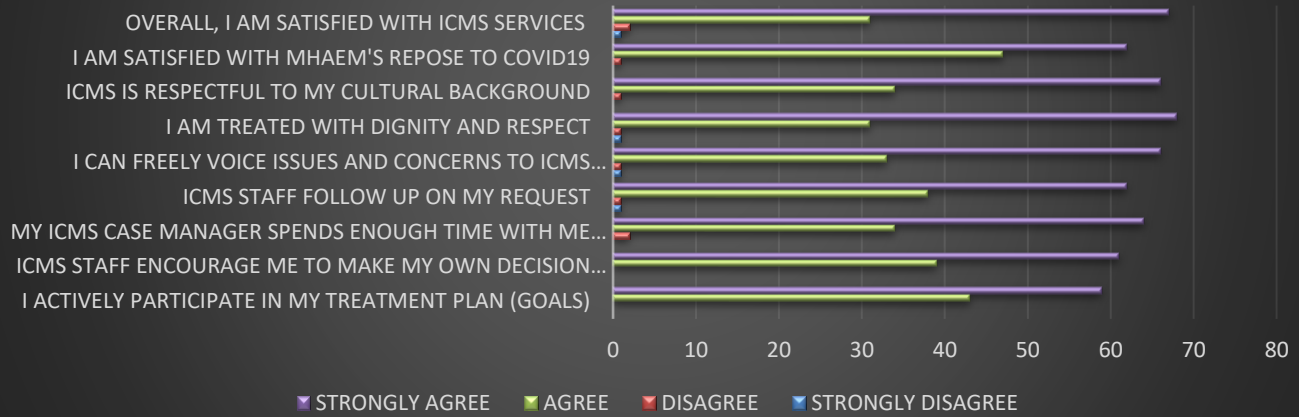
Access was measured in the time lapse between a person's discharge from a state or county hospital and the first contact by a case manager. The threshold for this indicator is more than 80% of the consumers enrolled into ICMS being seen within 72 hours of discharge from a hospital.

**Benchmark $\geq 80\%$	Essex	Morris	Passaic
County/State discharges seen within 72 hours	100%	100%	100%

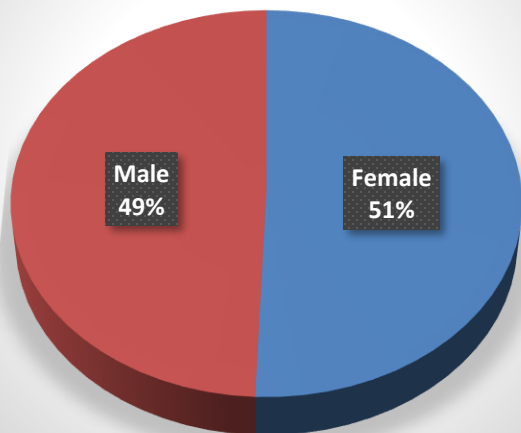
Consumer Satisfaction Survey

In May 2022, 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 20% response rate, with an overall satisfaction score of 91%.

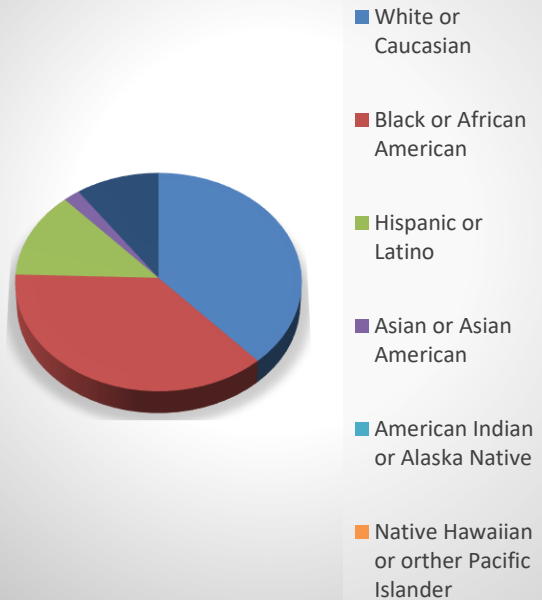
ICMS Consumer Satisfaction Survey Results Essex, Morris & Passaic



2022 Survey Gender Identity Breakdown



2022 Survey Ethnicity Breakdown



Essex - Overall satisfaction score 91%

Gender

Forty-five consumers responded, (22) 50% male, (22) 50% female.

Age

Consumer ages ranged from 23 through 68. The average age was 46.

Ethnicity

Of the 45 respondents, (27) 60% consumers identified as African-American, (11) 24% as Caucasian, (3) 7% as Hispanic, and (4) 9% as other.

Morris - Overall satisfaction score 91%

Gender

Thirty-seven consumers responded, (20) 43% male, (16) 54% female and (1) 3% trans-male.

Age

Consumer ages ranged from 20 through 73. The average age was 47.

Ethnicity

Of the 37 respondents, (21) 57% identified as Caucasian, (4) 11% as Hispanic, (8) 22% consumers as African American, (1) 2% as Asian and (3) 8% as other.

Passaic - Overall satisfaction score 92%

Gender

Twenty consumers responded, (9) 45% male, (11) 55% female.

Age

Consumer ages ranged from 23 through 68. The average age was 46.

Ethnicity

Of the 20 respondents, (6) 32% identified as Hispanic, (6) 32% as Caucasian, (3) 16% as African-American, (1) 5% as Asian, and (3) 15% 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 Coronavirus. 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.

MHA 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. Personal Protective Equipment (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 2022, MHA 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.

Many external resources and services were limited or unavailable during the pandemic, including transportation. MHA 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 MHA 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 the 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 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 New Jersey.
- ***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.
- ***Passaic County Crisis Intervention Training Board***- The task force was established by Passaic County in order to provide training to police officers in Crisis Intervention Training.

Prospect House

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

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

Prospect House's Response to the COVID-19 Pandemic

As we are phasing away from the COVID-19 pandemic and moving towards more in-person, Prospect House continues to provide a hybrid model of virtual and in-person services including psychosocial groups and case management. During FY 2022, our services and treatment at Prospect House have not halted, slowed down, or been effected by the varied changes of COVID-19. We continued to provide our consumers with the much needed services on a weekly basis such as bloodwork, long acting injectable medications, and medication monitoring appointments. Over the past couple of years throughout the COVID-19 pandemic, we have learned 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 1,469 medication monitoring appointments (either face-to-face or through telehealth), 243 psychiatric evaluations and saw consumers 540 times for injectable medications.

Prospect House staff continued to work tirelessly to ensure that there is no break in services to our consumers during the last two years as we fluctuate from full telehealth and a hybrid model. In February 2022, we began providing onsite groups to a small group and continued to slowly increase the daily census to approximately 75-100 people a day.

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 continued to make educating and getting our consumers vaccinated against COVID-19 a main priority at Prospect House. Due to the continued diligence of the Prospect House staff, the Prospect House consumer population is 85% vaccinated against COVID-19.

Personnel

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

Caseload

During this reporting year, Prospect House has serviced 210 consumers with severe and persistent mental illness including 42 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 2022, 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 one consumer 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 27 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 FY 2022, Prospect House serviced a diverse population of consumers through both telecommunication and in-person. Our youngest consumer serviced was 19 and the eldest consumer was 96 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, 26% White, 4% mixed race, and 2% Asian. Individuals served by Prospect House are 41% female, 58% 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 MHA program.

As tracked by the QA Committee, Prospect House's performance indicators measure the overall consumer satisfaction with Prospect House, available psychiatric time, recidivism to a higher level of co-occurring services, rate of consumer employment, and timeliness of psychiatric evaluations. During this fiscal year, there were five days a week with available psychiatric time; zero consumers were in need of a higher level of co-occurring treatment.

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

MHA is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. Approximately 110 surveys were distributed to PH consumers. They were informed that their answers are anonymous and confidential. Eighty three (83) surveys were completed and returned to PH. It should be noted that the only surveys returned were completed onsite and do not capture the consumers that are not yet attending in-person services.

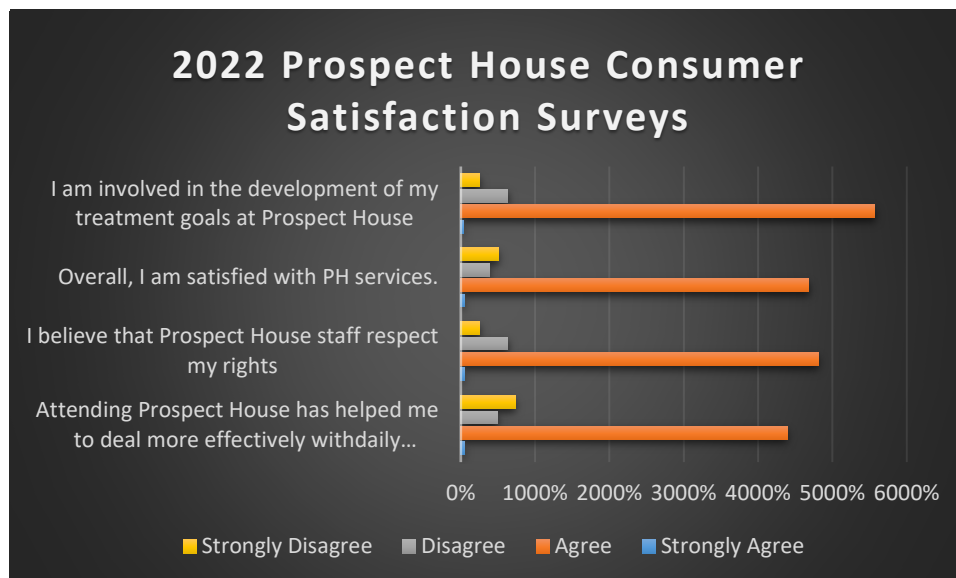
Gender

Consumers responded in which 42 are male (54%) and 34 are female (44%), one reported gender non-conforming (1%), and one reported as trans-gender (1%).

Ethnicity

Forty-six consumers identified as African-American (60%), 21 consumers reported as Caucasian (28%), 6 consumers reported as Hispanic (7%), 4 reported ‘other’ (5%) as their ethnicity.

Overall, consumers reported on their surveys that they are 91% overall satisfied with Prospect House services, 95% are satisfied with the relationship with their assigned case manager and 90% are satisfied that Prospect House has helped in dealing with daily problems more effectively.



PH Highlights

During this fiscal year, Prospect House has continued to navigate our ‘new normal’. We have worked tirelessly to ensure that our consumers are receiving the best quality services whether they be in-person or via telehealth. 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.

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 four Medicaid audits as well as a federal audit, with note of significant improvement in documentation, decrease in billing errors, and clinical treatment planning.

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.

Beginning July 21, 2021, CJS Essex was selected by The Division of Mental Health and Addiction Services (DMHAS) to participate in a new mental health initiative for justice involved individuals who are eligible for Pre-Trial services in Essex County to include a Forensic Peer component. Throughout that participation, CJS Essex became a part of a subcommittee to discuss the overall initiative and participation with other various stakeholders such as the Administration of the Courts (AOC), Essex County Judiciary, Essex County Prosecutor's Office, Pre-Trial Services, Newark Community Solutions, and the Office of Public Defenders.

As a result of the collaboration, CJS Essex hired a Forensic Peer Specialist beginning in October 2021. The Forensic Peer Specialist aims to offer hands-on support to mental health/justice involved consumers linked to Pre-Trial Services, by providing access to real-time support based on lived experience. Peer support is designed to help engage consumers in developing a trusting professional relationship, role model successful coping skills, break down stigma barriers, and encourage community re-entry success following incarceration. CJS attends biweekly meetings for this initiative.

In November 2021, the Morris campus were the recipients of a grant from the Division of Mental Health and Addiction Services (DMHAS) to expand their CJS program. The CJS Expansion team, under the umbrella of the CJS team, promotes recovery through engagement, assessment of readiness for change, and linkage of individuals to mental health treatment, financial, housing, and other needed services. The team also provides advocacy and supportive counseling. The team partners with the Morris County Prosecutor's Office, Morris County Sheriff's Office, and Morris County Courts to reroute eligible individuals away from the criminal justice system towards appropriate case management and mental health services as early as possible following an interaction with law enforcement. Individuals who are known or suspected of suffering from a mental illness that caused or impacted the criminal behavior that led to criminal charges being filed might be eligible for the Morris County Prosecutor's Office (MCPO) Mental Health Diversion Program. Through this pilot with pre-trial intervention, and depending on the consumer's

willingness to participate, their level of compliance, and other factors, pre-trial services may divert consumers from state prison, county jail, and/or a conviction.

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. However, in July 2021, CJS staff returned to the office five days per week and resumed face-to-face outreaches. If necessary, CJS staff continued to provide telecommunications to clients. CJS Essex was able to re-introduce the onsite presence of Forensic Case Managers to ECCF once a week in order to provide onsite face-to-face services. In June 2022, a third 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 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 MHA'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 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. MHA 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 Forensic Peer Specialist, one Administrative Assistant, and a Program Director (PD). All staff work within the jail and community. Staff complete intakes and develop discharge plans for eligible consumers incarcerated at Essex County Correctional Facility, released from municipal courts, county jails or NJ State Prisons, referred from community providers, and/or are at risk of incarceration. At the Morris campus, there is one Program Director, one Administrative Assistant, one Peer Support specialist, three Forensic Case Managers (FCM), and two Forensic Clinicians (LCSW/LPC). Staff work 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, 2022, CJS Essex had 59 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 Department, Newark Community Solutions, 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 30 active cases. During FY 2022, 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 MHA's Quality Assurance Committee (QA). For FY 2022, 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 zero consumers were re-incarcerated within 30 and 90 days of their release. CJS QA grid also monitored consumers' recidivism to the jail within 60 and 120 days. The threshold indicates that less than 50 consumers would not return to jail during this time frame and only one consumer was re-incarcerated within 60 and 120 days of their release.

In the Morris location, consumer's recidivism to jail within 30, 60, 90, and 120 days were monitored monthly. The threshold indicates that less than five consumers would return within 30 and 90 days, and less than ten consumers would return to jail within 60 and 120 days. During FY 2022, one consumer returned to jail within 30 days, zero consumers returned within 60 days, zero consumers returned within 90 days, and zero consumers returned within 120 days.

This year, CJS Essex successfully diverted one consumer from a state prison sentence. As a result of the jail diversions, a total of 1,070 days were reduced in our consumers' prison sentence. CJS continues to monitor the cost-effectiveness for county costs. In FY 2022, the program saved approximately \$145,220 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 eight clients to the Morris County Prosecutor's Mental Health Programs. As a result, staff successfully diverted consumers from a criminal sentence by approximately 1,700 prison days. For FY 2022, the program saved approximately \$230,724 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 59 surveys were delivered to consumers (hand delivered, mailed and or left at residence). Out of 25 consumers responded. For the fiscal year, the overall satisfaction rate was 90%.

Gender

Of the 25 consumers that responded to the survey, 72% were male and 28% were female.

Ethnicity

Of these 25 consumers, 76% identify as African American, 12% identify as Caucasian, and 12% identify as Hispanic.

Age

The exact age of the consumers was collected. The ages ranged from 20-74 years old. The mean age for the consumers was 39 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 30 surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the 30 surveys, five consumers responded. This accounts for a 17% response rate. For the fiscal year, the overall satisfaction rate was 80%.

Gender

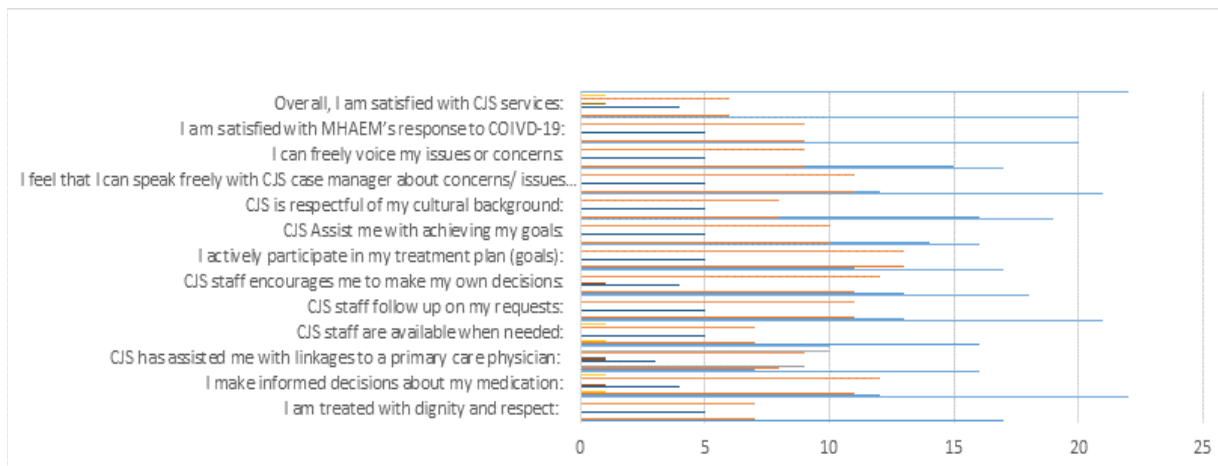
Of the five consumers that responded to the survey; two were male (40%), two were female (40%), and one was gender non-conforming (20%).

Ethnicity

Of these five consumers, four consumers identified as Caucasian (80%), and one as African American (20%).

Age

The exact age of the consumers was collected. The ages ranged from 32-53 years old. The mean age for the consumers was 39 years old.



Highlights

Essex

During FY 2022, CJS staff were able to successfully link clients to 62 community linkages.

CJS consumers, in collaboration with all other MHA adult programs, attended a Thanksgiving Dinner at our West Orange location, the annual holiday party at Bloomfield Elks Lodge and attended the Annual Consumer Picnic at Eagle Rock Reservation in June.

CJS was able to participate in Annual Consumer Achievement Awards ceremony, held at Bloomfield Elks Lodge acknowledging the success and progress of program clients.

CJS was able to successfully provide access to the COVID-19 vaccines and boosters during a clinic facilitated by MHA at Prospect House.

CJS was able to successfully link 11 consumers to DMV services via MHA onsite mobile DMV clinic at Prospect House.

CJS Program Director provided in-service trainings to the Office of Public Defender's Investigation Unit, the mental health staff at Essex County Correctional facility and South Orange Social Services.

CJS Program Director participated in the 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.

Morris

In April 2022, Program Director attended NATCON22 in Washington, D.C., the largest conference in mental health and substance use treatment that focused on continued education on resiliency and redefining the future of the social work field.

In June 2022, Program Director and CEO presented at the Mental Health America's Annual Conference in front of approximately 1,200 attendees in Washington, D.C. on criminal justice reform "Building Relationships, Changing Lives."

In January 2022, Program Director participated as a panelist to discuss mental health court as part of NAMI-NJ/AECT-NOW's Sharing Hope series.

During FY 2022, CJS staff were able to successfully link clients to 89 community linkages.

During FY 2022, Program Director and Morris County Prosecutors' Office provided 40 hours of Crisis Intervention Team (CIT) training to approximately 60 law enforcement officers.

During FY 2022, Program Director hosted an Open House to the community and members of the judiciary of the programs new Morristown location.

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

CJS was able to participate in the Annual Consumer Achievement Awards ceremony, held at Hedden Park, 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 vaccines in December 2021 during a clinic facilitated by MHA.

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), Mental Health Initiative and the Essex County Prosecutor's Office Mental Health Diversion Program. The above mentioned meetings are held on a bi-weekly and monthly basis.

The Director of Morris County CJS also participates as a member of the Review Team for the Morris County Prosecutor's Office's Mental Health Diversion Program, Morris Crisis Intervention Team (CIT) Steering Committee, and the NJ State CIT Committee.

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

- 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, 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.
- CJS Essex will work collaboratively with the Essex County Prosecutor's Office to provide CIT training to local law enforcement.
- CJS Essex will continue to conduct trainings and presentations as needed to those wanting to learn the role of CJS Essex, as well as to local law enforcement.

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 continue to work collaboratively with the Morris County Prosecutor's Office to provide CIT training to local law enforcement.

Veteran and Family Support Program

It is well documented that, compared to their non-disabled peers, veterans with a disability have a higher incidence of mental health issues which includes depression, Post Traumatic Stress Disorder (PTSD), isolation, social withdrawal, and are less likely to participate in treatment in the community. In addition, most veterans struggle with family reunification and community integration post civilian life. Providing support to the family's infrastructure yields positive outcomes for both the veteran and their family.

Personnel: One Full-Time Clinician (LCSW, LPC)

Program Description: In January 2022, the agency was awarded a grant to develop the Veteran and Family Support Program. The program serves up to 30 veterans and their families in Morris County. Overall, the clinician focuses on providing mental health counseling, psycho-education groups, support groups, and case management. The program provides clinical and family support and education to the families so they are able to effectively develop the coping skills necessary to assist in managing the veteran's symptoms or behaviors. Advocacy and linkage on behalf of family members and the veterans are also included.

In the short time the program has been implemented, the program has been able to effectively develop a support group for grieving widows, as well as a weekly combat veterans support group. The program also works in collaboration with community providers such as, Community Hope, through their Hope for Veterans Program, Catholic Charities, Veterans Haven North, Veterans Affairs, local VA Centers, as well as local Veterans of Foreign Wars (VFW).

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 on Medicaid or have limited financial means to pay.

Personnel

The program operates under the direction of the full-time Program Director, part-time Medical Director/Psychiatrist, part-time Advanced Nurse Practitioner (APN), administrative support, one full-time LPC 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 five interns.

Service Provision

CBH provided services to 151 individuals during fiscal year 2022 with a total of 7,987 contacts. CBH reached 114% 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 accounts for only 3% of contacts and continues to be phased out.

On June 30, 2022, the census of CBH was 97 though the census was as high as 121 earlier in the year. The clients range in age from 18 to 76. Clients identify as the following for gender: 63% female, 34% male, and 3% transgender. The self-reported ethnicities of the consumers enrolled with CBH are as follows: 15% Hispanic/Latino and 85% non-Hispanic/Latino. More specifically, the self-reported races of clients enrolled with CBH are as follows: 56% White/Caucasian, 27% African-American, 4% Asian, 1% Native Hawaiian or Other Pacific Islander, 8% identifying as multi-racial, and 4% who did not want to disclose.

CBH consumers are insured through Medicaid (60%), Medicare (31%), uninsured and enrolled in NJMHAPP (8%), and other (1%).

COVID-19 & Telehealth

The introduction of telehealth services to outpatient behavioral health continues to be revolutionary, allowing clients more flexibility to continue mental health treatment without coming in-person. A client can attend a therapy session in the car on a lunch break, while their toddler naps, and/or be able to attend more consistently as they do not have to travel via public transportation or drive to the office. Overall, the outpatient behavioral health field has been transformed by this new technological advancement as telehealth has been able to expand access to care.

At the start of the fiscal year in July 2021, CBH transitioned services from exclusively virtual to a hybrid platform. Those clients who clinically needed to be seen in-person or wanted to resume in-person services began to be seen in-person with the remainder provided via telehealth. Throughout the fall 2021, more clients began to be seen onsite (75% virtual/25% onsite). In the winter with the COVID surge, more clients opted to be seen via telehealth which allowed services to continue without interruption in a time period that was ripe with anxiety. When the surge subsided in the spring, CBH

saw more clients come back onsite for in-person services. CBH recognizes that some clients need to be seen onsite or want to be onsite while others prefer telehealth. All preferences are accommodated by the staff. At the close of the fiscal year, about 30% of all appointments were in-person with 70% being held virtually. Insurances have approved telehealth for parity reimbursement through January 2024, so this remains an invaluable tool.

Highlights

The highlights for the past fiscal year include:

- Billing has been uninterrupted as the payers continue to provide parity reimbursement for telehealth services.
 - MHA continues to advocate for legislation to make reimbursement for telehealth permanent.
- Group therapy program continued to expand as there were two rounds of an 8-week processing group that were facilitated by staff.
 - 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 90% productivity rate weekly.
 - Psychiatry maintains about a 15% no show rate.
- CBH was involved in several volunteer opportunities over this year:
 - CBH staff volunteered at Fort Dix providing educational, social, and recreational support to Afghan refugees while they awaited placement/reunification around the US.
 - CBH staff attended several virtual town halls to discuss the importance of maintaining access to telehealth as a means for outpatient mental health services.
- CBH worked with The Bridge to provide psychiatric evaluations and medication monitoring to clients of The Bridge who would otherwise be without access to psychiatric services.
 - CBH worked with nine clients from The Bridge this fiscal year.
- CBH remains a learning environment by hosting both MSW level interns and LSW level clinicians.
 - During academic year 2021-22, CBH worked with NYU, Columbia, Rutgers, and Fordham to host five MSW interns who provided psychotherapy services to clients.
 - CBH also hosts volunteer LSW Clinicians (who work in different parts of the agency) in need of clinical hours and supervision toward independent clinical licensure (LPC/LCSW).

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. Both measures are far below industry norms.

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.

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, depending on client preference. Out of the 99 surveys sent out, there was a 6% response rate. As seen from the results below, there is a strong sense of satisfaction with services, however, there was a very small sample size of respondents.

Staff members are helpful and pleasant	100%
You feel understood by staff even if there are cultural differences	100%
You have made progress in dealing with problems that brought you to CBH.	100%
Your input in treatment is valued by your therapist and psychiatrist	100%
The treatment team works collaboratively to provide the best treatment possible	80%
I would recommend this program to others	100%
Virtual telehealth services are similar to in-person services	80%
I am satisfied with MHA's response to COVID-19	100%

Fiscal Year 2023

With the continued guidance from payers to provide parity payment for telehealth, CBH is poised to continue to provide high quality mental health services to the low income population. With the flexibility of telehealth, clients are more likely to continue in mental health treatment consistently which prevents premature termination and less cases lost to outreach, thus more improved outcomes. This expanded access to outpatient mental health services has led to more inquiries for services which CBH looks to meet. With the hiring of another CBH clinician and hosting MA-level interns in the Fall of 2022, CBH looks to increase the overall client census which will allow the program to ultimately service more clients and further grow the program to meet the ever increasing demand for mental health services.

CBH will continue to provide and create additional program offerings including group therapy, art therapy, and psychoeducational groups to ensure there are more ways to meet client need. CBH looks to experiment with hybrid groups to ensure clients who want to attend in-person can while others who prefer virtual can continue. This new way of operating illustrates that CBH can meet the client where they are at both emotionally and physically. CBH continues to be on the forefront of incorporating technological advancements into practice while also continuing to meet the mission of the department and agency as CBH continues in our sixth decade of operation.

The Riskin Children's Center (RCC)

The Riskin Children's Center (RCC) is a comprehensive outpatient mental health service for youth ages 6 to 18. The Center was created in September of 2011 after a generous gift from Dr. Sylvia Riskin. RCC provides individual therapy, family therapy, psychiatric evaluation, medication management, and consultations. At RCC, the mission is to provide high quality mental health services 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, three part-time LCSW Clinicians, and one LSW clinician who provides services under the supervision of the Director. Throughout the year, RCC works with graduate social work interns who provide clinical services to youth in addition to their CBH caseload, all under the supervision of the Director.

Service Provision

This fiscal year, RCC provided psychotherapy services to 35 individuals, 25 of whom also received psychiatric services. RCC provided 911 units of service and served seven 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. RCC consumers are insured through Medicaid (93%) and self-pay (7%).

On June 30, 2022, the census of RCC was 27. The clients range in age from 9 to 18. Clients identify as the following for gender: 59% female, 37% male, and 4% transgender. The self-reported ethnicities of the clients enrolled with RCC are as follows: 27% Hispanic/Latino and 73% non-Hispanic/Latino. More specifically, the self-reported races of the consumers enrolled with RCC are as follows: 54% White/Caucasian, 32% African-American, and 14% identifying as multi-racial.

COVID-19

Much like the adult outpatient program, CBH, RCC began the fiscal year operating virtually. Over the course of the summer of 2021, RCC transitioned into a hybrid model and began offering and encouraging onsite services. Telehealth in youth services has been necessary at ensuring clients could continue to receive mental health services uninterrupted and have a forum to process ongoing stressors, mental health concerns, and fears about the pandemic. Many youth (and their parents) enjoyed the flexibility of telehealth and thus their participation rates were higher than pre-pandemic. Youth were more consistent in attending psychiatric appointments – as one could take the appointment from wherever they were instead of coming into the office. This has led to fewer case closings due to loss of contact.

Some youth, however, were too fatigued by screens – as so much of their lives including school was virtual – thus, the thought of participating in virtual services was too overwhelming, therefore, services were put on hiatus. As most youth transitioned back to in-person school at the beginning of the fall 2021, RCC encouraged clients to come to in-person services as youth struggled with returning to in-

person school after such a significant time away from school as well as the new adjustment to the COVID-19 protocols in place at school.

As the year continued, RCC provided services both in-person and virtually – with many clients and their parents preferring to attend virtually during the winter COVID-19 surge. During the spring, RCC saw a resumption of more clients coming onsite for services. Currently, about 28% of clients are being seen onsite while the other 72% are being seen via telehealth. Insurances have approved telehealth for parity reimbursement through January 2024, so this remains an invaluable tool.

Highlights

The highlights for the past fiscal year include:

- RCC continues to be among the first agencies to resume and continue onsite, face-to-face services for youth, even in the midst of COVID-19 surges.
- RCC's Child Psychiatrist has continued to provide additional psychoeducational training and support to extended members of the MHA community and staff.
- Continued focus on maximizing our efficiency with our therapists maintaining an average 97% productivity rate weekly.
- Added an art therapist to the staff to now be able to provide art therapy to youth and adolescents which a powerful medium for both assessment and intervention.
- RCC was involved in several volunteer opportunities over this year, including working with Afghan refugee youth at Fort Dix; Staff provided educational, social, and recreational support to Afghan refugees while they awaited placement/reunification around the US.
- 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 parent/consumer satisfaction survey showed a 100% overall satisfaction rate with the majority of scores above 80%. We sent out 27 electronic surveys with five parents of clients filling out the survey, for an 18% response rate. See below for a sampling of responses.

I feel that my child's therapist allowed me to provide input into your child's services and treatment goals	100%
My child is treated with dignity and respect	100%
I feel my child has made progress towards their treatment goals	40%
I would reach out to the Mental Health Association in the future	100%
I am satisfied with my child's psychiatric care	100%
My child's therapist, psychiatrist/APN and program director work together collaboratively to provide the best treatment possible	80%
I am satisfied with MHA's response to COVID-19	100%
Overall, I am satisfied with RCC services.	100%

Fiscal Year 2023

As telehealth has become a proven part of clinical services across the field, the Riskin Children's Center is well positioned to provide services via the hybrid model by 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 benefit most from onsite, in-person services.

RCC looks to expand the program this year. With the addition of an art therapist to the staff, RCC has additional slots for services. The department continues to look to target an average census of between 30-40 clients at any given point, which is dictated by psychiatric capacity. By adding in this new staff, the department has the ability to hit that goal. Our new staff, along with MSW/MA interns, will also facilitate a social skills group for clients this year which will further add to RCC's service offerings.

Youth on Medicaid in Essex County do not have many options for outpatient mental health treatment. Medicaid is only accepted at a handful of facilities as most private practitioners and specialized clinics do not accept this insurance. Waitlists at area hospitals are months long and PerformCare, the main resource that manages behavioral health services across New Jersey, typically only provides short term in-home treatment. RCC's ability to provide high quality mental health services for youth, including psychiatry, is incredibly necessary as this generation continues to deal with the impact of COVID-19 and beyond.

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.

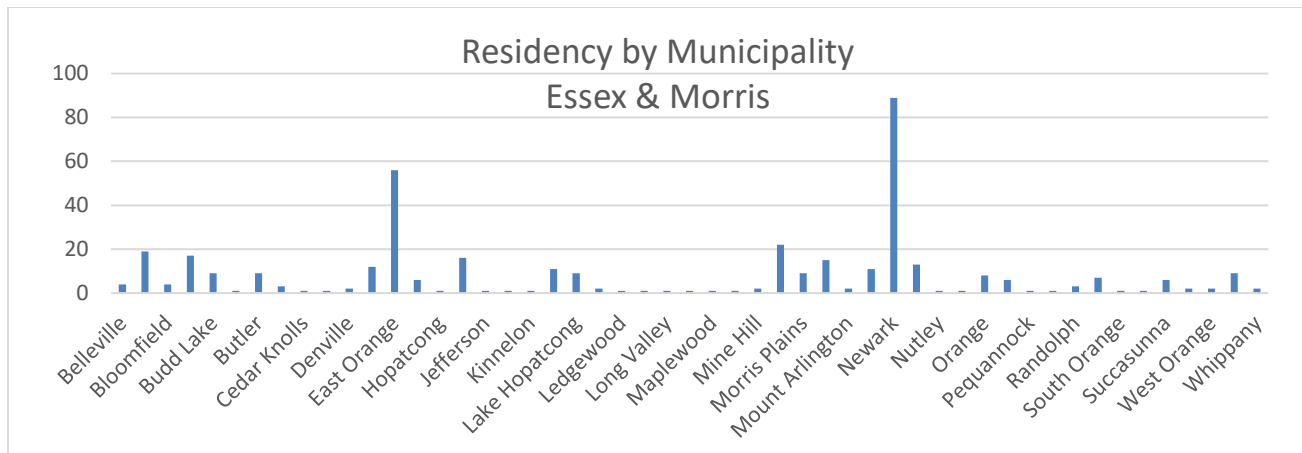
Caseload

Community Support Services has successfully placed over 301 individuals diagnosed with a serious and persistent mental illness from a wide variety of referral sources, such as Greystone Park Psychiatric Hospital, Essex County Hospital Center, community-based providers, higher level of care/service organizations, self-referrals and shelters due to homelessness. Additionally, CSS provided supportive services to 110 individuals who have their own residence but needed additional care to ensure their stability in the community.

Demographics

As of June 30, 2022, the active caseload for Community Support Services was 411. On this date, there were 208 males (51%), 194 females (48%), 5 transgender male to female (1%), and 2 transgender female to male (0.4%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 19 Hispanic/Latino (4%); 337 non-Hispanic/Latino (82%), and 55 individuals who did not want to disclose (14%). The self-reported races of the consumers enrolled with CSS are as follows: 1 American-Indian or Alaskan Native & Black or African-American (0.2%); 1 American-Indian or Alaskan Native & White (0.2%); 6 Asian (1%); 6 Black or African-American & White (1%); 163 Black or African-American (40%), 5 multi-racial (1%); 2 Native Hawaiian or Other Pacific Islander (0.7%); 5 Other (1%); 175 White (43%); 48 who did not want to disclose (12%).

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 one Director, two Recovery Coordinators, five Clinical Coordinators, 10 Senior Recovery Counselors, 13 Recovery Counselors, two Housing Specialists, three Full-Time Nurses, and one Administrative Assistant/Billing Clerk. Staff are culturally diverse and representative of the persons served. CSS has three staff fluent in Creole, one fluent in French, and one fluent in Spanish.

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

Performance Outcomes

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

Community Support Services performance indicators measure the rate of recidivism to the County/State hospitals and recidivism rate to the Short Term Care Facilities on a monthly basis. During this fiscal year, the overall recidivism rate to the County/State hospitals was 1% and the recidivism rate for Short Term Care Facilities was 2%. Both of these rates of recidivism are below the threshold of 20% for a population who, traditionally, relies heavily on acute care services.

CSS performance indicators also measure the linkage to employment which includes full-time work, part-time work, volunteer work and educational programs. This performance indicator is monitored quarterly. During this past fiscal year, CSS was able to assist 7% of our consumers to secure and/or maintain involvement with employment, vocational programs or 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

MHA is continuously refining services based on consumer input. This is received through various methods, including the Annual Consumer Satisfaction Survey. One hundred and ten individuals served completed consumer surveys this year. The overall satisfaction rate was 94%. Below are the findings from the Community Support Services Consumer Satisfaction Survey:

Question #	Question	Percentage
1	I am treated with dignity and respect.	95%
2	I make informed decisions.	95%
3	CSS has assisted me with linkage to primary care physician.	75%
4	CSS staff are available when needed.	92%
5	CSS staff follow up on my request.	83%
6	CSS staff encourages me to make my own decisions.	79%
7	I actively participate in my treatment plan (goals).	82%
8	CSS assists me with achieving my goals.	79%
9	CSS is respectful of my cultural background.	80%
10	I can freely voice my issues or concerns with CSS staff.	84%
11	I am satisfied with MHA's response with COVID-19.	92%
12	Overall, I am satisfied with CSS services.	95%

CSS Highlights

Certificate of Need and Licensing conducted an inspection on two MHA owned properties. That inspection passed with flying colors and MHA was commended for the condition and upkeep at both locations.

CSS Morris was awarded funds through the Morris County Continuum of Care Committee to provide rental assistance to five chronically homeless individuals and provide supportive services.

CSS provided air conditioning units to all consumers in need during the summer months to ensure their health and safety in the home while educating the importance of Summer Sun and Heat Risk.

During winter months, CSS provided winter coats and gloves to all consumers in need.

CSS hosted its first in-person Consumer Holiday Party since the COVID-19 pandemic. Prior to the event, MHA staff held a sock drive; these donated socks were provided to consumers during the consumer holiday party as part of their holiday gift.

CSS Program Director hosted the MHA Annual Consumer Achievement Awards where consumers from each program are recognized for their accomplishments and strides made throughout the year.

CSS participated in the Annual Consumer Picnic where consumers are transported to a park for a fun filled day of socialization, activities and food.

CSS participated in a Morris and Essex Desk Audit by the County's Continuum of Care Committee. This was to ensure that HMIS reporting was up-to-date and accurate. CSS was commended for its superior quality of data reporting.

Due to the continuing public health crisis, telecommunication services continued to be 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. CSS assisted consumers to obtain access to vaccination clinics, some of which took place onsite at MHA's Prospect House. CSS continues to provide routine vaccination education and assist consumers in gaining access to both vaccines and boosters throughout both Essex and Morris counties.

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 MHA and Family Promise of Morris County. The Landlord Support Program is targeted to launch on July 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.

MHA 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.

MHA ensures that the buildings' exterior and interior meets or exceeds the quality of the housing in the neighborhood. MHA 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.

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.

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)
- Landlord Support Program (LSP)
- Morris County Data Quality Committee

SUPPORTED EMPLOYMENT SERVICES (SES)

The mission of Supported Employment Services is to be committed in providing uplifting, empowering, and advocacy intervention measures which assist clients in reaching their individual goals of employment, financial independence and wellness and recovery. 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 MHA serves in Essex County. For fiscal year 2021-2022, SES operated with one and one half full-time Employment Specialists.

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, 2021 and June 30, 2022 SES served 105 clients. There were (66) new clients referred and (36) accepted from various sources such as: Self referrals, Jail Diversion, MHA-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, Family Connections, Rutgers Behavioral Health and Care Plus Behavioral Health.

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, West Caldwell and Roseland.

Performance Outcomes

The target number of clients served was 130. SES served 105 and achieved 81% of our goal. SES placed 25 clients into full-time employment (42%), and placed 56 clients in part-time employment at (560%) and 5 clients were replaced on a job (15%). At the end of this fiscal year, SES caseload was 78.

The unemployment rate in NJ is 3.9% as of June 2022 as we come out of the Covid-19 pandemic. The unemployment rate in Essex County is 4.5% which is the 2nd highest in Northern NJ and 4th/5th highest in the state. The overall unemployment rate for Black workers is 6.5 %. SES placed (23 %) 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, 13% 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. After being able to obtain vaccinations for Covid 19, many consumers who were fearful to work decided to explore those options again. 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 focus on 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 survey monkey, and sent by email and by postal mail with a self-addressed/stamped returned envelope. Of the surveys distributed there 17 returned responses. There was an overall 94% 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
- Illness Management and Recovery Model
- Cultural Competence
- Overview of Supported Employment
- Crisis Management

Highlights

- Individuals were employed in competitive jobs as Food Service Worker, Dietary Aide, Retail Worker, Home Health Aide, Certified Nurse Aide, Sanitation, Housekeeping, Package Handlers, Direct Support Professional, Substitute Teacher, Case Manager, Bus Aide, and Office Assistants.
- The TE program was re-implemented within MHA for the first time post Covid-19. SES provides training and ongoing support to four consumers who work as receptionists and building maintenance to strengthen their resumes and work skills.
- Employment Specialists continue to provide ongoing support for Warm Line Peer Support Specialists.
- More than 50% of SES caseload have been vaccinated for Covid 19 through MHA Vaccination Clinics or other Community Resources.
- Consumers were provided with funds for transportation to get to and from work, purchase clothing for work and update identification documents 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.
- SES continued to be an internship site for Rutgers School of Health Professional's Psychiatric Rehabilitation Program.
- SES was able to collaborate with Gourmet Dining Services which provides services to Seton Hall where three consumers have been employed for over a year.
- SES began a collaboration with the HR Department at Robert Wood Johnson to take advantage of employment opportunities within their hospital network.

Advocacy

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

Recommendations for Fiscal Year 2022-2023

- 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 2022-2023 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.E.R.S.T. – Family Emergency Room Support Team**
- IV. East Orange School-Based Counseling**
- V. Montclair Child Development Center - Mental Health Consulting**
- VI. NJPAC – MHA Collaboration**
- VII. Information and Referral Services**
- VIII. NJ Hope and Healing Program – CCP – Crisis Counseling Programs**

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. Throughout the last year, IFSS services continued to be delivered remotely using virtual platforms due to the ongoing pandemic. 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 an ongoing 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. Families are able to reach their Family Support Counselor after hours through MHA’s on-call procedure.

Personnel:

IFSS Essex – One Coordinator/Family Support Specialist and one part-time Family Support Specialist with several graduate interns and community volunteers.

IFSS Sussex - One Coordinator/Family Support Specialist and two part-time Family Support Counselors.

Essex Program Highlights:

During FY 2022, IFSS facilitated 110 virtual family support group sessions. Of these, 24 sessions incorporated skills-based learning for families and consumers, with an emphasis on communication and problem solving. In addition, 28 psychoeducational workshops, 90 consumer respite sessions and 32 arts-based respite sessions for family caregivers were conducted to counteract increased stress resulting from coping with caregiving during the pandemic.

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. IFSS Essex facilitated 110 support group meetings this fiscal year as compared to 106 the previous year.

Psychoeducational Workshops for Families: Topic highlights covered by psychoeducational workshops for families included Impact of Mental Illness on the Family Understanding the unique roles of each family member: Parent, Child, Sibling, Spouse, or Significant Other, Communication fundamentals, collective listening and limit setting, and NAMI In Our Own Voice: Presentations from individuals with mental illness about their symptoms and recovery process.

Arts-Based Respite Workshop Series: IFSS art therapist, together with graduate interns from Caldwell University, provided art therapy based groups. These groups focused on respite for family members of people with SMI, covering topics of stress relief and self-care, identity, the role of caregiver, and navigating family members. These groups are intended to provide education, relief, connection, and an opportunity for self-expression.

The Mental Health Bell: Ringing Hope and Awareness to Reduce Mental Health Stigma was a psychoeducational/expressive arts mini-series that provided participants with an overview of mental health treatment in the US, the shift towards deinstitutionalization and discussed the impact of stigma. They learned the story of the Mental Health Bell and were guided by Ceramicist, Liz Lubansky, to create their own bells with an anti-stigma message. This was a collaboration with MHA's Crisis Counseling Program as part of Mindfulness Mondays. With the permission of the family members, Mental Health Bells created in this workshop were displayed at the Montclair Public Library in the month of May 2022 in recognition of mental health awareness month (see pictures below). This mini-series was also offered to **Youth Build in Newark** which is an alternative program for youth to complete their high school degrees with on-the-job training, building affordable housing in their communities. There were 15 BIPOC individuals ages 16 through 20 who participated in the series.

In addition to its menu of core services, IFSS continues to be available to serve the larger community. IFSS was a community partner at the **Montclair Art Museum Fall Fest** in September of 2021 where information and referrals were provided about mental health resources, portraits were installed for the *Inside Out Group Action: Out in the Open. In it Together*, and an expressive activity was facilitated for Fall Fest visitors on the theme of resilience, in which participants could write or draw their "silver lining" from the "cloud" of the pandemic.

In November of 2021, IFSS facilitated six mindfulness-based art groups for Afghanistan women and children for a **Day of Service at Fort Dix**.

MHA's partnership with **NJ Transit** continued with new twitter posts featuring artwork by IFSS family members using the hashtag #artofrepair with links to MHA's **Arts in Mental Health**

Page (<https://www.mhainspire.org/arts-in-mental-health/>) and encouragement to reach out for services and support: <https://twitter.com/njtransit/status/1427684178343125009?s=11>

Cloud Club for Kids: MHA was awarded a small grant from Impact100 Essex for the Cloud Club for Kids, a workshop series, to help children cope with a parents' mental illness. Art therapy groups were conducted for four children ages 10-13, where the concept of boundaries, self-esteem, empowerment, and identification of strengths were explored. Referrals were made for ongoing support. Through an exit survey, 75% of the participants reported they feel less alone and more open to speaking with a trusted adult about their problems, and 100% of respondents said they would like to participate in future workshops and groups.



Conducted two three-part workshops on the Mental Health Bell, culminating in an installation at the Montclair Public Library

Sussex Program Highlights:

IFSS facilitated 72 family support group sessions and 32 psychoeducational program sessions during the FY 2022. These were programs designed to teach families and/or the community about diagnosis, treatment options, available services, and coping skills they can utilize when caring for a loved one. Psychoeducational Community Presentations include:

Mental Health Education and Suicide Prevention Skills: in collaboration with MHA's Suicide Prevention Team, IFSS Sussex presented to Sussex County School faculty and staff at the following locations: Stanhope/Valley Road K-8 teachers and counselors in the morning and at Frankford Township School to PE/Health.

Sussex County Coalition for Healthy and Safe Communities: IFSS presented MHA program and service information to the Sussex County Coalition for Healthy and Safe Communities at their virtual meeting. This coalition consists of behavioral health and substance use treatment organizations, schools, law enforcement and other interested volunteers in the community.

Sussex County Crisis Intervention Training: Provided mental health education to 30 officers - presented with Deanna Ackerman, Director of Sussex AOT. Topics included understanding the causes of mental illness, recognizing symptoms of major mental illness, how to approach and communicate with a person showing symptoms of mental illness, and what to do when a person is experiencing a psychiatric crisis.

Superior Court Suicide Prevention Program: IFSS Sussex and MHA's Suicide Prevention Services presented an educational session virtually to an audience of probation officers and other court staff of Sussex and Morris Counties. Risk Factors, protective factors, warning signs, communication and resources were included in this program.

Sussex County Mental Health Task Force: IFSS Sussex was acting chair for this committee designed to increase the community awareness of mental health, reduce stigma and provide community education. Promoting the **Campaign to Change Direction for Sussex County** (<https://www.sussex.nj.us/cn/webpage.cfm?tpid=16505>) and a **Virtual Coffee Break** event designed to increase networking for private practitioners and public mental health resources was implemented utilizing this task force.

Provided mental health education to **Seniors of Rockaway Township and Morris County**. This included an exercise for stress reduction to dispel myths and provide facts about mental illness. Resources available to the community to address mental health needs were provided, including the NJ hope and healing/Crisis Counseling Services presented by MHA's Genaya Palmer.

Community members in Sussex County were certified on **Mental Health First Aid** throughout the past fiscal year. These included individuals from Sussex County Community College, Hope and Serenity Recovery Center, and counselors and health care providers of Avidon Health and Jersey Battered Women's Services.

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. MHA hosted a **Family Forum** for people with loved ones in Greystone Park Psychiatric Hospital. This forum was designed to reach families of individuals who are or have been patients of this hospital. Participants had the opportunity to raise questions and concerns with Thomas Rosamilia, MA, LPC, Interim Chief Executive Officer, Division of Behavioral Health Services, Greystone Park Psychiatric Hospital.

Provided a **Holiday Social Workshop** to families of IFSS Sussex. Education included coping skills and symptom management techniques designed to assist families in social gatherings planned for their holiday season. Following the workshop, families were encouraged to socialize and support each other in their own self-care and respite.

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:

Home Grown Courage: A Two Part Educational Series for Adult Children of a Parent Living with Mental Illness. Topics included acknowledging your childhood experiences, setting boundaries with a parent, coping mechanisms, impact on one's own decisions about parenting, and self-care.

Sanofi Corporation: An educational presentation for employees of Sanofi Corporation. Information was presented on signs and symptoms of mental illness, impacts of caregiving, and resources where families can access help.

Impact of Mental Illness on the Family: An educational session for family members on understanding the unique roles of each family member: parent, child, sibling, spouse, or significant other.

An important topic for family members, **Communication Fundamentals: Reflective Listening and Limit Setting**, was presented in November 2021 to provide families with the tools needed to improve communication between them and their loved ones.

NAMI In Our Own Voice: Presentations from individuals with mental illness about their symptoms and recovery process.

Suicide Prevention Education for Families: Designed to target the needs of families we serve, this presentation focused on identifying signs and learning skills to respond to the risk of suicide. Our presenters, Tracy Klingener and Annette Hoffman, were from MHA's Suicide Prevention Services.

Performance Outcomes: IFSS Essex

The IFSS Essex program produced 2,849 units of service, 136% of its overall targeted program commitments for the 2022 fiscal year. Supportive Telephone Contacts (126%) significantly exceeded contracted thresholds, as did telehealth virtual counseling sessions (129%) and Multiple Family Support Groups (164%), which were all conducted remotely. Psychoeducational Sessions, conducted through virtual platforms, were also higher than expected (136%). CDC guidelines continued to be in place and families opted for more telehealth communication than in-person visits. This accounts for the lack of in-home respite, face-to-face respite, and off-site face-to-face contacts. During this fiscal year, the "Thursdays" night group began to offer respite in-person. Individuals and staff are required to utilize protective face masks while participating in the group. Due to the combined in-person "Thursdays" respite and the virtual "Consumer Tuesday" respite group, out of home respite was above the projection for the year (306%). Collateral contacts continue to be an area identified for improvement by the team. IFSS Essex was able to serve 180 families this fiscal year.

Performance Outcomes: IFSS Sussex

IFSS Sussex produced 1,742 units of service, 101% of its overall targeted program commitments for the FY 2022. The program provided levels of service exceeding program commitments specifically in five areas: enrolled families (113%), onsite visits (109%), off-site visits (141%), psychoeducational sessions (152%), and supportive phone calls (137%). IFSS Sussex was able to serve 85 families this fiscal year.

Performance Indicators: IFSS Essex

Accessibility: IFSS continued to offer all services remotely which allowed for continuity of support through the changing needs of the pandemic. In this past fiscal year, 93% of families indicated that IFSS staff were available when needed.

Efficiency: IFSS utilized “Wait for Service” as a key performance indicator of efficiency. In this past fiscal year, the average time elapsed from IFSS referral to first contact was less than 2 business days. The average time from this contact to intake was less than 3.5 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 9% reduction in stress 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 continued to adapt 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.

Technical Data: Monthly chart audits of all active IFSS families were implemented with an annual compliance rate of 86%. This is an increase in compliance by 9% from the previous 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 88% 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 less than one day wait for service and less than three 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 15% 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 180 families in May of 2022. With an 8% return rate, 15 questionnaires were returned to MHA's QA Coordinator, who aggregated the raw data for further analysis. The data showed that 86% of respondents were parents, 6% were siblings, and 6% had a parent or grandparent with mental illness. Families reported a 100% overall satisfaction rate.

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

"They helped me through my situation at my worse times, have taught me about mental illness and I am able to understand my son with his illness."

"This program is wonderful! Professionals involved are caring, respectful, knowledgeable, and resourceful to work with people dealing with mental illness issues!"

"The psychoed programs and support groups, in particular, were a life saver for me. Over time, I've learned more and regularly recommend this program to all I meet through NAMI."

"I couldn't imagine not having their support, for all the reasons I checked above."

"Great people doing incredibly difficult and important work."

"The IFSS provided me and provides others in our support group with vital information, context and support."

"The best support program I have been involved in. I get so much out of the group sessions and the biweekly sessions I have with Andrea Marana. So helpful!"

Satisfaction Data: IFSS Sussex

IFSS Sussex sent a 24-item survey, standardized and mandated by NJDMHAS for IFSS programs, to approximately 85 families in May of 2022. With a 16% return rate, 14 questionnaires were returned to MHA's QA Coordinator, who aggregated the raw data for further analysis. The data showed that 78% of respondents were parents, 7% were siblings, 7% had a parent or grandparent with mental illness and 7% identified as other, which could indicate a grandparent, friend, neighbor or other relationship. The overall satisfaction level of IFSS Sussex families was determined to be 100%.

Below are a few comments from IFSS Sussex responders:

What I like most about IFSS is, "Staff has always been helpful, knowledgeable and can relate to my family's situation, providing a comfort level in dealing with my son."

"This program is amazing. It was so helpful and everyone on staff is so kind and knowledgeable."

“I cannot imagine living with our mentally ill family member and not having the availability of the IFSS staff and the client support services.”

“Support and education for the family caregivers is necessary if they are going to try to guide their loved on toward recovery from serious mental illness.”

II. Family Respite Services “Thursdays” Consumer Drop-In Center 2021-2022

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: “Thursdays” respite group is led by one full-time Acute Family Support Counselor and MHA interns.

Highlights and Data: During the beginning of the fiscal year, “Thursdays” continued to be facilitated weekly through a virtual platform, hosted by the Crisis Counseling Program (CCP). As the year continued, “Thursdays” moved back to providing onsite, in-person respite to individuals who were vaccinated. During the last quarter of the fiscal year, participants were able to attend in-person regardless of vaccination status. Staff and participants continue to wear masks due to the changing environment of the pandemic.

Due to the interest in the virtual “Thursdays” group, the IFSS team continues to offer a virtual respite group on Tuesday afternoons. This group reaches those individuals who have hesitancy to in-person services because of the COVID-19 virus.

III. Project F.ER.S.T. – Family Emergency Room Support Team 2021-2022

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 Full-Time Project F.ER.S.T. Counselor

Highlights: During this past fiscal year, Project F.ER.S.T. continued to face challenges due to the COVID-19 pandemic and the need to quickly adapt to the use of telehealth for service delivery. Throughout the 2022 fiscal year, the pandemic continued and, due to CDC guidelines, 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. connected with hospital emergency rooms and worked collaboratively with hospital staff via phone to reach those families in need. Staff provided supportive counseling, education and linkage to ongoing services via telehealth, continuing to adapt to this new and successful model of service. Over the course of the fiscal year, Project F.ER.S.T. served 98 families, 65% of the target number, and provided 169 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: 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 questionnaire is provided annually to families who received services. During this past fiscal year, 19 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:

- 94% 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.
- 83% agreed that they were treated with respect by the Project F.ER.S.T. Counselor.
- 99% of families reported they coped more effectively with their loved one's hospitalizations as a result of receiving Project F.ER.S.T. services.
- 94% 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:

“FERST services were essential in my daughter and myself getting immediate emotional and mental health support.”

“Was critical in turning my loved one's path from self-destruction to recovery.”

“Excellent services. I would recommend highly.”

“Individuals who work with Project F.E.R.S.T. are professional, and concerned about the welfare of their clients.”

IV. East Orange School-Based Counseling 2021-2022

Description: For well over two decades, MHA 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 Part-time Licensed Clinical Social Work, working with one or two graduate social work or counseling interns.

Highlights: During FY 2022, MHA was able to provide mental health counseling services to students in the following East Orange schools: Cicely Tyson Middle and High Schools, Fresh Start Middle and High Schools, and STEM Middle and High Schools. The Licensed Clinical Social Worker, along with a Counseling intern, served over 70 Middle and High School students. Below are some examples of how students utilized their time with the MHA mental health clinicians:

- To explore past experiences with bullying
- As a respite from the anxieties that school or their home environment created
- As a safe space to make connections with other students that have similar experiences
- As a way to process post-quarantine issues, such as socialization anxieties, emotional regulation and attentiveness issues.

V. Montclair Child Development Center - Mental Health Consulting 2021-2022

Description: In the past fiscal year, MHA 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 MHA to provide MCDC with a licensed counselor 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.

Personnel: One Part-time Mental Health Clinician working 20 hours each week was able to provide evaluations, assessments, and counseling to MCDC preschool students and their families.

Highlights: The MHA Counselor was able to provide in-person support to children and teachers at each location during the past fiscal year. Children were offered individual sessions and techniques such as mindfulness, play therapy, emotional regulation, and self-expression were utilized to assist the children with their behaviors. MHA counselor also completed parent and

family outreaches, and education to teachers which provided guidance and ways to support the children in the program.

In honor of International Social Emotional Learning Day on March 11th, MHA's mental health consultant worked with four sites at MCDC's Head Start program to create unique, colorful and vibrant trees (see picture below). These trees were a collaborative effort of each student, teacher and faculty member and represents how we can come together with empathy and understanding, and bloom together. Each branch was created by a teacher, each leaf was designed by a student, and the roots are representation of strength and what keeps the faculty grounded. We each bring something different to the community and because of that, we are able to learn and grow.

Outcome Data: Over the 2021-2022 school year, over 100 hours of classroom support to children and teachers, and over 80 hours of parent support was provided.



MCDC Head Start's Social Emotional Learning Day Activity

VI. MHA Collaboration with NJPAC - New Jersey Performing Arts Center Project 2021-2022

Description: Funded by a grant from the Healthcare Foundation, NJPAC and MHA entered into a collaborative venture. This collaboration enabled MHA 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.

Personnel: Part-time staff, known as the "Wellbeing Team" included: Intensive Family Support Services Coordinator/Family Support Counselor, Center for Behavioral Health Therapist, and Crisis Counseling Program Team Leader.

Highlights. During FY 2022, MHA's "Wellbeing Team" provided Professional and Personal Development Sessions to over 250 individuals, Direct Services to over 380 individuals, and over 150 Support Groups.

Examples of Professional and Personal Development Sessions:

- Student art activities where students were able to explore self-expression.
- Training for staff on the stages for youth development.
- Providing direction to teaching artists around classroom management; how to assist those students in staying focused or work through their anxiety in the classroom.

Examples of Support Groups:

- Support groups were provided during “In the Mix” and students were given space to discuss and process social justice issues.
- Teaching artists were provided with a space to explore concerns related to returning to work in a post-pandemic world.
- Coffee Talk, where NJPAC parents are given an opportunity to connect with each other and discuss issues that are affecting their children.

Examples of Direct Services:

- Individual counseling to students and parents where feelings surrounding COVID were explored.
- Planning with teaching artists to develop strategies for engaging students in the classroom.
- Individual session with a teaching artist and providing this individual with a referral to couples counseling to further work on relationship concerns.

In addition, MHA’s IFSS Essex team provided consultation for the NJPAC Saturday Arts program coordinators to assist with their implementation of a JR Inside Out Group Action for their students. The students created a message incorporating identity, inclusion, and social justice. <https://www.insideoutproject.net/en/news/student-voices-from-the-new-jersey-performing-arts-center>

VII. Information and Referral Services 2021-2022

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, Parsippany, and Newton offices. 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 at each agency location.

Data Highlights: As MHA staff returned to being onsite during FY 2022, data collection for information and referrals improved. Data collection was streamlined to utilize MHA’s electronic health system, Foothold Technology. The use of the electronic health record allowed multiple MHA sites (Montclair, Parsippany, and Newton) to collect the same data and aggregate data in a timelier manner. During FY 2022, a total of 1,490 I&R documented requests were received across the agency.

VIII. NJ Hope and Healing Crisis Counseling Program (CCP) 2021-2022

COVID Crisis Counseling:

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, MHA 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. MHA was approved for a cost extension which began June 22, 2021 and ended on June 23, 2022. Crisis Counseling for those impacted by COVID-19 was terminated and resources were provided to those who required further counseling.

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, psychoeducational 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 Team Leader Crisis Counselor, three Crisis Counselors

Highlights: The CCP team continued their important work in the community by providing outreach, group, and psychoeducational services to individuals impacted by the COVID-19 pandemic. Below are some of the activities the CCP team was involved in during FY 2022:

- Implemented the Consumer Thursdays group in-person at the agency and a virtual Consumer Tuesday group for those unable to come in-person.
- After School Chat and Craft groups for children and teenagers resumed in September.
- Provided in-person brief education to individuals at several tabling events as well as art-based activities to high school students from Montclair's Mindful Awareness Academy for Children (MAAC), Park's Fall Festival, and to individuals at Towaco Train Station in Montville, Dover Train Station in Dover, and Rockaway Mall in Rockaway Township, with the Navigating Hope and Hope One vans.
- Attended the following events:
 - Partnership for Maternal and Child Health's Community Health Fair in Newark which focused on promoting teen health and well-being.
 - 14th Annual Back-to-School Free School Supplies Event in partnership with several community organizations and businesses at the Wally Choice Community Center in Montclair.
 - Montclair Art Museum (MAM) Fall Fest.
- Facilitated an in-person group on stories of thanks and gratitude for children (grades K-2) at the Montclair Public Library.
- Promoted mental health awareness during Seton Hall University (SHU) Women's Basketball game. The SHU community were provided with mental health facts and tips to reduce stress in the form of mental health trivia displayed on the videoboard.

- Held a virtual monthly support group called Chill, Chat & Relax for Student Support Services-STEM & Health Sciences students and faculty from Passaic County Community College (PCCC). Self-care topics included stress management, mindfulness, boundaries, guided visualization and art-based activities to support their well-being.
- Facilitated a “*Self-care*” presentation for parents of children with special needs in Livingston. Parents were provided tips and techniques for stress management.

Hurricane Ida Crisis Counseling:

Description: Due to the success of the COVID Crisis Counseling Program, MHA was awarded a Regular Service Program (RSP) grant also funded through the Federal Emergency Management Agency (FEMA) in the amount of \$110,580.75 on January 27, 2022. This funding is for crisis counseling services for those individuals impacted by Hurricane Ida. This funding is scheduled to end on October 30, 2022.

Crisis counselors provide support using the same CCP model that COVID Crisis Counseling used. 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 serve 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 Part-Time Team Leader, three Part-Time Crisis Counselors

Highlights: Funding was awarded in late January of 2022, staff for the Hurricane Ida team were hired in February of 2022 and services began shortly thereafter. The Hurricane Ida CCP team created connections with communities that were affected by the disaster and focused on how they could provide support to those residents. Several areas in New Jersey were affected by this natural disaster; the MHA team focused on West Orange, Elizabeth and Cresskill where residents were displaced from their homes and students displaced from their schools.

Pockets of West Orange had community members that experienced damage to their homes which caused distress and uncertainty through an already stressful time brought on by the pandemic. The Ida team identified those residents and offered them crisis counseling and resources. The township of Elizabeth experienced severe flooding and many residents were displaced from their homes. Those individuals were offered housing in a hotel in Elizabeth until they were able to return safely to their homes. MHA became a presence at the hotel and ensured residents were offered crisis counseling to process this natural disaster.

MHA also focused on a school district in Cresskill that was destroyed by Hurricane Ida. Crisis counselors aimed to provide support to students, teachers, other personnel, and parents/families

that were impacted by the disaster. The support provided to this school district (Grades 6-12) included two wellness days, providing support to 122 students at the first event and 90 at the second event. After facilitating the wellness days at Cresskill, many students shared the challenges of returning to school following COVID just to return home after the destruction of their school. Many students expressed frustrations with having to share their high school experience so closely with younger children (Grades 6-8). Students and staff expressed uncertainty about the school being fixed in time for the following school year. Students expressed gratitude for the ability to express themselves at the events using art materials and getting to share their experiences in a safe environment.

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, 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 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. MHA 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 full-time Program Director, three full-time Master's Level Case Managers, one part-time Administrative Assistant, and two part-time Psychiatrists.

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

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

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

Caseload

Essex

As of June 30, 2022, there were 43 active cases. During FY 2022, 40 referrals were enrolled into the AOT program. 70% of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings. 30% were made through conversion hearings at long-term care facilities, i.e., Essex County Hospital Center (EHC) and/or state hospitals. There were no referrals enrolled through the designated screening centers.

Sussex

As of June 30, 2022, there were 14 active cases. During FY 2022, 15 referrals were enrolled into the AOT program. 40% of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. 40% were made through conversion hearings at other hospitals. 20% were state hospital referrals and 0% of the referrals were made through the designated screening facility.

Morris

As of June 30, 2022, there were 19 active cases. During FY 2022, 22 referrals were enrolled into the AOT program. 10% of the enrollee referrals were made through Short Term Care Facilities (STCF) via conversion hearings. 72% were made through conversion hearings at other hospitals, 0% were made through screening, and 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 41% female and 59% male; the Sussex caseload was 36% male and 64% female; and the Morris caseload was 58% female and 42% male.

Ethnicity

At the end of the fiscal year, AOT Essex provided services for 43% African-Americans, 20% Hispanics, 30% Caucasians, 2% unknown and 5% individuals who identified as multiracial. AOT Sussex provided services for 79% Caucasians, 3% other multiracial, 6% Asian, and 12% other. AOT Morris provided services for 69% Caucasians, 10% African-Americans, 11% unknown, and 10% Asian.

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

Age

AOT Essex serviced 41% of individuals between the ages of 18-29, 27% were between the ages of 30-39, 11% were between the ages of 40-49, 9% were between the ages of 50-59, and 11% were above the age of 60.

AOT Sussex serviced 32% of individuals between the ages of 18-29, 18% were between the ages of 30-39, and 50% were above the age of 40.

AOT Morris serviced 36% of individuals between the ages of 18-29, 19% were between the ages of 30-39, and 45% 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 tenth 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 2023, each month one individual will be referred from local screening centers, seven will be referred from Short Term Care Facilities (STCF), and three individuals will be referred from Long Term Care facilities.

- 45 enrollees went to a local ER for screening: Yearly Threshold ≤ 72
- 2 enrollees were admitted to Long Term Care: Yearly Threshold ≤ 36
- 2 enrollees were arrested: Yearly Threshold ≤ 36
- 2 enrollees were incarcerated: Yearly Threshold ≤ 36
- 26 enrollees were voluntarily hospitalized: Monthly Threshold < 36
- 4 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 seventh 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 2023, each month one individual will be referred from local screening centers, seven will be referred from Short Term Care Facilities (STCF), and three individuals will be referred from Long Term Care facilities.

- 13 enrollees went to a local ER for screening: Yearly Threshold ≤ 36
- 1 enrollee was admitted to Long Term Care: Yearly Threshold ≤ 24
- 1 enrollee was arrested: Yearly Threshold ≤ 12
- 1 enrollee was incarcerated: Yearly Threshold ≤ 12
- 5 enrollees were voluntarily hospitalized: Yearly Threshold < 12
- 2 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 seventh 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 2023, each month one individual will be referred from local screening centers, seven will be referred from Short Term Care Facilities (STCF), and three individuals will be referred from Long Term Care facilities.

- 7 enrollees went to a local ER for screening: Yearly Threshold ≤ 48

- 1 enrollee were admitted to Long Term Care: Yearly Threshold ≤ 24
- 1 enrollee were arrested: Yearly Threshold ≤ 24
- 0 enrollees were incarcerated: Yearly Threshold ≤ 24
- 5 enrollees were voluntarily hospitalized: Yearly Threshold < 24
- 5 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 39 surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the 39 surveys, 10 consumers responded. This accounts for a 25% response rate.

Gender

Of the 10 consumers that responded to the surveys; 40% were female and 50% were female, and 10% were gender non-conforming.

Ethnicity

Of the 10 consumers surveyed, 50% identified as African-American, 10% identified as Caucasian, and 20% identified as Hispanic or Latino, 10% identified as Alaskan Native or American Indian, and 10% identified as other race.

Age

The exact age of the consumers was collected. The mean age for the consumers was 30 years old.

Overall Satisfaction with MHA’s Response to COVID-19

100% of consumers indicated that they “strongly agree” or “agree” that they are satisfied with MHA’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” and “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

100% of consumers indicated they “strongly agree” or “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

89% of consumers indicated they “strongly agree” or “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)

90% of consumers indicated that they “strongly agree” or “agree” that they are satisfied with AOT services.

Sussex

Approximately four surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the four surveys, four consumers responded. This accounts for a 100% response rate.

Gender

Of the four consumers that responded to the surveys; one is male (25%) and three are female (75%).

Ethnicity

Of the four consumers surveyed, four 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 MHA's Response to COVID-19

66.67% of consumers indicated that they “strongly agree” that they are satisfied with MHA’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

33.33% of consumers indicated that they “strongly agree” that they are included in decisions regarding treatment. 66.67% of consumers indicated that they “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

66.67% 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

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)

66.67% of consumers indicated that they “strongly agree” they are satisfied with AOT services. 33.33% of consumers indicated that they “agree” that they are satisfied with AOT services.

Morris

Approximately five surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the five surveys, approximately five consumers responded. This accounts for a 100% response rate.

Gender

Of the five consumers that responded to the surveys; two are male (40%) and three are female (60%).

Ethnicity

Of the five consumers surveyed, five identified as Caucasian (100%), zero as African-American (0%), zero as Hispanic (0%), and zero as Asian (0%). 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 43 years old.

Overall Satisfaction with MHA's Response to COVID-19

60% of consumers indicated that they “strongly agree” that they are satisfied with MHA’s response to COVID-19. 20% of consumers indicated that they “agree” that they are satisfied with MHA’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

60% of consumers indicated that they “strongly agree” that they are included in decisions regarding treatment. 40% of consumers indicated that they “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

80% 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

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.

AOT Highlights

Essex

- During the past fiscal year, 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 with a focus 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 MHA 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, 11 consumers from Morris County, and eight consumers from Sussex County were able to successfully accomplish their goals and graduate from the program.
- AOT continued to collaborate with and educate staff at the Newton Medical Center's inpatient unit and screening center.
- Program Director provided trainings on AOT to several outpatient mental health treatment providers to educate them on this program.
- AOT consumers, in collaboration with all other MHA 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 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.

MHA-WOPD Co-Response

Beginning September 1 2020, MHA began a collaboration with the West Orange Police Department to develop a pilot program focused on community co-responding, training to law enforcement, and body camera after-action review. The collaborative efforts of the Mental Health Association (MHA) 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. MHA partnered with WOPD who applied for the Connect and Protect grant through the Bureau of Justice Assistance (BJA). WOPD was awarded the grant, allowing MHA to provide fulltime Co-Response, Monday – Friday from 7am to 11pm. In March 2022, MHA began providing full-time Co-Response support to the WOPD. The MHA-WOPD Co-Response department consists of two Co-Responders and the Essex AOT Director, Achille Dejean, who oversees the Co-Response program. The Co-Responders are stationed at the WOPD Community Services Unit (CSU) substation where they work very closely with Captain Richard McDonald, Lieutenant Patrick Carosia, Lieutenant Brad Squires, and Officer Bret Wagner.

As a result of the collaboration, MHA was able to provide 10 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. MHA was also able to provide a training to WOPD recruits on the Co-Response Model prior to their graduation from the academy.

Additionally, throughout the course of the year, MHA 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. MHA was able to review 59 incidents throughout the fiscal year. Assessment of videos determined the following outcomes: three recommendations were made for performance improvement purposes, while 56 incidents had no further recommendations at the time.

MHA Co-Responders and licensed mental staff responded to mental health related and crisis calls in the community. Upon receiving calls from dispatch, MHA would report to the designated scene/incident. Throughout the fiscal year, MHA 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 FY 2022, MHA co-responded to 68 incidents in the community. As a result of these efforts, the following outcomes were measured:

- 27 of the 68 co-responses required transport to the hospital.
- Zero arrests were made
- Three involuntary hospital transports

- 24 voluntary hospital transports
- 22 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, MHA-WOPD Co-Response Program 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 Co-Response support, MHA 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.

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 have access to traditional services and have little or no other support in the community. The goal of the PATH Program is to assist those who have been diagnosed with mental health and substance abuse disorders that are homeless or at imminent risk of homelessness by meeting them, "where they are" whether it be on the streets, train stations, under bridges, or wherever they may call home.

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

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

COVID-19 Response

PATH had to change service delivery starting in March of 2020 due to the COVID-19 pandemic. Following the CDC recommendations, PATH offered telecommunication to individuals while also keeping in-person outreaches for those who were unable to utilize telecommunication due to lack of technology. PATH continues to provide in-person outreaches with both staff and consumers wearing masks, and offers telecommunication when needed such as when a consumer is not feeling well.

Caseload

Since July 1, 2021, PATH outreached 665 homeless and those at imminent risk of homelessness across both counties. Of those outreaches, 298 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, 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.

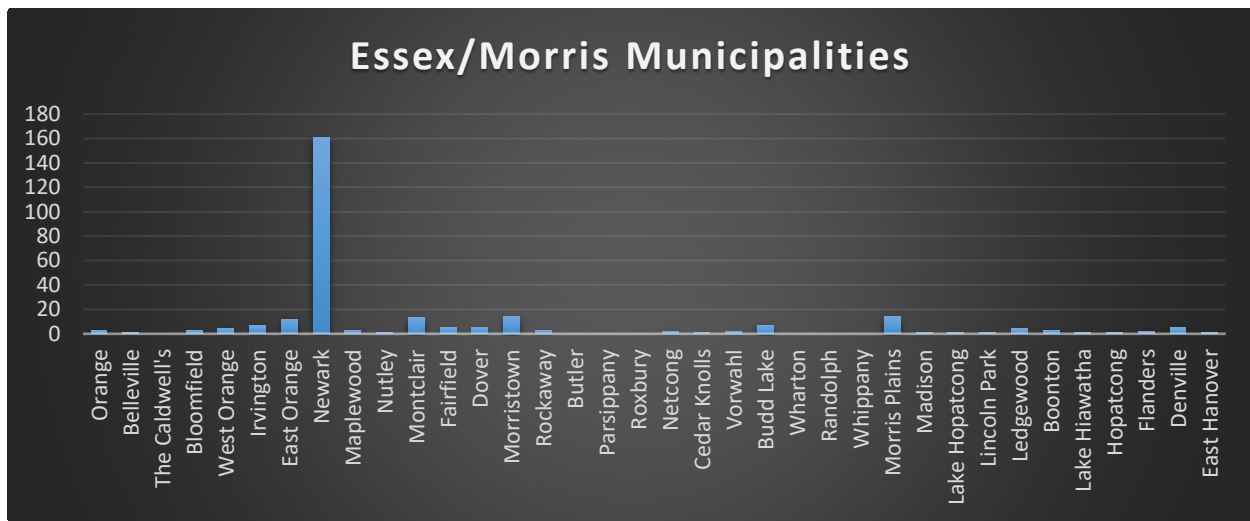
Referrals were received from all local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, Saint Michael's Medical Center, Morristown Medical Center, Saint Clare's Hospital, Summit Oaks, Bergen Regional, Chilton Hospital, as well as outpatient treatment 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, 2022, Essex and Morris PATH serviced 298 individuals. Of the individuals serviced, there were; 164 males (55%), 131 females (44%), and three transgender (1%). The self-reported ethnicities of the consumers were as follows: 68 Hispanic/Latino (23%) and 230 Non-Hispanic/Latino (77%). The self-reported races of the enrolled consumers with PATH are as follows: one Multiple Race (1%), 10 Other (3%), 67 Caucasian (22%), 203 African-American (68%), six Asian (2%), six Native Hawaiian or Other Pacific Islander (2%), and five American-Indian or Alaska Native (2%). Others serviced did not wish to provide this information.

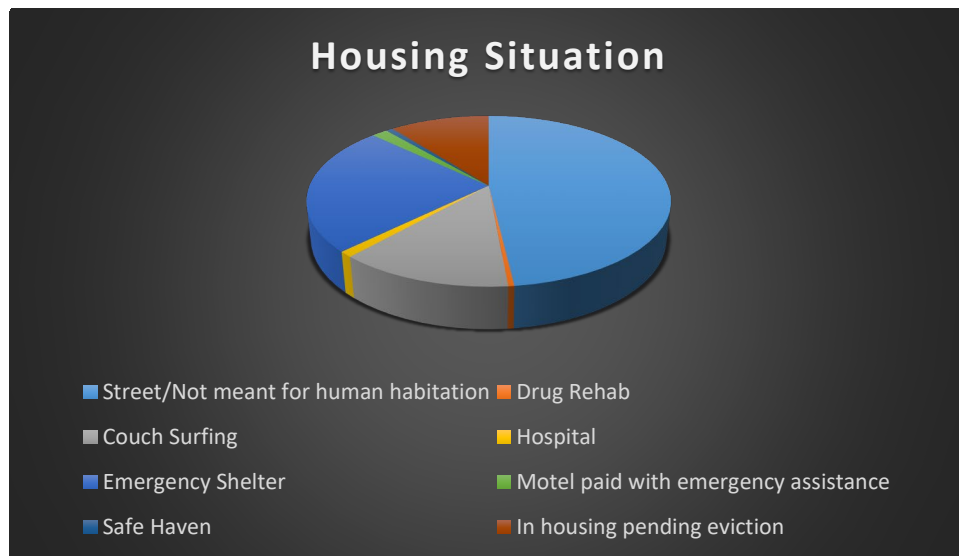
PATH makes every effort to provide services to homeless consumers throughout Essex and Morris Counties, with the understanding that homelessness does not only afflict consumers in the urban municipalities. The following reflects the municipality in Essex and Morris County where the consumers reported they slept the night before being outreached by PATH:

Belleville	1	Maplewood	3
Bloomfield	3	Montclair	13
Boonton	3	Morris Plains	14
Budd Lake	7	Morristown	14
Califon	1	Netcong	2
Cedar Knolls	1	Newark	161
Denville	5	Nutley	1
Dover	5	Orange	3
East Orange	12	Parsippany	0
Fairfield	1	Randolph	0
Flanders	2	Rockaway	3
Hopatcong	1	Roxbury Township	0
Irvington	7	The Caldwell's	0
Lake Hiawatha	1	Vorwahl	2
Lake Hopatcong	1	West Orange	4
Ledgewood	4	Wharton	0
Lincoln Park	1	Whippany	0
Madison	1		



Consumers outreached by the PATH program reported sleeping in the following locations the night before engagement. Street or place not meant for human habitation (320) (48%), Emergency Shelter (162) (24%), Safe Haven (5) (.5%), Drug Rehab (3) (.5%), Motel paid with emergency assistance (11) (2%), couch surfing (87) (13%), inpatient hospital (7) (1%), and housing pending eviction (70) (11%).

Of enrolled consumers, 168 (56%) 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 12 months.



Personnel

One Director, one Master's Level Coordinator, one Co-Occurring Counselor, three Outreach Case Managers, one Peer Outreach Case Manager, one part-time RN, and one part-time Administrative Assistant provide Essex PATH services. Staff are culturally diverse and represent the consumers served. PATH has one staff fluent in Spanish.

Morris PATH services are provided by one Master's Level Director, one Master's Level PATH Intake Coordinator, four part-time PATH Outreach Case Workers, two full-time outreach Case Managers, one full-time Outreach Case Managers (County), and one part-time Resource Navigator for Coordinated Entry. Staff are culturally diverse and represent the consumers served. PATH has one staff fluent in Spanish. In the event a case manager is unavailable for live translation, staff utilize a Language Line, which is capable of translating 200 languages.

Performance Outcomes

PATH participates in the agency-wide Quality Assurance Committee (QA), which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHA 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 665 individuals or 98% of the contract commitment and serviced 298 individuals or 105% of the contract met. During the past fiscal year, PATH successfully linked to the following services: 129 to Community Mental Health, 16 to substance abuse treatment, 71 to financial benefits, 75 to temporary housing, 59 to permanent housing, 42 to medical/dental, and 18 to rehabilitation/habilitation services.

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

Consumer Satisfaction Survey

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 95% satisfaction with services provided by the PATH program.

SURVEY DEMOGRAPHICS

Of the 35, 43% were female and 57% male. The average age of respondents was 41 years old; 60% were African-American, 20% were Caucasian, 14% were Hispanic, 3% were other mixed race, and 3% did not disclose race/ethnicity.

PATH Highlights

MHA'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 fifty-nine (59) 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 HUD mandated Point-In-Time Count for the entire County of Essex.
- 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 onsite and provided weekly case management to link individuals to medical services, mental health treatment, financial resources, and additional case management needs.
- PATH Director participated in weekly development meetings with The City of Newark of the newest shelter, Miller Street Pathways to Housing Center. PATH Outreach staff engaged individuals onsite and provided weekly case management to link individuals to medical services, mental health treatment, financial resources, and additional case management needs.
- PATH Director organized two events with New Jersey Motor Vehicle Commission for their mobile van to come out to the Mental Health Association and provided 65 individuals with NJMVC services, such as driver's licenses and non-driver state IDs, to community locations.
- PATH Director continued the collaboration 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.
- Homeward Bound continued 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.

- PATH Director applied and obtained a Shelter Diversion Pilot Program through the NJ Department of Community Affairs (DCA) to provide housing problem-solving techniques to quickly establish stable housing options and to reduce the length of time and trauma associated with housing instability or homelessness. Shelter Diversion successfully diverted over 60 households from shelter and homelessness.

Morris

- The PATH Director served as the Press Coordinator for the 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 2022.
- 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, 2022.
- The PATH program continued its focus of service to meet food insecurity needs by delivering food and hygiene products to homeless shelters, motels and the streets in collaboration with Nourish.NJ.
- Despite the mandatory quarantine and barriers to access housing, the PATH program was able to house 21 individuals this past year.

Advocacy

Essex

- PATH Director is first Vice Chair for the Essex County Continuum of Care (CoC)/Comprehensive Emergency Assistance System (CEAS).
- Voting member for the Essex County CoC/CEAS.
- Member of the Outreach Committee for the Essex County CoC/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.
- PATH Director participated in the Office of the Governor's Working Group to Support Residents Without Addresses at Newark Penn Station.

- PATH Director participates in Fourth Ward Councilor, David Cummings' collaborative meeting to end homelessness in Montclair.
- PATH Director presented during a suicide prevention roundtable discussion with Congresswoman Mikie Sherrill.

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

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 oversee Edna's Haven services. The MHA 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 MHA program. During this fiscal year, Edna's Haven provided 466 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 management. While observing safety recommendations from the CDC, not 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 open to full capacity weekly for support, lounge, and activities. Individuals can access Edna's daily agenda via QR code through the MHA website.

Consumer Satisfaction Survey

MHA 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, MHA has steadily followed all CDC recommendations resulting in modifications to some of our services. The 2022 Consumer Satisfaction Surveys were distributed and all highlights were noted of outcomes.

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.
- 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 collaborated with Atlantic Health System's Morristown Medical Center to get individuals tested and educated for rapid HIV and Hepatitis C testing.
- 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 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. Mental Health Resource Network
- VIII. Mental Health Faith Liaison Program
- IX. Self-Help Programs
 - a. Exercise Group
 - b. Community Rides
 - c. Advocacy
- X. Elizabeth T. Dorl Educational Assistance Fund
- XI. 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 Coordinator, one Bachelor Level Case Manager and three part-time drivers. Of the department staff, one employee is a Certified MHFA Instructor. There are an additional three MHA employees from other departments who are also MHFA Certified Instructors and teach classes.

Data and Highlights: Throughout this fiscal year, the MHA conducted **21** separate 8-hour Mental Health First Aid classes in either the Senior, Adult or Youth Module and certified over 254 individuals as Mental Health First Aiders. In addition to providing resources and services, the MHA provided trainings and presentations to approximately **8,500** attendees, from JBWS, Morris County Chamber of Commerce, ADP, YMCA, corporations, homeless shelters, schools, houses of worship, healthcare agencies, police officers, public library staff, community providers, senior programs, support groups, rehabilitation programs, Congresswoman Mikie Sherrill's office, and Morris County Mommy Friends group. MHA also participated in community festivals and fairs later in the fiscal year. They included events at various clubs, Girls, Guts, and Glory, Stomp Out Sigma Free, People's Picnic Table, Mendham Stigma Free Walk, Judgeless Fest, Community Day, Connecting Dover Fest, Out of Darkness Walk, and Family Night Out.

Self-Help, Advocacy and Education participated in presentations and trainings for the community, organizations, houses of worship, etc., including live and virtual panel discussions, presentations and trainings that addressed a variety of topics and issues. Some of the titles and topics were, Overview of Mental Illness and

De-escalation, Safety in the Workplace, Self-Care, Resources that Can Help Save a Life and What's Your New Normal.

This fiscal year, the MHA rolled out the **People's Picnic Project**, a collaborative social art project and public 'event/happening' created (by artist 'Uncle Riley' and social cause organization, ŪMEWE), to inspire optimism and community connection. It was conceived to brighten communities while raising awareness of and funding for mental health associations and organizations. The project consists of International Optimism Yellow (INTO-yellow) wooden picnic tables placed throughout the community, to serve as both a visible marker for mental health awareness and a 'tool' to inspire positive conversations of hope, resilience and optimism. ŪMEWE partnered with the Mental Health Association of Essex and Morris (MHA) and Team De-Stig of Thrive Morris' Health & Wellness Committee of the Morris County Chamber of Commerce (MCCC) to foster The People's Picnic Project to help raise awareness of and funding for MHA of Essex and Morris. The first table was placed at the MHA headquarters in Montclair, NJ and the second one at Central Park of Morris County in Morris Plains, NJ (the former location of Greystone Park Psychiatric Hospital). During the fiscal year, nine picnic tables have been painted and housed at the following locations: Grace Lord Park in Boonton, Morris Hills High School, three at West Morris Central High School, Camp Jefferson, Family Promise, Bethel AME Church, and Jefferson Township High School.

Outcome: 98% 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, 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 Peer Recovery Specialist (from CARES), one Sheriff Officer (from Morris County Sheriff's Office) and one mental health professional (from the Mental Health Association) and an occasional volunteer and/or intern.

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 2021 – June 2022, the truck has made over 225 stops and 8,136 community contacts.** From the truck, seven people went to rehab/recovery services, 72 people received mental health services, 1459 people were NARCAN trained and several hundred 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 eight other counties/cities in NJ (Atlantic, Burlington, Cape May, Hunterdon, Monmouth, Newark, Passaic and Warren) to launch their own Hope One Van. In 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.

This fiscal year, Queen of the World spent a day with us on Hope One. The Queen of the World Pageant (“QOW”) is a modern, inclusive and diverse pageant designed to empower and celebrate women of all ages and backgrounds, regardless of their marital status. QOW has four equally prestigious divisions: Miss, Ms., Mrs. and Elite Mrs. QOW hosted their inaugural pageant at the Hyatt Regency Hotel in Morristown. The QOW pageant finale and coronation night was at the Dragonetti Auditorium at the County College of Morris. QOW had 30 contestants from all over the USA and abroad. QOW collaborated with Hope One to give back to the community on International Women’s Day. Contestants of Queen of the World Pageant spent the day with the Hope One team. They were educated on the history of Morris County, received Narcan training and mental health education. They ended their day putting together care packages at Bethel AME Church for the community.

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 Master’s Level Director of Suicide Prevention and 29 volunteers (currently).

Data and Highlights: There was one performance by the Mental Health Players for 200 audience members at Dover High School in the 2021-2022 fiscal year.

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 separate lines in the evening, one line during the weekday and are provided peer counseling support services by trained staff.

Personnel: 25 Peer Line Staff, Director of Self-Help, Advocacy and Education, and Director of Suicide Prevention

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 227 people during 9675 hours of calls to the Peer-to-Peer Support Line.

Outcome: 96% of callers report their satisfaction with Peer-to-Peer Line.

Outcome: 88% of Peer Line workers report satisfaction working the 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 Part-Time Social Club Directors and one Bachelor's Level Social Club Director.

Data and Highlights: During the 2020/2021 fiscal year, **The Club held 85 group sessions, 2,814 units of service were delivered and 770 consumers were served.** Units of service delivered this fiscal year have been impacted due to COVID-19 and staffing.

Outcome: 100% of consumers report satisfaction with Social Club.

In-person Social Club groups have resumed on a modified schedule. Self-Help, Advocacy and Education are holding groups face-to-face in the office or community. Groups consist of trivia games, fun facts, Jeopardy, Bingo, ice cream socials, shopping outings, etc. Consumers are also encouraged to participate in all of the wellness groups hosted by the nurse at MHA. Consumers who would typically take part in other activities were called weekly and provided education/support surrounding the COVID-19 pandemic, vaccination, boosters, 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 two 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 three months. They can then decide if they would like to extend the pairing or be paired with someone else.

Personnel: Four Volunteers.

Data and Highlights: This fiscal year, four consumers were paired with a four volunteers and 1152 pairing hours were completed. Companions of the program work with their matched consumers providing companionship/support weekly via face-to-face meetings and telephone conversations.

VII. Mental Health Resource Network

Description: Mental Health Resource Network consists of over 38 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 air conditioners, microwaves, furniture, cleaning supplies, bedding, pots, pans, bookcases, coats, gloves, food, clothing, shoes and vacuums. Church of God in Christ in Morristown provided 25 selected consumers with gift cards to purchase groceries for the holiday and gifts. The Presbyterian Church of Chatham Township provided clients with gift cards, tablets, toiletries, bedding, and household items for the holidays. Pine Brook Jewish Center filled the PATH pantry with food on two separate occasions, which helped our consumers enormously throughout the fiscal year. They also provided gas gift cards for consumers who were living in their cars. In addition, Pine Brook Jewish Center, Community Church of Mountain Lakes and First Presbyterian Church of New Vernon hosted or provided dinners.

Self-Help, Advocacy and Education worked with several houses of worship from the Mental Health Association Faith Resource Network to help meet the food needs of our consumers. Donations stocked our food pantry with non-perishable food. St. Peter's Episcopal Church, Notre Dame of Mount Carmel Church, and Pine Brook Jewish Center are just a few that provided non-perishable food. Notre Dame of Mount Carmel Church also provides prepared lunches on Hope One's homeless outreach days.

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 100 mental health kits for MHA consumers. The kits contained positive messages and self-care items such as tea bags, bath bombs and plant seeds, candles and motivational quotes. These mental health kits were distributed to consumers across all four counties served by MHA.
- Holiday Express hosted a holiday dinner with live entertainment for 150 consumers.
- United Way of Northern NJ provided backpacks and school supplies.
- Operation Holiday provided over 250 gifts for consumers and their children.

VIII. Mental Health Faith Liaison Program

Description: Clergy are on the front lines in addressing mental health in the community but often feel ill equipped to address the issues that come before them. In response to requests from area clergy members for added support in addressing the mental health challenges that arise among their congregants, the Mental Health Faith Liaison Program was 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 MHA through a written referral. Depending on the need, the MHA 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 MHA.

Personnel: Three Licensed Consultants, one Licensed Geriatric Care Manager Consultant

Data and Highlights: In the 2021/2022 fiscal year, 13 presentations/groups and two Mental Health First Aid class were given. In total, over 900 attendees were present during the presentations/groups on COVID-19 and mental health, grief, mental health, suicide, mental health services/resources, and mental illness. Nineteen people were certified in Mental Health First Aid. Funding for clinical services ended, however, three consultants volunteered their services to the program to four individuals. Other referrals from 11 houses of worship were linked to programs within the agency or in the community. MHA is 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. Groups/activities such as pet therapy, art therapy, presentations lead by a medical professional are scheduled on a monthly basis allowing consumers to gain tools to manage their medical and mental health as well as independence.

Personnel: One Master's Level Program Director, one Master's Level Coordinator, one Bachelor's Level Staff, three 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: 100% of consumers report overall satisfaction with Self-Help Programs.

- a. **Exercise Group** focuses on physical wellness through exercise. This fiscal year, 39 sessions were held with participation by 99 consumers.

- b. **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. Three hundred eighty-eight hours of trips were provided to 231 consumers.
- c. **Advocacy**, commonly known as CAP, is a self-help and consumer advocacy group. Over nine 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 MHA 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 MHA Educational Fund allows consumers of mental health services, who are eligible, to receive an Educational Certificate valued up to \$1,000. First Presbyterian Church of New Vernon provided \$3000 towards the scholarship fund. In the fiscal year, this fund allowed the MHA to help six consumers to fund educational pursuits such as professional certification classes and educational classes to obtain GED, a trade 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.

Suicide Prevention Services

We recognize that suicide is a serious public health problem and that more can be done to prevent suicide. Each year, more than 700,000 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 2020, 45,979 Americans died by suicide. Here in New Jersey, 679 individuals died by suicide in 2020. 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, MHA 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 MHA 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. MHA 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.mhainspire.org](https://stopteensuicide.mhainspire.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.mhainspire.org](https://youarenotalone.mhainspire.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, resiliency and creating positive coping skills in our youth. The suicide prevention department has also begun to provide in-person educational opportunities. The department's objective is to meet the community where they are at, whether that be in-person or virtually.

Personnel: One LPC Level Program Director and one PhD Level Program Clinician.

Data and Highlights: The Suicide Prevention Services program has two suicide prevention websites. By the end of June 2021, the two teen suicide prevention landing pages have received a total of **13,168 Pageviews**. Broken-down by page:

- stopteensuicide.mhainspire.org - **9,125 Pageviews**
- youarenotalone.mhainspire.org - **4,043 Pageviews**

Since July of 2021, the MHA taught 99 presentations to over 4,771 individuals. These individuals included: parents, teachers, support staff, youth, college professors, school counselors, community members, business professionals, and seniors. Presentations were given to: Jared's Fund, County

College of Morris, Sussex County Traumatic Loss Coalition, Jefferson School District, Mountain Creek, Family Health Center of Morristown Medical Center, Montague School District, Livingston High School, Lifetown, Sparta School District, IFSS Sussex and Morris Counties, Abundant Life Whippany, Ogdensburg School, Pequannock High School, Superior Court Staff, ADP Executive Security Team, and Mendham High School.

The Signs of Suicide (SOS) Program was delivered to over 800 students in the West Morris Central High School, Frankford Middle School, Butler High School, Hilltop Country Day School, Franklin Middle School and Bard High School Early College. 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.

This year, the Mental Health Association delivered a new program to 173 students from Randolph and Franklin Borough Elementary Schools, and Hilltop Country Day School called Gizmo 4 Mental Health. Gizmo's Pawesome Guide to Mental Health takes an upstream approach to support the mental health and wellness of 3rd and 4th graders. The Guide seeks to introduce mental health and wellness, and how to care for one's mental health. It introduces the characteristics of trusted adults, who may be one, how to practice talking with a trusted adult, and promotes proactive communication. It gives youth the opportunity to create a personal mental health plan (of action) that they can use daily, and in a time of need that can help them avert crisis.

Substance Use Recovery and Empowerment (SURE) Program

The Substance Use Recovery and Empowerment Program (SURE) launched the week of June 13, 2022. It is the philosophy of SURE to provide the highest quality of substance abuse treatment. SURE provides ASAM 2.1 (intensive outpatient) and ASAM 1.0 (outpatient) levels of care to individuals 18 years or older. SURE offers individual and group therapy, assessments, and medication management to address Substance Use Disorder, process addictions, and Co-Occurring Disorders. Individuals can be either referred by community entities or self-referred. The SURE Program accepts the following funding; Medicaid and self-pay (rates are based on a sliding fee scale). The duration of treatment is based on clinical indication and medical necessity. The estimated length of treatment for ASAM 2.1 level is 14 to 16 weeks. The estimated length of treatment for ASAM 1.0 level of care is 8 to 12 weeks.

Purpose

SURE's multi-disciplinary treatment team believes that recovery requires physical, psychological, and spiritual rehabilitation to restore individuals to a meaningful and productive life. SURE provides individuals with support and assistance in developing a recovery management plan for substance use, process addictions, and co-occurring disorders.

Mission

The mission of SURE is to provide high-quality treatment for substance use and co-occurring disorders as well as support and assist in developing a recovery management plan.

Goal

The goal of the SURE Program is to assist individuals with achieving long-term recovery while living a fulfilling and productive life.

Focus

SURE utilizes a multi-dimensional counseling approach to assist clients with maintaining in the community while maximizing biopsychosocial functioning and enhancing self-efficacy. Treatment is provided during individual and group sessions as indicated in one's treatment plan. Education is provided through lectures, workshops, seminars, and the media to broaden the knowledge of those served. The focus of treatment consists of the following:

- Gaining insight into personal issues and solving problems
- Development of specific skills
- Interpersonal processes that work on relationships, communication, etc.
- Support (AA, NA, SMART Recovery, etc.)
- Psychoeducation
- Substance Use Education and Prevention
- Relapse Prevention
- Coping skills
- Process Groups
- Self-Care
- Future planning
- Life skills

- Identification of Triggers
- Motivational Interviewing
- Family Therapy
- Spiritual growth
- Didactic
- Dual-diagnosis
- Health Education

Personnel

The SURE Program is staffed by one Licensed Clinical Alcohol and Drug Counselor (LCADC) Director and one Licensed Social Work Co-Occurring Counselor.

Service Provision

SURE provided services to four consumers during the fiscal year. Of the four consumers, four substance abuse evaluations and seven individual therapy sessions were completed. SURE consumers were insured through Medicaid (100%).

Demographics

The SURE Program provided services to residents of Hackettstown, Lake Hiawatha, Rockaway, and Wharton.

Age

The SURE Program served consumers ages 37 to 52 years old.

Gender

Of the four consumers, 50% were male and 50% were female.

Ethnicity

Of the four consumers, 100% identified as Caucasian/Non-Hispanic.

Referral

Of the four consumers, one was referred by Mental Health Association's ICMS Program (25%), one was referred by Morris County Probation (25%), and two were referred by Substance Use Disorder Treatment Facilities in Morris County (50%).

Training

The SURE staff completed the following continuing education pieces of training to gain knowledge and skills to better assist consumers who are accepted into the program; Approaches to Community-Based Suicide Prevention, Assessment and Treatment of Opioid Use Disorder, Co-Occurring Disorders for Early Practitioners, Cultural Competence, Documentation & Evidence-based Practices in Psychiatric Rehab - Community Support Services Training and Other Programs, Documentation for Treatment Planning, Infection Control: Basic Concepts, Introduction to Case Management, Maintaining Professional Boundaries, Medication-Assisted Treatment for Opioid Use Disorder, Preventing, Identifying, and Responding to Abuse and Neglect, Psychopharmacology: Overview for Behavioral Health Professionals, Recognizing and

Responding to a Person in Crisis, Strategies for Preventing and De-escalating Hostile Situations, Stress Management Strategies for Behavioral Health Professionals, and The 12 Step Model.

Highlights

- The first substance abuse assessment was conducted on June 13, 2022.
- The SURE Program signed an Affiliation Agreement with Clarity Labs to begin toxicology screening.
- Staff attended and completed a Narcan training presented by Hope One to further identify how to appropriately administer Narcan to ensure the safety of consumers that are accepted into the program.
- The Program Director collaborated and educated staff from: Morris County Recovery Court, Midway House Sober Living, Navigating Hope and Hope One.

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
Program Contact Information

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)

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

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

ICMS 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)

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

CJS 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

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

Intensive Family Support Services (IFSS)

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

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

Self-Help, Advocacy and Education

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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
Program Contact Information

Assisted Outpatient Treatment (AOT)

AOT Essex Campus

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

AOT Morris Campus

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

AOT Sussex Campus

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

Projects for Assistance in Transition from Homelessness (PATH)

PATH Essex Campus

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

PATH Morris Campus

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

Wellness Hub/Early Intervention Support Services (EISS)

83 Spring Street, Suite 302B
Newton, NJ 07860
973-840-1850

Substance Use Recovery and Empowerment (SURE)

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

Suicide Prevention Services (SPS)

300 Littleton Road, 3rd Floor

Parsippany, NJ 07054

973-334-3496



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