

Mental Health Association
of Essex and Morris, Inc.

2023



Management
Report

Mental Health Association of Essex and Morris, Inc.

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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 2023. 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.

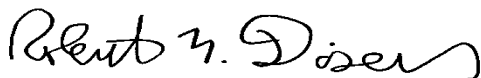
MHA continued to focus on innovative service delivery, emphasizing wellness and recovery:

- *MHA remains CARF Accredited at the highest level as a result of the successful triennial survey.*
- *MHA secured a multi-million dollar grant to be the New Jersey Statewide Student Support Services provider for Morris and Sussex County.*
- *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 Essex County.*
- *MHA purchased a 23,500 square foot building in Parsippany to act as our Morris campus, serving the Northern New Jersey area.*
- *The agency implemented the Sussex County Early Intervention Support Services program (a psychiatric urgent care service).*
- *Working with the City of Perth Amboy, 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.*
- *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.*

Raising mental health awareness was the centerpiece of MHA's performance for fiscal year 2023. MHA provided over 200 community presentations on a range of mental health and addiction recovery topics throughout Northern New Jersey. Suicide Prevention was the most common raising awareness activity with presentations to schools, colleges, community groups and houses of worship.

Advocacy, on behalf of individuals with mental illness and their families, was a continued interest in fiscal year 2023. 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. 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. 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, 2023 – June 30, 2024

GOAL	OBJECTIVE/OUTCOME MEASURE
<p>1. Increase public awareness of mental health and addiction recovery and awareness of MHA.</p> <p>Ref: Strategic Goals # 1-6</p>	<p>a. Work with Board of Directors, the Advocacy Committee and Senior Director of Development to continue raising awareness. 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>2. 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• Access to Mental Health and Addiction Recovery Services• State Psychiatric Hospitals• Housing <p>Outcome Measure – Hold well attended Legislative Breakfasts with meaningful representation from elected officials. Quantitative action concerning the above initiatives.</p> <p>b. 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 or staffer 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, 2024</p>

<p>3. 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 and Co-chair of the Public Policy Committee.</p> <p>Outcome Measure - Evidence of contributions in National MHA policy</p> <p>Target Date: Ongoing</p>
<p>4. Successfully implement the NJ4S program</p> <p>Ref: Strategic Goals # 2,3,4</p>	<p>a. Work with Senior Director of Clinical Services and NJ4S Director to implement program.</p> <p>Outcome Measure – As evidenced by the program being 90% staffed and able to respond to all requests for services from school districts listed in Morris and Sussex County.</p> <p>Target Date: December 31, 2023</p>
<p>5. Complete renovations of and move into 1160 Parsippany Blvd.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Director of Operations to complete renovations and move into 1160 Parsippany Blvd.</p> <p>Outcome Measure: complete a.</p> <p>Target Date: September 1, 2023</p>
<p>6. If awarded grant become a Certified Community Behavioral Health Center (CCBHC).</p> <p>Ref: Strategic Goal # 1-8</p>	<p>a. Work with COO and entire staff to become a CCBHC.</p> <p>Outcome Measure - Becoming a CCBHC</p> <p>Target Date: Ongoing</p>
<p>7. Stabilize Prospect House programmatically and financially.</p>	<p>a. Working with COO and Program Director restore Prospect House to pre-pandemic program quality and financial success. Increase daily census to 95.</p> <p>Outcome Measure - Delivery of quality services with average daily census of 95. Breaking even financially.</p> <p>Target Date: January 1, 2024</p>
<p>8. Continue to 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, Senior Director of Clinical Services and Program Director to fully implement program.</p> <p>Outcome Measure – fully operational program that breaks even.</p>

	Target Date: January 1, 2024
<p>9. 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>10. Transition to state-of-the-art Electronic Health Record that meets current and anticipated future needs of MHA.</p> <p>Ref: Strategic Goals # 1-6</p>	<p>a. Work with CIO and COO to select and implement appropriate Electronic Health Record</p> <p>Outcome Measure: Successful implementation</p> <p>Target Date: June 30, 2025</p>
<p>11. Raise money for MHA. Coordinate a successful Presidents Club, Annual Appeal and Major Gift Solicitation.</p> <p>Ref: Strategic Goal # 3, 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 \$150,000 for fundraising and \$50,000 for major gifts.</p> <p>Target Date: June 30, 2024</p>
<p>12. 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 2024.</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, 2024</p>
<p>13. Secure public grant for mental health and addiction recovery services.</p> <p>Ref: Strategic Goal # 1, 2, 3</p>	<p>a. Working with senior staff to successfully secure public support for mental health and addiction recovery services, e.g., Riskin Children’s Center, Raising Awareness, Suicide Prevention, SURE program, etc.</p> <p>Outcome Measure – secure \$500,000 of public funding.</p>

	Target Date: June 30, 2024
<p>14. 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, 2024</p>
<p>15. Contain Medical Benefit Plan Costs.</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, 2024</p>
<p>16. Maintain fiscal stability and maintain financial position.</p> <p>Ref: Strategic Goal # 7</p>	<p>a. Work with Board, Finance Committee, CFO and Investment Advisor to ensure sound, organizational investments.</p> <p>Outcome Measure – Growth in investments relative to the market.</p> <p>Target Date: Ongoing</p> <p>b. Finish FY 2024 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 2025, approved by the Board and accepted by the State.</p> <p>Target Date: June 30, 2024</p>
<p>17. Educate the Board of Directors.</p> <p>Ref: Strategic Goals # 1-8</p>	<p>a. Coordinating with Board President, provide short, high impact presentations concerning development and other matters to the Board at Board meetings.</p> <p>b. Provide ongoing information concerning the mental health addiction recovery industry.</p> <p>Outcome Measure – Informed Board of Directors.</p>

	Target Date: Ongoing
<p>18. 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 2025.</p> <p>Outcome Measure – 2-3 new Board members.</p> <p>Target Date: June 30, 2024</p>
<p>19. Work with Director of Human Resources and entire management team to recruit and maintain high quality staff.</p> <p>Ref: Strategic Goals # 1-6</p>	<p>a. Foster an environment and work culture that supports employees through engagement in the mission, future opportunities and fair pay (relative to the industry).</p> <p>Outcome Measure: Hire and maintain 90% of budgeted positions and increase average tenure, currently at 4.57 years to 5 years.</p> <p>Target Date: Ongoing</p>
<p>20. Attend Continuing Education programs and Leadership Training</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 trainings and continuing education opportunities.</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

Strategic Plan
Three-Year Plan Annual Progress Report
For Year 1 - May 2022-May 2023
(Plan was approved in May 2022)

1. Continue to expand advocacy for individuals with mental illness within the vision and mission of the MHA.
 - *MHA and Advocacy Committee successfully advocated for significant increase in State funding to provide pay raises to staff over the last two years, as well as funding for tuition reimbursement.*
 - *Agency advocacy resulted in improved conditions at Greystone Park Psychiatric Hospital.*
 - *Advocacy Committee coordinated a series of Legislative Visits, regarding above items as well as additional issues, e.g., Tuition Reimbursement.*

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.
 - *Continued to run social media teen suicide prevention campaign.*
 - *Expanded Suicide Prevention Services throughout service area.*
 - *Provided Mental Health First Aid training through a grant provided by the Partners for Health to the Montclair YMCA.*
 - *Collaborated with the Lakeland Hills YMCA to provide the Grit & Snow program.*
 - *Secured NJ4S Hub and Spoke Award for Morris and Sussex Counties.*
 - *Secured County grant to provide In-Home Senior Therapy.*
 - *Increased Youth Mental Health First Aid certified staff and trainings for the community.*
 - *Secured a County Grant to provide peer support for veterans.*
 - *Expanded Police Co-Responding program.*
 - *Expanded DCA Homeless Diversion Program for those not suffering from severe mental illness.*

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.
 - *Secured over \$3,000,000 in funding for NJ4S program in Morris and Sussex Counties.*
 - *Secured a \$58,000 grant from the Morris and Sussex CMO to provide mental health services to the Lakeland Hills YMCA.*
 - *Seton Hall Partnership.*
 - *Radio Ads on WBGO and WMTR.*
 - *Yellow Picnic Table Campaign.*
 - *Out Montclair.*
 - *YMCA Run.*
 - *Grit and Snow program with YMCA.*

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.
 - *Dramatically expanded Suicide Prevention Services by virtue of the resources provided by the Congressional Appropriation.*
 - *Teen Connect Line.*
 - *Collaboration with Sussex County Community College and Morris County Community College.*
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.
 - *Operationalized the SURE program and secured additional payors as well as a State grant.*
 - *Operationalized the Early Intervention Support Services program to great success with significant press coverage.*
 - *Submitting an application to become a Certified Community Behavioral Health Center on May 22.*
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.
 - *Ongoing and a developing aspect of MHA's culture. This goal will never be complete.*
 - *Initiated collaborating with Zufall Health, Planned Parenthood and Edge.*
7. Enhance the financial strength of the agency by (A) procuring major gifts and planned giving, (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.
 - *Secured funding for and purchased a 23,000 sq. ft. at 1160 Parsippany Blvd. to act as 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.
 - *The 2022 and 2023 classes of Board candidates were diverse representing all the above metrics, 14 new members in all.*

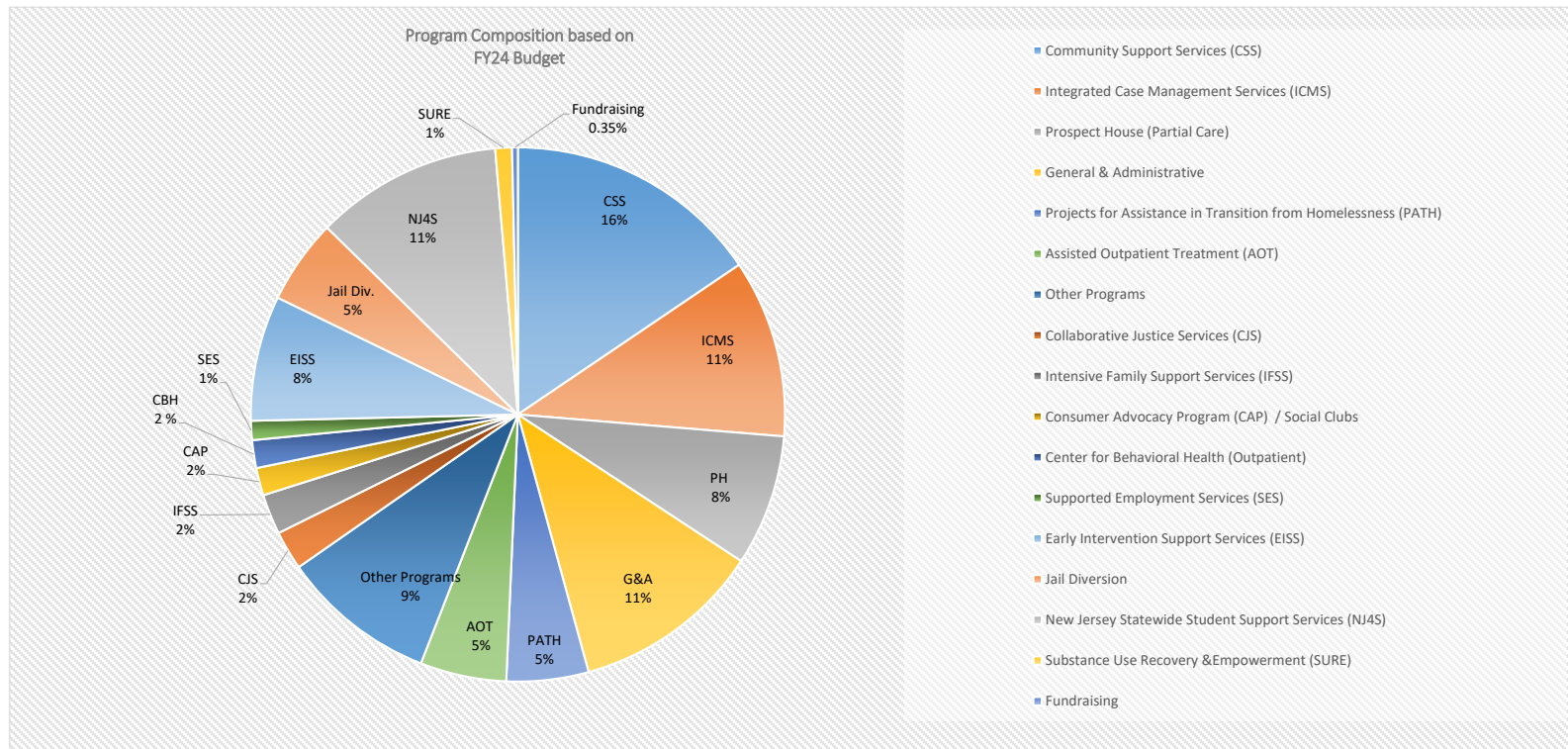
FINANCE

For the fiscal year ended June 30, 2023, the agency continued to adjust to pre-pandemic operations while maintaining a safe environment. During FY2023, the average current ratio was 2.32 indicating the ability to meet current obligations. The agency's expansion included the Criminal Justice Reform (CJR) program in Essex County and the New Jersey Statewide Student Support Services (NJ4S) program in Morris and Sussex counties. Financial highlights for FY 2023 are as follows:

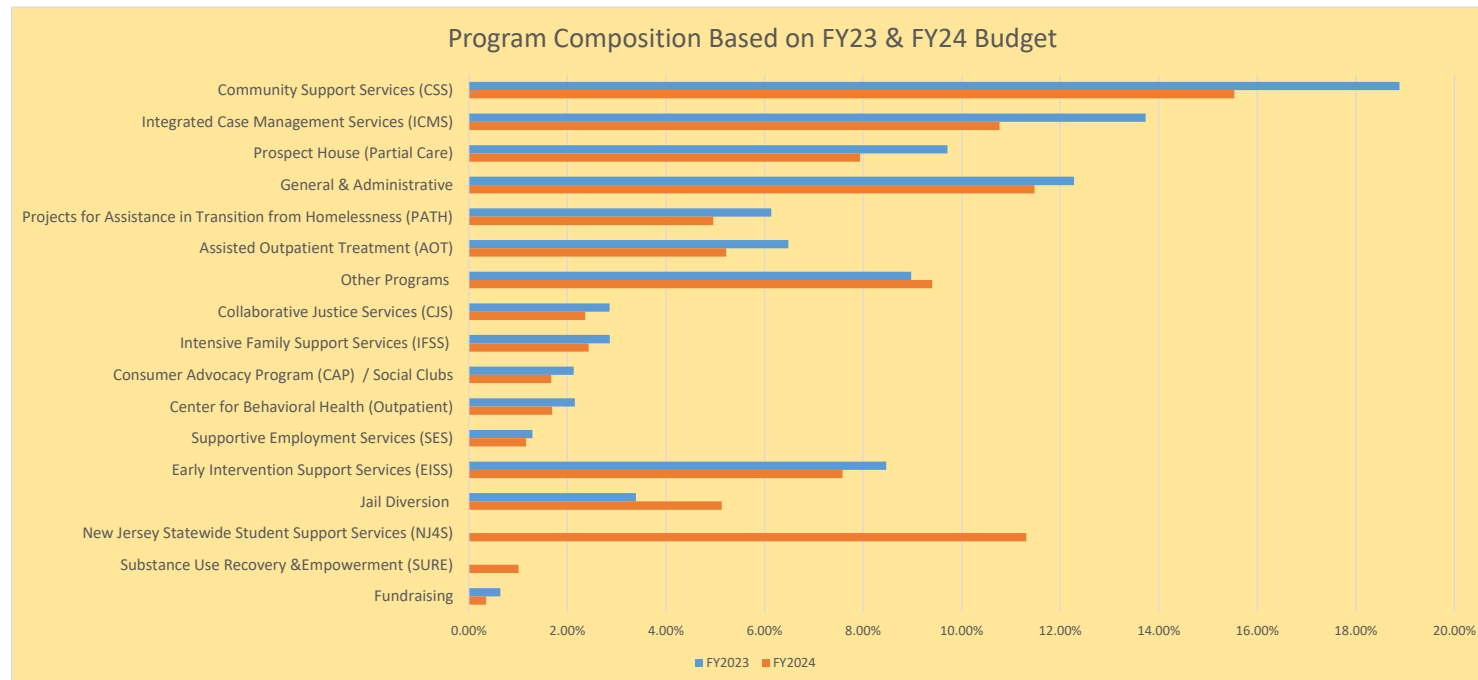
- The agency benefited from federal relief associated with the pandemic totaling \$71,412 allowing us to continue to provide our essential services.
- The agency purchased and renovated a 23,500 square foot building in Parsippany.
- The agency made a one-time 6% discretionary 401(k) contribution in the amount of \$331,483. Over a three year period, the agency on average contributed 5.07% 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, 2023.
- The agency added 15 new vehicles to the fleet of which nine are replacements. The agency has approximately 104 vehicles in the fleet. We continue to maintain and review our fleet of vehicles to keep the vehicles under ten years old.
- The agency's property and casualty insurance renewal on July 1, 2022 reflected an increase of approximately 11%.
- June 30, 2023 medical insurance was renewed with Horizon Blue Cross without an increase.
- The agency's services based upon the budget for June 30, 2024 are made up of Assisted Outpatient Treatment (AOT) 5.22%, Center for Behavioral Health (Outpatient) 1.69%, Partial Care (PH) 7.94%, Community Support Services (CSS) 15.53%, Consumer Advocacy Program (CAP)/Social Clubs 1.67%, Integrated Case Management Services (ICMS) 10.77%, Projects for Assistance in Transition for Homelessness (PATH) 4.96%, Supported Employment Services (SES) 1.16%, Intensive Family Support Services (IFSS) 2.43%, Collaborative Justice Services (CJS) 2.36%, Early Intervention Support Services (EISS) 7.58%, Judicial Diversion 5.13%, New Jersey Statewide Student Support Services (NJ4S) 11.31%, Substance Use Recovery & Empowerment (SURE) 1.01% and other programs 9.40%.
- Based upon the budget for June 30, 2024, general and administrative expenses are 11.48% while fundraising expenses represent .35%.
- Operationally, the agency performed at an average surplus of \$365,000 during FY2023.

Program Composition
Based on 6-30-2024 Budget

NOTE: Per Line 19 on Budget Matrix		UPDATED-2024
Community Support Services (CSS)	\$ 3,863,077	15.53%
Integrated Case Management Services (ICMS)	\$ 2,679,481	10.77%
Prospect House (Partial Care)	\$ 1,974,093	7.94%
General & Administrative	\$ 2,855,893	11.48%
Projects for Assistance in Transition from Homelessness (PATH)	\$ 1,234,255	4.96%
Assisted Outpatient Treatment (AOT)	\$ 1,298,301	5.22%
Other Programs	\$ 2,338,705	9.40%
Collaborative Justice Services (CJS)	\$ 587,399	2.36%
Intensive Family Support Services (IFSS)	\$ 604,617	2.43%
Consumer Advocacy Program (CAP) / Social Clubs	\$ 414,456	1.67%
Center for Behavioral Health (Outpatient)	\$ 419,086	1.69%
Supported Employment Services (SES)	\$ 288,136	1.16%
Early Intervention Support Services (EISS)	\$ 1,885,049	7.58%
Jail Diversion	\$ 1,274,955	5.13%
New Jersey Statewide Student Support Services (NJ4S)	\$ 2,812,006	11.31%
Substance Use Recovery & Empowerment (SURE)	\$ 251,391	1.01%
Fundraising	\$ 86,926	0.35%
Total	\$ 24,867,826	100%



Program Composition Based on Budget	FY2023	FY2024
Community Support Services (CSS)	18.89%	15.53%
Integrated Case Management Services (ICMS)	13.73%	10.77%
Prospect House (Partial Care)	9.71%	7.94%
General & Administrative	12.28%	11.48%
Projects for Assistance in Transition from Homelessness (PATH)	6.14%	4.96%
Assisted Outpatient Treatment (AOT)	6.48%	5.22%
Other Programs	8.98%	9.40%
Collaborative Justice Services (CJS)	2.86%	2.36%
Intensive Family Support Services (IFSS)	2.86%	2.43%
Consumer Advocacy Program (CAP) / Social Clubs	2.13%	1.67%
Center for Behavioral Health (Outpatient)	2.15%	1.69%
Supportive Employment Services (SES)	1.29%	1.16%
Early Intervention Support Services (EISS)	8.47%	7.58%
Jail Diversion	3.39%	5.13%
New Jersey Statewide Student Support Services (NJ4S)	NA	11.31%
Substance Use Recovery & Empowerment (SURE)	NA	1.01%
Fundraising	0.64%	0.35%
Total	100%	100%



CORPORATE COMPLIANCE

Mental Health Association is dedicated to the delivery of behavioral health care in an environment characterized by strict conformance with the highest standards of accountability for administration, clinical, business, marketing and financial management. MHA's leadership is fully committed to the need to prevent and detect fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Furthermore, the organization is committed to the establishment, implementation, and maintenance of a corporate compliance program that emphasizes (1) prevention of wrong doing, whether intentional or unintentional, (2) immediate reporting an investigation of questionable activities and practices without consequences to the reporting party and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources at risk.

The Corporate Compliance Committee assembles quarterly to review and ensure the agency's operations are compliant with regard to all fiscal activities and clinical services.

FY23 Notables

- ✓ There were no reports within our programs for fiscal year 2023 pertaining to malpractice, violation of the code of ethics or grievance as well as no sentinel events.
- ✓ 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.
- ✓ A bi-annual memo was distributed to staff in July 2022 and January 2023 from the Corporate Compliance Officer (CCO) which identified the Corporate Compliance Officer, the process for filing a complaint, and role of the CCO including to have direct access to the Board of Directors and Chief Executive Officer.
- ✓ Annual Grievance Procedures, Privacy Rights and Bill of Rights were distributed to all enrolled consumers.
- ✓ Human Resources conducted criminal background checks for all new hires and existing staff due on a two-year cycle.
- ✓ Employee Driver's License checks were completed upon hire and annually.
- ✓ Annual and Renewal Employee Clinical license checks were conducted.
- ✓ Annual Conflict of Interest forms were completed.
- ✓ NJ Law Against Discrimination and NJ Gender Equity Notice - Equal Pay Act forms completed.
- ✓ Sobel & Company completed independent financial audit with no material findings.

Program Activity

- ✓ Various successful audits and reviews occurred in FY23
- Prospect House and ICMS Essex, Morris and Passaic were audited by Medicaid periodically
- Essex and Passaic County ICMS teams were reviewed by DMHAS
- NJMHAPP quarterly audit completed for all agency program users
- Morris and Essex CSS programs completed HUD audits
- PATH Essex participated in a Federal audit
- PATH Diversion Program had a site review by Department of Community Affairs.
- ✓ The Director of Quality Assurance/ CCO presented annual report to the Board of Directors in June 2023.

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 2024.

DEVELOPMENT

Fiscal year 2023 represented a continued recovery/evolution from the pandemic and social justice issues which dominated life as we know it over the past several years. Therefore, it is important to look at overall trends within the charitable sector in order to assess the performance of MHA's development efforts during FY2023.

Based on research reported in the Giving USA 2023 Annual Report, the following data was revealed:

- Key findings from *Giving USA 2023: The Annual Report on Philanthropy for the Year 2022* reported that individuals, bequests, foundations and corporations gave an estimated \$499.33 billion to U.S. charities.
- Total giving *decreased* in 2022, a relatively rare occurrence usually seen during years with difficult or unusual economic conditions. Giving was influenced by stock market volatility and economic uncertainty. Total giving declined 3.4% in current dollars – down 10.5% after adjusting for inflation – from a revised total of \$516.65 billion in 2021.
- The 2022 results follow the two best years on record for charitable giving, including 2021 when giving surpassed \$500 billion for the first time.

WHY THIS MATTERS

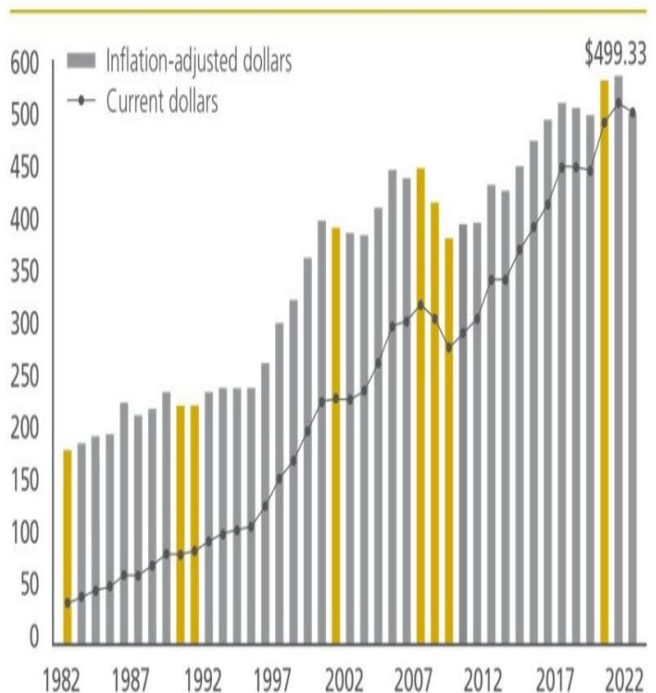
- Total charitable giving has fallen only three other times in the last 40 years in current dollars: in 1987, 2008 and 2009.
- Giving had been especially strong in 2020 and 2021 as donors rallied to help address increasing needs amid a global pandemic and economic crisis and recovery, and supported efforts to advance racial justice.
- Decreases in giving can affect the ability of nonprofit organizations to meet needs and fulfill their missions.

“Drops in the stock market and high inflation caused many households to make tough decisions about their charitable giving for the year,” said Josh Birkholz, Chair of Giving USA Foundation and CEO of [BWF](#).

“Declines in giving like those we saw in 2022 have a tangible impact on nonprofit organizations, especially those that rely on charitable dollars to support their daily work. Nonprofits and donors alike experienced the steady, negative impacts of inflation such as the growing cost of goods and high interest rates throughout 2022, and many of those challenges remain,” said [Amir Pasic](#), Ph.D., the Eugene R. Tempel Dean of the Lilly Family School of Philanthropy. “However, *Giving USA*’s historical data also provides a case for hope: we have seen charitable giving rebound from each decline.”

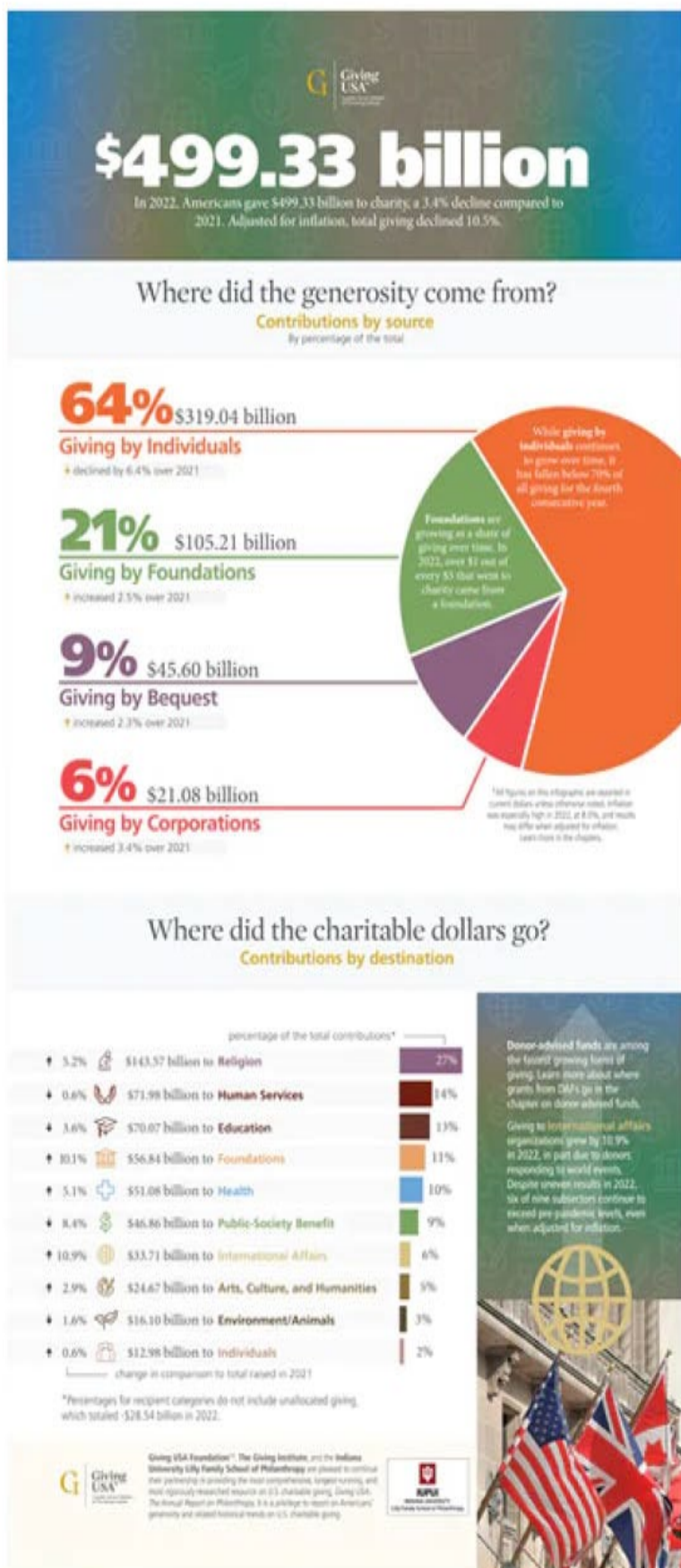
Total giving, 1982-2022

(in billions of dollars)



Researched and written by  IUPUI LILLY FAMILY SCHOOL OF PHILANTHROPY

There was growth in three of the four sources of giving in 2022 in current dollars, but all four sources declined when adjusted for inflation. Giving by foundations and corporations posted positive two-year growth, even when adjusting for inflation.



For the second year in a row, very large gifts by some of the wealthiest Americans represented nearly 5% of individual giving. Mega-giving from six individuals and couples totaled \$13.96 billion in 2022.

Charitable Giving by Source:

- Giving by individuals totaled an estimated \$319.04 billion, declining 6.4% in 2022 (a decline of 13.4%, adjusted for inflation).
- Giving by foundations grew 2.5% to an estimated \$105.21 billion in 2022 (a decline of 5.0%, adjusted for inflation).
- Giving by bequest totaled an estimated \$45.60 billion in 2022, growing by 2.3% over 2021 (a decline of 5.3%, when adjusted for inflation).
- Giving by corporations is estimated to have increased by 3.4% in 2022 totaling \$29.48 billion (a decline of 4.2%, adjusted for inflation). Corporate giving includes cash and in-kind contributions made through corporate giving programs, as well as grants and gifts made by corporate foundations.

Measured in current dollars, giving grew in five of the nine categories of nonprofits that receive charitable contributions, although this growth largely did not keep pace with the 8% inflation rate. In inflation-adjusted terms, seven of these nine subsectors experienced a decline. Giving to foundations and giving to international affairs both grew in inflation-adjusted terms at 1.9% and 2.7%, respectively.

2022 Charitable Giving to Recipients:

- Giving to religion grew by 5.2% between 2021 and 2022 with an estimated \$143.57 billion in contributions. Inflation-adjusted giving to the religion subsector declined by 2.6%.
- Giving to human services reached \$71.98 billion in 2022 and declined by

0.6% in current dollars, staying relatively flat with 2021. Adjusted for inflation, giving to human services organizations declined by -8.0%.

- Giving to education is estimated to have declined -3.6% between 2021 and 2022 to \$70.07 billion. Adjusted for inflation, giving to education organizations declined -10.7%.
- Giving to foundations is estimated to have increased by 10.1% in 2022 to \$56.84 billion. Adjusted for inflation, giving to foundations grew by 1.9%.
- Giving to health is estimated to have grown by 5.1% between 2021 and 2022 (a decline of 2.6%, adjusted for inflation) to \$51.08 billion.
- Giving to public-society benefit organizations decreased an estimated 8.4% between 2021 and 2022 to \$46.86 billion. Adjusted for inflation, giving to public-society benefit organizations declined by 15.2%.
- Giving to international affairs is estimated to be \$33.71 billion in 2022, growing over 2021 with 10.9% growth. Adjusted for inflation, giving to international affairs organizations grew by 2.7%.
- Giving to arts, culture, and humanities is estimated to have increased 2.9% between 2021 and 2022, to \$24.67 billion. Adjusted for inflation, giving to the arts, culture, and humanities subsector declined by 8.9%.
- Giving to environmental and animal organizations is estimated to have decreased 1.6% between 2021 and 2022 to \$16.10 billion. Adjusted for inflation, donations to the environment/animals subsector declined by 8.9%.

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.

CHARITABLE GIVING TO MENTAL HEALTH

Charitable giving to support mental health care is crucial because it can help provide services to individuals who might not otherwise have access to them. Mental health issues are pervasive worldwide, and yet, they often do not receive the same attention or resources as physical health challenges. For those interested in contributing to mental health causes, MHA recommends some ways to go about it:

1. **Research Reputable Organizations:** Before giving to any charity, it's essential to research its mission, transparency, and effectiveness. Sites like Charity Navigator, BBB Wise Giving Alliance, and GuideStar provide information on charities, including their financial health, transparency, and accountability.
2. **Directly Support Mental Health Clinics and Services:** Donating directly to clinics and services can ensure that your donation impacts individuals in need. This can include community mental health centers, crisis helplines, or specialized treatment centers.
3. **Contribute to Awareness Campaigns:** Reducing stigma is an essential component of improving mental health outcomes. By supporting campaigns that raise awareness, you can help change societal perceptions and make it easier for people to seek help.
4. **Support Mental Health in Schools:** Young people face unique challenges and early intervention can make a huge difference in their lives. Donating to programs that provide counseling in schools or train teachers in mental health first aid can have long-lasting benefits.
5. **Advocate and Fundraise:** Even if you cannot donate money, raising awareness and gathering funds from others can make a significant impact. Organize events, share information on social media, or participate in awareness days like World Mental Health Day.
6. **Look for Matching Grants or Employer Matching:** Some companies match charitable donations made by their employees, so look into whether this option is available to you.

7. **Engage in Planned Giving:** Consider including mental health organizations in your estate planning or will. This can ensure that your support continues to benefit the cause even after you're gone.

As our association continued 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 in-person gatherings have slowly begun to return to pre-pandemic levels, but the association has started to re-consider the return on investment of major special event initiatives.*
- *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. Despite generally positive economic assessments, the general population does not seem to yet share the financial optimism for the immediate future.*
- *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, challenges in hiring and a lingering resistance in some sectors to returning to in-person work force presence are providing distractive elements to corporate philanthropy.*
- *Given the nature of the pandemic and the toll it has taken on so many in our country, it is still 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. Overall performance was on par with the prior year.

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.

2023 Spring Gala – The agency’s in-person gala event performed well... not as well as some past events but better than some others. From the event planning perspective, the gala was again 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. As was previously noted, with the approval of the Finance Committee, the Development Committee will be assessing the viability of continuing a large scale gala-type event versus other fundraising prospects.

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. We also continued our partnership with the Seton Hall University Men’s Basketball program, resulting in considerable success and visibility throughout the season.

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 second Pride Festival as an event sponsor. The event drew upwards of 18,000 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 2023: The Annual Report on Philanthropy for the Year 2022, a publication of Giving USA Foundation, 2023, researched and written by the Indiana University Lilly Family School of Philanthropy.

HUMAN RESOURCES (HR)

The MHA workforce is composed of individuals whose experience and credentials support the organization's mission and culture. MHA 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.

MHA is committed to maintaining a workforce that is richly diverse, contributing to the organization's ability to effectively serve the communities of Northern and Central New Jersey.

As of June 30, 2023, there were 215 active employees. Overall, there was a 14% increase in the staff count over FY2022 with 32 positions remaining vacant on June 30, 2023. For FY2023, the annual turnover rate was 48%, averaging 4% per month.

In FY2023, MHA added an Internal Referral Incentive to the existing Retention Incentive program. Staff who refer a Clinical, Medical or Master's level professionally licensed candidate will receive a \$1,000 incentive after that candidate has been employed for six months. There has been positive feedback on the addition of this incentive as it provides an opportunity for MHA to recognize staff for their ongoing efforts in recruiting talent.

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 SurveyMonkey in June of 2023. This annual survey allows staff an opportunity to evaluate MHA, anonymously. Ninety-one percent of the respondents indicated that they felt positive about continuing employment at MHA. The reasons given included: *great work environment, positive work culture, mission of the agency, being a part of a positive solution, envisioning a future with the organization, new opportunities to grow and learn, great benefits, passionate about the work, MHA is a great place to work, and I enjoy days in the office with my co-workers*. A total of 81 employees participated in the survey, an increase of 26% over FY2022. Results indicated an overall satisfaction rating of 96% and 99% of respondents stated that they would recommend MHA as a good 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, 2022, the agency renewed its existing medical plans through Horizon Blue Cross Blue Shield of NJ (BCBS). Our dental plans with Principal Dental were also renewed effective October 1, 2022. The agency was able to bring back in-person Benefits Fair events, based on location, in order to engage staff in the open enrollment period and to make benefits information easily accessible. Representatives from each of our benefits providers attended and remained available throughout the day at each of these events. During this period, benefits-eligible staff members are notified of the open enrollment period and given the opportunity to enroll in benefit options either for the first time or they may make changes to their existing benefit plan elections. All forms and options for Open Enrollment 2022 were also made available on the MHA employee portal.

MHA continues to offer a comprehensive employee benefit package, which includes the following:

- **Medical**
Horizon Blue Cross Blue Shield of NJ has continued to offer competitive plans that are both cost-effective and meet the agency's budgetary standards. 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.
- **Vision**
MHA offers a voluntary cost-effective Panorama Vision Plan, also through Horizon BCBS of NJ.
- **Dental**
Principal Dental has continued to offer competitive plans that are both cost-effective and meet the agency's budgetary standards. Through Principal Dental, the agency is able to offer our benefits eligible employees two dental plan options.
- **Group Term Life, AD&D, LTD**
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.
- **Retirement**
The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 198 active participants, a 20% increase over FY2022. 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. Beginning with FY2023, MHA added a Roth deferral option to the existing 401(k) Safe Harbor Plan with 10% of active participants having opted-in to the Roth deferral option, since its inception.
- **Time Off**
The agency continues to offer a well-structured paid-time-off policy. Beginning in FY2023, MHA added a time off benefit, giving employees who have at least 15 years of service with MHA the option to sell back up to 5 days of earned, unused vacation.
- **Tuition Reimbursement**
MHA reimbursed \$11,920.00 in tuition for employees who met the application requirements in the fall and spring semesters.
- **Employee Assistance Program**
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.
- **Supplemental Disability Benefit**
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 fringe 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. Employees of MHA enjoy the privilege of access to exclusive entertainment and travel discounts through LifeMart and Plum Benefits, offered exclusively to employees of companies that enroll.

In FY2023, MHA introduced the JAZZ HR applicant tracking system to the team. The addition of this tool has greatly improved our ability to source great talent and has simplified the entire recruitment process. Since implementation, the average monthly hiring rate has increased by 19%.

The Human Resources Department continues to distribute a monthly Wellness Newsletter. In collaboration with our medical plan coverage provider, Horizon BCBS of NJ, information on topics such as nutrition and fitness is distributed as a resource for staff. One of the more popular topics in FY2023 was the [HorizonbFit](#) fitness incentive program. HorizonbFit rewards members who enroll up to \$20 per month for making their health and fitness a priority.

This marks the tenth year that MHA has conducted annual and introductory performance evaluations electronically. Although our vendor 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.

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 six workers’ compensation claims for the FY2023.

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.

Through the NJ DOL and LWD Incumbent Worker Training Grant consortium, MHA was 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 included:

- 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 “Personal Safety in the 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 Director, 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 MHA. 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 thirteenth consecutive year by a third party certified instructor. In addition, this was the sixth 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). With the addition of our Substance Use Disorders Treatment program, certain staff and interns will have State-level Criminal History Record Information background checks (CHRI), supported by fingerprints.

INFORMATION TECHNOLOGY (IT)

Mission Statement

The mission of the Mental Health Association of Essex And Morris (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 2022-2023:

- This year, the agency has started a new program, Early Intervention Support Services (EISS) with a new office in Newton, NJ. IT Department has planned and implemented network wiring, server installation, and SD-Wan deployment at this new office. We were able to connect the new office with all existing offices with SD-WAN and installed new server without any issues. We also installed a new Zoom Room setup.
- The agency has decided to move from our old phone system, Vonage, to RingCentral. Implementation of the new phone system started in July 2023. All staff and new call flows have been setup on the new system. We moved all existing phone numbers onto the new system without any downtime. We were able to complete this project successfully without any significant issues.
- The IT Department also trained all staff on the new phone system which works on desk phones, cellphones, and computers.
- This year we also moved from the old SD-Wan provider to the new SD-Wan provider for better connectivity between offices.
- IT Department also upgraded and configured new internet services at multiple offices to meet the agency's needs.
- The agency also started many new programs to provide services to clients, i.e., Substance Use Recovery and Empowerment (SURE) and EISS. IT Department has created and configured all the new programs in the Electronic Health Records (EHR) software. The IT Department also worked on setting up billing for these programs in Awards and the agency was able successfully start billing to each insurance provider.
- IT Department has replaced a few old servers with new ones in order to move from Windows Server 2012 to 2022.
- IT Department has planned and upgraded all network setups in our East Orange office. We replaced all old network devices with new network devices, i.e., switches and access points. We also replaced all staff's old computers with new laptops in the office.
- The agency started a new program for teen suicide prevention. For this program, the IT Department researched and set up a new text-based support line for teens. Teens can get help using text messages with this new software.
- The agency was surveyed by CARF. IT Department was able to pass the CARF survey without any issues.

- The agency also bought a new building in Parsippany. For this new building, IT Department has started planning for network wiring and server deployment. This project will be completed in August 2023.
- We have made many changes to our EHR software, Awards, to meet the different state regulations and billing requirements.
- IT Department had worked with all billing staff and the accounting department to troubleshoot and fix any kind of billing issue that came up.
- IT Department has 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 2022-2023. IT Department had made many other minor and major changes and upgrades at each office throughout the year in order to help staff in using 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 MHAEM 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 sixty days post discharge of programs. In FY23, MHA received 6 complaints and 1 grievance, in comparison to last year's 3 and 1 respectively. A complaint is categorized as an informal action/ oral report while a grievance is deemed formal and includes a written process. Although the number of complaints increased from the previous year, no trends were noted i.e. targeted program(s), employee(s), issue(s); all items were reconciled with involved parties in accordance to agency policies and procedures.

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 respective 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 to ensure cultural diversity, sensitivity and competence among staff, monitoring of trainings and education regarding cultural diversity, and updating the list of interpreters. This committee is responsible for keeping records on different languages spoken throughout the agency. This sub-committee meets four times per year.
- Member-Specific Performance Improvement Committee at Prospect House (MHA's day treatment program): the overall goal is to address programmatic areas of concern. QAC reviews suggestions from the suggestion box, safety issues and discusses ways to enhance services at Prospect House. This sub-committee meets six times per year. Two suggestions were received and implemented in FY23, same as FY22.
- 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 occur through the QAC bulletin board, staff meetings, Members meetings at Prospect House, year-end reports and satisfaction surveys. QAC Chairperson also reports findings to the Chief Executive Officer on a regular basis, the Board of Directors and to employees at quarterly staff meetings.
- Focused audits and data reporting in the areas of quality assurance/utilization.
- Implemented more effective tracking format for performance indicators.

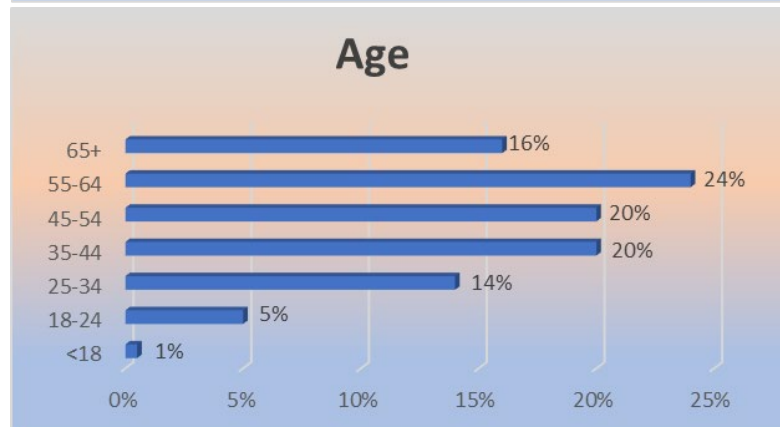
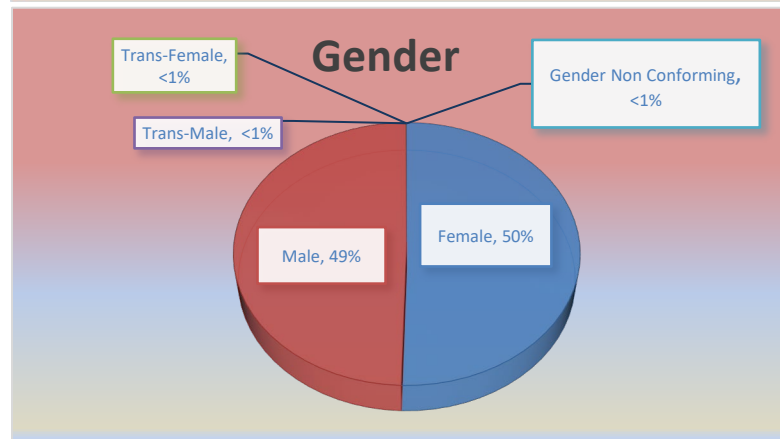
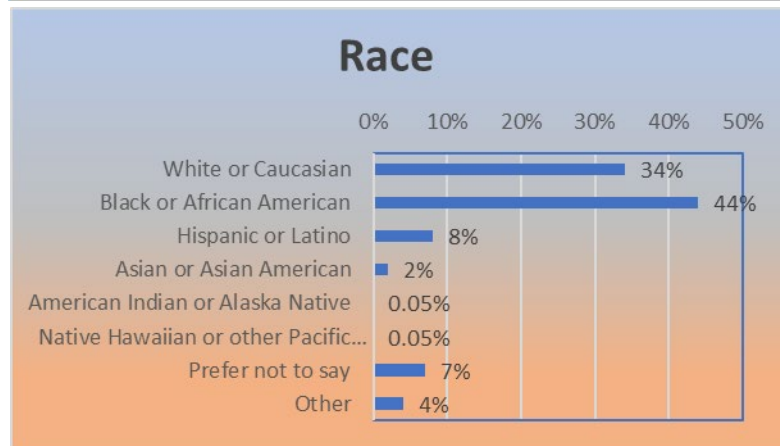
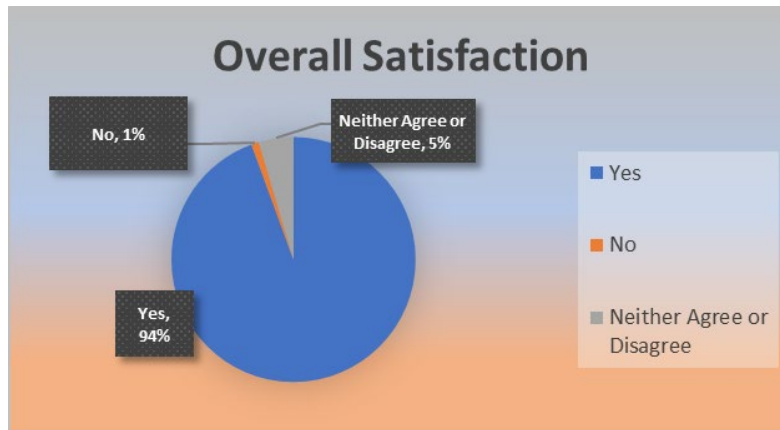
Highlights of Quality Assurance

- MHA was again issued a 3-year CARF accreditation based on its recent survey in November 2022. This is the highest level of CARF accreditation.
- MHA continued to be fully licensed for all required programs.
- 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 4 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 also has 9 Healthcare Assistors to provide additional assistance to staff when helping consumers apply for affordable health care.
- MHA participated in the DMHAS pilot test of a one-time consumer data upload of the web-based client level data reporting portal, the Unified Services Transaction Form+ (USTF+).
- 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, Motivational Interviewing, 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 12 staff certified as Mental Health First Aid Instructors for both youth and adults. 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.

- 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's Annual Community Provider Survey indicated a 99% overall satisfaction rate with 25 respondents.
- MHA's Annual Consumer Satisfaction Survey indicated a 94% satisfaction rate with over 500 consumer respondents.
- 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 FY22.
- MHA achieved an overall staff productivity rate of over 52%.
- 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, 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. Quarterly staff meetings were held outdoors at Eagle Rock Reservation, weather permitting otherwise virtual, to allow for agency cohesiveness.
- Education on Summer Heat and Sun Risk was provided to 100% of the Agency wide active caseload.

2023 Annual Consumer Satisfaction Survey



AOT Morris															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	66%	100%	93%	100%	96%	97%	100%	99%	98%	99%	96%	99%	95%
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	1	0	0.1
Inpatient referrals	Monthly	7 consumers	2	5	4	6	1	2	2	0	2	5	4	1	3
Long Term Care (LTC) referrals	Monthly	3 consumers	3	1	2	0	0	0	1	1	0	1	0	1	0.8
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	0	0	0	1	2	1	0	1	1	2	0	0.7
60 day discharge follow up	Monthly	80%	100%	100%	100%	100%	100%	100%	0%	50%	100%	100%	100%	100%	88%
Hospitalizations (Psychiatric)	Monthly	<10%	11%	5%	13%	11%	11%	10%	0%	5%	5%	5%	5%	5%	7%
Hospitalizations (Medical)	Monthly	<5%	0	0	0	0	1	0	0	0	0	0	0	0	8%
Indicators:															
ER (screening)	Monthly	≥ 4	2	1	2	2	2	2	0	0	2	1	1	1	1
Voluntary admissions	Monthly	≤ 2	1	0	1	0	1	0	0	0	0	0	0	1	0.3
Involuntary admissions	Monthly	≤ 2	1	1	1	2	1	2	0	1	1	1	1	0	1
Long Term Care	Monthly	≤ 2	0	0	1	0	0	0	0	0	0	0	0	0	0.1
Arrests	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Incarceration	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
Homeward Bound															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Focused:															
Hospitalizations (P)	Monthly	<10%	2	2	2	2	0	1	1	1	1	2	0	1	1.3
Hospitalizations (M)	Monthly	<10%	2	0	2	1	0	1	1	0	2	1	0	1	0.9
Indicators:															
Total Encounters (Daytime)	Annually	1296	112	95	101	110	72	135	167	96	170	99	94	59	101%
Total Encounters (Night time)	Annually	3228	310	239	328	389	337	514	552	480	524	367	266	151	138%
Unduplicated Consumers Outreached	Annually	816	34	24	18	77	41	41	74	54	51	60	59	36	70%
Linked to Community MH services	Annually	36	0	1	1	0	0	0	1	0	0	0	0	0	8%
Linked to financial benefits	Annually	12	0	1	0	0	0	0	1	2	1	0	0	0	42%
Linked to permanent housing	Annually	12	1	3	1	3	4	1	2	2	1	1	0	1	167%
Linked to temporary housing	Annually	48	7	3	2	4	2	1	2	2	3	2	6	1	73%
Linked to substance use tx. services	Annually	12	0	0	0	0	0	0	0	0	0	0	1	0	8%
Linked to medical/dental services	Annually	24	0	0	0	3	0	2	0	0	3	3	0	2	54%
Linked to rehabilitation services	Annually	12	0	0	0	0	0	0	0	0	0	0	0	0	0
Individuals diagnosed	Annually	36	0	6	6	3	5	1	2	1	0	27	7	5	175%
APN Encounters	Annually	84	1	6	7	7	9	5	21	27	31	1	16	11	169%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

AOT Sussex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	83%	100%	100%	97%	100%	94%	100%	96%	99%	100%	100%	100%	97%
Focused:															
Service Access:															
Wait for service	Monthly	3 days	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	1	0	0
Inpatient referrals	Monthly	7 consumers	1	1	2	1	2	2	2	3	3	4	3	1	30%
Long Term Care (LTC) referrals	Monthly	3 consumers	2	0	0	0	0	0	0	0	0	1	0	0	8%
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	1	2	1	0	1	1	2	0	1	1	0	1	138%
60 day discharge follow up	Monthly	90%	100%	100%	100%	50%	100%	100%	100%	100%	66%	100%	0%	100%	86%
Hospitalizations (Medical)	Monthly	Baseline	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Hospitalizations (Psychiatric)	Monthly	Baseline	22%	22%	33%	10%	18%	28%	8%	22%	20%	16%	9%	15%	19%
Indicators:															
ER (screening)	Monthly	≤ 3	2	1	3	1	2	3	1	2	2	0	1	2	2
Voluntary admissions	Monthly	≤ 1	1	1	2	1	1	1	0	1	1	0	0	1	0.8
Involuntary admissions	Monthly	≤ 1	1	0	1	0	1	2	1	1	1	0	1	1	0.8
Long Term Care	Monthly	≤ 2	1	0	0	0	0	0	0	0	0	0	0	0	0.1
Arrests	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
Incarceration	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
Riskin's Children Center (RCC)															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	90%	98%
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	0	4	5	5	5	0	0	0	4.25	3	2	2.5	2.6
Wait for assignment	Monthly	≤ 5	0	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%	67%	100%	25%	100%	100%	100%	100%	100%	100%	100%	100%	88%	90%
Closed Chart Audits	Quarterly	80%	100%	NA	NA	NA	NA	100%	100%	NA	NA	NA	NA	100%	100%
Number of individuals linked to pediatrician	Quarterly	80%	87%	87%	91%	92%	93%	93%	93%	96%	93%	93%	93%	96%	92%
Indicators:															
Hospitalizations (Medical)	Monthly	<10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Hospitalizations (Psychiatric)	Monthly	<10%	0%	0%	4%	0%	0%	0%	0%	0%	5%	0%	0%	0%	1%
Child/Youth Symptom Check List	Semi-Annual	80%	NA	NA	NA	NA	80%	NA	NA	NA	NA	NA	80%	NA	80%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

Prospect House															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
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%	100%	100%	100%	100%	100%	100%	100%	100%
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	100%	83%	75%	75%	100%	67%	100%	100%	100%	100%	100%	100%	92%
6 Month Psych	Monthly	100%	90%	90%	100%	100%	90%	90%	90%	100%	90%	80%	70%	69%	88%
Consent Forms	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Comprehensive Assessments completed within one month of	Monthly	90%	80%	90%	90%	100%	80%	100%	90%	100%	80%	100%	100%	71%	90%
Informed Consent for medications	Quarterly	100%	NA	NA	100%	NA	NA	100%	NA	NA	90%	NA	NA	100%	98%
Wait for service	Monthly	>2	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalizations (Medical)	Monthly	<5%	0.6%	1%	0%	0%	0%	0.6%	2%	2%	0.6%	0.6%	0%	0%	0.6%
Hospitalizations (Psychiatric)	Monthly	<10%	0.6%	4%	1%	0%	1%	0.6%	0.6%	0%	2%	2%	3%	1%	1%
Additional Screenings Completed	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Indicators:															
Employment (# of consumers)	Quarterly	20	NA	NA	19	NA	NA	19	NA	NA	18	NA	NA	15	89%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually		Complete			Complete					Complete			Complete	Complete
PATH Morris															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
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%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Hospitalizations (P)	Monthly	<3	2	2	3	0	0	1	0	1	0	0	1	0	0.8
Hospitalizations (M)	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	2	0.2
Indicators:															
Goal Attainment	Monthly	80%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Number of outreaches	Annually	180	11	6	3	6	6	7	20	20	10	7	4	2	57%
Number of individuals . enrolled	Annually	70	11	5	3	2	4	7	10	10	7	2	2	3	94%
Linked to Community MH services	Annually	75	10	10	10	6	6	7	3	3	2	2	2	1	83%
Linked to financial benefits	Annually	40	4	4	5	6	6	7	2	2	1	1	1	1	100%
Linked to permanent housing	Annually	20	2	2	0	2	1	2	2	2	2	2	2	1	100%
Linked to temporary housing	Annually	40	2	2	0	1	0	1	0	0	0	0	0	0	15%
Linked to substance abuse treatment services	Annually	20	1	1	1	1	1	1	4	2	2	0	0	0	70%
Linked to Medical Services	Annually	10	1	1	1	0	0	1	1	0	0	0	0	1	60%
Linked to vocational/educational services	Annually	10	0	1	0	0	1	1	1	1	0	0	0	0	50%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

CJS Essex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022							2023					
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%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress with Measurable Objectives	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Quarterly	80%	100%	100%	100%	100%	100%	100%	NA	100%	100%	100%	100%	NA	100%
Closed Chart Audits	Quarterly	80%	100%	100%	100%	100%	NA	100%	100%	100%	100%	NA	100%	NA	100%
Linked to Medical Services	Annually	25	1	1	3	0	2	4	5	7	6	3	3	1	144%
Wait for Service	Monthly	<7	5	6	2	7	5	6	8	7	7	6	7	6	6
Hospitalizations (Medical)	Monthly	<3	1	3	2	0	0	1	1	1	1	2	0	2	1.2
Hospitalizations (Psychiatric)	Monthly	<3	0	2	2	1	0	1	0	1	1	2	0	2	1
Indicators:															
Employment (client #)	Annually	40	7	7	6	7	5	3	3	4	1	1	3	10	143%
Number of days ↓ county jail time	Annually	1000	1,723	0	0	0	0	2	1	1	2	2	3	8	174%
Number of days ↓ state time	Annually	10000	0	0	1,395	1,142	0	0	0	0	0	0	0	0	25%
Divert/Pre-Adjudication	Annually	15	0	1	1	1	1	0	0	1	0	0	1	0	40%
Community Linkages	Annually	75	1	1	4	4	5	14	10	4	6	3	2	9	84%
Recidivism to jail within 30 days	Annually	≤25 clients	0	0	1	0	0	0	0	1	1	0	2	2	7
Recidivism to jail within 60 days	Annually	≤50 clients	0	0	0	0	0	0	0	0	0	0	1	1	2
Recidivism to jail within 90 days	Annually	≤25 clients	0	0	0	0	0	0	0	0	0	0	0	1	1
Recidivism to jail within 120 days	Annually	≤50 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
Peer to Peer Line															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022							2023					
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of calls	Annually	2537	NA	NA	2239	NA	NA	1966	NA	NA	1842	NA	NA	2129	322%
New callers	Annually	80	NA	NA	52	NA	NA	44	NA	NA	29	NA	NA	37	203%
Consumer Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Staff Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	80%	NA	80%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%

PATH Essex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	96%	88%	93%	94%	91%	91%	88%	91%	94%	91%	90%	91%	92%
Focused:															
Med. Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Goal Attainment	Monthly	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	90%	90%	90%	83%
Hospitalizations (P)	Monthly	<10%	0%	2%	1%	10%	2%	4%	3%	1%	3%	1%	1%	3%	3%
Hospitalizations (M)	Monthly	<10%	2%	3%	1%	9%	0%	2%	1%	1%	4%	4%	1%	3%	3%
Indicators:															
Number of outreaches	Monthly	500	26	39	40	35	47	55	40	38	43	44	46	39	98%
Total Individuals Served	Monthly	200	4	9	5	9	9	13	20	12	13	16	17	8	68%
Linked to Community MH services	Monthly	132	11	11	4	5	6	8	11	4	9	10	11	6	73%
Linked to financial benefits	Monthly	40	10	5	4	9	8	6	1	4	2	5	4	0	145%
Linked to permanent housing	Monthly	40	5	8	1	1	3	5	3	3	5	2	5	7	120%
Linked to temporary housing	Monthly	35	2	6	2	2	3	2	8	4	2	5	6	12	154%
Linked to substance use tx. services	Monthly	35	1	1	0	0	0	0	1	2	1	0	1	0	20%
Linked to medical/dental services	Monthly	30	1	2	2	2	1	1	1	1	6	1	1	3	73%
Linked to rehabilitation services	Monthly	10	3	1	0	0	0	0	0	4	7	4	0	0	190%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	96%	NA	96%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
MHA - Agency Wide															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
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%	3%	5%	3%	3%	7%	2%	3%	4%	3%	1%	4%	5%	4%
Staff Satisfaction		↑ satisfaction	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	96%	^2%
	Annual	↑ response	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	81	^26%
90 day New Hire Survey Satisfaction	Quarterly	75% Satisfaction	NA	NA	94%	NA	NA	100%	NA	NA	NA	NA	NA	96%	97%
Voluntary Resignations	Monthly		6	10	5	6	13	4	6	3	6	2	7	7	6.25
Community Provider Survey	Annual	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Safety First Calls	Monthly	<20	3	0	2	4	3	3	1	4	4	1	3	1	29
Suggestions	Monthly	NA	0	0	0	0	0	0	0	1	1	0	0	0	2
Complaints	Monthly	0	0	0	1	1	0	1	0	0	1	1	0	1	6
Grievances	Monthly	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Corporate Compliance	Quarterly	Completed	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
External Financial Audit	Annual	Completed	NA	NA	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%
Psychiatrist Peer Review	Quarterly	Completed	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
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
Overall Consumer Satisfaction Survey	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	94%	NA	94%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%

IFSS Essex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
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%	78%	79%	89%	94%	93%	91%	86%	72%	83%	78%	81%	89%	84%
Intake Assessment completed	Monthly	85%	100%	80%	90%	100%	100%	90%	100%	90%	80%	90%	88%	90%	92%
Service Pref Form Completed-Intake, 6mo, yearly	Monthly	85%	90%	90%	90%	100%	100%	90%	90%	80%	80%	90%	88%	100%	91%
Family Concern Survey (Intake, 6mo, yearly)	Monthly	85%	90%	90%	100%	100%	100%	100%	90%	90%	80%	90%	75%	100%	92%
Closed Chart Audits	Quarterly	80%	NA	NA	100%			100%			80%	NA	NA	100%	95%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days	NA	NA	2	NA	NA	1.3	NA	NA	2.2 days	NA	NA	<1 day	2
IFSS Wait for Intake	Quarterly	≤5 days	NA	NA	5	NA	NA	4.1	NA	NA	5 days	NA	NA	3.5 days	<5 days
Project FERST Accessibility- response time	Quarterly	≤2 days	NA	NA	1	NA	NA	2	NA	NA	2	NA	NA	1	2
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction	NA	NA	NA	NA	NA	-9%	NA	NA	NA	NA	NA	-12%	-11%
IFSS Family Satisfaction Survey	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
IFSS Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
IFSS Discharge Follow Up	Semi-Annual	90%	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	100%	100%
Project FERST-Family Satisfaction Survey	Annually	85%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Project FERST Discharge Follow Up	Semi-Annual	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	100%
Center for Behavioral Health (CBH)															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
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%	N/A	N/A	100%	N/A	N/A	95%	N/A	N/A	100%	N/A	N/A	96%
Focused:															
Service Plans	Monthly	85%	89%	85%	88%	100%	94%	100%	95%	94%	95%	95%	96%	95%	94%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AIMS	Semi-Annual	80%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	100%
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%	N/A	N/A	80%	N/A	90%	N/A	N/A	N/A	N/A	N/A	90%	N/A	87%
Medication Inventory	Quarterly	Completed	Completed	N/A	N/A	Completed	N/A	N/A	Completed	N/A	N/A	N/A	N/A	Completed	100%
Referred to Medical Provider	Quarterly	Baseline	80%	80%	80%	80%	80%	82%	83%	81%	89%	89%	92%	88%	84%
Service Access:															
Wait for Intake	Monthly	≤7 Days	4	3	6	2	4	4	5	4.5	3.2	2.7	5	3.8	3.9
Wait for Assignment	Monthly	≤5Days	0	1	0	0	0	0	0	0	0	0	0	0	0.1
Indicators:															
Hospitalized (Medical)	Monthly	<10%	0	4%	1%	2%	4%	2%	3%	3%	3%	5%	3%	4%	3%
Hospitalized (Psychiatric)	Monthly	<10%	0	1%	0	0	0	0	0	0	0	0	0	0	0%
DASS-21	Monthly	↑ functioning	2	2	2	5	5	5	7	7	10	6	6	5	5.2
Discharge Follow Up	Semi-Annual	95%	NA	NA	NA	NA	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

ICMS Passaic															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	84%	NA	NA	88%	NA	NA	98%	NA	NA	89%	NA	NA	88%	91%
Medication Education	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	74%	82%	90%	89%	88%	93%	86%	92%	90%	88%	85%	86%	88%	88%
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%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
Medicaid Justification	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	<10%	3%	4%	3%	2%	3%	2%	3%	2%	2%	3%	3%	2%	3%
Hospitalizations (Medical)	Monthly	<5%	1%	1%	1%	1%	1%	1%	1%	2%	1%	1%	2%	3%	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%	1%	1%	1%	0%	0%	0%	1%	1%	1%	1%	2%	1%	1%
County or State Hospitals Recidivism	Monthly		2%	2%	1%	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Voluntary Recidivism	Monthly		1%	1%	2%	2%	1%	1%	1%	2%	2%	4%	2%	2%	2%
Client Employment	Quarterly	17%	23%	22%	22%	21%	21%	23%	23%	20%	20%	19%	19%	18%	21%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	96%	NA	96%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually				Medicaid			Medicaid				Medicaid			Complete
Suicide Prevention															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Participants under 18	Monthly	2954	12	6	90	533	379	731	190	593	389	727	399	651	159%
Participants over 18	Monthly	1340	12	1	210	217	194	125	118	231	212	71	63	362	136%
Training Hours	Monthly	116	4	2	14	25	18	25	17	41	35	31	19	29	224%
Presentations	Monthly	90	2	1	11	9	8	19	13	34	29	31	19	28	227%
Satisfaction Survey	Annually	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	NA	100%
# of Law Enforcement Trained	Annually	Baseline	0	0	30	0	0	60	0	40	35	0	40	28	233
# of Students Trained	Annually	2900	12	6	90	478	279	731	190	593	389	727	399	651	157%
# of Teachers Trained	Annually	630	0	0	89	79	74	65	106	24	142	60	23	26	109%
# of Others Trained	Annually	Baseline	12	1	91	193	220	0	12	167	35	11	0	308	1050
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%

Substance Use Recovery and Empowerment (SURE)															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022							2023					
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Service plans with Measurable Objectives	Quarterly	Baseline	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%
Goal Attainment	Quarterly	Baseline	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%
Informed Consent for medications	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	Baseline	0	0	0	0	0	0	0	0	0	1	0	0	100%
Client consents	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Quarterly	Baseline	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%
Referred to Medical Provider	Quarterly	Baseline	0	NA	NA	0	NA	NA	0	NA	NA	1	NA	NA	1
Service Access:															
Wait for Intake (within 48 hours)	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Internal referrals	Monthly	Baseline	2	3	5	2	4	6	1	4	0	0	0	0	27
External referrals	Monthly	Baseline	3	5	3	6	5	5	4	5	3	7	6	2	54
Indicators:															
Hospitalized (Medical)	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalized (Psychiatric)	Monthly	Baseline	0	0	0	2	1	0	0	0	0	0	0	0	3
Admitted/referred to Withdrawal Management	Monthly	Baseline	0	1	2	0	0	0	1	0	0	0	0	0	4
Admitted/referred to higher level of care.	Monthly	Baseline	0	0	0	0	0	2	1	2	1	1	0	0	7
Referred to Mental Health Treatment	Monthly	Baseline	1	0	0	1	1	0	0	1	0	0	0	0	4
Administrative Discharge (Noncompliance with Tx.)	Monthly	Baseline	0	1	2	2	2	1	3	1	0	0	0	2	14
Scheduled SA Intake Assessments	Monthly	Baseline	5	8	8	8	9	11	9	9	3	7	6	2	85
Client Admissions	Monthly	Baseline	3	6	2	4	6	9	5	5	1	4	6	1	52
Discharge Follow Up	Quarterly	Baseline	0	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88%	88%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

IT															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022							2023					
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
System Upgrades	Monthly	Completed	5	6	8	4	7	3	4	2	5	7	8	10	69
Trouble Ticket Response	Monthly	≤5 days	1	1	1	1	1	1	1	1	1	1	1	1	1
Trouble Ticket Received	Monthly	≤200	7	11	9	6	12	7	10	9	6	9	7	8	101
Hardware Inventory	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	NA	98%
Software Inventory	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	95%
West Orange Police Department Collaboration															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022							2023					
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	Annually	12	1	1	1	1	1	1	4	3	1	1	0	0	125%
Training hours (enter minutes)	Annually	315	26	35	12	28	20	20	80	60	30	30	0	0	108%
Police/Co-Response Outreach															
Number of face to face co-responds (WOPD & MHAEM)	Annually	61	13	10	9	14	6	12	7	26	24	16	26	20	300%
Hours Co-Responding (WOPD & MHAEM)	Annually	40	8.5	6.5	6	10.25	4.25	8.25	5.25	16.8	14.25	10	11.65	9.75	279%
Number of homeless outreaches (WOPD request)	Annually	6	0	0	3	2	2	0	0	1	0	0	2	1	183%
Outreach															
Arrest	Annually	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Involuntary Transport to Hospital	Annually	3	1	2	1	0	2	2	0	3	1	0	2	1	15
Voluntary Transport to Hospital	Annually	22	7	5	3	5	2	1	3	7	4	7	5	8	57
Resolved without Incident	Annually	Baseline	5	5	5	9	6	9	4	16	19	9	19	19	125
Linked to MHA mental health services	Annually	5	1	0	0	0	0	0	0	0	0	0	1	0	40%
Linked to other mental health services	Annually	10	1	0	1	2	2	2	0	3	0	3	0	8	220%
Linked to Domestic Violence Services	Annually	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Linked to Detox/Rehab	Annually	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Linked to Substance Abuse Treatment	Annually	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Linked to other external non mental health resources	Annually	5	1	1	0	0	0	0	0	1	1	0	0	0	80%
Body Camera After-Action Review															
Number of videos reviewed	Annually	84	4	3	3	0	5	4	8	3	4	5	4	1	44
Number of videos with recommendations	Annually	5	0	0	0	0	0	0	1	0	0	0	0	0	1
Number of videos with no recommendations	Annually	80	4	3	3	0	5	4	7	3	4	5	4	1	43
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%

Health Home															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AIMS Completed	Monthly	Baseline	0	0	0	0	0	0	9	0	3	0	0	0	12
Blood pressure <140/90	Monthly	Baseline	60%	63%	50%	62%	58%	40%	40%	0%	0%	0%	50%	50%	39%
Health Group Attendees	Monthly	Baseline	0	0	8	17	0	16	16	14	0	16	15	16	118
Nursing Visits	Annually	388	59	51	38	42	45	48	56	54	68	57	73	52	166%
Nursing Assessments Completed	Monthly	Baseline	10	1	0	0	2	2	9	1	11	1	0	1	38
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
AOT Essex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%			84%			85%		89%		90%			87%
Service Access:															
Wait for service (days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Screening referrals	Monthly	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient referrals	Monthly	7	8	3	6	2	1	1	2	2	2	4	11	6	4
Long Term Care (LTC) referrals	Monthly	3	2	1	0	1	3	0	1	1	1	0	2	2	1
Number of transport orders	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0
Linked to Medical Services	Quarterly	2	0	0	0	1	1	1	1	2	1	0	1	1	0.8
60 day discharge follow up	Monthly	80%	100%	100%	100%	75%	66%	100%	100%	100%	100%	100%	100%	100%	95%
Hospitalizations (Medical)	Monthly	<5%	0%	2%	2%	8%	0%	0%	3%	8%	3%	0%	0%	0%	2%
Hospitalizations (Psychiatric)	Monthly	<10%	10%	7%	5%	13%	11%	6%	3%	3%	6%	5%	17%	16%	9%
Indicators:															
ER (screening)	Monthly	<6	2	2	2	3	1	0	1	1	0	1	3	2	1.5
Voluntary admissions	Monthly	<3	3	0	0	3	3	1	0	0	2	1	4	5	1.8
Involuntary admissions	Monthly	<2	2	3	2	2	1	1	1	1	0	1	3	2	1.6
Long Term Care	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Arrests	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Incarceration	Monthly	<3	1	0	0	0	0	0	0	0	0	0	0	0	0.1
Homelessness	Monthly	<3	0	1	1	1	0	0	0	0	0	0	0	1	0.3
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	89%	NA	89%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

CSS Essex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Technical Audits with remediation															
Focused:															
Med. Education	Monthly	80%	85%	95%	100%	85%	85%	100%	100%	100%	100%	100%	100%	100%	96%
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%	87%	90%	90%	100%	100%	100%	90%	90%	90%	95%
Hospitalizations (Psychiatric)	Monthly	<10%	5%	4%	6%	3%	2%	3%	2%	1%	2%	3%	2%	4%	3%
Hospitalizations (Medical)	Monthly	<5%	2%	2%	2%	3%	1%	2%	1%	2%	3%	3%	3%	4%	2%
Linked to Medical Services	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up	Semi-Annual	80%	100%	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	NA	100%
Objectives/interventions linked to notes	Monthly	75%	100%	100%	100%	90%	90%	90%	90%	90%	90%	90%	90%	90%	93%
Closed Chart Audits	Quarterly	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	80%
Wait for service (# of Days)	Monthly	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Indicators:															
Employment	Quarterly	≥10%	NA	NA	10%	NA	NA	10%	NA	NA	3%	NA	NA	4%	7%
Recidivism to County/State	Monthly	≤20%	1%	1%	1%	0%	1%	1%	2%	2%	2%	0%	0%	0%	1%
Recidivism to STCF	Monthly	≤20%	6%	6%	6%	2%	2%	2%	3%	2%	1%	4%	4%	4%	4%
Nursing Assessments	Monthly	≥90%	60%	60%	60%	50%	50%	50%	10%	10%	10%	NA	NA	NA	40%
Permanent Housing	Quarterly	80%			100%			100%			100%			99%	100%
Linked to benefits	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually												5/24/2023		Complete

CSS Morris															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022							2023					
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Focused:															
Med. Education	Monthly	80%	85%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100	100%	925%
Psychiatric Advance Directives	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Medical)	Monthly	<10%	1%	1%	2%	3%	2%	2%	1%	1%	1%	0%	0%	0%	1%
Hospitalizations (Psychiatric)	Monthly	<5%	2%	2%	3%	2%	4%	1%	1%	2%	3%	3%	3%	3%	2%
Linked to Medical Services	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up	Semi-Annual	80%	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	NA	100%
Objectives/interventions linked to notes	Monthly	75%	100%	100%	100%	100%	100%	90%	90%	90%	90%	85%	85%	85%	93%
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	80%	NA	NA	80%	90%
Wait for service (# of days)	Monthly	Baseline	1	1	1	1	1	1	1	1	1	1	1	1	1
Indicators:															
Employment	Quarterly	≥10%			12%			18%			16%			16%	16%
Recidivism to County/State	Monthly	≤20%	2%	2%	2%	3%	2%	2%	1%	1%	2%	4%	4%	4%	2%
Recidivism to STCF	Monthly	≤20%	2%	2%	2%	4%	4%	4%	4%	4%	4%	5%	5%	5%	4%
Nursing Assessments	Monthly	≥90%	50%	50%	50%	25%	25%	25%	nurse	nurse	nurse	0% no nurse	0% no nurse	nurse	38%
Permanent Housing	Quarterly	80%	99%	99%	99%	100%	100%	100%			97%			97%	99%
Linked to benefits	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	100%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	NA	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually											4/11/2023			Complete

CJS Morris															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
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%	96%	96%	100%	100%	100%	100%	100%	100%	95%	99%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	90%	100%	N/A	100%	100%	100%	100%				99%
Linked to Medical Services	Monthly	80%	75%	85%	85%	85.00%	92%	95%	95%	96%	98%	100%	100%	100%	92%
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Hospitalizations (Psychiatric)	Monthly	<10%	0	0	0	0	5%	5%	0	0	8%	0	0	0	2%
Hospitalizations (Medical)	Monthly	<5%	0	0	0	5%	10%	0	0	0	0	0	0	3%	2%
Indicators:															
Employment	Annually	20	1	1	1	3	3	5	5	5	6	5	5	6	230%
Number of days ↓ county jail time	Annually	1000	0	0	0	0	0	0	0	0	0	0	0	0	0%
Number of days ↓ state time	Annually	10,000	0	0	0	2	0	0	0	0	1,825	0	540	1,460	38%
Linkage to MH Prosecutors Program	Annually	10	0	0	0	0	1	0	0	0	1	0	0	1	30%
Community Linkages	Annually	60	0	0	0	3	1	4	5	2	3	15	14	10	95%
Recidivism to jail within 30 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 60 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 90 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 120 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	N/A	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Social Club															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of Openings	Annually	16	NA	NA	18	NA	NA	2	NA	NA	9	NA	NA	3	200%
Number of Attendees	Annually	560	NA	NA	255	NA	NA	257	NA	NA	266	NA	NA	269	187%
Activities	Annually	90	NA	NA	29	NA	NA	30	NA	NA	25	NA	NA	26	122%
Units of Service	Annually	4384	NA	NA	687	NA	NA	873	NA	NA	465	NA	NA	489	57%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

CJS Expansion Morris															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022							2023					
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%	96%	100%	100%	100%	97%	100%	100%	100%	99%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	NA	NA	100%	98%	NA	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	80%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3.0
Hospitalizations (Psychiatric)	Monthly	<10%	31%	15%	15%	8%	0%	8%	4%	0%	4%	4%	0%	0%	7%
Hospitalizations (Medical)	Monthly	<5%	0%	0%	23%	0%	0%	4%	4%	4%	0%	4%	4%	0%	4%
Indicators:															
Employment (client #)	Annually	20	4	4	5	5	4	6	6	5	6	7	6	7	325%
Number of days ↓ county jail time	Annually	1000	0	0	0	0	0	0	0	0	0	0	0	0	0%
Number of days ↓ state time	Annually	10,000	730	0	0	0	0	2,190	0	0	1,825	540	1,095	1095	75%
Consumers Served	Annually	72	20	4	2	2	1	6	2	2	0	4	2	10	76%
Referrals from Community Connections	Monthly	Baseline	600%	1000%	1100%	500%	100%	300%	400%	400%	0%	200%	100%	400%	5100%
Linkage to MH Prosecutors Diversion Pro.	Annually	1000%	100%	0%	0%	0%	0%	0%	0%	0%	200%	0%	200%	100%	60%
Community Linkages	Annually	60	19	13	6	14	11	6	21	16	12	15	14	10	262%
Recidivism to jail within 30 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	1	1
Recidivism to jail within 60 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	1	0	1
Recidivism to jail within 90 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 120 days	Annually	<10 clients	0	0	0	0	1	0	0	0	0	0	0	0	1
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

Homeless Diversion Program

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2022-2023

			2022						2023						
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	60	10	20	14	11	17	43	33	36	56	36	31	25	276
Total number of accepted	Monthly	48	8	20	9	11	17	42	31	27	36	18	15	10	219
Total number of resolved	Monthly	24	5	13	17	9	10	20	26	18	11	12	14	8	141
Days until Resolution (average)	Monthly	<24	39	44	26	20	12	26	19	27	27	30	54	50	31
Consumers diverted from Shelter	Monthly	24	5	13	17	9	10	20	26	18	10	12	14	8	140
Days spent in Shelter	Monthly	< 7	0	0	0	0	0	0	0	1	1	3	5	7	1
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	<25%	0%	0%	0%	0%	0%	0%	4%	0%	9%	0%	0%	0%	1%
Age Group															
Individuals Diverted Gender															
Female	Monthly	Baseline	3	8	13	8	8	17	20	9	6	10	13	5	120
Male	Monthly	Baseline	2	5	4	1	2	3	6	9	5	2	1	3	43
Other	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing type linked to															
Current Housing	Monthly	Baseline	3	8	11	8	8	19	13	11	2	6	12	4	105
Reunited with family	Monthly	Baseline	1	1	3	1	1	0	0	2	1	3	0	1	14
Relocated	Monthly	Baseline	1	3	3	0	1	1	12	5	4	2	2	3	37
Boarding home	Monthly	Baseline	0	1	0	0	0	0	1	0	4	1	0	0	7
Nursing home	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annually	80%	85%	90%	95%	95%	100%	100%	100%	100%	90%	85%	100%	100%	95%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	NA	99%

Community Advocacy/ POST

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2022-2023

			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Active Clients Enrolled	Annually	106	NA	NA	168	NA	NA	170	NA	NA	173	NA	NA	178	650%
Total new enrolled/clients/ volunteers	Annually	10	NA	NA	2	NA	NA	2	NA	NA	3	NA	NA	5	120%
Total Units Served	Annually	21160	NA	NA	5008	NA	NA	6266	NA	NA	5791	NA	NA	5829	108%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%

SES

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2022-2023

			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	88%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%
Focused:															
Comprehensive Intake Assessment w/Strengths Needs Abilities	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%	95%	100%	100%	100%	100%	100%	100%
Support Plan	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
Progress on Goal attainment	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
Linked to Medical Services	Monthly	15%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Wait for service (# of days)	Monthly	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospitalizations (Psychiatric)	Monthly	<5	0	0	1	1	2	1	1	2	2	1	1	1	13
Hospitalizations (Medical)	Monthly	<3	0	0	0	1	1	1	0	1	0	1	1	1	7
Indicators:															
Linked to Community Service	Quarterly	80%	NA	NA	24%	NA	NA	2%	NA	NA	4%	NA	NA	4%	9%
Interviews	Quarterly	60	NA	NA	17	NA	NA	32	NA	NA	25	NA	NA	20	157%
Placed within 4 months of admin.	Quarterly	30%	NA	NA	1%	NA	NA	1%	NA	NA	0	NA	NA	2%	15%
Discharge Follow Up 90 Days	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
Job retention > 3 months	Quarterly	80%	NA	NA	13%	NA	NA	15%	NA	NA	14%	NA	NA	12%	20%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	95%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

ICMS Essex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	85%	86%	91%	93%	100%	100%	100%	100%	98%	100%	100%	100%	100%	97%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	80%			88%			100%			100%			100%	97%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	33	7	5	4	2	3	5	4	4	4	2	2	3	136%
Wait for service	Monthly	98%	97%	100%	100%	100%	97%	98%	94%	88%	92%	96%	100%	100%	97%
60 day discharge follow up	Monthly	90%	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	<10%	3%	2%	4%	3%	4%	2%	2%	1%	2%	2%	5%	5%	3%
Hospitalizations (Medical)	Monthly	<5%	1%	0%	2%	2%	1%	0%	2%	0%	3%	0%	1%	1%	1%
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%	4%	5%	6%	7%	6%	9%	5%	9%	8%	2%	6%
County or State Hospitals Recidivism	Monthly	≤20%	0%	1%	2%	2%	1%	3%	3%	0%	0%	2%	3%	1%	2%
Voluntary Recidivism	Monthly	≤20%	0%	1%	1%	0%	1%	2%	3%	2%	2%	1%	1%	0%	1%
Client Employment (# of clients)	Quarterly	30	NA	NA	11	NA	NA	9	NA	NA	7	NA	NA	8	117%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	95%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually	Completed		Completed			Completed				Completed			Completed	Completed
IFSS Sussex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
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%	85%	86%	78%	88%	80%	89%	77%	92%	89%	84%	89%	81%	85%
Intake Assessment completed	Monthly	85%	88%	88%	88%	100%	88%	100%	88%	100%	88%	75%	88%	75%	89%
Service Preference Form Completed- Intake, 6mo, yearly	Monthly	85%	100%	88%	88%	100%	88%	100%	75%	100%	100%	88%	100%	88%	93%
Family Concern Survey (Intake, 6 months, yearly)	Monthly	85%	100%	88%	88%	100%	75%	86%	75%	100%	88%	75%	88%	100%	89%
Closed Chart Audits	Quarterly	85%	NA	NA	93%	NA	NA	100%	NA	NA	100%	NA	NA	100%	98%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days	NA	NA	1	NA	NA	0	NA	NA	1	NA	NA	1	1
IFSS Wait for Intake	Quarterly	≤5 days	NA	NA	4	NA	NA	4	NA	NA	3	NA	NA	3	4
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction	NA	NA	NA	NA	NA	-18%	NA	NA	NA	NA	NA	-16%	-17%
IFSS Family Satisfaction Survey	Annually	85%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

ICMS Morris															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2022-2023			2022						2023						
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	94%	90%	96%	100%	100%	100%	90%	91%	98%	100%	100%	100%	97%
Focused:															
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	88%	88%	98%	100%	100%	100%	98%
Linked to Medical Services	Monthly	33	4	3	6	3	4	5	3	5	4	5	2	3	142%
Wait for service	Monthly	baseline	96%	100%	100%	100%	100%	93%	89%	92%	88%	89%	92%	100%	95%
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	Monthly	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	<10%	0%	1%	1%	2%	4%	3%	5%	3%	1%	0%	2%	1%	2%
Hospitalizations (Medical)	Monthly	<5%	1%	1%	0%	0%	1%	0%	3%	2%	1%	0%	0%	0%	1%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%
Short Term Care Facility Recidivism	Monthly	≤20%	0%	2%	1%	2%	0%	3%	1%	0%	2%	1%	0%	0%	1%
County or State Hospitals Recidivism	Monthly	≤20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Voluntary Recidivism	Monthly	≤20%	2%	0%	1%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%
Client Employment (# of clients)	Quarterly	30	NA	NA	8	NA	NA	9	NA	NA	7	NA	NA	5	725%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	95%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	99%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually	Complete						Completed							Complete

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 recognition, 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.

FY2022: 3.0% average monthly turnover rate

Staff Satisfaction: Annually, staff completes a Satisfaction Survey in June. MHA 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.

FY2022: 94% 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.

FY2022: 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-Education sessions throughout Essex, Morris, Sussex and Passaic counties.

FY2022: 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.

FY2022: 77% was the lowest number achieved

Annually: voluntary staff turnover
≤ 25%
4.0% average monthly turnover rate

Annually: satisfaction rate ≥90%;
percentage of staff respondents
40%
*96% satisfaction and response
rate of 37%*

83% satisfaction and increased response
rate: annual:
99% 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:
58% was the lowest number achieved

CULTURAL COMPETENCY

Consumer Satisfaction: MHAEM ensures that services are provided in a culturally competent manner to all consumers and family members, including those with limited English proficiency. MHAEM's Quality Assurance Coordinator directly receives, documents and response to all grievances. Quality Assurance Coordinator also ensures satisfaction surveys are distributed, reviewed and analyzed annually
FY2022: 0 cultural competence grievances reported; 100% 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
FY2022: 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
FY2022: 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
FY2022: 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
97% satisfaction3 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 held a virtual event to educate staff on cultural competency

Annually: 100% of agency literature, brochures and forms will be review for cultural relevance
100% of agency literature, brochures and forms were reviewed and were found relevant

CENTER FOR BEHAVIORAL HEALTH

Access: Wait for service and wait for assignment are indicators of standards of professionalism and operations. Thresholds of performance are ≤5 business days between initial call and intake and between intake and assignment to service. *FY2022: 2 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.
FY2022: 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.
FY2022: 95% satisfaction rate

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.
FY2022: 93% productivity

≤5 business days
3.9 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.
90% of clients showed an average of 20% decrease in overall symptoms 6 months into treatment

80% satisfaction: annually
100% satisfaction rate

90% Productivity: annually
93% productivity reported

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

FY2022: Essex/Morris: 100% of consumers were seen within 72 hours of discharge

Passaic: 100% 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.

FY2022: Essex/Morris: 3% recidivism to all hospitals; 1% to state and county hospital; 3% to community hospitals; 2% to short term care facilities Passaic: 3% recidivism to all hospitals; 1% to state and county hospital; 3% to community hospitals; 2% to short term care facilities

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

FY2022: Essex/Morris: 34 consumers from the active caseload were employed Passaic: 35 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.

FY2022: Essex/Morris: overall satisfaction was 91%

Passaic: overall satisfaction was 92%

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.

FY2022: Essex/Morris: 46% required continued stay; 100% Justified continued stay. Passaic: 57% 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: 1% recidivism to all hospitals; 2% to state and county hospital; 3% to community hospitals; 7% to short term care facilities

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

15% of case load employed: yearly

Essex/Morris: 64 consumers from the active caseload were employed

Passaic: 37 consumers from the active caseload were employed

80% satisfaction: annually

Essex/Morris: overall satisfaction was 97%

Passaic: overall satisfaction was 96%

10% of caseload will require continued stay: quarterly

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

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

HEALTH HOME (CARE COORDINATION)

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

FY2022: 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

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.

FY2022: 216 visits were made to MHAEM's Prospect Primary Care on-site. 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.

FY2022: 0 business days

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

FY2022: 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 25% within normal range; vitamin D- average of 39% within normal range; glucose level-average of 60% within normal range; blood pressure-avg. of 67% within normal range

Care Coordination will increase physician visits by 20%

213 visits were made to MHAEM's Prospect Primary Care on-site. 94% of consumers throughout the agency have identified a medical provider

≤5 business days: monthly
0 business days

80% overall satisfaction rate:
annually
99% satisfaction rate

PROSPECT HOUSE (PH)

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

FY2022: 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

FY2022: 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.

FY2022: 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.

FY2022: 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.

FY2022: 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

12% of members gained employment

≥80% chart compliance: monitored monthly

85% of charts were in compliance

Initial psychiatric evaluations completed with 14 days: 90%

90% of members participated in a Comprehensive Intake Assessment within one month of acceptance into the program

80% satisfaction: annually

98% of consumers were satisfied with Prospect House services

SUPPORTED EMPLOYMENT SERVICES (SES)

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

FY2022: 23% of consumers were placed into employment within the targeted period

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

FY2022: 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.

FY2022: 14% of consumers placed retained employment for 3 months or more

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

FY2022: 100% of consumers placed were placed in occupations of their choice

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

FY2022: 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.

FY2022: Due to the Covid-19 pandemic, employer satisfaction surveys were postponed

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.

FY2022: 36 new consumers were registered and referred. The average time for intake was 3 business days and enrollment into SE was 1 business day

50% in 4 months: quarterly

15% of consumers were placed into employment within the targeted period of time

4718 units of service are expected;
100% quarterly:

57% of units of service were achieved

60% retention: quarterly:

21% of consumers placed successfully retained employment

80% placed in chosen jobs

Quarterly

100% of consumers were placed in jobs of their preference

80% satisfaction: annually

94% of consumers were satisfied services, responsiveness of staff and preparation for employment

80% satisfaction: annually

100% satisfaction rate

10 days for intake, 2 days for admission: quarterly

27 new consumers were registered and referred. The average time for intake was 0 business days and enrollment into SES was 1 business day.

COLLABORATIVE JUSTICE SERVICES (CJS)

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

FY2022: 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.

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.

FY2022: Essex: 0 consumers returned to jail within 30 days throughout the fiscal year.

Morris: 1 consumer 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.

FY2022: Essex: 1 consumer 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.

FY2022: Essex: Consumers decreased incarceration days by 1,070

Morris: Consumers decreased incarceration days by 1,700

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.

FY2022: Essex: 90% Satisfaction rate

Morris: 80% Satisfaction rate

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

FY2022: 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: 63 consumers were successfully linked to community services as outlined in their Individualized Service Plan

Morris: 37 linkages to mental health and social organizations.

Less than 25 clients: monthly

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

Morris: 0 consumers returned to jail within 30 days throughout the fiscal year.

Less than 50 clients: monthly

Essex: 1 consumer 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 4,279

Morris: Consumers decreased incarceration days by 3,825

80% satisfaction: annually

Essex: 100% Satisfaction rate

Morris: 100% 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.

VETERAN AND FAMILY SUPPORT

Effectiveness: Mental Health Counseling: These services are designed to engage, support and integrate veterans into the community setting of their choice, and facilitate their use of needed resources and available supports to maximize their integration back into civilian life.

FY2022: baseline

Effectiveness: Education Groups: These groups are designed to help families understand the first signs of mental illness and to help them develop concrete strategies for intervention.

FY2022: baseline

Effectiveness: Support Groups: Individuals who consistently attend support group benefit in the following area: knowing that you're not alone in your struggles, learning how to talk about your feelings and experiences with others, discovering new ways to handle day-to-day challenges, meeting friends or mentors that can have a positive impact on your life, and hearing new perspectives to develop positive coping skills.

FY2022: baseline

Efficiency: Case Management: helps individuals successfully transition back to civilian life.

FY2022: baseline

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.

FY2022: baseline

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

FY2022: baseline

400 hours of Mental Health Counseling
227.5 hours of mental health counseling were provided

12 Education Groups
3 education groups were facilitated

35 Support Groups
46 support groups were facilitated

72 Units of Case Management
125 units of case management were provided

80% Satisfaction: annually
100% satisfaction rate

Average wait for service for intake and/or admission: less than 5 days: monthly
The average wait for service for intake and/or admission was 3 business days

**CRIMINAL JUSTICE REFORM (CJR)/MORRIS
MENTAL HEALTH DIVERSION (MMHD)**

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

FY2022: Baseline

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.

FY2022: Baseline

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.

FY2022: Baseline

Efficiency: CJR/MMHD will decrease consumers' incarceration days by working with the consumers and the courts to develop an aftercare plan

FY2022: Baseline

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

FY2022: Baseline

Access: Wait for Services. The target wait for intake and/or admission to the programs within 5 days

FY2022: Baseline

75 clients linked to community providers: monthly

CJR: 196 consumers were successfully linked to community services as outlined in their Individualized Service Plan

MMHD: 157 linkages to mental health and social organizations

Less than 25 clients: monthly

CJR: 3 consumers returned to jail within 30 days throughout the fiscal year

MMHD: 1 consumer returned to jail within 30 days throughout the fiscal year

Less than 25 clients: monthly

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

MMHD: 0 consumer returned to jail within 60 days throughout the fiscal year

Decrease incarceration days by 1000:

CJR: baseline

MMHD: Consumers decreased incarceration days by 7,475

80% satisfaction rate: annual

CJR: 100% satisfaction rate

MMHD: 100% satisfaction rate

Less than 5 days wait for intake and/or admission: monthly

CJR: the average wait for service for intake and/or admission was 0 days

MMHD: the average wait for services for intake and/or admission was 3 days

COMMUNITY SUPPORT SERVICES (CSS)

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

FY2022: 9% 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.

FY2022: 1.5% 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.

FY2022: 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.

FY2022: 94% 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.

FY2022: 94% consumer satisfaction

≥10% employment: quarterly monitoring
12% employment rate

≤ 20% recidivism rate to psychiatric hospitals: monitored monthly
2% recidivism rate to County/State hospitals
4% 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
90% of charts were compliant

≥80% client satisfaction: monitored yearly
100% consumer satisfaction

INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

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

FY2022: Essex: 93% felt IFSS services were accessible

Sussex: 88% 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.

FY2022: Essex: <2 wait for service; <3.3 days wait for intake;

Sussex: <1-day wait for service; <3 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.

FY2022: Essex: 9% reduction in levels of stress/burden reported by families;

Sussex: 15% 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.

FY2022: Essex: 100% overall satisfaction

Sussex: 100% overall satisfaction

Measured: annually

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

Essex: 85% felt IFSS services were accessible

Sussex: 95% felt IFSS services were accessible

Measured: quarterly

Baseline: ≤ 5 business days

*Essex: <2 days wait for service;
<5 days wait for intake*

*Sussex: <1 day wait for service;
<3.3 days wait for intake*

Measured: semi-annually through pre and post-tests

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

Essex: IFSS families reported 11% 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

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.

FY2022: 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.

FY2022: 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.

FY202: 100% 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.

FY2022: 95% 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. *2.6 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.

89% 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

98% of consumer electronic clinical records are compliant with agency standard.

ASSISTED OUTPATIENT TREATMENT (AOT)

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

FY2022: Essex: Screening: 0 referral; STCF: 48 referrals; LTC: 16 referrals

FY2022: Morris: Screening: 0 referral; STCF: 16 referrals; LTC: 6 referrals

FY2022: Sussex: Screening: 1 referrals; STCF: 14 referrals; LTC: 3 referrals

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

FY2022: Essex: 83% of charts were compliant

FY2022: Morris: 89% of charts were compliant

FY2022: Sussex: 97% 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.

FY2022: 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, 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 2022: 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: 11 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: 87% 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: 18 client enrolled went to a local ER for screening, 0 client enrolled were admitted to Long Term Care, 0 client enrolled was arrested, 1 clients enrolled was incarcerated, 2 client enrolled were voluntarily hospitalized, 4 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: 89% satisfactory rate; Morris: 92% satisfactory rate; Sussex: 100% satisfactory rate

COMMUNITY ADVOCACY PROGRAM/SOCIAL CLUB

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

FY2022: There were 935 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.

FY2022: 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.

FY2022: 100% satisfaction rate

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

FY2022: 100% satisfaction rate

Measured: Annually
566 groups are expected
There were 1356 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

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.

FY2022: There were 21 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.

FY2022: 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.

FY2022: 100% of Participants received their certification

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

FY2022: 99% satisfaction among respondents

Measured: Annually
4 groups are expected

There were 25 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

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.

FY2022: 99 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.

FY2022: 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.

FY2022: 94% gained knowledge of the topic

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

FY 2022: 91% satisfaction among respondents

24 presentations: Annually
204 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
*96% of participates gained
knowledge on the topic*

85% overall satisfaction among
respondents: Measured Semi-
Annually
*98% satisfaction among
respondents*

WELLNESS HUB

Access: Wait for service is a measure of efficiency and indicates stands of professionalism and operations. Access to MHA's programs are monitored by the time taken to see a first or subsequent appointment once referral is made. The Wellness HUB is designed and staffed to see consumers with exacerbated symptoms of mental illness immediately to avoid the need to be seen in the Emergency Room or inpatient care

FY2022: Baseline

Efficiency: The Wellness HUB is a mental health urgent care designed to see consumers who are struggling with exacerbated symptoms of mental illness. The Wellness HUB seeks to assist 1100 consumers yearly with access to assessment, crisis counseling, group programming, psychiatric evaluation and medication monitoring. The main goal of the Wellness HUB is to provide immediate access to care in the least restrictive setting

FY2022: Baseline

Effectiveness: The Wellness HUB utilizes treatment plans to meet the Targeted Case Management and Outpatient treatment standards. They are developed at intake, updated and reviewed within the first 30 days of treatment and again every 90 days. Treatment/Service plans are developed collaboratively with our consumers and the treatment team to address the consumer's identified goals and strengths. We can measure our success and effectiveness at the Wellness HUB by the completion of individual goals.

Client Satisfaction: Wellness HUB conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services

FY2022: Baseline

100% access to mental health professional within 24 hours: annually

90% access to a psychiatric prescriber within 24 hours: annually

100% of consumers were able to access a mental health professional at time of walk in to the Wellness HUB

98% of consumers were offered access to a psychiatric provider within 24 hours of walking in for treatment

Less than 5% of caseload referred for psychiatric screening: Annually

1% of consumers seen were sent for psychiatric screening for a higher level of care

90% of goal attainment at discharge: Monthly

FY2023: 97% of Wellness HUB consumer's goals were achieved at discharge.

80% overall satisfaction rate: annually

100% satisfaction rate

SUBSTANCE USE RECOVERY AND EMPOWERMENT

Access: wait for an assignment are indicators of standards of professionalism and operations. Thresholds of performance are less than 3 business days between the initial prescreening and assignment

FY2022: Baseline

Effectiveness: SURE utilizes a service plan with measurable substance abuse and/or co-occurring objectives to identify goals a client would like to achieve through therapy. In order to graduate treatment, the client must meet treatment goals.

FY2022: Baseline

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

FY2022: Baseline

Efficiency: In order to ensure clients are being served, the agency measures staff service engagement on a weekly basis

FY2022: Baseline

Wait for assignment is less than 3 days

0 days wait for intake from the time of referral

Measurable goals achieved: quarterly

100% of clients achieved service plans goals and objectives on a quarterly basis

80% satisfaction rate: annually

88% satisfaction rate

50% client engagement: weekly

50% client engagement

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.

FY2022: Essex: PATH outreached 501 homeless or at imminent risk of homelessness consumers.

Morris: PATH outreached 164 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.

FY2022: Essex: 209 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Morris: 89 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.

FY2022: Essex: 47 Consumers were successfully linked to Temporary Housing (shelter).

Morris: 28 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.

FY2022: Essex: 42 Consumers successfully linked to safe, affordable, permanent housing

Morris: 17 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.

FY2022: Essex: overall consumer satisfaction was 100%

Morris: overall consumer satisfaction was 90%

Essex: 500 Outreaches: Yearly

Essex: 511 consumers were outreached

Morris: PATH outreached 120 homeless or at imminent risk of homelessness consumers

Essex: 200 Individuals to be served: Yearly

Essex: 223 consumers were served

Morris: 66homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Essex: 35 Consumers linked to Temporary Housing: Yearly

Essex: 54 consumers linked

Morris: 6 Consumers were successfully linked to Temporary Housing (Shelter)

Essex: 40 Consumers linked to Permanent Housing: Yearly

Essex: 48 consumers linked

Morris: 20 Consumers were successfully linked to safe, affordable permanent housing

Essex: 80% Satisfaction Rate: Yearly

Essex: overall consumer satisfaction was 96%

Morris: overall consumer satisfaction was 100%

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 (QAC) during monthly meetings. QAC's charge is to conduct annual analysis, trends, causes and actions for improvement of incidents. In addition, the Health and Safety Committee reviews and monitors incident trends related to health and safety during meetings which are held six times a year. Following each significant incident, staff are encouraged to participate in debriefings with their treatment team and are referred to the agency's Employee Assistance Program for further assistance, as needed.

While providing these outstanding services, MHA reported 132 incidents throughout the agency during FY2023, in comparison to last year's 121 incidents, a 9% increase, however when the variable of COVID-19 cases is taken out of the equation, FY23 incident rate increased slightly by 3% from the previous year. Of these 132 incidents, 95 were critical incidents which means they had to be reported to the state; of these 95 critical incidents, 62 (53 reported in FY22) were positive COVID-19 consumers and with 1 death due to COVID-19. Please note that the agency served over 13,000 individuals this year.

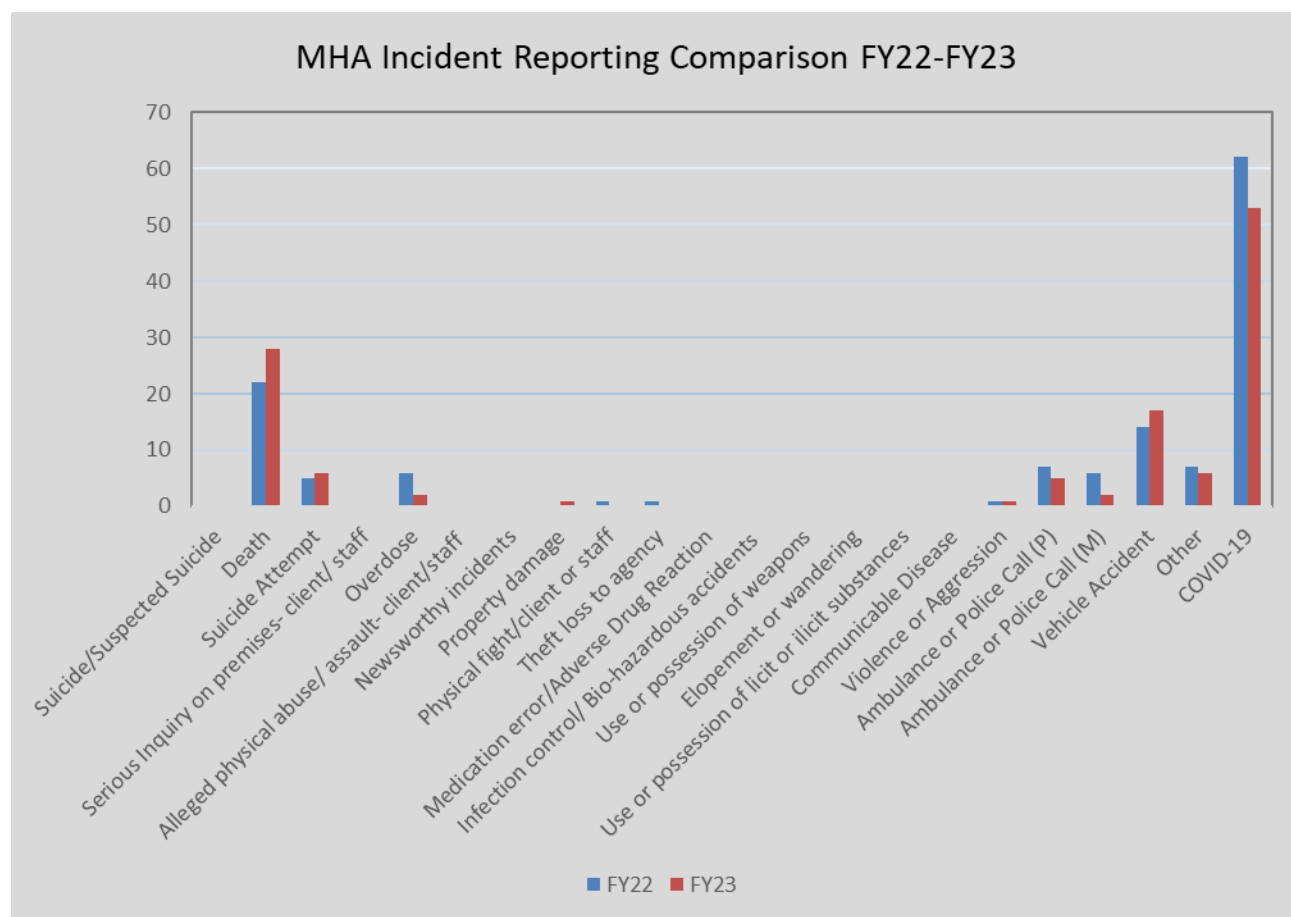
In fiscal year 2023, there were no completed suicides throughout the agency. There were 5 suicide attempts off-premises which is a 20% decrease from fiscal year 2022. These suicide attempts were reported by the following programs: Assisted Outpatient Services – Morris, Integrated Case Management Services - Passaic and PATH – Morris and Essex. QAC reviewed the suicide attempts and found no identifiable trends or marked opportunities for improvement in the course of treatment. In each event, best practices were followed.

There were 22 deaths, all off-premise, in fiscal year 2023 which is a 21% decrease from 28 reported in fiscal year 2022. Consumer deaths were reported in the following programs: 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 and Criminal Justice Reform.

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 record. Each consumer is offered a yearly physical at Prospect House Primary Care regardless of ability to pay or insurance. In order to improve access to medical treatment, MHA continues to offer Prospect Primary Primary Care, a full service medical treatment facility housed within MHA's Prospect House.

In fiscal year 2023, there were 7 psychiatric and 6 medical ambulance or police response incidents reported. Ambulance or police response incidents were reported in the following programs: Substance Use Recovery and Empowerment, Collaborative Justice Services- Morris, Collaborative Justice Services Expansion, Criminal Justice Reform, Prospect House, and Integrated Case Management Services- Passaic.

QAC reviewed all incidents and after actions plans. In each incident, best practices were followed, no identifiable trends or marked opportunities for improvement in the course of treatment. With that, QAC will continue to monitor for such trends and adherence to protocols and act accordingly. Refer to FY22/FY23 Incident Report Comparison Graph for details.



**Mental Health Association
FY 23 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	0	4	4	2	2	1	0	2	1	1	2	3	22
3. Suicide Attempt	0	1	1	0	1	0	0	0	0	0	1	1	5
4. Serious Inquiry on premises- client/ staff	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Overdose	0	1	0	0	0	1	1	0	1	2	0	0	6
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	0	0	0	0	0	0	0
9. Physical fight/client or staff	0	0	0	1	0	0	0	0	0	0	0	0	1
10.Theft loss to agency	0	0	0	0	0	0	1	0	0	0	0	0	1
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	0	0	0	0	0	1	0	0	0	1
18. Ambulance or Police Call (P)	1	0	0	1	1	0	0	0	0	2	2	0	7
19. Ambulance or Police Call (M)	1	0	1	2	0	0	0	0	1	1	0	0	6
20. Vehicle Accident	1	2	2	2	0	2	0	1	2	0	1	1	14
21. Other	0	0	1	0	0	1	0	0	2	2	1	0	7
22. COVID-19	16	3	4	7	3	7	13	4	1	1	3	0	62
Total	19	11	13	15	7	12	15	7	9	9	10	5	132

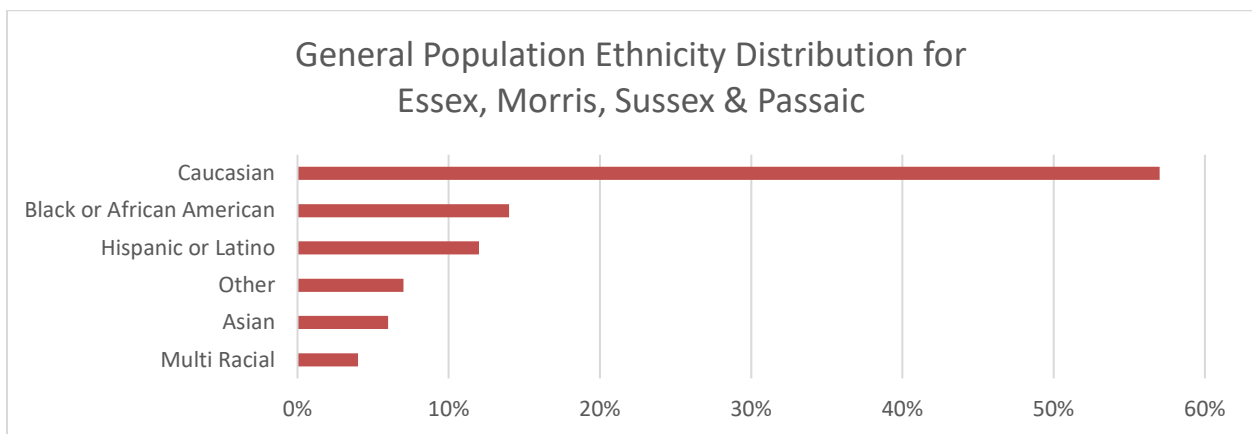
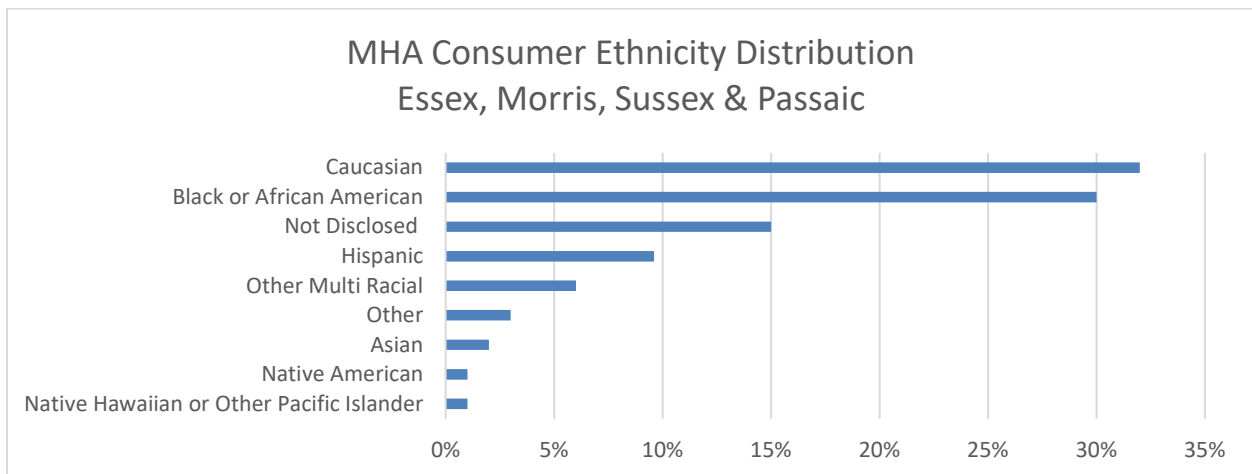
CULTURAL COMPETENCY

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

Personnel

The Committee consist of 22 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 FY2023, the list of interpreter staff was comprised of 51 employees fluent in 17 different languages and dialects which includes Haitian Creole, French, Portuguese, Spanish, Gujarati, Hindi, Tagalog, Kru, Russian, Arabic, Georgian, Greek, Polish, Croatian, Bosnian, Serbian and Swahili. 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 “AT&T 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 (Bill of Rights, Privacy Practices, Grievance Procedures, Financial Agreement, Orientation Guide and Summer Heat and Sun Risk).

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.

The Committee sends monthly awareness email blasts focused on Diversity Awareness topics each month. These have included *International Day of the World’s Indigenous People, 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/Roshashannah, Ramadan, and LGBT Pride Month, Polish American Heritage Month, Indigenous People Month, Native American Heritage, Hanukkah, International Human Rights Day, Haiti Independence Day, Makar Sankranti, Lunar New Year, National Minority Mental Health Awareness Month, 32nd Anniversary of the Americans with Disabilities Act, Yom Kippur, Italian-American Heritage Month, Spirit Day, Remembrance, Susan B. Anthony, St. Patrick’s Day, Harriet Tubman’s Birthday, and Cinco de Mayo*. 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

As the annual project this year, the committee decided to recreate the Multicultural Directory of Services Handbook, which was a collection of agencies throughout New Jersey that are able to provide services to consumers who speak various languages. This guide was reviewed, updated and been made accessible to all staff via the OneDrive.

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 15 questions, in which the first question specifically asks respondents about the length of employment at MHA. Question #13 was open-ended, asking for feedback on areas that MHA can focus on regarding cultural competence. Questions #14 and #15 were focused on whether or not we should revive the annual Potluck and in what form. There was a total of 57 respondents this year. The overall satisfaction regarding cultural competency at MHA was 98%. This was a 7% increase from FY2022.

- 100% of respondents felt as if MHA's mission statement, philosophy, vision and goals reflect an explicit commitment to diversity, which is a 2% increase from FY2022.
- 98% 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.
- 93% of respondents felt as if MHA staff reflects the ethnic and cultural characteristics of consumer and community served.
- 85% 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. (This is a marked decrease from previous years possibly due to staff turnover).
- 85% of respondents are aware that translators are available to assist with translation.
- 95% of respondents felt that staff was sensitive to the role that religious beliefs may have and incorporates these beliefs into treatment.
- 98% of respondents felt that family is defined differently by different cultures and roles in families may vary significantly among different cultures.

- 96% of respondents felt as if they received training and understand and appreciate the various socioeconomics of individuals being served, which is a 2% decrease from FY2022.
- 91% of respondents felt that MHA provides ongoing and effective continuing education that addresses all relevant ethnic/cultural individuals served, 5% noted to be unsure.

There were 14 comments left in the open-ended portion of the survey. Four (4) comments spoke to the issue of the Juneteenth Holiday as follows:

- We should give all staff off for 6/19.
- Since Juneteenth is a Federal Holiday, MHA should incorporate/acknowledge it on the Holiday calendar next year.
- “Juneteenth the organization should be closed. It’s an important day and should be treated as such.”
- Working more diligently with the Board of Directors to ensure that Juneteenth is recognized as a cultural holiday.

Five (5) comments focused on being trained about the changing needs of the LGBTQIA+ Community, eating disorders, racial trauma, vision and hearing impaired consumers, and respect for others religious practices.

Other suggestions noted were to have trainings beyond Relias on this topic and offer incentives to staff to learn a different language and to send every department a list of programs that serve non-English speaking clients.

Compliments noted were that the agency is very inclusive including the Board and Mr. Davison values diversity. The agency does a very good job at representing everyone and finding the resources for cultures not generally seen throughout the community.

The agency will continue to work on ensuring comments are taken into consideration to ensure best practices are maintained.

Cultural Competency Committee Plan

- The 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 MHA’s language bank is updated quarterly.
- The MHA will continue to actively recruit bi-lingual staff.
- The composition of the MHA 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 revisit the ability 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 MHA 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 falls, 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.

Vehicle Safety

At the time of this report, MHA has a total of 101 vehicles that are insured by the Selective Insurance Company. During FY2023, there were 14 vehicle incidents. There has been a decrease in vehicle accidents compared to 17 in FY2022. We attribute the decrease in incidents to the variety of vehicle safety measures we have in place. On a monthly basis, we distribute Health & Safety newsletters which focus on topics relevant to the time of year. For example, in the winter we focus on safe driving during inclement weather and summer we focus on pedestrian's safety with more people walking or riding bikes. 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 upgraded the vehicle GPS/OBD (on-board diagnostics system) in April 2023 and have installed 20 forward facing cameras in select vehicles as a pilot program to get a better sense of what our drivers are seeing on the roads, as well as in the event of a vehicle accident the ability to view the scene before and after an incident. Both upgrades are valuable assets to the agency and staff report feeling safer knowing we have the technology to monitor them. We also receive real time alerts for a check engine light on or maintenance service recommended.

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 FY2023, we have seen an increase in Safety First

reports, which we attribute to an increase in hiring new staff, reduction in telehealth and adding more vehicles to the fleet.

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.

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.

At the end of 2022, the COVID-19 pandemic continued to affect the physical and mental health of the consumers that MHA serves. During this time, 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 included promoting social distancing in poorly ventilated environments, mask wearing, hand hygiene, and disinfection of offices and vehicles. MHA continued to provide valuable physical and behavioral health services to consumers throughout the COVID-19 pandemic. To ensure the highest quality of care services were provided face-to-face following CDC guidelines regarding mask wearing and social distancing. Telehealth services were provided when appropriate, including if consumers were experiencing COVID-19 symptoms or felt more comfortable utilizing telehealth services during the global health crisis.

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 were updated on all changes made to guidelines. On May 11, 2023, the COVID-19 public health emergency ended. Due to the research that indicates individuals diagnosed with a severe and persistent mental illness to be at higher risk of poor outcomes related to the infection, MHA continued to promote the importance of vaccination against COVID-19. This includes providing education and linkage to a vaccination site or provider. In addition, MHA provided education to staff on transitioning from following COVID-19 guidelines with all consumers to using personal protective equipment as needed once the public health emergency ended. MHA continued to encourage staff to self-monitor for symptoms of COVID-19 and were instructed to review possible symptoms of COVID-19 with agency Registered Nurse to obtain guidance on testing and isolation.

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. If an individual chooses to utilize a health care provider outside of MHA, staff continues to assist individuals in coordinating services and identifying their 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 support individuals in managing their health concerns through providing resources and education. Skills-based groups are conducted by MHA staff in several programs, covering topics such as budgeting, coping skills, and stress management. Also, health related groups are run regularly by a Registered Nurse in which all individuals MHA serves are

welcome to join. During these groups, individuals learn about health promotion and chronic disease management practices. During the 2023 fiscal year, 118 consumers attended MHA's health education groups. Health education and counseling provided by MHA nursing staff is available to all consumers on an individualized basis.

MHA staff, throughout all programs, continue 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. Individuals diagnosed with severe and persistent mental disorders are shown to have a shorter lifespan due to preventable chronic conditions that are untreated. 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 they are considered high risk. As of the end of FY2023, Prospect Primary reported a BMI average of 25% within normal range, vitamin D average of 59% within normal range, glucose level average of 60% within normal range, and blood pressure average of 67% 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 *Health Home* 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. All MHA staff are also provided with an annual psychopharmacology and summer heat and sun risk training to ensure they are knowledgeable on current psychotropic medications being prescribed and to assist staff in providing important education about these medications to consumers.

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.

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, three Program Coordinators, six Senior Case Managers, two Case Manager-Co-Occurring, 22 Case Managers, and 3 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 Yiddish/Hebrew, Georgian 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 1.5 years. As of June 30, 2023, the ICMS ending caseload was 1262 consumers. Please refer to the detailed grid and descriptors for a breakdown of the 2022-2023 ICMS caseload.

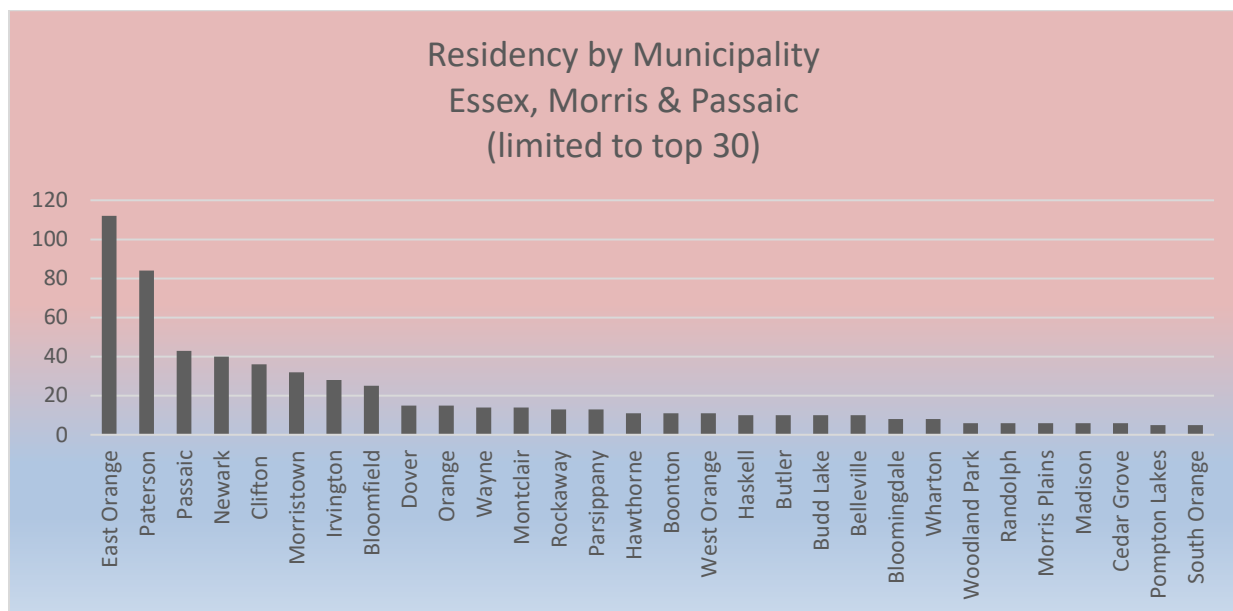
2021-2022	Essex	Morris	Passaic	Totals
Total Enrolled Consumers Served	323	226	300	849
Newly Enrolled	108	68	124	300
Discharged	158	108	123	389
Ending Caseload	186	91	176	453
Total Face-to-Face Units	23485	15616	23779	62880
Risk Level				
High	27	3	66	96
At	102	32	101	235
Low	57	56	9	122

- 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 164 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 389 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. For this reporting year, ICMS total units of service include both face-to-face contact and telecommunication contact and was a remarkable 62,880 units, which is over 15,500 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 18 to 81, the average age being 50. Gender identity was 71% female, 25% male and 4% transgender male. Self-reported races of consumers enrolled are as follows: White/Caucasian (50%), Black or African-American (30%); Black or African-American & White (8%); Asian (1%); American-Indian or Alaskan Native (1%); other (6%); other multi-racial (2%); declined to specify (1%); unknown (1%). 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 (89%); Spanish (9%); Creole (1%); French, Russian, Polish, Portuguese, Arabic and other (1%).

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	7%	3%	4%
State/County Hospitalizations	0%	0%	1%
Short Term Care Facility Hospitalizations (STCF)	6%	1%	1%
Voluntary Hospitalizations	1%	0%	2%

- 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 FY2023, Passaic ICMS identified an average of 21% of the active caseload as employed, Essex ICMS identified 10%, and Morris ICMS identified 5%.

- Contact within 72 hours (*access*)

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

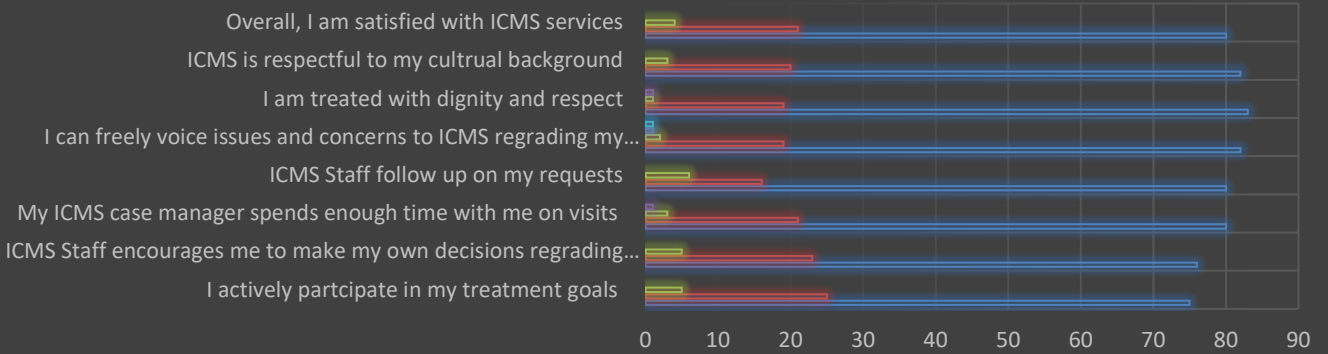
**Benchmark ≥80%	Essex	Morris	Passaic
County/State discharges seen within 72 hours	100%	100%	100%

Consumer Satisfaction Survey

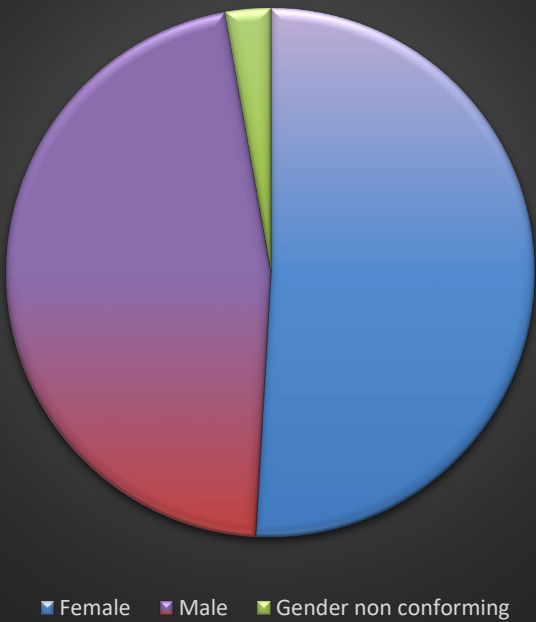
In May 2023, ICMS consumers were given the opportunity to participate in a consumer satisfaction survey. The confidential survey included a total of nine questions formatted in a five point Likert scale, demographic collection and optional comment area. The survey was prepared in both English and Spanish and offered in a paper format as well as a web-based link (SurveyMonkey). In total, there were 108 surveys submitted, giving a 25% response rate, with an overall satisfaction score of 98%.

ICMS Consumer Satisfaction Survey Results Essex, Morris & Passaic

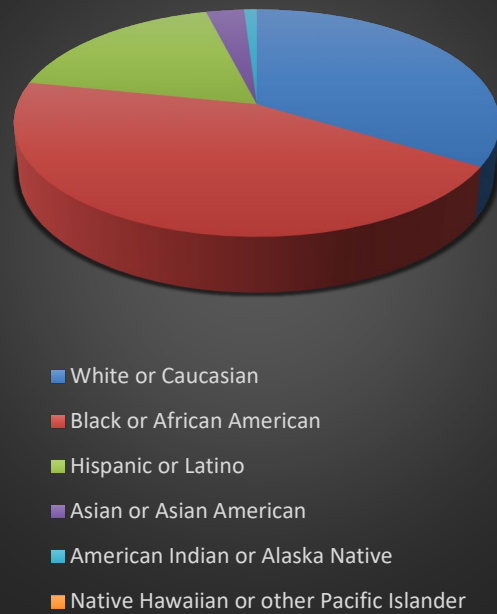
Strongly Disagree Disagree Neither agree or disagree Agree Strongly Agree



2023 Survey Gender Identity Breakdown



2023 Survey Ethnicity Breakdown



ICMS Highlights

ICMS transitioned back to pre-pandemic services to clients. 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. 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. 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.

Clients were able to participate in agency run social events such as, “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 2023, 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 and 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 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 addiction 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 of promoting leadership support, communication, collaboration and information sharing (i.e., program management, operations, data tracking, FFS, nuances of each ICMS program) in

order to develop uniformity and ensure quality service delivery across NJ.

- ***Passaic County Behavioral Health/Opioid Task Force*** – The Task Force was established by the Passaic County Collective Impact Council to undertake a process of designing and implementing an organized system of services for individuals and families, including strategies for enhancing prevention, early intervention, and aftercare services, in addition to crisis-based services. Monthly virtual meetings are attended by the Passaic ICMS Director.
- ***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.
- ***Passaic County Overdose Fatality Review Team (OFRT) Committee*** - The Passaic County OFRT meets monthly and through the decedent cases we receive, review factors, trends, gaps, and barriers that cause or play a role with fatal overdoses. From there we identify any and all gaps or barriers to services, promote and engage in cross sector coordination and collaboration, engage in thorough discussions, and develop then provide recommendations and implementations for change that will support the team’s ultimate goal in reducing fatal overdoses in Passaic County and saving lives. ICMS Director participates in Resource Subcommittee.

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 onsite, 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 Post Response to the COVID-19 Pandemic

Prospect House has phased back to pre-pandemic protocol by resuming 100% in-person services as of February 2023 (virtual services had been offered on a case-by-case basis for individuals who were unable to medically attend program). During FY2023, services and treatment at Prospect House operated onsite five days a week from the hours of 9:00 AM until 3:00 PM daily. PH continued to provide consumers with much needed services on a weekly basis such as bloodwork, long acting injectable medications, medication monitoring appointments, and individual and group direct service hours. During this fiscal year, the Medical Director, APN and RN conducted 1,316 medication monitoring appointments, 45 initial psychiatric evaluations (233 updated psychiatric evaluations), and provided 326 injectable medications appointments.

Prospect House staff continued to work to ensure positive regard and empathy to consumers at program. PH staff provided direct care services through treatment planning, goal setting, socialization in the community, health maintenance, recovery and substance use education, transportation, and referral and linkage to community services. In FY2023, staff continued to provide onsite groups with the goal to increase the onsite attendance census as many of PH community members had become cultured with attending program from home. PH's daily onsite census average ranged approximately 75-85 persons a day and continues to be on the rise.

Although many CDC restrictions regarding COVID-19 were lifted during 2023, PH continued to educate and ensure best practices if consumers were diagnosed with COVID-19. PH has a cleaning service that sanitizes the facility three days per week to reduce the spread of illness. As it is no longer required for staff and consumers to be vaccinated, Prospect House staff and the Prospect House consumer population remains 85% vaccinated against COVID-19.

Personnel

Prospect House services are provided by the following personnel: *Administrative Staff*; one Director, one Administrative Coordinator, one Billing Clerk, six Van Drivers (two full-time, four part-time), two Security Guards (one full-time, one part-time); *Direct Care Staff*; one Program Coordinator, one Intake Coordinator, eight 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. Members of the medical staff are fluent in Spanish and Yoruba enabling them to assist in treating the diverse caseload.

Caseload

During this reporting year, Prospect House has serviced 196 consumers with severe and persistent mental illness including 49 new admissions. New admissions during this year has increased since in-person services resumed. PH serviced a range between 75-105 consumers each day; within FY2023, PH serviced consumers representing every town or city in Essex County, with the majority being residents of Newark, East Orange, Irvington, West Orange, and Montclair. The majority of consumers attending Prospect House have been diagnosed with Schizophrenia, Schizoaffective Disorder and Bipolar Disorders; Co-Occurring (Mental Health and Substance Abuse) services were also provided with 13 new individual admissions in FY2023 in need of this specialized treatment. Prospect House receives most referrals from hospitals (long and short term), other outpatient programs and self-referrals with the majority of consumers having a recent psychiatric inpatient hospitalization.

Demographics

During FY2023, Prospect House serviced a diverse population of consumers in-person. The youngest consumer serviced was age 20 and the eldest consumer was age 97. To address this varied age group, 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; 68.4% African-American, 24% White, 6.6% mixed race, and 0.5% Asian. Individuals served by Prospect House are 42.3% female, 57.1% male and 0.5% 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

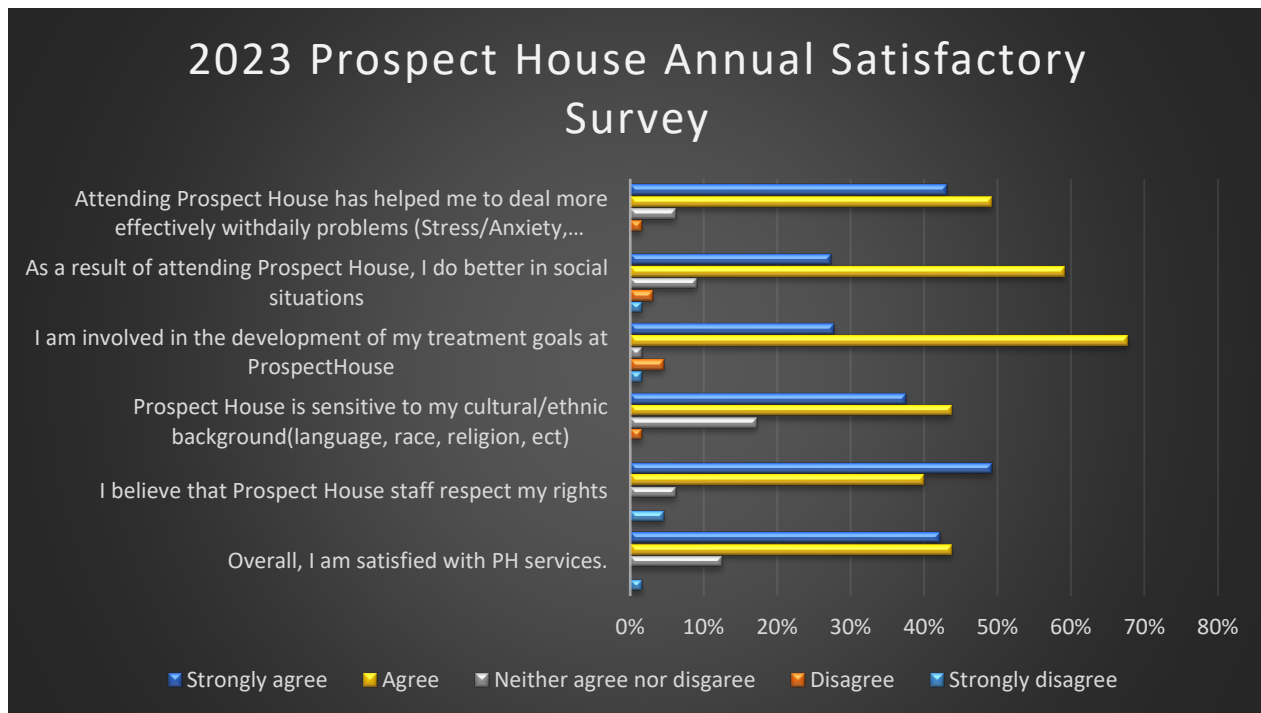
MHA is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey and “Suggestion Boxes” placed in the lobby of each program site. All active PH consumers were encouraged to complete the annual survey via in-person or online. They were informed that their answers were anonymous and confidential. Sixty-Seven surveys were completed and returned to PH. It should be noted that the only surveys returned were completed onsite and do not capture consumers that were in-patient.

○ Gender

- Consumers responded in which 42 being male (62.69%) and 23 female (34.33%), one reported as transgender male (1.49%), and one reported as transgender female (1.49%).

○ Ethnicity

- Thirty-eight consumers identified as African-American (56.72%), 14 consumers reported as Caucasian (20.90%), one consumer reported as Asian (1.49%), six consumers reported as Hispanic (8.96%), one consumer reported as Native Hawaiian or other Pacific Islander (1.49%), four preferred not to say (5.97%), and three reported Other (4.48%) as their ethnicity.
- Consumers reported on their surveys to be 98% overall satisfied with Prospect House services, 95% were satisfied with the relationship with their assigned case manager and 98% were satisfied that Prospect House has helped in dealing with daily problems more effectively. See graph below for more detail.



PH Highlights

During this fiscal year, Prospect House has continued to work tirelessly to ensure that consumers are receiving the best quality services. PH was able to return in-person to full capacity together for big events. This year consumers attended the MHA annual boat trip located in Brielle, New Jersey aboard the “River Queen,” the annual MHA Picnic located at Eagle Rock Reservation, various holiday events and local outings in the community.

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 continued to participate in quarterly Medicaid audits with note of significant improvement in documentation, decrease in billing errors, and clinical treatment planning.
- PH continued with home improvements, adding fresh paint and artwork to the interior walls, added a consumer library area and music system in the waiting areas.
- All group rooms have updated A/V systems to enhance the group experience.
- PH continues to participate in the Transitional Employment program encouraging and providing the opportunity to consumers willing and able to return to the workforce.

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.

Personnel

CJS continues to benefit from staff retention. At the Essex campus, there are three Forensic Case Managers (FCM), 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, and one Forensic Case Manager. 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, 2023, CJS Essex had 58 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 Service Dept., Newark Community Solutions, 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 18 active cases. During FY2023, referrals were made through the Morris County Prosecutor's Office, Morris County Correctional Facility, the Morris County Public Defender's Office, Community Connections, 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, 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 FY2023, Essex CJS QA grid monitored consumers' recidivism to the jail within 30 and 90 days. The threshold indicates that less than twenty-five (25) consumers would not return to jail during this time frame and eight (8) consumers were re-incarcerated within 30 and 90 days of their release. CJS QA grid also monitored consumers' recidivism to the jail within 60 days and 120 days. The threshold indicates that less than fifty (50) consumers would not return to jail during this time frame and only one (1) consumer was re-incarcerated within 60 and 120 days of their release.

In the Morris location, consumers' recidivism to jail within 30, 60, 90, and 120 days was monitored monthly. The threshold indicates that less than five (5) consumers would return within 30 and 90 days, and less than ten (10) consumers would return to jail within 60 and 120 days. During FY2023, zero (0) consumers returned to jail within 30 days, zero (0) consumers returned within 60 days, zero (0) consumers returned within 90 days, and zero (0) consumers returned within 120 days.

This year, CJS Essex successfully diverted two (2) consumers from a state prison sentence. As a result of the jail diversions, a total of 2,537 days was reduced in our consumers' prison sentence and 1,723 days was reduced in our consumers' county sentence. CJS continues to monitor the cost-effectiveness for county costs. In FY2023, the program saved approximately \$233,845 in county costs. (Please note the approximate cost to house a county inmate daily is \$135.72). Based on the data gathered, CJS will continue to monitor time saved for consumers both for county and state time.

This year, CJS Morris was successful in working collaboratively with Morris County Correctional Facility as well as the Morris County Prosecutor's Office and the Morris County Public Defender's Office to link three (3) clients to the Morris County Prosecutor's Mental Health Programs. As a result, staff successfully diverted consumers from a criminal sentence by approximately 3,825 prison days. For FY2023, the program saved approximately \$519,129 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 to return the surveys:

Approximately fifty-eight (58) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of 58, five (5) consumers responded. For the fiscal year, the overall satisfaction rate was 100%.

Gender

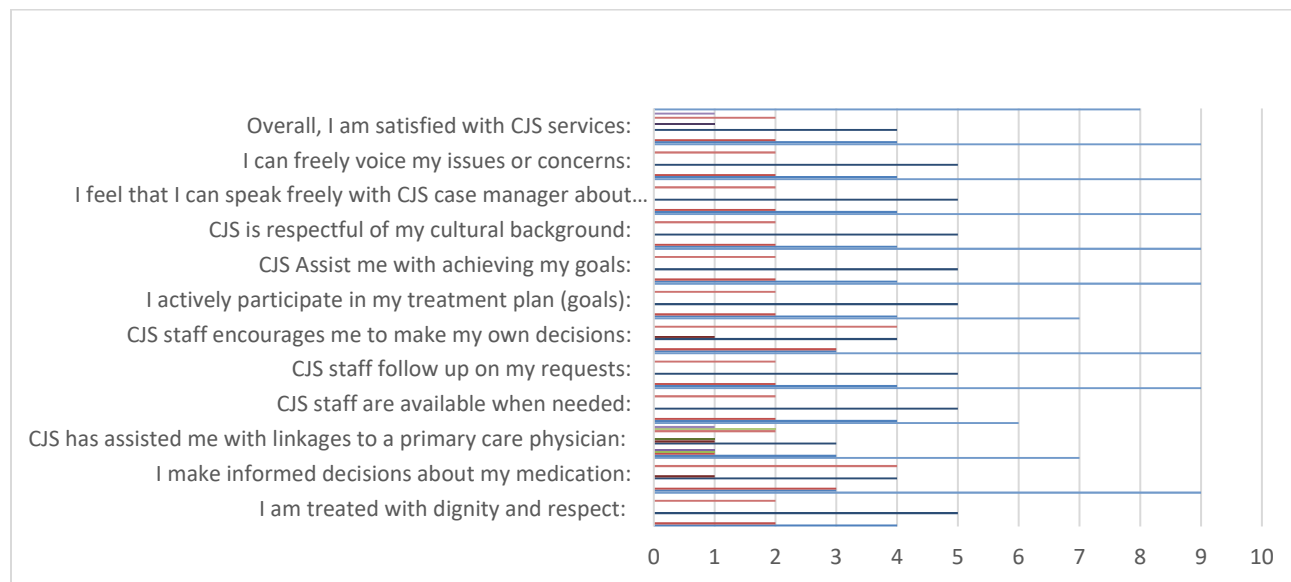
Of the five (5) consumers that responded to the survey; 60% were male and 40% were female.

Ethnicity

Of these five consumers, 75% identify as African-American, 25% identify as Caucasian, and 0% identify as Hispanic.

Age

The exact age of the consumers was collected. Of the five (5) consumers, one (1) identified as being between 18-24 years of age (20%), one (1) as 25-35 years of age (20%), two (2) as 35-44 years of age (40%), one (1) as 45-54 years of age (20%), and zero (0) as 55-64 years of age (0%).



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 to return the surveys.

Approximately eighteen (18) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the 18 surveys, fourteen (14) consumers responded. This accounts for a 77% response rate. For the fiscal year, 100% percent agreed that they were overall satisfied with CJS services.

Gender

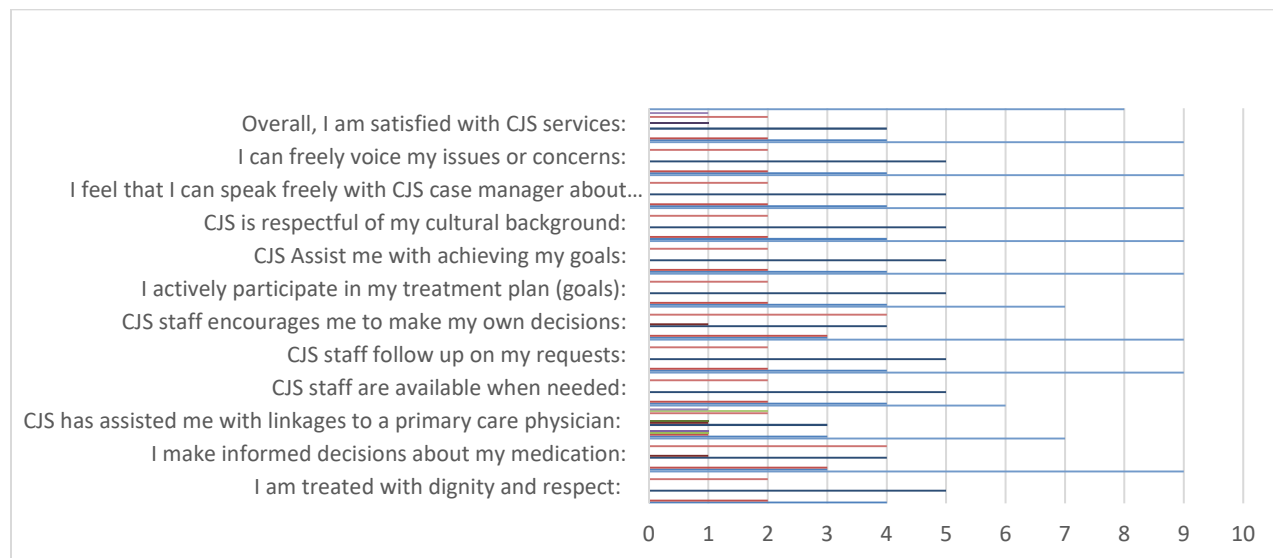
Of the fourteen (14) consumers that responded to the survey; ten (10) were male (71%) and four (4) were female (29%).

Ethnicity

Of these fourteen (14) consumers, eight (8) consumers identified as Caucasian (57%), four (4) as African-American (29%), one (1) as Hispanic/Latino (7%), and one (1) preferred not say (7%).

Age

The exact age of the consumers was collected. Of the fourteen (14) consumers, one (1) identified as being between 18-24 years of age (7%), two (2) as 25-35 years of age (14%), five (5) as 35-44 years of age (36%), two (2) as 45-54 years of age (14%), and four (4) as 55-64 years of age (29%).



Highlights

Essex

During FY2023, CJS staff were able to successfully link clients to 32 community linkages.

In May 2023, CJS Program Director met with their Community Engagement Coordinator from Law Enforcement Assisted Diversion (LEAD) in Irvington to discuss how MHA's justice involved program can benefit their pilot program here in Essex County.

During FY2023, CJS staff attended a Narcan Training hosted by Hope One.

In March 2023 CJS Director provided training to Essex County Municipal Court Judges on Mental Health/MHA services with the Criminal Justice Reform (CJR) Director.

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 the annual Consumer Achievement Awards ceremony held at Bloomfield Elks Lodge acknowledging the success and progress of program clients.

CJS was able to successfully link three (3) consumers to DMV services via MHA onsite mobile DMV clinic at Prospect House.

During FY2023, Program Director alongside the Essex County Prosecutor's Office provided four hours of Crisis Intervention Team (CIT) Training to approximately 80 law enforcement officers.

CJS staff attend the Quarterly Civilian Training at Essex County Correctional Facility.

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.

Foothold Technology AWARDS system continues to assist Essex 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.

Morris

During FY2023, CJS staff were able to successfully link clients to 57 community linkages.

During FY2023, Program Director and Morris County Prosecutor's Office provided 160 hours of Crisis Intervention Team (CIT) Training to approximately 125 law enforcement officers.

In November 2022, Program Director presented to students at Centenary College on criminal justice reform.

During FY2023, Program Director alongside members of the Morris County Judiciary met with members of the Union County Judiciary to assist them in the implementation of their mental health initiative.

In May 2023, Program Director and members of the Morris County Judiciary traveled to Miami, Florida to participate in a conference regarding "Decriminalizing Mental Illness: The Miami Model."

CJS Morris consumers, in collaboration with all other MHA adult programs, attended a picnic at Hedden Park, as well as a fall festival at the Morris campus and holiday party held by Holiday Express at the Ukrainian American Cultural Center of New Jersey.

CJS was able to participate in the annual Consumer Achievement Awards ceremony, held at the Morris campus, 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.

Trainings

CJS staff have attended several trainings throughout the year through Relias Learning. 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 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 Directors' meetings convened by the Department of Health and Addiction Services (DMHAS). The purpose of these meetings is to meet with counterparts in other counties to discuss ways to increase effectiveness of the program, review service delivery concerns, and to obtain needed updates on practices and protocols of the CJS Program.

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.
- CJS Essex staff will work on increasing the total number of contacts with consumers, their families and service providers.
- 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.
- CJS Essex will attend any relevant trainings to increase their knowledge in best practice measures.

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.

Morris Mental Health Diversion (MMHD)
Criminal Justice Reform (CJR) - Essex

The Morris Mental Health Diversion (MMHD), 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 program 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. The objective of the MMHD Program is to reduce recidivism, help divert defendants from having or adding to a criminal history and/or serving a custodial sentence, and assist enrolled consumers with connecting to services that help them achieve their wellness and recovery goals.

The Essex Criminal Justice Reform (CJR) promotes recovery through engagement, assessment of readiness for change, and linkage of individuals who have mental health diagnosis who are approved for pre-trial release to mental health treatment, financial, housing, and other needed services. CJR is a consumer-centered outpatient mental health program that provides counseling, advocacy, case management, peer support and psychiatric services. The team partners with Essex County Superior Court, Essex County Municipal Courts, Essex County Correctional Facility (ECCF), Central Judicial Processing Court, Essex County Pre-Trial Services, Essex County Probation, and Essex County Public Defender's Office to reroute individuals away from the criminal justice system towards appropriate case management and mental health services as early as possible from their initial incarceration. Individuals who are suspected or identified as suffering from a mental illness and approved by pre-trial services to have appropriate charges are screened at ECCF by our team and set up with an assessment for treatment at CJR. CJR works closely with consumers to assist them with legal matters on the Superior and Municipal court levels. Additionally, due to Remand Court in Essex County, individuals whose cases are downgraded are eligible for dismissal through Municipal Court. The objective of the CJR Program is to reduce recidivism, assist with achieving a legal benefit, i.e., dismissal or reduction of charges, help divert defendants from having or adding to a criminal history and/or serving a custodial sentence, and assist enrolled consumers with connecting to services that help them achieve their wellness and recovery goals.

Personnel

At MMHD, there is one Program Director, one Administrative Assistant, one Peer Support Specialist, two 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. MMHD staffing is culturally diverse and is representative of the persons served.

At CJR, there is one Program Director, one Peer Support Specialist, one Navigator Case Coordinator, and two Clinicians (LCSW/LPC). Staff work within the jail and the community completing screenings, intakes, and treatment for eligible consumers who are approved for pre-trial release from Essex County Correctional Facility. CJR staffing is culturally diverse and is representative of the persons served.

Caseload

As of June 30, 2023, MMHD had 29 active cases. During FY2023, referrals for MMHD were made through the Morris County Prosecutor's Office, the Morris County Public Defender's Office, and Morris County Sheriff's Department (Community Connections).

As of June 30, 2023, CJR had 41 active cases. During FY2023, referrals for CJR were made through Essex County Correctional Facility, Essex County Public Defender's Office, Essex County Pre-Trial Services, and Central Judicial Processing Court.

Demographics

MMHD accepts individuals who are 18 years of age or older, who are mental health consumers, who are not yet incarcerated but at risk for incarceration due to criminal involvement before incarceration, or who are criminally charged adult residents of Morris County who have a mental illness or a co-occurring mental illness and substance use disorder. The individual is also either;

- pending discharge or incarcerated in the Morris County Correctional Facility (MCCF), or
- who have been released or charged on summons and are facing indictable charges.

CJR accepts individuals who are 18 years of age or older, who have a positive mental health screen, and who are criminally charged adult residents of Essex County on pre-trial release with 3rd and 4th degree charges.

Performance Outcomes

Performance outcomes were measured, as well as monitored, through MHA's Quality Assurance Committee (QA). MMHD consumers' 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 FY2023, one (1) consumer returned to jail within 30 days, one (1) consumer returned within 60 days, zero (0) consumers returned within 90 days, and one (1) consumer returned within 120 days.

This year, MMHD was successful in working collaboratively with the Morris County Prosecutor's Office to successfully admit six (6) clients into the Morris County Prosecutor's Mental Health Diversion Program. As a result, staff successfully diverted consumers from a criminal sentence by approximately 7,474 prison days. For FY2023, the program saved approximately \$1,014,507 in state costs. (Please note the approximate cost to house an inmate daily is \$135.72).

CJR's performance outcomes were measured, as well as monitored, through MHA's Quality Assurance Committee (QA). CJR consumers' recidivism to jail within 30, 60, 90, and 120 days was monitored monthly. During FY2023, three (3) consumers would return within 30 days, one (1) consumer within 60 days, and zero (0) consumers within 90 and 120 days. The threshold indicates that less than five (5) consumers returned within 30, 60, 90, and 120 days.

CJR was successful in working collaboratively with Essex County Superior Court, Municipal Courts, and Essex County Public Defender's Office to facilitate nine (9) case dismissals and twenty-seven (27) downgraded cases to Municipal Court. The cases dismissed represents 20% of our census and cases downgraded represents 59% of our census. In addition, ten (10) individuals have not received a positive legal outcome yet which represents 21% of our census. These performance outcomes represent the possible legal benefit of enrolling in CJR.

Consumer Satisfaction Survey

MMHD

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 to return the surveys:

Approximately twenty-nine (29) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the 29 surveys, three (3) consumers responded. For the fiscal year, 100% strongly agreed that they were overall satisfied with MMHD services.

Gender

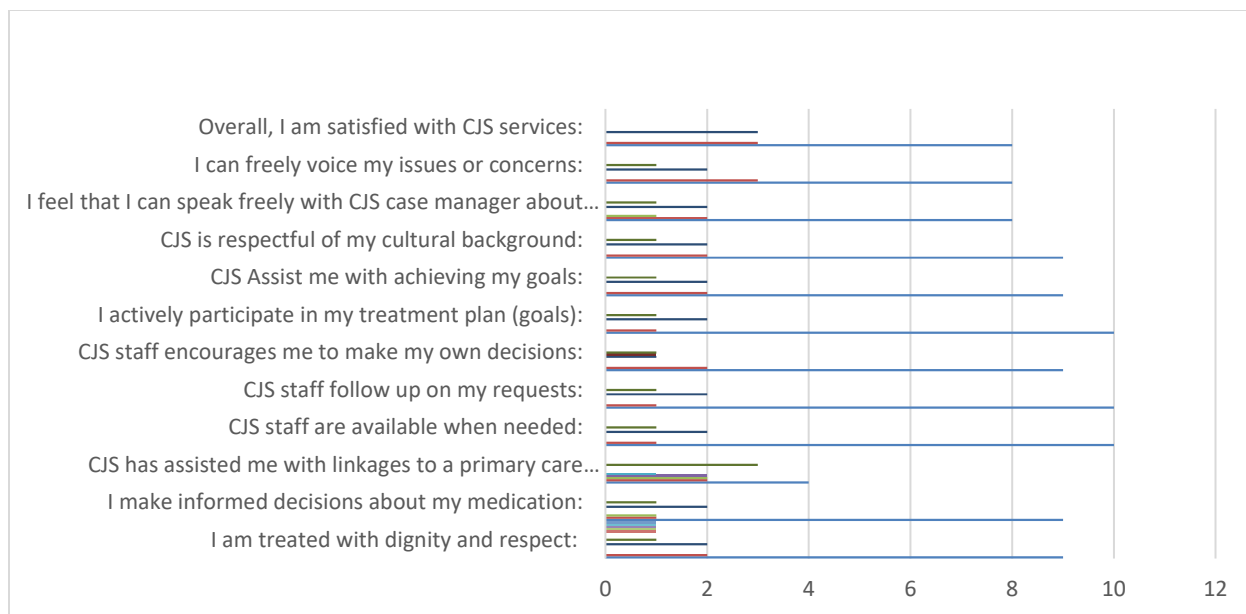
Of the three (3) consumers that responded to the survey, two (2) were male (67%), one (1) was female (33%).

Ethnicity

Of these three (3) consumers, three (3) consumers identified as African-American (100%).

Age

The exact age of the consumers was collected. Of the three (3) consumers, two (2) identified as being between 25-34 years of age (67%), and one (1) as 45-54 years of age (33%).



CJR

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 to return the surveys:

Approximately thirty-two (32) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the 32 surveys, eleven (11) consumers responded. For the fiscal year, 80% strongly agreed and 20% agreed that they were overall satisfied with CJR services.

Gender

Of the eleven (11) consumers that responded to the survey, six (6) were male (54%), and five (5) were female (45%).

Ethnicity

Of these eleven (11) consumers, eleven (11) consumers identified as African-American (100%).

Age

The exact age of the consumers was collected. Of the eleven (11) consumers, two (2) identified as being between 18-24 years of age (18%), six (6) as 25-34 years of age (54%), two (2) as 34-44 years of age (18%), and one (1) as 55-64 years of age (9%).

Highlights

MMHD

During FY2023, MMHD staff were able to successfully link clients to 157 community linkages.

During FY2023, Program Director and Morris County Prosecutor's Office provided 160 hours of Crisis Intervention Team (CIT) Training to approximately 125 law enforcement officers.

In November 2022, Program Director presented to students at Centenary College on criminal justice reform.

During FY2023, Program Director, alongside members of the Morris County Judiciary, met with members of the Union County Judiciary to assist them in the implementation of their mental health initiative.

In May 2023, Program Director and members of the Morris County Judiciary traveled to Miami, Florida to participate in a conference regarding “Decriminalizing Mental Illness: The Miami Model.”

MMHD consumers, in collaboration with all other MHA adult programs, attended a picnic at Hedden Park, as well as a fall festival at the Morris campus and holiday party held by Holiday Express at the Ukrainian American Cultural Center of New Jersey.

MMHD was able to participate in the annual Consumer Achievement Awards ceremony, held at the Morris campus, 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 MMHD service delivery and outcomes.

CJR

In September 2022, CJR launched as a pilot program.

During FY2023, CJR staff were able to successfully link clients to 196 community linkages.

During FY2023, Program Director and Senior Director of Programs met with the mental health initiative partners bi-weekly to work collaboratively on program initiatives.

During FY2023, Program Director met with Office of the Public Defender weekly to discuss legal intervention for consumers.

In March 2023, Program Director presented to mental health staff at Caldwell Schools on Cultural Humility and Working with Racially Diverse Students.

In March 2023, Program Director presented to the Municipal Court Judges of Essex County on mental illness, trauma-informed care, and CJR Program.

In May 2023, CJR launched weekly peer support groups.

CJR consumers, in collaboration with all other MHA adult programs, attended a picnic at Eagle Rock Reservation, as well as a thanksgiving party and holiday party held at Bloomfield Elks Lodge.

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

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

Trainings

MMHD and CJR 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. CJR staff have also attended Essex Crisis Intervention Training and Civilian Training at the jail.

Advocacy

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

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:

MMHD

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

CJR

- CJR staff will work on increasing the total number of consumers served.
- CJR staff will work on increasing total number of contacts with consumer, their families and service providers.

- CJR will continue to work closely with Essex County program partners which includes Superior Court, Municipal Court, Central Processing Judicial Court, Pre-Trial Services, Public Defender's Office, and Probation to increase collaboration for consumer success.
- CJR will continue to collect data and will closely monitor all performance indicators.
- CJR will continue to work with consumers to empower them to reach their goals.
- CJR will attend any relevant trainings to increase their knowledge in best practice measures.
- CJR will continue to conduct presentations as needed to those wanting to learn about CJR.
- CJR will continue to work collaboratively with Essex County Correctional Facility to increase referrals.

Veteran and Family Support

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 (1) Full-Time Clinician (LCSW, LPC)

Caseload

As of June 30, 2023, Veteran and Family Support had a caseload of 35 cases. During FY2023, referrals for Veteran and Family Support were made from self-referral, Morris County Prosecutor's Office, and from the Morris County website.

Demographics

The program accepts service veterans and their family members who are 18 years of age or older regardless of their discharge status.

Performance Outcomes

Performance outcomes were measured, as well as monitored, through MHA's Quality Assurance Committee (QA). Mental health counseling hours, case management units, educational groups for family members, and support groups were monitored. The threshold indicates that 400 hours of mental health counseling, 72 units of case management, 12 educational groups, and 35 support groups were monitored monthly. During FY2023, two hundred twenty-seven and a half (227.5) hours of mental health counseling was provided, one hundred twenty-five (125) units of case management was provided, three (3) education groups were facilitated, and forty-six (46) support groups were also facilitated.

Consumer Satisfaction Survey

Within the program, 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 to return the surveys.

Approximately thirty-three (33) surveys were delivered to consumers (hand delivered, mailed and/or left at residence).

Gender

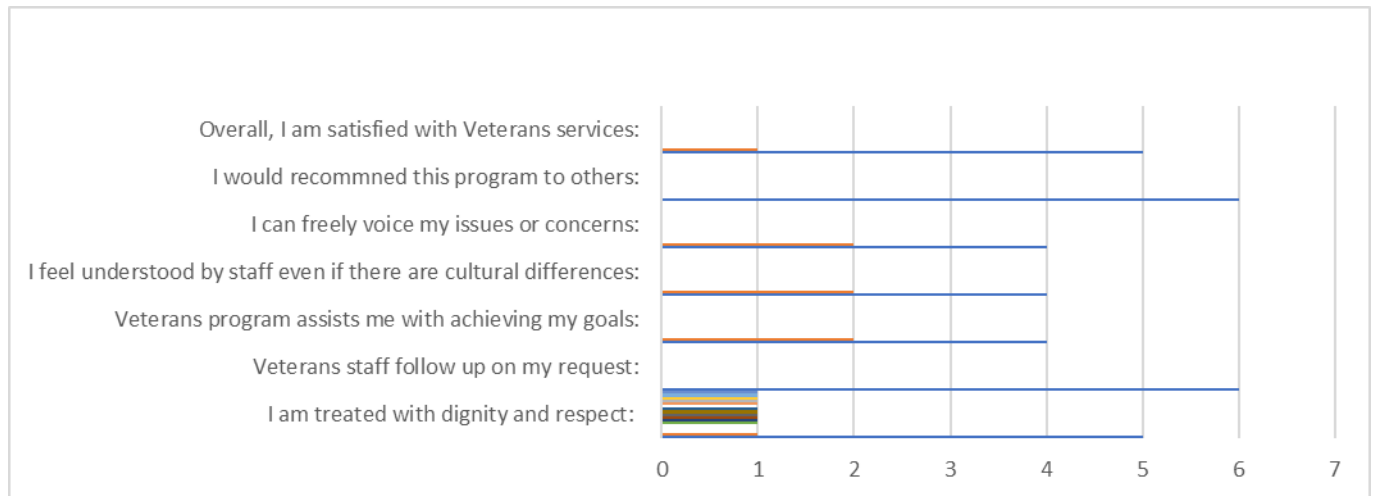
Of the six (6) consumers that responded to the survey; six (6) were male (100%).

Ethnicity

Of these six (6) consumers, three (3) consumers identified as Caucasian (50%), one (1) identified as African-American (16.67%), one (1) preferred not say (16.67%), and one (1) specified as Other (16.67%).

Age

The exact age of the consumers was collected. Of the six (6) consumers, one (1) identified as being between 35-44 years of age (17%), and five (5) as 65 years of age and older (83%).



Highlights

During FY 2023, Veteran and Family Support staff attended the Vietnam Veterans Moving Wall held at the County College of Morris.

In November 2022, staff hosted the first annual Coffee with a Veteran event at the Morris campus.

During FY2023, staff assisted Gi-Go Fund with assembling essential event necessities for the annual NYC Seal Swim. The NYC Seal Swim supports over 30 essential Navy Seal Foundation programs for the Seal community, active duty, veterans and their families.

During FY2023, the Veteran and Family Support Program hosted Guitar for Vets, which is a program designed to help veterans cope with PTSD through music.

In October 2022, Veteran and Family Support staff participated in the annual Stand Down.

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

Trainings

Veteran and Family Support 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

Veteran and Family Support staff participate on the Stand Down Committee to assist in the annual Stand Down event that provides food, clothing and health screenings to homeless and at-risk Veterans. In addition, Veterans also receive referrals for health care, housing solutions, employment, substance use treatment, mental health counseling and other essential services.

Veteran and Family Support 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:

- Veteran and Family Support staff will work on increasing the total number of contacts with consumers, their families and service providers.
- Veteran and Family Support staff will continue to collect data and will closely monitor all performance indicators.
- Veteran and Family Support staff will continue to work with consumers to empower them to reach their goals.
- Veteran and Family Support staff will attend any relevant trainings to increase their knowledge in best practice measures.
- Veteran and Family Support staff will continue to conduct trainings and presentations as needed to those wanting to learn the role of the program.

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 therapist and six part-time therapists. Throughout the year, CBH also works with graduate social work and counseling interns who provide clinical services under the supervision of the Director and other staff. This fiscal year, the program housed six interns in the fields of social work, art therapy, and clinical mental health counseling.

Service Provision

CBH provided services to 161 individuals during FY2023 with a total of 8,515 contacts. CBH reached 122% 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 2% of contacts and continues to be phased out.

On June 30, 2023, the census of CBH was 117 with an average monthly census of 108. The clients range in age from 18 to 77. Clients identify as the following for gender: 64% female, 32% male, and 4% transgender. The self-reported ethnicities of the consumers enrolled with CBH are as follows: 16% Hispanic/Latino and 84% non-Hispanic/Latino. More specifically, the self-reported races of clients enrolled with CBH are as follows: 60% White/Caucasian, 30% African-American, 7% Asian, and 3% identifying as multi-racial.

CBH consumers are insured through Medicaid (58%), Medicare (26%), uninsured and enrolled in NJMHAPP (12%), and other (4%).

Highlights

- CBH continues to offer services both via telehealth and in-person. This fiscal year, more clients were seen on-site than at any time since the COVID-19 pandemic era restrictions began.
 - All new clients are assessed for their clinical appropriateness for telehealth to ensure that all clinical considerations are met before offering telehealth.
 - Any client that wants services in-person is provided services in-person though many clients continue to prefer the flexibility of hybrid.
- This fiscal year, 32% of all services at CBH were provided in-person with the remaining 68% provided via telehealth.

- More recently, there has been a shift to more clients being seen in-person. January 2023-June 2023, 39% of all services were provided in-person.
- Different modalities of therapy are offered to clients including art therapy, evidence-based techniques like CBT and DBT, interpersonal psychotherapy, somatic processing, and elements of EMDR.
 - Spanish speaking clinician added to staff to enhance ability to provide culturally informed services.
 - Full time therapist is an LPC/LPAT and provides art therapy, a technique that is not often available in community mental health.
- CBH provided educational presentations and resources to community partners.
 - CBH facilitated mindfulness training at the Family Resource Center in East Orange and Montclair State University.
 - CBH participated in resource fairs at Bloomfield College and with the Township of Bloomfield.
- Staff from CBH collaborated with members of Caldwell University in October 2022 to conduct another successful National Depression Screening Day where 90 students and faculty were screened for anxiety, depression, traumatic stress reactions, and suicidal thoughts.
- Continued to grow the group therapy program as CBH now offers in-person and virtual groups.
 - A licensed clinician facilitates the “Comfort Zone” group, a weekly lunchtime community drop-in support group for those diagnosed with a mood disorder.
- Continued focus on maximizing our efficiency with our therapists maintaining an average 93% productivity rate weekly.
 - Psychiatry maintains a 95% productivity rate weekly.
- CBH remains a learning environment by hosting Master’s level interns in field and internship placements.
 - During academic year 2022-23, CBH worked with students from NYU, Fordham, Rutgers, Howard, Walden, and Caldwell Universities.

Performance Indicators

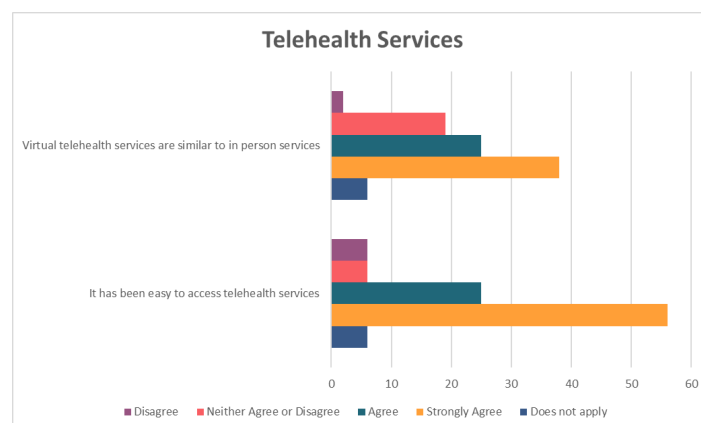
The performance indicators, which measure efficiency in CBH, are the “wait for an intake appointment” and the “wait for assignment to a therapist.” This fiscal year, the average wait for an intake appointment was 3.9 business days and the average wait for assignment to a therapist was zero days, as the client was assigned to a therapist at intake. Both measures are below industry benchmarks.

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, 90% 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, mail, and/or in-person, depending on client preference. Out of the 106 surveys sent out, there was a 15% response rate. As seen from the results below, there is a strong sense of satisfaction with services (100%) though there is a low response rate.



From the results of the survey, the respondents seem to prefer in-person services.



Overall, the department received high satisfaction remarks as 100% of those surveyed either “agreed” or “strongly agreed” that they are satisfied with the program and would recommend the program to others.



Some of the comments received by clients from the survey:

“I was stuck on autopilot for years, but not anymore. I’m so grateful for the help I’ve received.”

“It has improved my interpersonal relationships and allowed me to recognize and set personal boundaries, begin working again and reconnect with my creativity.”

“Access to medication for my mental needs and the ability to identify my problems and talk through them has helped me.”

“I’m myself again.”

“CBH has given me a sense of security and peace by virtue of being able to talk to a professional regularly, gaining a deeper understanding of my challenges and ways of overcoming them.”

Fiscal Year 2024

This next fiscal year looks bright for CBH as the department looks to expand service offerings.

CBH will be working with Bloomfield College to supplement Bloomfield College’s on-site mental health services. Studies show that there is an increased need for more mental health services for college students as the cohort (as a whole) is showing significant mental need. CBH will be providing on-site therapy, medication management, and psychiatric evaluation services to Bloomfield College students. Bloomfield College will be paying CBH directly so that no costs are passed onto the student or billed to insurance ensuring complete confidentiality for those seeking services and decreasing barriers to seeking services.

At the agency, there will be an increase in short-term community group therapy services. There are plans for a young adult therapy group (18-26) focusing on processing one’s adult identity and “adulthood” for six-weeks in the fall. There are future plans for a senior therapy group which will provide an environment for those 65+ to gain support for the challenges that come with aging.

CBH now has the ability to have year-round interns which allows for an expanded census throughout the year. More clients can now have access to care at CBH. Many providers and

agencies have continued to provide telehealth services exclusively while CBH has evolved into a hybrid model and is encouraging services onsite in an in person environment. More clients are asking for in-person services and/or the flexibility to have both, which CBH has continued to provide seamlessly.

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 expansion of services and increase in census, CBH continues to meet the mission of the department and agency.

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 insured by Medicaid 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, and two part-time LSW clinicians who provide services under the supervision of the Director. Throughout the year, RCC works with graduate social work and counseling interns who provide clinical services to youth, all under the supervision of the Director and other staff.

Service Provision

This fiscal year, RCC provided psychotherapy services to 38 individuals, 21 of whom also received psychiatric services. RCC provided 814 units of service and served 11 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 (96%) and self-pay (4%).

On June 30, 2022, the census of RCC was 33. The clients range in age from 8 to 18. Clients identify as the following for gender: 56% female, 38% male, and 6% transgender. The self-reported ethnicities of the clients enrolled with RCC are as follows: 46% Hispanic/Latino and 54% non-Hispanic/Latino. More specifically, the self-reported races of the consumers enrolled with RCC are as follows: 48% White/Caucasian, 30% African-American, 18% identifying as multi-racial, and 4% Asian.

Highlights

The highlights for the past fiscal year include:

- RCC continues to offer services both via telehealth and in-person. This fiscal year, more clients were seen on-site than at any time since the pandemic era restrictions began.
 - All new clients are assessed for their clinical appropriateness for telehealth to ensure that all clinical considerations are met before there is a decision made about the method of service delivery.
 - Any client that wants services in person is provided services in-person though many clients continue to prefer the flexibility of telehealth.
- This fiscal year, 57% of all services at RCC were provided in-person with the remaining 43% provided via telehealth.

- Clients are choosing hybrid more and more for therapy as this fiscal year, 57% of therapy appointments were on-site with the remainder via telehealth.
- Clients are preferring to attend psychiatric evaluations and medication management appointments in-person with 72% of these sessions performed in-person.
- Group therapy program expanded:
 - In late winter 2023, RCC worked with Essex County Children's Inter-Agency Coordinating Council to do a community needs assessment on group topics for a potential group.
 - RCC launched the first iteration of a group therapy cohort with a time limited structured therapy group for ages 9-12 on June 26 entitled, *Mindful Warriors*.
 - *Mindful Warriors* was focused on anxiety reduction and increasing ability to cope with anxiety.
 - Group was open to all youth in the community who met the age criteria and would benefit from the theme of the group.
 - Medicaid was billed for any client who had this insurance; A low-cost fee for the entire group set up for anyone without insurance.



- The above image is a creation made in the final group of *Mindful Warriors* where participants explored visually how anxiety feels versus how calm feels using a hand breath as an outline. Participants used colors, shapes, designs and words to represent these feelings. Group members then worked together to place these images on one page to create a group “mural.”
- Full-time therapist is an LPC/LPAT and provides art therapy, a technique that is not often available in community mental health and has proven efficacy in work with youth

- RCC has provided psychoeducational presentations on parenting and mindfulness to the East Orange Family Success Center and the East Orange School District.
- Continued focus on maximizing our efficiency with our therapists maintaining an average 95% productivity rate weekly.
- Like CBH, RCC remains a learning environment by hosting both MA and MSW level interns in their field placement/internships.

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 2.6 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 an 89% overall improvement in symptoms.

This year’s parent/consumer satisfaction survey showed a 100% overall satisfaction rate. However, there was a very low response rate. We sent out 30 electronic surveys with 3 clients completing the survey, leading to a 10% response rate. See below for a sampling of responses.

I am happy with my therapist	100%
I would recommend my therapist to a friend if they needed help	100%
I feel my therapist treats me with respect	100%
I feel my therapist listens to me	100%
I feel I have made progress towards their treatment goals	100%
I would talk to someone else at RCC in the future if I needed to	67%
I am satisfied with my psychiatric care	100%
Overall, I am satisfied with RCC services.	100%

Fiscal Year 2024

It is evident that the impact of COVID-19 has strongly impacted youth mental health. While there were signs of youth struggling throughout the pandemic, the level of impact was not fully felt until more recently. RCC looks to be a leader in youth mental health in Essex County.

The launch of *Mindful Warriors* is the beginning of RCC's new service offerings. Each quarter, a new time limited group will occur and be open to all in the community. This will provide group therapy to youth to provide the benefit of group therapy to address symptoms and/or be a supplemental service to one's existing treatment. Group therapy is a proven modality for youth as they benefit from the socialization and structure of a group. Plans for a group for 13–15 year olds is already in the planning stages for the fall as well as future groups targeting 7-8 year olds.

Staff in RCC will continue to provide community training on youth mental health as well as providing resources and education. In July 2023, RCC staff and interns facilitated an art therapy directive and discussion at the Mindful Awareness Academy for Children (MAAC) at Montclair State University. In August, RCC staff will be presenting in a Back-to-School webinar on children's mental health in conjunction with the Township of Bloomfield and the Essex County Office of Public Health Management. Throughout the year, RCC staff will continue to participate and lead these types of discussions for our community partners.

Waitlists for youth seeking mental health services remain long and limited. Many service providers continue to only provide telehealth and/or short-term services. The Children's System of Care, the statewide organization that supports youth with emotional and behavioral challenges, has stated there has been an increase in families calling for services but there has not necessarily been the same increase in service providers. 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.

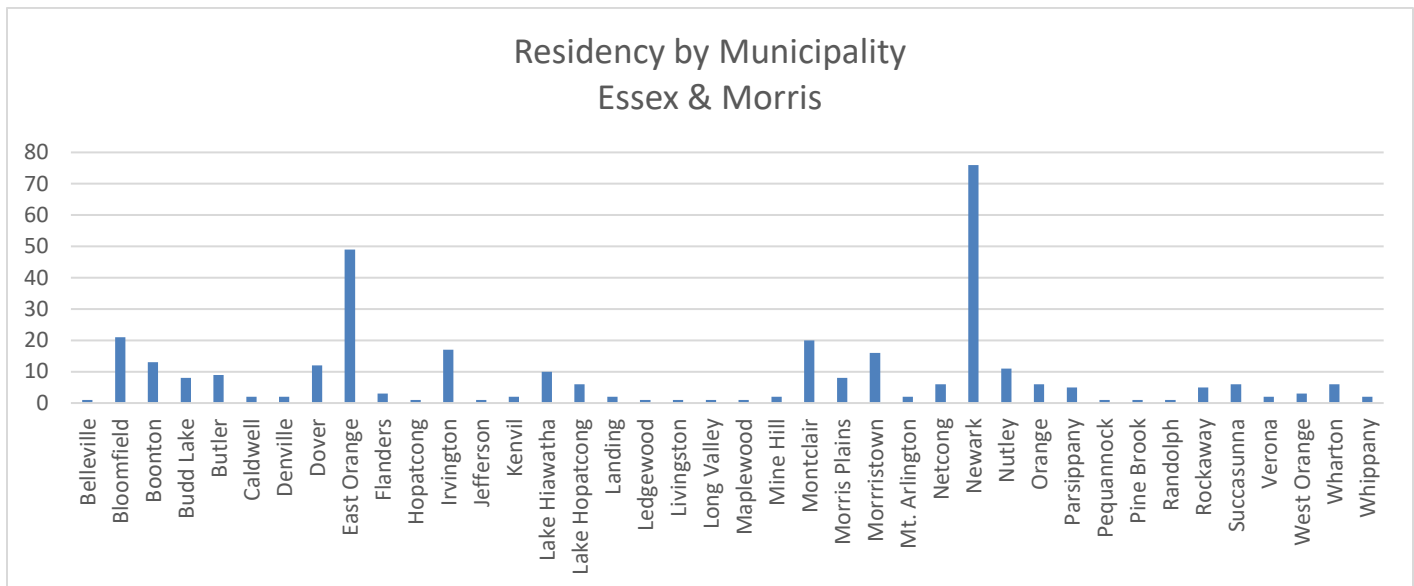
Caseload

Community Support Services has successfully placed over 347 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, 2023, the active caseload for Community Support Services was 344. On this date, there were 181 males (53%), 157 females (45%), 2 transgender male to female (0.5%), and 4 transgender female to male (1%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 22 Hispanic/Latino (6%); 323 non-Hispanic/Latino (93%), and 17 individuals who did not want to disclose (5%). The self-reported races of the consumers enrolled with CSS are as follows: 7 Asian (2%); 2 Black or African-American & White (0.5%); 163 Black or African-American (47%), 4 multi-racial (1%); 2 Native Hawaiian or Other Pacific Islander (0.5%); 8 Other (2%); 165 White (47%); 13 who did not want to disclose (3%).

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



Personnel

The CSS quality services are provided by 1 Director, 2 Recovery Coordinators, 5 Clinical Coordinators, 10 Senior Recovery Counselors, 13 Recovery Counselors, 2 Housing Specialists, 2 Full-Time Nurses, and 1 Administrative Assistant/Billing Clerk. Staff are culturally diverse and representative of the persons served. CSS has 4 staff fluent in Creole, 1 fluent in French, and 2 fluent in Spanish.

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

Performance Outcomes

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

Community Support Services performance indicators measure the rate of recidivism to the county/state hospitals and recidivism rate to the Short Term Care Facilities on a monthly basis. During this fiscal year, the overall recidivism rate to the county/state hospitals was 2% and the recidivism rate for Short Term Care Facilities was 4%. 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 11% of our consumers to secure and/or maintain involvement with employment, vocational programs or schools.

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

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

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

Consumer Satisfaction Surveys

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 97%. Below are the findings from the Community Support Services Consumer Satisfaction Survey:

Question #	Question	Percentage
1	I am treated with dignity and respect.	97%
2	I make informed decisions.	90%
3	CSS staff are available when needed.	92%
4	CSS staff follow up on my requests.	95%
5	CSS staff encourages me to make my own decisions.	88%
6	I actively participate in my treatment plan (goals).	97%
7	CSS assists me with achieving my goals.	93%
8	CSS is respectful of my cultural background.	92%
9	I can freely voice my issues or concerns with CSS staff.	95%
10	Overall, I am satisfied with CSS services.	97%

CSS Highlights

CSS Morris officially became a Housing Authority and 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 was able to advocate for 30 Rapid Rehousing vouchers after funding was cut for a county-sponsored program that would have otherwise left 30 individuals street homeless.

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 the winter months, CSS provided winter coats, hats, socks, and gloves to all consumers in need.

CSS participated in the annual Consumer Picnic where consumers were 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.

CSS continues to work with the Community Assessment Team in Morris County, "Neighbors in Need," in their on-going leadership in the Landlord Support Program that launched on July 1, 2022. This program, led by Monarch Housing Associates with services being provided by MHA and Family Promise of Morris County, has successfully housed 12 individuals in the past year.

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.

CSS is a member of the Supportive Housing Association (SHA) and attends quarterly meetings in Trenton, NJ to collaborate and advocate with other housing entities on the state and local level.

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 (i.e., Self-Help Centers, Consumer Advocacy Partnership). Individuals are encouraged to become involved in self-help groups, such as 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
- Supportive Housing Association (SHA)

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. MHA has established Supported Employment Services to help clients find employment.

Personnel

SES is staffed by three full-time employees, which includes the Master's Level Program Coordinator and two Employment Specialists who have a minimum educational requirement of a BA or BS in a related social service field. SES staff is culturally diverse and represents the local population, which MHA serves in Essex County. For FY2023, SES operated with two full-time Employment Specialists.

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 offsite job coaching to provide additional support when possible and continuously monitor the consumer's progress.

Caseload

Between July 1, 2022 and June 30, 2023, SES served 105 clients. There were 77 new clients referred and 27 admitted from various sources such as: self-referrals, Jail Diversion, MHA PATH, Collaborative Justice Services (CJS), Criminal Justice Reform (CJR), 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, CarePlus Behavioral Health, Center for Behavioral Health, and Roots at Crossroad Counseling Center.

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, Cedar Grove, Irvington, Orange, Maplewood, Montclair, Nutley, West Orange, South Orange, Livingston, Verona, Caldwell, West Caldwell and Roseland.

Performance Outcomes

The target number of clients served was 130. SES served 95 and achieved 75% of our goal. SES placed 26 clients into full-time employment (43%), placed 47 clients in part-time employment (470%), and 14 clients were replaced on a job (41%). At the end of this fiscal year, SES caseload was 72.

The unemployment rate in NJ is 3.7% as of June 2023. The unemployment rate in Essex County is 5.7% which is one of the two highest in Northern NJ and three highest in the state. The overall unemployment rate for black workers is 6.0%. SES placed 1% 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, 14% 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, problem solving 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 1:30, respectively. In the upcoming fiscal year, staff will continue to secure every opportunity, coordinate team efforts and resources to increase the service delivery to clients, and focus on documenting all areas of job development and client contact to meet our goals.

Consumer Satisfaction Survey

MHA is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. The Consumer Satisfaction Survey was made available to all consumers by SurveyMonkey, sent by email, and in-person. Of the surveys distributed, there were 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, Dietary Aides, Dishwashers, Retail Workers, Home Health Aide, Certified Nurse Aide, Janitorial, Housekeeping, Package Handlers, Direct Support Professional, Substitute Teacher, Case Manager, Transportation/Bus Aide, Office Assistants, and Security Officers.
- SES continued to oversee the in-house Transitional Employment program and provide training and ongoing support to consumers who work as receptionists and building maintenance to strengthen their resumes and work skills.
- Employment Specialists continue to provide ongoing support for the Peer-to-Peer Warm Line Peer Support Specialists.
 - On August 17, 2022, SES hosted a mobile Dress for Success in office event where 14 women were identified and referred for the services. On the day of the event, nine consumers were able to attend. They were able to obtain the following: a pair of shoes, a pocket book, jewelry, scarfs and business attire of their choice based on sizing (pantsuit, dresses, blouses, slacks, etc.). After that date, Employment Specialists were also able to take nine other women to the Dress for Success Madison location for private one-on-one fittings for interview/work clothing and accessories. Consumers were able to leave with items which would provide 7-10 outfits for work.
- Consumers were provided with funds for transportation to get to and from work, purchase clothing for work and pay for TB testing for work until they were able to appropriately budget on their own.
- MHA 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 CareWell Health to take advantage of employment opportunities within their hospital network, when possible.
- SES assisted six consumers pursue higher education by referring them to Supported Education Services. At least three consumers were enrolled in school in the fall of 2022 and spring of 2023.

Advocacy

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

Recommendations for FY2023

- 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 FY2024, as deemed able.

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. Information and Referral Services**

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 were delivered in a hybrid fashion providing an option for families to come in-person or receive services through virtual platforms. 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.

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, one part-time Family Support Specialist, one full-time Family Support Counselor, and several graduate interns and community volunteers.

IFSS Sussex - One Coordinator/Family Support Specialist, two part-time Family Support Counselors, and one-two graduate interns throughout the year.

Essex Program Highlights:

During FY2023, IFSS facilitated 108 virtual family support group sessions. Of these, 23 sessions incorporated skills-based learning for families and consumers, with an emphasis on communication and problem solving. In addition, 38 psychoeducational workshops, 54 consumer respite sessions and 28 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 108 support group meetings this fiscal year.

Psychoeducational Workshops for Families: During the fiscal year, IFSS focused on educating family members about the resources available for their loved one. Internal and local resources, such as Community Support Services (CSS), Projects for Assistance in Transition from Homelessness (PATH), and Psychiatric Emergency Screening. Psychoeducation was also provided on the following topics: substance use disorders; bipolar disorder; depression; anxiety; the biological basis of mental illness, cultural factors and coping with stigma; schizophrenia and psychosis, etiology, symptoms and treatment.

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.

Sussex Program Highlights:

IFSS facilitated 73 family support group sessions and 24 psychoeducational program sessions during the FY2023. 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 series for IFSS Sussex focused on providing information on available resources such as MHA's Wellness Hub, as well as ways to increase problem solving skills. Additionally, there was a special psychoeducational workshop for siblings, "When your sibling has a mental illness."

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.

Performance Outcomes: IFSS Essex

The IFSS Essex program produced 3,610 units of service, 156% of its overall targeted program commitment for the 2023 fiscal year. Supportive Telephone Contacts (177%) and Multiple Family Support Groups (156%), conducted remotely, significantly exceeded contracted thresholds. Psychoeducational Sessions, conducted both in-person and through virtual platforms, were also higher than expected and extended to include bilingual youth, children of parents with mental illness, and a high school mental health club (277%). Some IFSS families returned to in-person consultations, with many opting to continue virtual telehealth support. Combined, these

exceeded targeted goals at 113%. “Thursdays” drop-in social group for consumers, and “Intuitive Tuesdays” art therapy for caregivers combined to bring IFSS out of home respite above the projection for the year (241%). Collateral contacts nearly tripled its target goal this year (290%). IFSS Essex was able to serve 190 families this fiscal year.

Performance Outcomes: IFSS Sussex

IFSS Sussex produced 1,676 units of service, 97% of its overall targeted program commitment for the FY2023. The program provided levels of service exceeding program commitment specifically in five areas: enrolled families (144%), onsite visits (104%), off-site visits (133%), psychoeducational sessions (163%), and supportive phone calls (102%). IFSS Sussex was able to serve 108 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, 85% 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 5 business days.

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 an 11% reduction in stress for this fiscal year as a result of receiving family support services.

Technical Data: Monthly chart audits of all active IFSS families were implemented with an annual compliance rate of 84%.

Satisfaction Data: IFSS Essex

Satisfaction with the IFSS program was measured by the NJDMHAS approved instrument that was sent out to approximately 100 families in May of 2023. With a 17% return rate, 17 questionnaires were returned to MHA’s QA Coordinator, who aggregated the raw data for further analysis. The data showed that 76% of respondents were parents, 11% were siblings, 17% had a parent or grandparent with mental illness, and 5% were a spouse, partner or significant other. Families reported a 100% overall satisfaction rate.

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

“I feel empowered and confident in my interactions with my loved one.”

“My biggest support.”

“Enable me to cope better with a lot of stressful family situations.”

Performance Indicators: IFSS Sussex

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

Efficiency: The Wait for Service measurement is a state and agency-generated indicator based on high standards of professional practice that indicate efficiency. IFSS Sussex exceeded the program’s expectation for wait for service which was measured at less than 1 day wait for service and less than 3 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 Sussex

IFSS Sussex sent a 24-item survey, standardized and mandated by NJDMHAS for IFSS programs, to approximately 80 families in May of 2022. With a 12% return rate, 10 questionnaires were returned to MHA’s QA Coordinator, who aggregated the raw data for further analysis. The data showed that 90% of respondents were parents and 10% were siblings. The overall satisfaction level of IFSS Sussex families was determined to be 100%.

Below are a few comments from IFSS Sussex responders:

“Thank you to each of you for your endless support!”

“I would be lost without the program.”

“It is very clear from the beginning that the agency really cares about the families they serve!!!”

II. Family Respite Services “Thursdays” Consumer Drop-In Center 2022-2023

Description: For the last 23 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: As the pandemic came to an end, “Thursdays” moved back to providing onsite, in-person respite to individuals.

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 2022-2023

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: Although there has been limited family presence in the hospital emergency departments, Project F.ER.S.T. connected with and worked collaboratively with hospital staff via phone to reach 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 76 families and provided 288 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, 17 surveys were returned. Upon return of the completed questionnaires, the data was aggregated and analyzed. A weighted average was calculated from the responses for each question.

According to the survey responses:

- 100% of the respondents agree or strongly agree that they would recommend Project F.ER.S.T. and that they were satisfied with the services they received.

- 94% strongly agreed that they were treated with respect by the Project F.ER.S.T. Counselor.
- 93% 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:

"I know I am not alone in dealing with my loved one's illness."

"Access to continuous professional support has been critical in me being able to cope with my child's health challenges."

"The advice, kindness, and non-judgmental discussion space has kept me from completely giving up when I was at the end of my rope."

III. Information and Referral Services 2022-2023

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: The continued use of the electronic health record to collect data, allowed multiple MHA sites (Montclair, Parsippany, and Newton) to collect and aggregate data in a timelier manner. During FY2023, a total of 326 I&R documented requests were received across the agency.

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.

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, 2023, there were 40 active cases. During FY 2023, 38 referrals were enrolled into the AOT program. 68% of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings. 26% were made through conversion hearings at long-term care facilities, i.e., Essex County Hospital Center (ECHC) and/or state hospitals. 6% we referrals made from out of county IOC providers for individuals transferring to Essex County. There were no referrals enrolled through the designated screening centers.

Sussex

As of June 30, 2023 there were 13 active cases. During FY2023, 14 referrals were enrolled into the AOT program. 42% of the enrollee referrals were made through STCF via conversion hearings. 42% were made through conversion hearings at other hospitals. 9% were state hospital referrals and 7% of the referrals were made through the designated screening facility.

Morris

As of June 30, 2023, there were 17 active cases. During FY2023, 19 referrals were enrolled into the AOT program. 5% of the enrollee referrals were made through STCF via conversion hearings. 68% were made through conversion hearings at other hospitals, 0% were made through screening, and 27% were state hospital referrals. There were no referrals enrolled through the designated screening centers.

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 43% female, 53% male, and 4% transgender female; the Sussex caseload was 53% male, 7% transgender, and 40% female; and the Morris caseload was 47% female and 53% male.

Ethnicity

At the end of the fiscal year, AOT Essex provided services for 55% African-Americans, 2% Hispanics, 17% Caucasians, 9% unknown and 17% individuals who identified as multiracial. AOT Sussex provided services for 85% Caucasians, 0% other multiracial, 8% Asian, 0% other and 7% Black. AOT Morris provided services for 61% Caucasians, 10% African-Americans, 6% unknown, 11% Hispanic and 12% 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, 22% were between the ages of 30-39, 12% were between the ages of 40-49, 5% were between the ages of 50-59, and 20% were above the age of 60.

AOT Sussex serviced 15% of individuals between the ages of 18-29, 38% were between the ages of 30-39, and 47% were above the age of 40.

AOT Morris serviced 33% of individuals between the ages of 18-29, 28% were between the ages of 30-39, and 39% 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 eleventh 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 2024, each month one individual will be referred from local screening centers, five will be referred from Short Term Care Facilities (STCF), and three individuals will be referred from Long Term Care facilities.

- 18 enrollees went to a local ER for screening: Yearly Threshold ≤ 72
- 0 enrollees were admitted to Long Term Care: Yearly Threshold ≤ 36
- 0 enrollees were arrested: Yearly Threshold ≤ 36
- 1 enrollee were incarcerated: Yearly Threshold ≤ 36
- 22 enrollees were voluntarily hospitalized: Monthly Threshold < 36
- 2 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 eighth 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 FY2024, each month one individual will be referred from local screening centers, four will be referred from Short Term Care Facilities (STCF), and two individuals will be referred from Long Term Care facilities.

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

Morris

In its eighth 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 FY2024, each month one individual will be referred from local screening centers, five will be referred from STCF, and three individuals will be referred from Long Term Care facilities.

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

Consumer Satisfaction Survey

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

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

Essex

Approximately 40 surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the 40 surveys, 11 consumers responded. This accounts for a 27% response rate.

Gender

Of the 11 consumers that responded to the surveys; 27% were male and 64% were female, and 9% were gender non-conforming.

Ethnicity

Of the 11 consumers surveyed, 18% identified as African-American, 27% identified as Caucasian, 9% identified as Hispanic or Latino, 18% Asian or Asian American, 9% identified as Native Hawaiian or other Pacific Islander, and 18% preferred not to answer.

Age

The age range of consumers surveyed was collected; 27% were 18-24 years old, 27% were 25-34 years old, 18% were 35-44 years old, 9% were age 45-54, and 18% were 55-64 years old.

Included in Decisions Regarding Treatment

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

- 90% 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

- 100% 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)

- 80% of consumers indicated that they “strongly agree” or “agree” that they are satisfied with AOT services.

Received Assistance With Achieving Their Goals

- 100% of consumers surveyed indicated that they “strongly agree” or “agree” that AOT provides support and assistance with achieving their goals.

Sussex

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

Gender

Of the three consumers that responded to the surveys; two are male (66.67%) and one is female (33.33%).

Ethnicity

Of the three consumers surveyed, two identified as Caucasian (66.67%) and one identified as African-American (33.33%).

Age

The exact age of the consumers was collected. The ages ranged from 25-44 years old. The mean age for the consumers was 34 years old.

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

- 33.33% of consumers indicated they “strongly agree” they are able to freely voice issues and concerns regarding their treatment.
- 66.67% of consumers indicated they “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

- 66.67% of consumers indicated they “strongly agree” they are treated with respect.
- 33.33% 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.

Morris

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

Gender

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

Ethnicity

Of the four consumers surveyed, one identified as Caucasian (25%), two identified as African-American (50%), and one (25%) identified as Hispanic/Latino. The ethnicity of the respondents mirrors that of our caseload.

Age

The exact age of the consumers was collected. The ages ranged from 33-65 years old. The mean age for the consumers was 43 years old.

Included in Decisions Regarding Treatment

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

- 66.67% of consumers indicated they “strongly agree” they are able to freely voice issues and concerns regarding their treatment.
- 33.33 of consumers indicated that the “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, 15 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 consumers, in collaboration with all other MHA adult programs, participated in a picnic at Eagle Rock Reservation and a holiday party.

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, 10 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 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 full-time 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, who oversees the Co-Response programs. The Co-Responders are stationed at the WOPD Community Services Unit (CSU) substation where they work very closely with the CSU WOPD officers.

As a result of the collaboration, MHA was able to provide 15 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 trainings to West Orange Fire Department (WOFD) on the Co-Response Model, as the WOFD oversees the EMT/Paramedic services in West Orange.

Additionally, throughout the course of FY2023, 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 44 incidents throughout the fiscal year. Assessment of videos determined the following outcomes: one recommendations was made for performance improvement purposes, while 43 incidents had no further recommendations at the time.

MHA Co-Responders responded to mental health related and crisis calls in the community. Upon receiving calls from dispatch, MHA reported 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 FY2023, MHA co-responded to 183 incidents in West Orange. As a result of these efforts, the following outcomes were measured:

- 72 of 183 Co-Responses required transport to the hospital.
- 15 involuntary hospital transports
- 57 voluntary hospital transports
- 28 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.

MHA was also able to implement Co-Response through a partnership with the Perth Amboy Police Department (PAPD) in Middlesex County. PAPD also received the Connect and Protect grant through the Bureau of Justice Assistance (BJA). The partnership allows MHA to provide Co-Response and follow up to individuals in crisis, as well as mental health related trainings to the PAPD. The program was staffed for the last two months of the FY2023 with one Co-Responder. During that time, MHA responded to 22 incidents in Perth Amboy.

- 15 of 22 Co-Responses required transport to the hospital.
- 1 involuntary hospital transports
- 15 voluntary hospital transports
- 19 linkages (i.e., mental health services, substance services, community resources) were made in the community as a result of follow up.

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

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

Caseload

Since July 1, 2022, PATH outreached 631 homeless individuals and those at imminent risk of homelessness across both counties. Of those outreaches, 289 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.

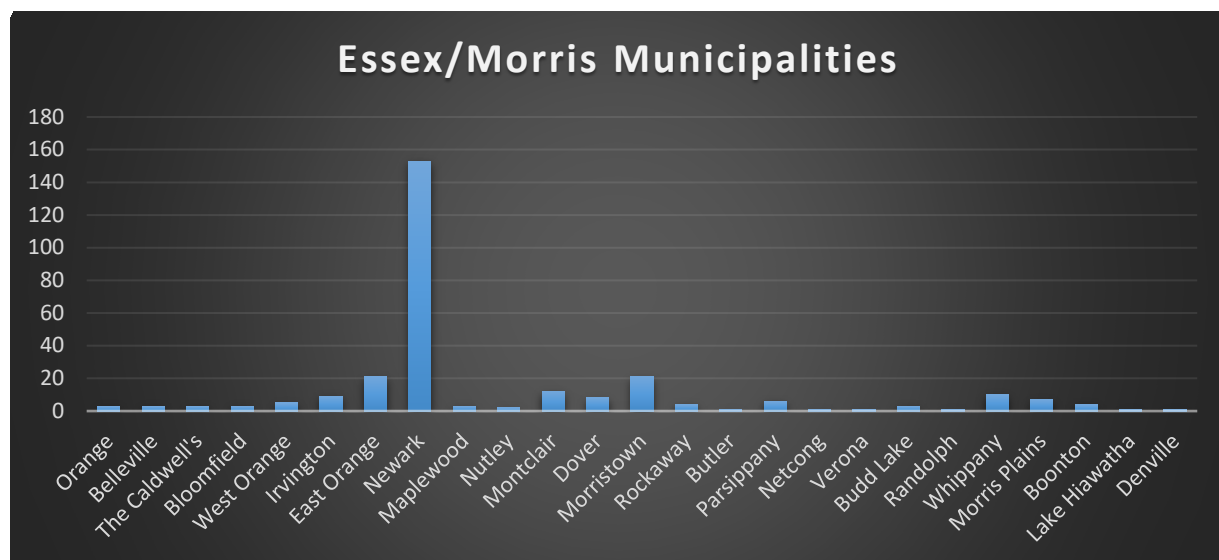
Referrals were received from all local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, Saint Michael's Medical Center, Morristown Medical Center, Saint Clare's Hospital, Summit Oaks, Bergen Regional, Chilton Hospital, as well as outpatient treatment 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, 2023, Essex and Morris PATH serviced 289 individuals. Of the individuals serviced, there were 169 males (58%), 118 females (41%), and 2 transgender (1%). The self-reported ethnicities of the consumers were as follows: 35 Hispanic/Latino (12%) and 254 Non-Hispanic/Latino (88%). The self-reported races of the enrolled consumers with PATH are as follows: 9 Multiple Race (3%), 75 Caucasian (26%), 188 African-American (65%), 4 Asian (1%), 4 Native Hawaiian or Other Pacific Islander (1%), and 9 American-Indian or Alaska Native (3%). Others serviced did not wish to provide this information.

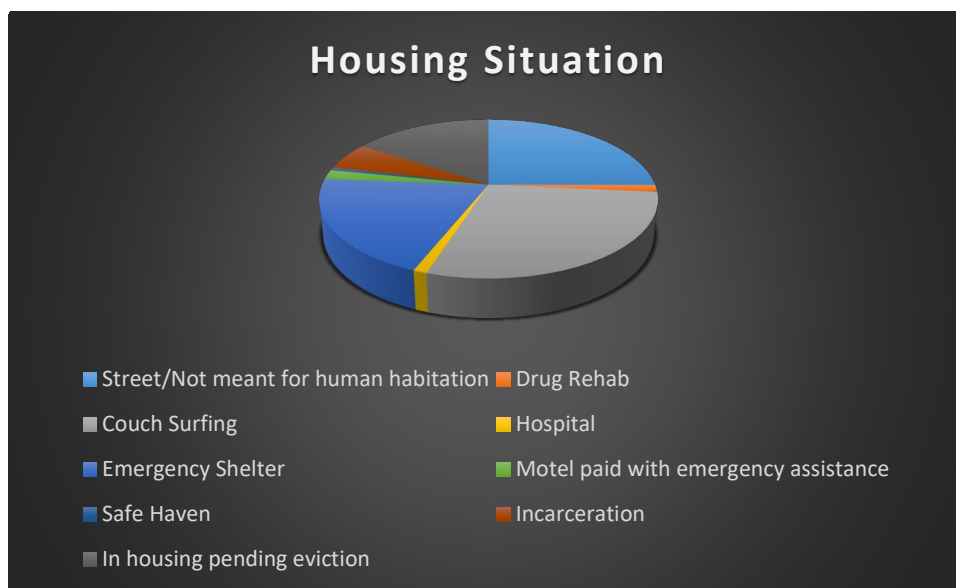
PATH makes every effort to provide services to homeless consumers throughout Essex and Morris Counties, with the understanding that homelessness does not only afflict consumers in the urban municipalities. The following reflects the municipality in Essex and Morris County where the consumers reported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

Belleville	3	Morristown	21
Bloomfield	3	Netcong	1
Boonton	4	Newark	153
Budd Lake	3	Nutley	2
Butler	1	Orange	3
Califon	1	Parsippany	6
Denville	1	Pine Brook	1
Dover	8	Randolph	1
East Orange	21	Rockaway	4
Irvington	9	The Caldwell's	3
Lake Hiawatha	1	Verona	1
Maplewood	3	West Orange	5
Montclair	12	Whippany	10
Morris Plains	7		



Consumers outreached by the PATH Program reported sleeping in the following locations the night before engagement. Street or place not meant for human habitation (158) (25%), Emergency Shelter (127) (20%), Safe Haven (4) (.6%), Drug Rehab (9) (1%), Motel paid with emergency assistance (12) (2%), couch surfing (180) (29%), inpatient hospital (7) (1%), incarceration (35) (6%) and housing pending eviction (99) (16%).

Of enrolled consumers, 292 (46%) 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 Manager (County), and one part-time Resource Navigator for Coordinated Entry. Staff are culturally diverse and represent the consumers served. 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 631 individuals or 93% of the contract commitment and serviced 289 individuals or 123% of the contract met. During the past fiscal year, PATH successfully linked to the following services: 156 to Community Mental Health, 21 to substance abuse treatment, 95 to financial benefits, 60 to temporary housing, 68 to permanent housing, 26 to medical/dental, and 23 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 50 satisfaction surveys were completed by consumers enrolled in the PATH Program. Many more surveys were offered but were declined. Consumers surveyed reported an overall 98% satisfaction with services provided by the PATH Program.

SURVEY DEMOGRAPHICS

Of the 50, 54% were female and 46% were male. The average age of respondents was 46 years old; 79% were African-American, 9% were Caucasian, 6% were Hispanic, 2% were Native Hawaiian or Other Pacific Islander, 2% were other mixed race, and 2% 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 sixty-eight (68) 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 Outreach staff 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 at 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 four 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.
- 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.
- The Shelter Diversion Program, through the NJ Department of Community Affairs (DCA), was extended an additional year. Additional funding was obtained 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 140 households from shelters and homelessness.

Morris

- PATH was able to house at least 22 clients in Morris, Essex, Sussex, and Warren Counties.
- PATH established relations with the Department of Consumer Affairs, Morris County Housing Authority, Dover County Housing Authority, Homeless Solutions, and Morris County COC to reduce the homeless need and to house individuals in the PATH Program.
- PATH participated in the GRIT YMCA Mountain Lakes ski program where one targeted family with children was able to learn how to ski.
- PATH completed the Annual Point-in-time on January 26th. PATH partnered with Hope Hub and volunteers in Morris County for outreach in various homeless hot spots in Morris County in hopes of capturing a true number of homeless as well as provide hygiene and warm items for the day.
- PATH ended collaboration with the Safe Haven program February 25, 2023 due to funding loss with Homeless Solutions.
- PATH participated in the Annual Community Day in Morris County and was able to collaborate with a number of vendors and community supports in the Morristown service area.

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 participates in Newark's Street Outreach Collaborative to create policies and procedures for Street Outreach and Engagement in The City of Newark which include topics of data collection, case conferencing, and service coordination.
- PATH Director participates in Fourth Ward Councilor, David Cummings' collaborative meeting to end homelessness in Montclair.

Morris

- PATH Director participates in multiple committees within Morris County Continuum of Care (CoC).
- PATH collaborates monthly with other providers as part of Community Assistance Services (CAS).
- PATH Director was the Co-chair for Everyday Connect.
- *The goal of the program is to enroll individuals in services, link them to entitlements, treatment, and permanent housing. Self-sufficiency is promoted through job training and employment assistance, education and courses (free and non-credit courses including: Language Barriers Addressed, Social Security Benefits, Updated Resource Guide). At their graduation from PATH, individuals would have increased their earned income by 20% and moved into housing.*

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 from 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 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.

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 2023 Consumer Satisfaction Surveys were distributed and all highlights were noted of outcomes.

Edna's Haven Highlights

- Edna's Haven implemented a new flyer and went live on the MHA website for Edna's Haven weekly schedule of events.
- Director attended a Luncheon in Dover, NJ with the Dover Rotary Club, Hispanic Affairs, Family Success Center, and the Mayor of Dover to discuss Edna's Haven and ways to collaborate to service the homeless individuals in Dover.
- Edna's Haven hosted quarterly HIV and Hep clinics with the Atlantic Health Care Group.
- Edna's Haven hosted Veteran groups weekly on Mondays.
- Edna's Haven hosted CARES substance and support group on Fridays.
- Edna's Haven hosted pizza Tuesdays.

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. Social Club
- V. Community Companion
- VI. Mental Health Resource Network
- VII. Mental Health Faith Liaison Program
- VIII. Self-Help Programs
 - a. Exercise Group
 - b. Community Rides
 - c. Advocacy
- IX. Elizabeth T. Dorl Educational Assistance Fund
- X. 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. Certification to become a MHFA trainer is offered through the National Council on Mental Wellbeing through an 8-hour course. MHA has several staff certified in both adult and youth MHFA and is able to offer trainings to churches, companies, community organizations, or any other group interested in learning more about how to recognize signs of mental distress and how to provide effectively intervene interventions. In addition, MHA provides 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's Level Case Manager and four part-time drivers. Of the department staff, one employee is a Certified Adult and Youth MHFA Instructor. There are an additional three MHA employees from other departments who are also Adult MHFA Certified Instructors and 11 who are Youth Mental Health First Aid (YMHFA) Certified Instructors.

Data and Highlights: Throughout this fiscal year, MHA conducted 25 separate 8-hour Mental Health First Aid classes in the Adult or Youth Module and trained over 239 individuals as Mental Health First Aiders. In addition to providing resources and services, MHA provided trainings and presentations to approximately 10,000 attendees, from The Rotary, Happiness is Camping, Habitat for Humanity, Division on Aging, 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 woman and children services. MHA also participated in community festivals, fairs and family events in the fiscal

year which included events at various clubs, Girls, Guts, and Glory, Stomp Out Sigma Free, Mental Health Walks, Table of Hope, People's Picnic Table, Stigma Free Walk, Mental Health Matters, Community Day, Connecting Dover Fest, Out of Darkness Walk, Resource Day, National Night Out, Pride Day and Family Night Out.

Self-Help, Advocacy and Education participated in presentations and trainings for the community, organizations, houses of worship, businesses, etc., including live and virtual panel discussions, presentations, webinars 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, It's ok NOT to be OK, Let's Talk About Mental Health, Resources that Can Help Save a Life, Mental Illness in the Black Community, Cultural Humility, Homelessness and Mental Illness, Mental Health and Seniors.

This fiscal year, the People's Picnic Project continues to attract schools, businesses and nonprofits who all want to break the stigma associated with mental illness. The People's Picnic Project is 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. The first table was placed at the MHA headquarters in Montclair, NJ and the second one in Central Park of Morris County in Morris Plains, NJ (the former location of Greystone Park Psychiatric Hospital).

During the fiscal year, 17 picnic tables have been painted and housed at the following locations: Mendham Township, Mendham Borough, Homeless Solutions, (2) Brundage Park in Randolph, MC Prevention is Key/CARES in Rockaway, Urban Farms, Greenview Park in Pequannock, Arbor Terrace, (2) Veterans Park in Randolph, Lakeland Hills YMCA in Mountain Lakes, Jefferson Township Middle School, and Kanouse Park in Boonton.

Outcome: 99% of Mental Health First Aid participants report overall satisfaction with the training.

II. Hope One

Description: Hope One is a mobile outreach vehicle that travels around Morris County offering access to mental health, addiction and recovery services. The Morris County Sheriff's Office partnered with the Center for Addiction Recovery Education and Success (CARES), the Morris County Department of Human Services, and the Mental Health Association 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. This fiscal year, the truck has made over 240 stops and 9,926 community contacts. From the truck, eight people went to rehab/recovery services, over 100 people received mental health services, 2,007 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. Twenty five police departments participate in PARRI within Morris County. 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. Hope One was also the recipient of the Light the World Award. The Light the World Award was created as part of an initiative to highlight tremendous community impact in Northern New Jersey. Individuals or groups are nominated for the award as they exhibit community service and spread light and joy to others. Hope One has exemplified the light, assisting those in need by providing critical support for individuals and families struggling with mental health and substance use disorders, and providing Naloxone (Narcan) education, training and kits in the community.

Hope One was also featured on CBS News this fiscal year. Emmy award-winning journalist, Jenna DeAngelis, showcased the Hope One program during the monthly homeless outreach mission of connecting individuals to services.

Hope One also hosted its second annual Hope One Symposium bringing all the Hope One partners and treatment providers together with the goal of increasing knowledge regarding substance use and mental health on the state level.

In 2021, the Hope Hub was launched 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. To date, 408 individuals have been enrolled in Hope Hub.

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, pageant finale and coronation night at the Hyatt Regency Hotel in Morristown. QOW had 50 contestants from all over the USA and abroad. QOW collaborated with Hope One to give back to the community by taking part in a Prom Dress Drive. Hope One worked along with Table of Hope bringing prom attire to teens who could not afford to purchase the clothing. Contestants of

Queen of the World Pageant donated and collected prom dresses, accessories, suits, etc. and donated over 200 dresses to the Prom Dress Event (MHA staff donated an additional 75 dresses). In addition, QOW contestants were also educated on the history of Morris County, received Narcan training and mental health education.

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 to the community.

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 45 minutes, consist of 2 role-plays, and can be scheduled during the day or evening.

Personnel: One Master's Level Director of Suicide Prevention and 20 volunteers (currently).

Data and Highlights: There were three performances by the Mental Health Players for 400 freshmen at Dover High School, 37 Mount Olive Seniors and 23 Hackettstown Seniors in the 2022-2023 fiscal year.

IV. Social Club

Description: Social Club provides low to no cost activities for individuals experiencing homelessness, are at risk of hospitalization, or have a history of hospitalizations, 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: Four part-time Drivers, one Master's Level Coordinator, and one Master's Level Director.

Data and Highlights: This fiscal year, **The Club held 110 group sessions and 1,047 consumers were served.**

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

Social Club groups are held face-to-face exposing consumers to low or no cost activities. Groups consist of trivia games, fun facts, Jeopardy, Bingo, ice cream socials, shopping outings, fairs, carnivals, outdoor concerts, zoo trips, holiday events, etc. Consumers are also encouraged to participate in all of the wellness groups hosted by the nurse at MHA. Consumers are provided with education/support surrounding the COVID-19 pandemic, vaccination, boosters, sun risk, and medication.

V. 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: Three Volunteers.

Data and Highlights: This fiscal year, three consumers were paired with three volunteers and over 310 meet-up hours were completed. Companions of the program work with their matched consumers providing companionship/support weekly via face-to-face meetings and telephone conversations.

VI. Mental Health Resource Network

Description: Mental Health Resource Network consists of over 43 houses of worship throughout the counties that partnered with MHA to provide support and resources to consumers served.

Data Highlights: Throughout the year, houses of worship provide resources to consumers that they may not be able to afford. Some examples of items provided are: air conditioners, microwaves, furniture, cleaning supplies, bedding, pots, pans, bookcases, coats, gloves, food, clothing, shoes, and vacuums. Church of God in Christ, located in Morristown, provided 25 consumers with gift cards to purchase items for the holidays. The Presbyterian Church of Chatham Township provided consumers with gift cards, toiletries, bedding, and household items for the holidays. Pine Brook Jewish Center filled the PATH pantry with food on three 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, toiletries, socks, etc. Notre Dame of Mount Carmel Church continues to provide prepared lunches on Hope One's homeless outreach days. Pine Brook Jewish Center hosted a Movie Night for our consumers, renting out a theatre allowing them to enjoy a movie experience free of charge. Parishioners have donated over \$5,000 to Self-Help, Advocacy and Education to meet other needs of our consumers, i.e., shopping cart, air conditioner, shoes, etc.

Self-Help, Advocacy and Education has also connected with other organizations that provided needed items to consumers and/or MHA programs:

- Riverdale Home Depot provided discounted tables for People's Picnic Project.
- 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 700 gifts for consumers and their children.

- Habitat Restore provided furniture and/or household items.
- QuickChek provided gift cards.

VII. 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:

1. **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.
2. **Information and Referral** – Offering information and referral to clergy, individuals, and families to mental health programs and a variety of community resources.
3. **Education About Mental Health Issues:**
 - a. **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.
 - b. **Speakers, Roundtables and Presentations** - designed to meet the needs of your group or congregation. Some topics include stress management, addiction, mental health, suicide, etc.
 - c. **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: This fiscal year, MHA provided 17 presentations and groups, and one Mental Health First Aid training. In total, there were over 1,200 attendees during the presentations and groups which focused on mental health education, services and resources, grief, and suicide awareness. Twenty-three people were trained in Mental Health First Aid. Funding for clinical services ended, however, three consultants volunteered their services to the program to assist five individuals. Other referrals from 22 houses of worship were linked to programs within the agency or in the community.

VIII. 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 integrate into the community. Several self-help groups are facilitated allowing people with mental illness to develop skills necessary for independence and

to have normal, healthy lives that include socialization and recreation. Groups and activities include pet therapy, art therapy, and monthly presentations lead by a medical professional.

Personnel: One Master's Level Program Director, one Master's Level Coordinator, one Bachelor's Level Staff, and four part-time Drivers.

Data and Highlights: Consumers were excited to have in-person activities again and look forward to coming to them each week. According to the annual consumer survey, 100% of consumers believe their overall health and well-being has improved as a result of the CAP Self-Help & Wellness activities.

Outcome: 100% of consumers report overall satisfaction with Self-Help Programs.

- a. **Exercise Group** focuses on physical wellness through exercise. This fiscal year, 42 sessions were held with participation by 133 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. Provided 404 hours of trips to 271 consumers.
- c. **Advocacy**, commonly known as CAP, is a self-help and consumer advocacy group. Twelve CAP consumers were active and vocal in helping to create a mental health system that is more responsive to their needs.

IX. Elizabeth T. Dorl Educational Assistance Fund

Description: 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 eligible consumers of mental health services to receive an Educational Certificate valued up to \$1,000. First Presbyterian Church of New Vernon provided \$3000 towards the scholarship fund. In FY2023, this fund allowed MHA to assist seven consumers in funding educational pursuits such as professional certification classes, ~~and~~ educational classes to obtain GED, a trade, driver's license, ~~or~~ and a college degree.

X. Peer Support to Greystone

Description: 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 had been suspended until further notice. As of June 2023, services resumed allowing 10 patients from Greystone Park Psychiatric Hospital to take part in an MHA activity. More events and Peer Support to GPPH have been scheduled for FY2024.

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 2021, 48,183 Americans died by suicide. Here in New Jersey, 736 individuals died by suicide in 2022. 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, Mental Health Association (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, 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 departments objective is to meet the community where they are at, whether that be in-person or virtually.

Personnel: One LPC Level Program Director, PhD Level Program Clinician, and one LAC Community Educator.

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 **7,358 Pageviews**. Broken-down by page:

- stopteensuicide.mhainspire.org – **5,386 Pageviews**
- youarenotalone.mhainspire.org – **1,972 Pageviews**

Since July of 2022, the MHA taught 242 presentations to over 6,453 individuals. These individuals included: parents, teachers, support staff, youth, college professors, school counselors, community

members, business professionals, and seniors. Presentations were given to: Congresswoman Mikie Sherrill's interns, NJ Center for Tourette Syndrome, Morris County Sexual Health Center, Drew University, County College of Morris, Lakeland Hills YMCA, NORWESCAP, and Madison YMCA.

The Signs of Suicide (SOS) Program was delivered to over 950 students in the Franklin Borough School, Green Hills School, Hardyston School, Frankford School, Hamburg School, Wardlaw+Hartridge, Sussex-Wantage School and Mount Arlington School. Signs of Suicide (SOS) teaches students how to identify signs of depression and suicide in themselves and their peers, while training school professionals, parents, and community members to recognize at-risk students and take appropriate action.

This year, the Mental Health Association delivered a new program to over 1,900 students from Randolph and Franklin Borough Elementary Schools, Montclair School District, Mount Arlington Schools, Green Hills, and Rockaway School District 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.

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 162 people during 5415 hours of calls to the Peer-to-Peer Support Line.**

Outcome: 100% of callers report their satisfaction with Peer-to-Peer Support Line.

Outcome: 80% of Peer Line workers report satisfaction working the Peer-to-Peer Support Line.

Teen Connect Support Line

Description: Teen Connect Support Line is a warm line that is staffed by young people for young people. The target population to be served is youth ages 13-24 years old. Youth support is not common

in the United States with minimal lines in the nation that focus on employing teens to answer calls by other teens. Youths have a special ability to understand and empathize with callers because they are of the same age group. Many troubled adolescents find it easier to share their angst and dread on a hotline with people their age, rather than their parents or other authority figures. It can be easier for a teenager to reach out to a peer first, even if the next step is to speak with a trusted adult.

Personnel: 10 Teen Line Staff, Director, Program Clinician and Community Educator of Suicide Prevention.

Data and Highlights: Since its inception in November 2022, the Teen Connect Line has provided hope, encouragement and resources to over 115 young people during 1,448 hours of calls to Teen Connect.

School-Based Counseling Services

- I. East Orange School-Based Counseling**
- II. Montclair Child Development Center - Mental Health Consulting**
- III. NJPAC – MHA Collaboration**

I. East Orange School-Based Counseling 2022-2023

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 Worker, working with one or two graduate social work or counseling interns.

Highlights: During FY2023, 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 50 middle and high school students. Below are some examples of how students utilized their time with the MHA mental health clinicians:

- To gain social skills and healthy coping mechanisms
- Learn effective ways to regulate emotions
- Explore loss and grief
- Explore situations that provoked anger and violence and healthier ways to react.

II. Montclair Child Development Center - Mental Health Consulting 2022-2023

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, including hosting a parent/caregiver night out event that included a

therapeutic activity to engage families in the services being offered at MCDC. Education to teachers was also provided by the counselor. This offered guidance and ways to support the children in the program.

Outcome Data: Over the 2022-2023 school year, over 600 hours of classroom support to children and teachers and over 90 hours of parent support was provided.

III. MHA Collaboration with NJPAC - New Jersey Performing Arts Center Project 2022-2023

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 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 graduate interns.

Highlights: During FY2023, MHA’s “Wellbeing Team,” provided over 450 hours of Professional and Personal Development Sessions, Direct Services, and Support Groups.

Examples of Professional and Personal Development Sessions:

- Education on problem solving, particularly in student engagement.
- Training on signs and symptoms of mental health in youth.

Examples of Support Groups:

- Parent support group was provided where divorce, remarriage and custody concerns were discussed.
- 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 sessions with youth that focused on anxiety over school performance, relationship issues with parents/caregivers, and issues around gender orientation and depression.
- Individual parent sessions where feelings surrounding disappointment over college non-acceptance were explored.

Wellness HUB - Early Intervention Support Services (EISS)

Program Description

It is the mission of the Wellness HUB, or Early Intervention Support Services (EISS) Program, provides the highest quality of mental health services to any adult age 18 or older who resides, works or attends school or prefers to participate in treatment in Sussex County and are experiencing exacerbated symptoms of mental illness. The Wellness HUB is designed as a 'living room' to provide the most comfortability to the visitors, their friends and family when in a crisis. Consumers can walk in during any of the extended office hours, including normal off hours for traditional outpatient clinics. Functioning as a mental health urgent care clinic, the Wellness HUB offers immediate access to crisis intervention services without having to rely on hospital emergency departments. The Wellness HUB provides immediate access to outreach, assessment, medication monitoring, therapy and support.

The main goal of the Wellness HUB is to provide immediate support to avoid the need for psychiatric hospitalization. Our mental health urgent care is designed to provide immediate and wraparound support to those reporting exacerbated mental health symptoms. We understand that 'crisis' can look and feel different for everyone and we work to design an individualized treatment plan for each person who walks in our doors.

Types of Services Offered

- Crisis Prevention
- Psychiatric Assessment and Evaluation
- Medication Evaluation and Management
- Therapy/Counseling
- Linkage and Referral to Community Resources
- Nursing Assessment
- Co-Occurring Substance Abuse Counseling
- Peer Support and Therapeutic Groups
- Recovery Planning
- Family Counseling
- Peer Support
- Transportation to treatment provided, as needed

Philosophy

The philosophy of our mental health urgent care is to immediately provide support and treatment to those who are in need; regardless of their ability to pay, access to transportation and any other barriers in their way. We offer a comfortable, calm and inviting environment to help people on their way to recovery.

Personnel

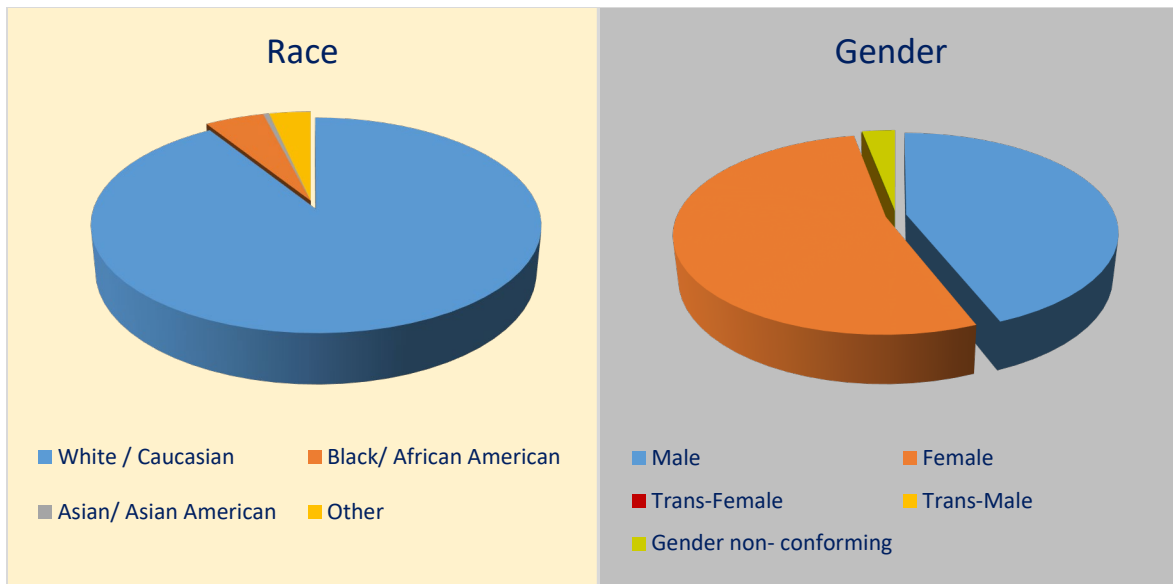
The Wellness HUB operates with a team of clinical and case management staff under the direction of a Program Director and Program Coordinator. The clinical team includes a part-time Psychiatrist, part-time Advance Practice Nurses (APN), fully licensed LCSW/LPC therapists, and Registered Nurses (RN). The Case Management team includes Case Managers and Peer Support Specialists, with lived mental health and substance use experience. The teams work closely together to ensure that all of our consumers' needs are met. There is also an administrative assistant providing support to the 'living room' and interns at different levels of education.

Consumer Demographics

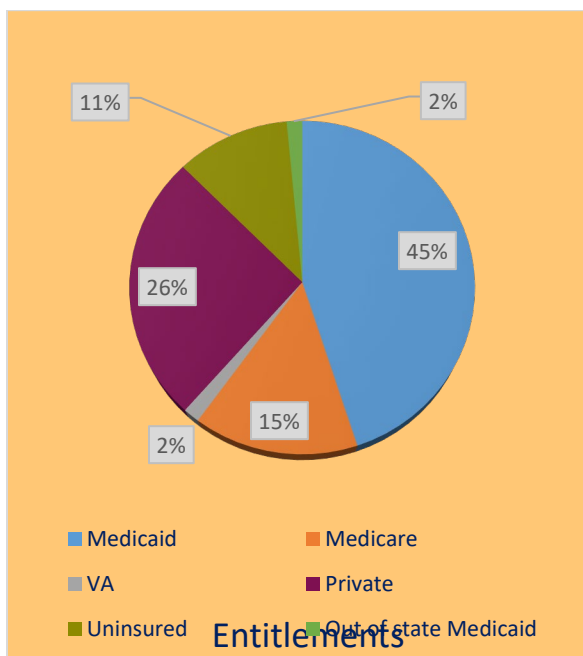
Of the 606 consumer served at the Wellness HUB in FY2023, 361 consumers were provided emergency psychiatric evaluation, medication management, crisis counseling, and case management for a period of 30 days or more. The other 245 consumers were able to be assisted with walk-in case management, crisis care and immediate linked to an appropriate community program.

The Wellness HUB is located in Newton, NJ, in the county of Sussex. Most parts of Sussex County, New Jersey are considered a rural area. To that end, the consumers in Sussex County are dealing with a number of barriers to receiving treatment. This includes a vast lack of resources, lack of employment opportunities and housing resources, as well as no access to transportation services. In regard to treatment, the County of Sussex has one hospital with limited outpatient mental health, Acute Partial/Intensive Outpatient, and one community partial care provider. Waitlists for outpatient treatment for those covered by Medicaid can be as long as a 90-day wait.

Of the 361 consumers treated at the Wellness HUB, 91% treated identified as White/Caucasian, 5% Black/African-American, 0.5% Asian, and 3.5% identified as Other. Ethnicity breakdown included 90% Non-Hispanic and 10% Hispanic/Latin, 10 consumers were also only Spanish speaking. The Wellness HUB consumers identify as 44% male, 53% female, and 3% gender non-conforming. Of those served in FY2023, 109 were 18-29 years old (30%), 127 were in their 30's and 40's (35%), 88 were in their 50's and 60's (24%), and 25 were 70 years old and older (7%).

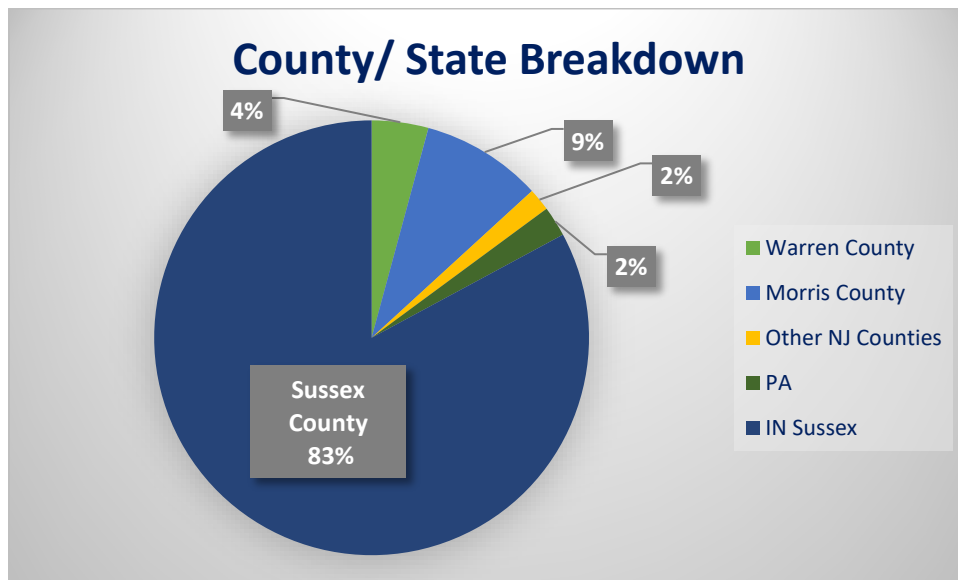


The Wellness HUB is a grant funded program that is contracted to treat all consumers regardless of their ability to pay. We have found, in the past year, a significant amount of consumers that have no insurance coverage, who are not eligible for Medicaid due to income limits but who also report the inability to pay for their own insurance coverage. This makes it extremely difficult for the case management staff to link the consumers to ongoing care and extends out length-of-stays. Insurance coverage for the consumers served include; Medicaid (164) 45%, Private Insurance (94) 26%, Medicare (55) 15%, Uninsured (43) 11%, Veterans Healthcare Coverage (3) 0.8%, and lastly, Out-of-State Medicaid (2) 0.5%.



During this first year in operation, it is important to note the need for walk-in and supportive mental health services throughout the state and surrounding states. To support this in this year,

we have treated 371 individuals, 300 individuals or 83% of those reside in Sussex County. The other individuals seen resided in Morris County, Warren County, other NJ counties, and out of state in Pennsylvania, respectively.



Performance Indicators

The Wellness HUB participates in the agency-wide Quality Assurance (QA) program which conducts monthly meetings and collects data on the utilization, quality, and effectiveness of services and treatment provided by each Mental Health Association program.

Wellness HUB's performance indicators measure overall consumer satisfaction, access to immediate care, and quality of care. During this fiscal year, 100% of consumers surveyed were satisfied with their treatment at the Wellness HUB, 98% of walk-ins were offered an appointment with a psychiatric provider within 24 hours of walking in for treatment. We work

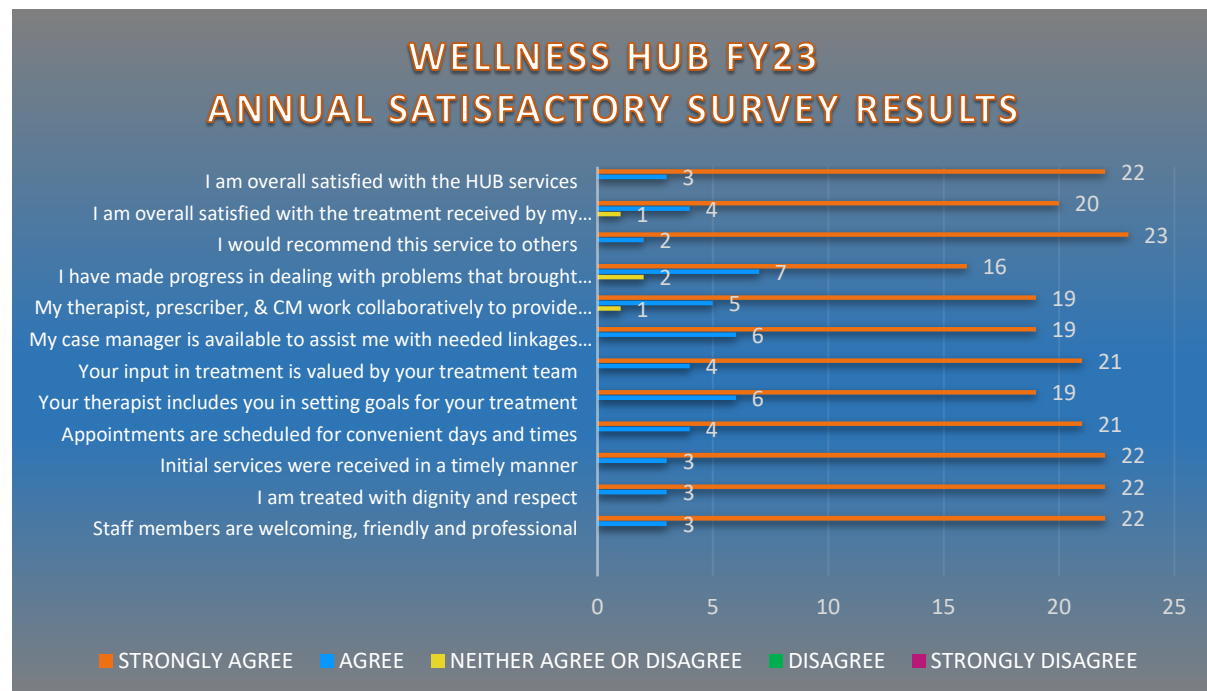
to assist our consumers, allowing them to engage in immediate counseling and medication evaluation to avoid the need for psychiatric screening at the hospital for a higher level of care or need for inpatient psychiatric care. In FY2023, only 1% of consumers walking in for care had to be referred to the local hospital to screen for a higher level of care.

Consumer Satisfaction Survey

MHA is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. Twenty six (26) Wellness HUB consumers were surveyed during our survey period.

Of the consumers surveyed;

- 100% of consumers indicated they “Strongly Agree” or “Agree” that they were satisfied with services at the HUB.
- 100% of consumers felt initial services were received in a timely manner.
- 96% of consumers felt HUB staff were respectful of their cultural background.
- 100% of consumers felt appointments were scheduled for convenient times and days.
- 100% of consumers felt their therapist included them in setting goals for their treatment.
- 100% of consumers felt their case manager was available to assist them with needed linkages and referrals.
- 96% of consumers felt the treatment team worked collaboratively to provide the best treatment.
- 92% of consumers felt they have made progress in dealing with their identified problems.
- 100% of consumers would recommend this service to another.



Those surveyed responded to two open ended questions as follows;

How has the Wellness HUB improved your life?

- “made me see the light”
- “my therapist has made me feel at ease to open up and get my life back”
- “helped me focus on goals”
- “In so many ways, mentally, physically, medication, etc.”
- “I have only been here a few weeks and I already feel better”
- “It has provided me a safe, consistent place to work on myself”
- “Feels good to have a place to go”
- “stopped my anxiety”
- “helped me understand myself better and start moving forward”
- “helped me regain control when I felt like I was losing it”

Additional Comments-

- “Very grateful for this place”
- “This program is so vital in Sussex County”
- “I loved everyone at the HUB”
- “best practices”

Highlights

Our first year in operation was an exciting one. The Wellness HUB or Early Intervention Support Services (EISS) received the award in June 2022. By July 2022, we had leased an office space, renovated the space, and moved in. Staff also began in this month and by August 25, 2022, we were an opened licensed outpatient facility with our first walk-in for care. While other newly awarded EISS programs struggled to find office space and hire staff, we were the first new program to open with a therapist, case manager, and prescriber, fully capable to handle whatever walked through our doors.

- Named by the Division of Mental Health and Addiction Services (DMHAS) as the “Rookie of the Year,” as a successful new EISS program.
- Participated in the Sussex County Community College Mental Health Awareness Women’s Soccer Game to provide advocacy and education to the students and their parents in fall 2022.
- Presented and marketed our new program to Sussex County resources including Atlantic Health - Newton Medical Center, Bridgeway Rehabilitation Services, Center for Prevention and Counseling, and NewBridge Services.
- Partnered with the Newton Police Department to provide education and advocacy, and collaborate to service the residents of Newton.
- Presented to the Sussex County Chiefs of Police at their annual meeting.
- By providing walk-in, mental health and addictions care, we worked to decrease the consumers’ need to go to the emergency rooms for care.

- Began billing therapy, group and psychiatric evaluations, and medication management for all Medicaid and Medicare consumers since the inception of the program.
- Worked with Rutgers University, New York University, and Loyola University to host MSW interns in our supportive learning environment.
- Wellness HUB therapist earned certification to supervise provisionally licensed staff within the Mental Health Association.

Substance Use Recovery and Empowerment (SURE)

The Substance Use Recovery and Empowerment (SURE) program's philosophy is 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 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 of care 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.

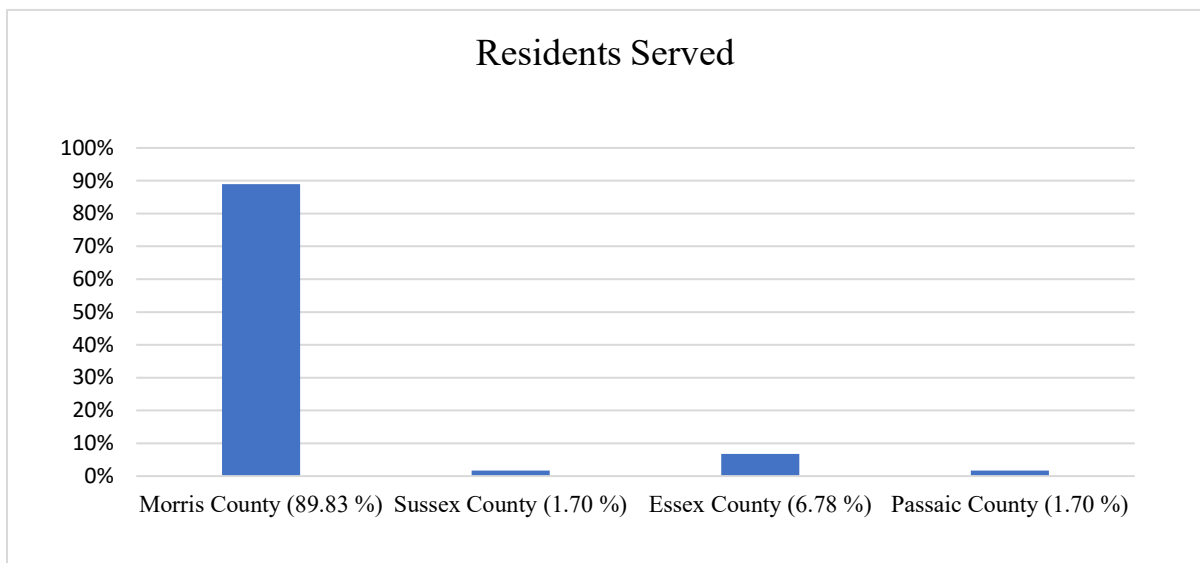
Service Provision

The SURE Program scheduled 85 substance abuse intake assessments and admitted 59 consumers into the SURE program during the fiscal year. Of 59 consumers, 10 were admitted into ASAM 2.1 level of care and 49 were admitted into ASAM 1.0 level of care.

SURE consumers are insured through Medicaid (78%), Medicare (5%), Private Insurance (14%), and RCI-FFS (3%).

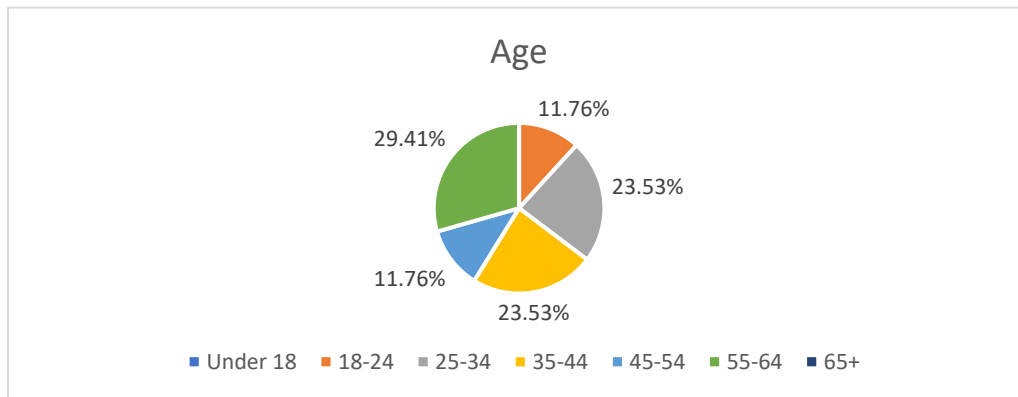
Demographics

The SURE Program provided services to residents of Morris County, Sussex County, Essex County, and Passaic County.



Age

The SURE Program served consumers ages 18 to 64 years old.



Gender

The SURE Program served 41% Female, 53% Male, 6% Gender Non-Conforming.

Ethnicity

The SURE Program served 53% White or Caucasian, 12% Black or African American, 16% Prefer not to say, and 19% other (Multiracial).

Referral

The SURE Program Director, on a monthly basis, informs and educates the community on the SURE Program's services to obtain referrals. Of the 59 admitted SURE consumers, 25% were internal referrals and 75% were external referrals.

Training

The SURE staff completed the following continuing education trainings through Relias Learning to gain knowledge and skills to better assist consumers who are accepted into the SURE Program; Working More Effectively with the LGBTQ+ Community, Benzodiazepines: Uses, Misuses, and Alternative Treatment Models, Assessing and Treating Methamphetamine Use Disorder, Managing Challenging Situations in Structured Group Therapy, NJ Gender Equity Notice - Equal Pay Act, Natural Disasters and Workplace Emergencies: An Overview, Ethics and Corporate Compliance, Homelessness and Substance Use, Supporting Adults in the Grieving Process, Maintaining Professional Boundaries, Dialectical Behavioral Therapy: An Introduction, Evidence-Based Practices in Family Psychoeducation, Screening and Assessing for Substance Use Disorders in Older Adults, Fetal Alcohol Spectrum Disorders, Wellness and Recovery, Mindfulness, Meditation, and Spirituality in Recovery, Using the Stages of Change Model in Treatment of Substance Use Disorders, Harm Reduction in Substance Use, Marijuana and

Cannabinoids: Effects and Potential Medicinal Uses, Strategies for Preventing and De-escalating Hostile Situations, and Introduction to Co-Occurring Disorders.

Systems Advocacy Activities

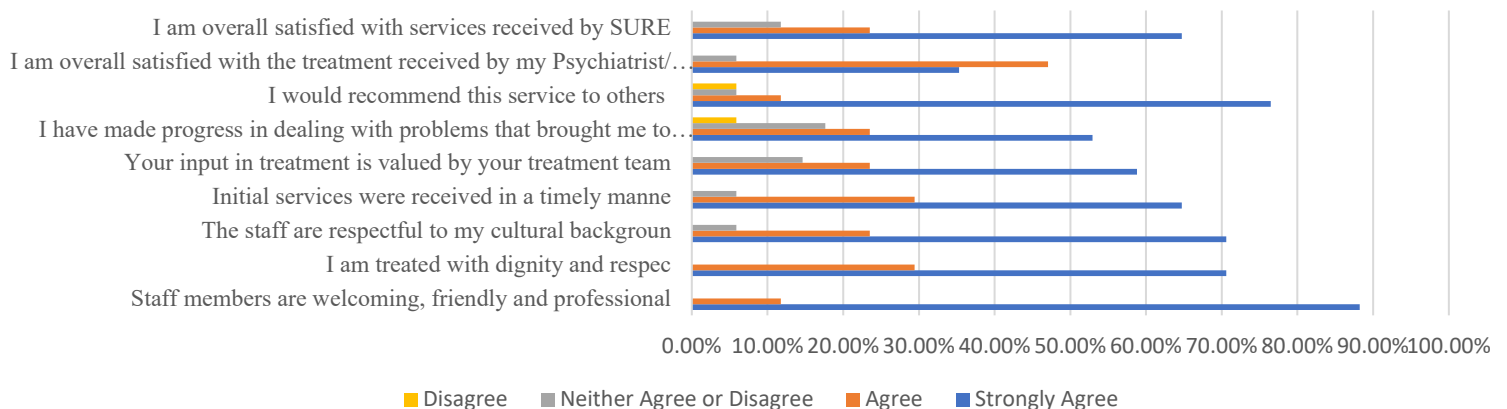
SURE participated on the following committees, boards, and task forces, during the past year:

- *Morris County Recovery Court Team Meeting* - This monthly meeting is organized by the Morris County Recovery Court Team, i.e., Recovery Court Judge, Prosecutors, Public Defenders, Probation Officers, Substance Abuse Evaluators, and Treatment Providers. The purpose of these meetings is to review cases and ensure all participants are getting the appropriate care and management while being on Recovery Court.
- *Recovery Recognition Breakfast* - This monthly meeting is organized by CARES-Prevention is Key. The purpose of these meetings is a morning of education, support, and celebration. Each session, the community providers gather to discuss community needs, share updates and recent events, and recognize CARES-Prevention is Key volunteer of the month.

Consumer Satisfaction Survey

In May 2022, SURE 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 17 surveys submitted, giving a 100% response rate, with an overall satisfaction score of 91%.

SURE Consumer Satisfaction Survey



Highlights

- SURE Program partnered with ATLAS (Addiction Treatment Locator, Assessment, and Standards Platform) to be listed as a provider for substance abuse treatment within Morris

County, NJ. Mental Health Association of Essex and Morris was added to the ATLAS database in July 2022.

- SURE Program signed an Affiliation Agreement with Intoxicated Drivers Resource Center in July 2022.
- SURE Program received a Full Status License in August 2022.
- SURE Program conducted the first outpatient group in August 2022.
- SURE Program applied for the 2023 Community-Based Funding Grant, which was awarded in November 2022.
- SURE Director hosted a Substance Use Disorder Psychoeducational Group for IFSS-Essex and Sussex on November 15, 2022.
- SURE Program co-hosted a Naloxone training with Hope One on January 23, 2023.
- SURE Program applied to the Substance Use Disorder (SUD) Fee-For-Service (FFS) Initiatives Network for State Fiscal Year (SFY) 2023 and was approved for Recovery Court, State Parole Board, New Jersey State Initiatives, and Interim Services in March 2023.
- SURE Program conducted the first intensive outpatient group in March 2023.
- SURE Director presented on alcohol awareness during the Project iECHO series, which was held on April 25, 2023.

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
1160 Parsippany Blvd.
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
1160 Parsippany Blvd.
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
1160 Parsippany Blvd.
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

1160 Parsippany Blvd.
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

1160 Parsippany Blvd.
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

1160 Parsippany Blvd.
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)

1160 Parsippany Blvd.
Parsippany, NJ 07054
973-334-3496

Suicide Prevention Services (SPS)

1160 Parsippany Blvd.
Parsippany, NJ 07054
973-334-3496



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