

Health Home (Care Coordination)

Description

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.

Performance Outcomes

All programs continue to conduct Comprehensive Intake Assessments which determine the coordination of services needed. Staff gather information such as past medical and behavioral health history, family health history, and past hospitalizations. They also collect data on current medication use, profile and treatment, current or past substance use, and any current health concerns or needs. Suicide Risk Assessments are completed with each individual to promote prompt identification of life-threatening crises and the need for appropriate intervention. Identification of chronic disease status is also completed, including, but not limited to the presence of asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, and obesity. Individuals across the 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 their needs. Individuals diagnosed with severe and persistent mental disorders tend to have a shorter lifespan due to preventable chronic conditions that remain untreated. Prospect Primary Healthcare monitors Body Mass Index (BMI), vitamin D levels, glucose levels, and blood pressure readings for the individuals who participate in this program as they are considered high risk. As of the end of FY2025, Prospect Primary reported a BMI average of 35% within normal range, vitamin D average of 58% within normal range, glucose level average of 66% within normal range, and blood pressure average of 61% within normal range.

Program Highlights

MHA is dedicated to improving our consumers' overall health by ensuring they receive individualized care tailored to their health needs. MHA staff continues to support each consumer in selecting 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 remains committed to assisting in coordinating services and identifying their strengths and needs. For those without a primary care provider, individuals served by 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 also provides other basic clearance forms, including a Medical Clearance Form that can be filled out by their health care provider to allow consumers to utilize on site gym facilities at Prospect House.

MHA staff continues to support individuals in managing their health concerns through providing resources, education, and linkage to health services. Skills-based groups are conducted by MHA staff in several programs, covering topics such as coping skills and stress management. Along with skills-based groups, health education 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 FY2025, 552 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 recognizes the importance of consistent staff education to better serve the individuals in our programs and community. All staff are provided with written educational materials and are offered guidance on how to use this information to assist individuals with their health needs. Each program site maintains a binder labeled "Health Home" which contains written educational documents on the most prevalent disease processes and the most commonly used medications within the population served. These documents are also available digitally on a shared network for staff to access for themselves or for consumer education. Additionally, all MHA staff are 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. MHA staff can also contact nursing staff from the Health Home program to provide individualized health education depending on staff or department needs.

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.

Advocacy Activities

One of the ways MHA staff continues to support individuals in managing their health concerns and conditions is by providing access to mobile health events at MHA sites. MHA nursing staff provides on-site blood pressure monitoring and education to consumers during the annual Consumer Picnic events. Health Home staff also collaborates with community providers to bring important medical screening and treatment events to MHA consumers to improve access to care. MHA partners with Zufall Community Healthcare to provide health screenings and services to MHA's sites, including blood pressure clinics, seasonal vaccination clinics, and mobile dental clinics. MHA also works with EDGE NJ to bring mobile rapid HIV testing and PrEP counseling to our sites. These health events are accessible to all consumers throughout the agency as well as for staff to utilize. By the end of the FY2025, 145 consumers and staff were served at our mobile health events.

Health Home has also made connections with local nursing schools, including Fairleigh Dickinson University's School of Nursing and Allied Health to give nursing students the experience of providing care

to the mental health patient population in the community. Nursing students came on different dates during this fiscal year to observe staff from several different disciplines provide services in the community. This gives new nurses joining the profession insight into how physical and mental health care is provided outside of an inpatient setting.

FY 2026 Goals

Health Home has several goals to increase the services provided to our consumers and to improve the efficacy of service delivery across the agency. One of Health Home's goals for FY 2026 is to increase the number of Registered Nurses on staff to enhance service availability and improve access to care for our consumers. Additionally, we aim to establish and strengthen collaborative relationships with new and existing community healthcare providers to expand access to essential health services, including, but not limited to, mobile mammography. Lastly, Health Home seeks to partner with local nursing schools to create additional opportunities for student observation, clinical engagement, and educational collaboration.