



Mental Health Association Management Report Fiscal Year 2025



Mental Health Association

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Introduction

The Mental Health Association (MHA) continued its strong focus on the recovery, safety and mental health and substance use disorder needs of consumers and their families in fiscal year 2025. 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.

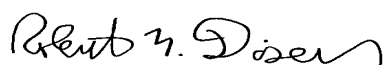
MHA continued to focus on innovative service delivery, emphasizing wellness and recovery:

- MHA continues to celebrate its 75th Anniversary, a legacy of advocacy, treatment, policy and caring.
- MHA was awarded and implemented the 988 Mobile Crisis Response Teams for Essex and Hudson County. MHA now provides services in 6 counties, Essex, Morris, Passaic, Sussex, Hudson and Middlesex.
- MHA was awarded and implemented 2 grants to provide Community Wellness Centers (Drop-in programs) in Morris and Sussex Counties.
- The agency expanded the Attorney General's ARRIVE police co-responding program to every town in Morris County.
- MHA rented and outfitted 4 new office sites in Secaucus, West Orange, Parsippany and Newton.
- The agency expanded DCA Homeless Diversion services and a Prosecutor Diversion program into Sussex County.
- MHA continues to benefit from strong support from local foundations as evidenced by continued significant financial support from the Healthcare Foundation of the Oranges, F.M. Kirby Foundation and the Partners for Health.
- MHA met the service needs of the community via its counseling, case management, partial hospitalization, primary care, 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 evidenced based and recovery focused, culturally competent to the diverse communities we serve with an emphasis on the underserved and marginalized persons with health disparities.

Raising mental health awareness was the centerpiece of MHA's performance for fiscal year 2025. MHA provided over 250 community presentations on a range of mental health and addiction recovery topics throughout Northern New Jersey. Suicide Prevention and adolescence mental health were the most common raising awareness activity with presentations to schools, colleges, community groups and houses of worship. MHA produced radio public services announcements appearing on Essex, Morris and Sussex radio stations. In addition, MHA staff appeared on NJTV, NEWS 12, WPIX and were quoted numerous times on several online outlets, including the Daily Record and NJ. Com/Star-Ledger.

Advocacy, on behalf of individuals with mental illness and their families, was a continued interest in fiscal year 2025. Led by the Board's Advocacy Committee and senior staff, the agency was instrumental (working with other community partners) in maintaining funding in the State Budget for FY 2026. 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. Expand advocacy and reduce stigma: MHA's goal is to create a more supportive and inclusive community for individuals with mental illness and addiction.
2. Focus on broader societal mental health and addiction challenges: MHA champions a society where those in need have access to the mental health and addiction services, and where mental wellness is valued and prioritized.
3. Broaden MHA's name recognition while concurrently seeking new funding sources: In doing so, MHA can ultimately expand its impact on the community.
4. Improve person's served long-term prospects, and personal independence and autonomy: MHA emphasizes overall wellness through the integration of physical health and social interaction, in conjunction with traditional mental health services, in all MHA programs.
5. Enhance the financial strength of the agency: MHA will continue to maintain a strong financial foundation that supports its mission and ensures its long-term sustainability.
6. Fortify MHA's workforce: MHA recognizes building a strong and dedicated workforce is essential for the agency's success and the well-being of the individuals it serves.

Chief Executive Officer Goals & Objectives July 1, 2025 – June 30, 2026

GOAL	OBJECTIVE/OUTCOME MEASURE
<p>1. Increase public awareness of mental health and addiction recovery and awareness of MHA.</p> <p><i>Ref: Strategic Goals # 3</i></p>	<p>a. Work with Board of Directors, the Advocacy Committee, Director of Development and Marketing and Program Directors to continue raising awareness. Specifically, areas as described in the Strategic Plan.</p> <p>Outcome Measure - High impact media drops at least quarterly (e.g., MHA's email blast, newspaper and cyber press releases, Op/Eds, podcast, etc.), paid media campaigns (social media, TV commercials), and community trainings (e.g., Suicide Prevention and Mental Health First Aid Trainings, NJSIAA, NCAA)</p> <p>Target Date: Ongoing</p>
<p>2. Continue Advocacy efforts at MHA.</p> <p><i>Ref: Strategic Goals # 1</i></p>	<p>a. Organize Legislative Breakfast(s) (Essex & Morris) – advocate for the following:</p> <ul style="list-style-type: none"> • Increase elected officials' awareness of Mental Health needs and services • Improve access to Mental Health and Addiction Recovery services • Improve conditions at State Psychiatric Hospitals • Suicide Prevention <p>Outcome Measure – Hold well attended Legislative Breakfasts with meaningful representation from elected officials.</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 advocacy items.</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, 2026</p>
<p>3. Advocate nationally as a Board member of Mental Health America, Washington DC.</p> <p><i>Ref: Strategic Goal # 1</i></p>	<p>a. Participate as an active Board member and 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. Exceed and comply with Accreditation Requirements re: CARF Survey</p> <p><i>Ref: Strategic Goal # 1, 2, 3, 4, 5, 6</i></p>	<p>a. Work with Chief Operating Officer and other management staff to ensure agency maintains full 3-year Accreditation.</p> <p>Outcome Measure – Full Accreditation at the highest level</p> <p>Target Date: May 31, 2026</p>
<p>5. Emphasize the integration of physical and mental health in all MHA services with an emphasis on the underserved and marginalized person with health disparities.</p> <p><i>Ref: Strategic Goal # 2, 4</i></p>	<p>a. Ensure appropriate education for all staff.</p> <p>b. Ensure consistent access to medical services for our consumers through Prospect Primary Care and partnerships with healthcare providers e.g., FQHCs, coordinate on-site mobile outreach services e.g. Zufall medical and dental mobile van, Edge (LGBTQ+ mobile HIV testing and Hepatitis screening.</p> <p>Outcome Measure – MHA maintaining its CARF Accreditation as a Health Home and consumers having access to consistent services.</p> <p>Target Date: Ongoing</p>
<p>6. Keep informed of industry-wide standards, dynamics and changes.</p> <p><i>Ref: Strategic Goals # 1, 2, 3, 4, 5, 6</i></p>	<p>a. Attend Continuing Education programs and Leadership Training, provide monthly trainings to staff</p> <p>Outcome Measure – As evidenced by attendance at appropriate trainings and continuing education opportunities.</p> <p>Target Date: Ongoing</p>

<p>7. Raise money for MHA. Coordinate a successful Presidents Giving Society, Annual Appeal, Major Gift Solicitation and Kentucky Derby event</p> <p><i>Ref: Strategic Goal # 3, 4</i></p>	<p>a. Working with Development Committee, Board, Director of Development and Marketing and Development and Marketing Manager to develop fundraising as well as other potential opportunities.</p> <p>Outcome Measure – Exceed MHA budget of \$175,000 for fundraising and \$50,000 for major gifts.</p> <p>Target Date: June 30, 2026</p>
<p>8. Secure foundation and corporate support of agency.</p> <p><i>Ref: Strategic Goals # 3, 4</i></p>	<p>a. Work with Director of Development and Marketing and senior staff to secure \$100,000 of new grants/support for FY 2025.</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, 2026</p>
<p>9. Secure additional public grant for mental health and addiction recovery services.</p> <p><i>Ref: Strategic Goal # 5</i></p>	<p>a. Working with Senior Director of Programs and senior staff to successfully secure public support for mental health and addiction recovery initiatives, e.g., Morris County grants, Riskin Children’s Center, Raising Awareness, Suicide Prevention, SURE program, etc.</p> <p>Outcome Measure – secure \$250,000 of public funding.</p> <p>Target Date: June 30, 2026</p>
<p>10. Secure funds to continue vehicle replacement and maintain owned facilities (1160 Parsippany, 33 So. Fullerton, Prospect House, Supportive Living Services sites).</p> <p><i>Ref: Strategic Goal # 5</i></p>	<p>a. Working with Director of Operations to 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, 2026</p>

<p>11. Contain Medical Benefit Plan Costs.</p> <p><i>Ref: Strategic Goal # 5, 6</i></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, 2026</p>
<p>12. Maintain fiscal stability and maintain financial position.</p> <p><i>Ref: Strategic Goal # 5</i></p>	<p>a. Work with Board, Finance Committee, COO, 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 2026 on budget or better, e.g., no operational deficit.</p> <p>Target Date: June 30, 2026</p> <p>c. Working with Finance Committee, CFO and key staff, develop fiscally sound budget for FY 2026, approved by the Board and accepted by the State.</p> <p>Target Date: June 30, 2026</p>
<p>13. Educate the Board of Directors on topics related to their roles and responsibilities.</p> <p><i>Ref: Strategic Goals # 1, 2, 3, 4, 5, 6</i></p>	<p>a. Coordinating with Board President, provide short, high impact presentations on development and networking concepts at Board meetings and special training sessions.</p> <p>b. Provide ongoing information concerning the mental health and addiction recovery industry.</p> <p>Outcome Measure – Informed Board of Directors.</p> <p>Target Date: Ongoing</p>
<p>14. Recruit new members to the Board of Directors.</p> <p><i>Ref: Strategic Goal # 5</i></p>	<p>a. Working with the Board, Board President and Nominating Committee Chair to recruit 2-3 new and diverse Board members for FY 2026.</p> <p>Outcome Measure – 2-3 new Board members.</p> <p>Target Date: June 30, 2026</p>

<p>15. Work with Director of Human Resources and entire management team to recruit and maintain high quality staff.</p> <p><i>Ref: Strategic Goals # 1, 2, 3, 4, 5, 6</i></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.</p> <p>Target Date: Ongoing</p>
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Strategic Plan

Mission

MHA promotes mental health and total wellness for individuals facing challenges associated with mental illness and addiction recovery.

We increase community awareness while enhancing mental well-being through advocacy, education, prevention, treatment, and services.

Vision

We envision a society where individuals with mental illness and addiction can readily access services and live with hope.

Values

A Strategic Plan must be consistent with the core beliefs and 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:

- **Integrity:** Conducting operations honestly, ethically and transparently while treating ALL people with respect.
- **Access / Accessibility:** Actively working to create a low barrier environment so that everyone, regardless of their ability or financial resources, can fully engage in MHA's programs and services.
- **Compassion:** The desire to help relieve suffering, through empathy and understanding.
- **Diversity:** A qualified staff with a variety of skills, education, and backgrounds and a wide range of programming better serves the needs of our community.
- **Advocacy:** A commitment to actively speak up and work towards systemic change on behalf of those we serve.
- **Collaboration:** Involve professionals throughout the agency to improve care and actively seek partnerships with organizations, community groups or persons served to enhance our mission.
- **Sustainability:** Prioritizing long-term viability through diverse funding sources, responsible operations, financial stability and a focus on creating a lasting impact.

Long Term Goals

1. **Expand** advocacy and reduce stigma: MHA's goal is to create a more supportive and inclusive community for individuals with mental illness and addiction.
2. **Focus** on broader societal mental health and addiction challenges: MHA champions a society where those in need have access to the mental health and addiction services, and where mental wellness is valued and prioritized.
3. **Broaden** MHA's name recognition while concurrently seeking new funding sources: In doing so, MHA can ultimately expand its impact on the community.
4. **Improve** person's served long-term prospects, and personal independence and autonomy: MHA emphasizes overall wellness through the integration of physical health and social interaction, in conjunction with traditional mental health services, in all MHA programs.
5. **Enhance** the financial strength of the agency: MHA will continue to maintain a strong financial foundation that supports its mission and ensures its long-term sustainability.

6. **Fortify** MHA's workforce: MHA recognizes building a strong and dedicated workforce is essential for the agency's success and the well-being of the individuals it serves.

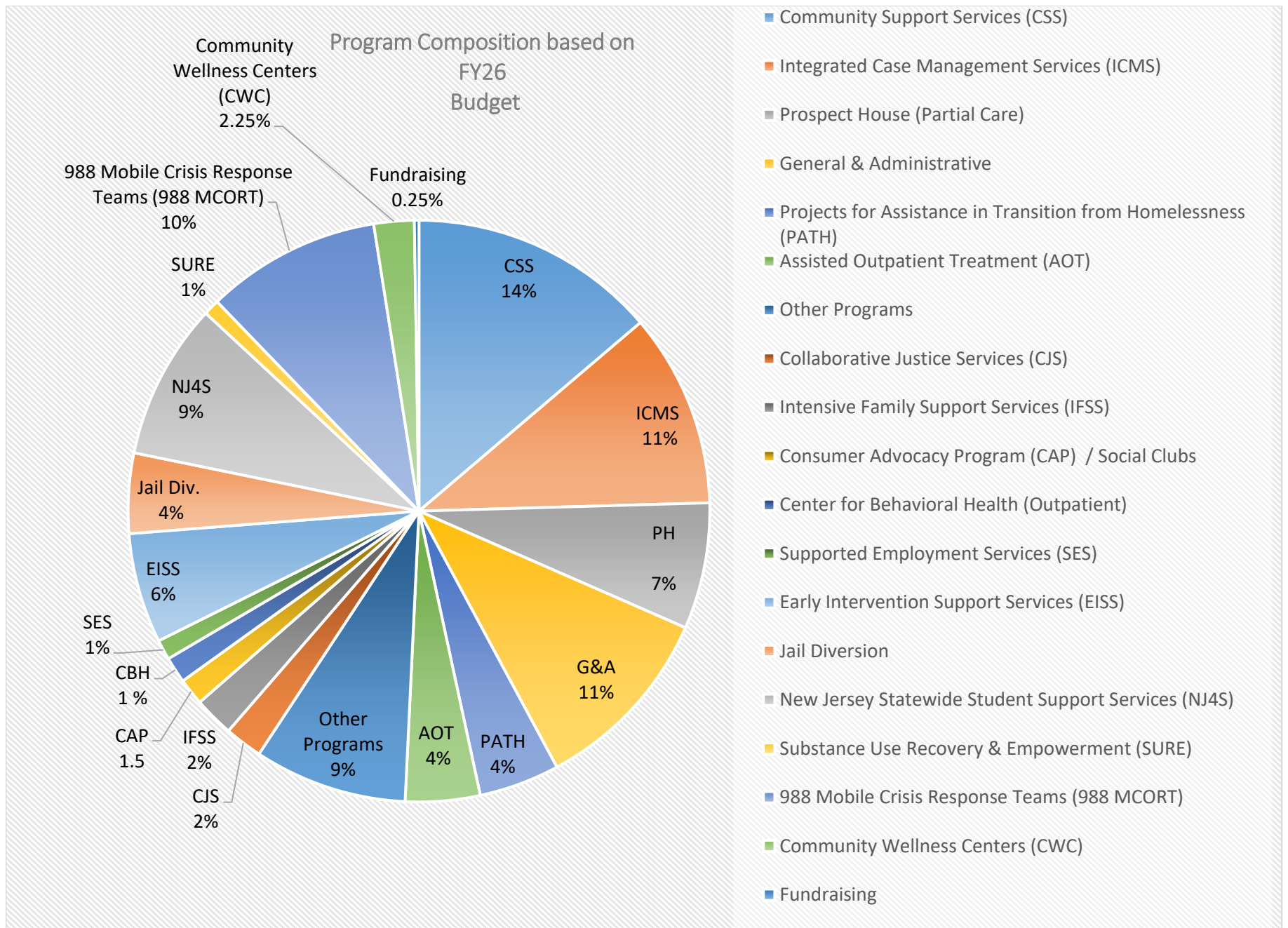
In all aspects of this Three-Year Plan, proceeding in ways and through means that acknowledge (A) the capabilities of the MHA (must have or be able to acquire the appropriate knowledge base and expertise to perform the work); (B) agency infrastructure (must be able to operate the program without undue 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; Persons Served, their Families, the Strategic Planning Committee, the Board of Directors, Staff, Public funding sources, Private funding sources, Public oversight entities and Community partners.

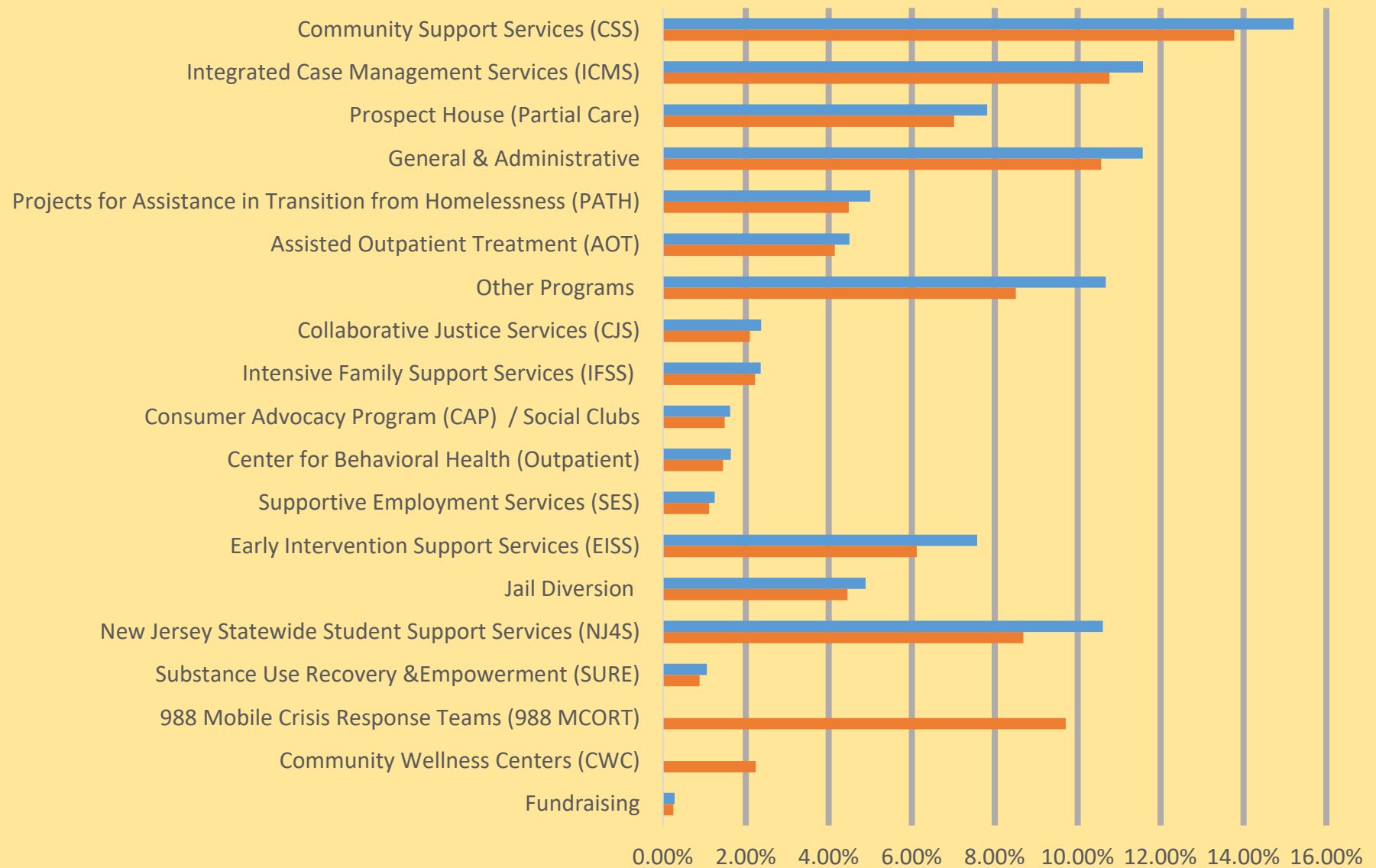
Finance

For the fiscal year ending June 30, 2025 the Agency was fiscally sound as evidenced by an average operational surplus of \$214,000. During fiscal 2025 the average current ratio was 1.76 indicating the ability to meet current obligations. In 2025, the Agency implemented two new programs: Community Wellness Centers in Morris and Sussex counties and 988 Mobile Crisis Outreach Response Teams in Essex and Hudson counties. Financial highlights for the fiscal year ended June 30, 2025 are as follows:

- The Agency made a one-time 6% discretionary 401(k) contribution in the amount of \$486,202. Over a three-year period, the Agency on average contributed 6% 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, 2025.
- The Agency added nineteen new vehicles to the fleet of which ten are replacements. The Agency has approximately 113 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 renewed with a 9.4% increase on July 1, 2024.
- The fiscal June 30, 2025 medical insurance was renewed with Horizon Blue Cross with a 15% increase.
- The Agency's services based upon the budget for 6-30-2026 are made up of Assisted Outpatient Treatment (AOT) 4.14%, Center for Behavioral Health (Outpatient) 1.45%, Partial Care (PH) 7.02%, Community Support Services (CSS) 13.78%, Consumer Advocacy Program (CAP) / Social Clubs 1.49%, Integrated Case Management Services (ICMS) 10.77%, Projects for Assistance in Transition for Homelessness (PATH) 4.48%, Supported Employment Services (SES) 1.11%, Intensive Family Support Services (IFSS) 2.22%, Collaborative Justice Services (CJS) 2.10%, Early Intervention Support Services (EISS) 6.12%, Judicial Diversion 4.45%, New Jersey Statewide Student Support Services (NJ4S) 8.70%, Substance Use Recovery & Empowerment (SURE) .88% , 988 Mobile Crisis Response Teams (988 MCORT) 9.71%, Community Wellness Centers (CWC) 2.24% and Other Programs 8.52%.
- Based upon the budget for 6-30-2026 general and administrative expenses are 10.57% while fundraising expenses represent .25%.



Program Composition Based on FY25 & FY26 Budget



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.

Corporate Compliance Report 7/1/24 - 6/30/2025		
Topic	Discussion	Comments
Finance	There were no Corporate Compliance issues during this time period.	
Human Resources	There were no Corporate Compliance issues during this time period.	
Information Technology	There were no Corporate Compliance issues during this time period.	
Sentinel Events	There were no sentinel events during this time period.	A sentinel event describes an incident that occurs on our property such as a loss of life or serious injury including commission of personnel causing harm.

Corporate Compliance Report 7/1/24 - 6/30/2025

Topic	Discussion	Comments
<i>Agency Incidents</i>	F25 had 73 overall reported incidents. In FY24, there were 60 overall incidents.	This signifies a 22% increase of incidents within the agency from FY24, however a lesser 4% increase from FY23. It is important to note that since last fiscal year, MHA has grown in programming including staff and individuals served which can lead in an increase in overall incidents. This increase will continue to be monitored.
<i>Agency Critical Incident</i>	There were 34 critical incidents reported for FY25, slightly higher than last year's report of 30. This is 49% of the total reported incidents which is the same as last year.	A Critical Incident is when the incident is required to be reported to Division of Mental Health and Addiction Services. Such categories include but are not limited to consumer death, suicide attempt, overdose, serious injury, alleged sexual/ physical abuse and operational.
<i>External Audits/ Reviews</i>		
Medicaid	Morris, Essex and Passaic ICMS teams as well as Prospect House partial care have routine scheduled audits by NJ Medicaid.	In FY25, there was a nominal return funds required by ICMS and Prospect House in comparison to the amount billed, equivalent to 0.2% of total billed.
NJMHAPP	NJMHAPP Extract Project is a quarterly audit completed by NJMHAPP/ DMHAS specifically to recoup Medicaid eligible dollars that were paid by NJMHAPP (ICMS, Prospect House and CBH).	For FY25, a 2% reverse of funds from overall billed was requested among the various programs that bill in NJMHAPP system due to Medicaid eligibility. It is important to note these returned claims were able to be billed to Medicaid for payment at a higher rate.

Corporate Compliance Report 7/1/24 - 6/30/2025		
Topic	Discussion	Comments
Other	Routine audits/ reviews/ inspections occur throughout our programs from various external entities.	FY25 had the following audits/ reviews/ inspections: Independent Financial Audit - Year end 6-30-2024; Certificate of Need & Licensing (CN&L) audit for SURE program (Program was fully licensed); DMHAS site reviews for CSS and ICMS teams; Department of Children and Families site visit for NJ4S; Mercadian Audit (Federal) for Prospect House.
Internal Agency Audits	Quarterly record audits were conducted by the Corporate Compliance Officer, Program Directors and Prescribers (Peer audits).	Audits are reviewed for any required corrections and feedback.
Corporate Compliance Memo	All staff received scheduled Corporate Compliance Memos which identified the Agency Corporate Compliance Officer, the responsibilities of the position including having direct access to the Chief Executive Officer and/ or Board of Directors for matters as needed.	The Corporate Compliance memo is sent out via email to all staff every 6 months.
Behavioral Health Integration implementation (BHI)	The goal of BHI is to improve the overall quality of care and outcomes for adults with mental health conditions and/or substance use disorder by connecting them with the physical, behavioral, and social supports needed to manage their care.	BHI was effective as of 1/1/25 for Outpatient Services (CBH, AOT, EISS, CJR), Substance Use Services (SURE) and Partial Care Services (Prospect House). Management and billing teams participated in a state training series to prepare. IT, Finance, Senior Management, Director of Quality Assurance and all other staff involved in the process collaborated to ensure a smooth transition.

FY 2026 Goals

Corporate Compliance will continue to focus on ensuring adherence to all applicable laws, regulations, and ethical standards to promote safe, ethical, and high-quality care. These goals include establishing comprehensive policies and procedures that support regulatory compliance, providing ongoing staff training to foster awareness and understanding of compliance requirements, and implementing effective monitoring and auditing systems to identify and address potential violations. Ensuring confidentiality, safeguarding client rights, and maintaining accurate documentation are also key objectives. Ultimately, these compliance efforts seek to mitigate legal and financial risks, uphold public trust, and support the agency's mission.

Development and Marketing

Description

The Development and Marketing Department at the Mental Health Association is responsible for advancing the organization's mission through strategic fundraising, donor engagement, and effective communication. The department cultivates relationships with individual donors, foundations, corporate partners, and community stakeholders to secure essential funding that supports MHA's wide range of programs and services.

On the marketing side, the department manages all internal and external communications including branding, social media, email campaigns, newsletters, media relations, and website content. By promoting awareness, advocacy, and community involvement, the department plays a key role in highlighting the impact of MHA's work and expanding its reach.

Together, the development and marketing functions ensure that MHA remains visible, financially sustainable, and connected to the community it serves.

Fundraising and Development

Giving Tuesday was on December 3, 2024. A total of \$2,681 was raised from that campaign.

MHA's President's Giving Society raised a total of \$76,300 from 75 donors. The letter featured a story about a consumer whose life was changed because of the Co-Response program. The giving levels range from \$100 to \$10,000. A thank you reception was held on January 23rd at The Wilshire Grand in West Orange with approximately 80 people in attendance.

An annual appeal letter was mailed out to the donor database. This year's story focused on a consumer whose life was changed because of the PATH program that was able to help secure her housing. A total of \$13,176 was raised.

MHA's 75th Anniversary Celebration was held on May 29, 2025 at the Montclair Art Museum. Both The Health Care Foundation of the Oranges and Senator M. Teresa Ruiz were honored for their commitment and dedication to the mission of MHA. During the evening, the Me2 Orchestra along with the New Jersey Symphony Orchestra performed. This year, there were 15 sponsors of the event for a total of \$87,500. The ad journal raised \$19,500. The ticket sales were \$19,250. The donations collected were \$6,650. The night of event money included a 50/50 for a total of \$7,925 and a silent auction that raised \$2,575. The total gross for the evening was \$143,400. The total expenses were \$47,775. The total net was \$95,625 with a goal of \$60,000. There was a total of 210 people in attendance.

Marketing

The Mental Health Association's homepage was thoughtfully re-designed with a focus on user experience and accessibility, making it easier for community members to navigate the site, find information about available programs and services, and access the support they need more efficiently.

MHA continues to use social media platforms that include Facebook, Instagram, LinkedIn and Twitter to extend their reach to broader audiences. The content for both social media and the monthly Insights e-newsletter focuses on the agency's various programs, collaborations with other community partners, participation in community events and education on mental health initiatives. The number of followers across all platforms increased by an average of 20% over the past fiscal year.

MHA partnered with a marketing firm to promote Teen Connect and boost engagement among teens and young adults. The campaign featured a TikTok-focused social media strategy that generated over 1 million views and resulted in a noticeable increase in texts and calls to the service.

The sponsorship of the Seton Hall University Men's Basketball program was renewed to help continue to raise awareness for the agency. MHA received visibility at each of the home games with prime logo placement throughout the arena, an ad in the digital program and a 30 second commercial that was played during each of the home games. This year they also included a 3-day website takeover from February 14-16th where MHA's 75th logo was displayed on Seton Hall's website and helped drive traffic to the agency's website.

MHA proudly partnered in the 2nd Annual Montclair Doughnut Run on December 8th, where over 2,500 runners took part. The event provided a great opportunity for the agency to engage with the community and distribute branded merchandise to all participants.

MHA was a sponsor of the 2 mile Fun/Run for the 42nd Annual YMCA of Montclair Run on June 1st. The Montclair Run supports the YMCA's Community Health Program Fund which helps our neighbors live healthier lives.

Advocacy

The 24th Annual Essex County Mental Health & Addictions Coalition Legislative Breakfast was held on October 11th at the Wilshire Grand Hotel in West Orange. The sold-out breakfast event featured more than 340 elected officials, executives, stakeholders and community members who spoke on issues pertaining to mental health, as well as opportunities to address ongoing developments, and current challenges facing the field. Keynote speakers at the event were Dr. Jeffrey Brenner, CEO of the Jewish Board, Health and Human Services as well as Brandi Christiansen, President and CEO of Mental Health America-Wabash Valley Region, Indiana.

The 6th Annual Morris County Mental Health & Addictions Coalition Legislative Breakfast was held on October 18th at the Park Avenue Club in Florham Park. Over 240 elected officials, executives, stakeholders and community members spoke on issues pertaining to mental health, as well as opportunities to address ongoing developments, and current challenges facing the field. The keynote speaker of the event was Dr.

Kay Redfield Jamison, Professor of Psychiatry and Co-Director of Johns Hopkins Mood Disorders Center and author of “Fires in the Dark: Healing the Unquiet Mind.”

The 2nd Annual Community Resource Day was held on May 2nd at Raymour & Flanigan in Rockaway NJ. This event focused on raising community awareness of the Mental Health Association and the resources available to provide mental health support, along with art therapy craft activities, the Morris County Hope One van, local police and fire departments, live music, food and activities.

Grants

MHA received a \$50,000 grant from Health Care Foundation of the Oranges to support general operating costs for ICMS Essex.

Board Development

MHA held its Board Retreat on February 8th at The Presbyterian Church of Upper Montclair, featuring guest speaker Laura Fredericks, who emphasized the importance of fundraising in preparation for the 75th Anniversary Celebration. During the retreat, the Board reviewed current financial responsibilities, explored fundraising strategies, and introduced a new Board scorecard to help members track their engagement and contributions throughout the year.

Goals

The goals of MHA’s Marketing and Development Department are centered on expanding outreach, reducing stigma, enhancing service accessibility, and increasing philanthropic support. By leveraging innovative digital marketing strategies such as social media campaigns, targeted advertising, and community engagement initiatives, MHA raises awareness about mental health issues and available resources. Emphasizing culturally competent and inclusive messaging helps reach diverse populations and foster trust within underserved communities. These efforts not only promote mental well-being but also support fundraising initiatives by strengthening donor engagement, broadening community support, and ensuring the sustainability of MHA’s programs and services.

Human Resources

Description

MHA's Human Resources Department plays a vital role in supporting the mission and values of the organization. It ensures that the organization attracts, retains, develops and supports a compassionate, skilled and mission-driven workforce while maintaining compliance with employment laws and fostering a positive workplace culture.

Workforce Composition and Stability

The MHA workforce is composed of a multidisciplinary team 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.

Overall, there has been a 20% increase in the staff count since last fiscal year with 55 positions remaining vacant on June 30, 2025. As of June 30, 2025, there were 280 active employees. For FY2025, the annual turnover rate was 34%, averaging 2% per month. The drop in voluntary turnover demonstrates how MHA's expansion and new promotion pathways energized retention among high performers. MHA aspires to recognize excellence with upward mobility.

Workforce Engagement

MHA distributes an Employee Opinion Survey on an annual basis. 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 is one of the key factors in promoting staff retention. Expected measures of this indicator are consistent or increased number of respondents and continued or increased levels of satisfaction.

MHA established an incentive in FY2024 in order to encourage participation in the annual survey. As the incentive produced excellent results in FY2024, MHA made the decision to continue using the incentive to promote participation in FY2025. As a result, 214 employees or 81% of the MHA workforce responded to the anonymous survey. This was an increase of 1% over the outstanding results in FY2024.

The survey was conducted through SurveyMonkey in June of 2025. This annual survey allows staff an opportunity to evaluate MHA, anonymously. Results indicated an outstanding overall satisfaction rating of 96%. 94% of the respondents indicated that they feel MHA's policies and procedures are reasonable and effective. 95% of staff respondents indicated that they are satisfied with MHA's 401(k) plan and the investment MHA makes in their health related and time off benefits. Another key take-away from the FY2025 Employee Survey is that 95% of the workforce would recommend MHA as a good place to work, citing reasons such as potential for growth, alignment with MHA's Mission Statement, enjoying their co-workers and the team, and that they feel valued and receive recognition for their 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.

Workforce Planning and Recruitment

MHA is committed to fostering professional growth and career advancement among its employees. To support this goal, the organization formally posts all job openings internally, ensuring that current staff are given an opportunity to be fully informed of available positions. This transparent approach not only promotes equity in the hiring process but also encourages employees to pursue new roles and responsibilities within the organization. By prioritizing internal communication and access to advancement pathways, MHA reinforces its dedication to employee development and retention.

For external job posting, the JAZZ HR applicant tracking system continues to be a valuable tool which has greatly improved our ability to source great talent and has simplified the entire recruitment process.

In addition, MHA has embraced a grassroots approach to recruitment by participating in in-person job fairs at local universities. These events provide valuable opportunities to connect directly with emerging talent, showcase the organization's mission and culture and build relationships with potential future candidates. By engaging with students face-to-face, MHA not only expands its recruitment pipeline but also strengthens its presence within the community.

MHA is pleased to continue recruiting interns on a spring and fall semester basis. Student Interns are provided an opportunity to experience the mental health environment and apply credit toward their degree, while interns being supervised for licensure are able to accumulate hours toward licensure. Sponsoring interns is beneficial to the student and is also of great value to MHA. Many of the interns we sponsor are so pleased with their experience at MHA that they apply for employment with the Organization at the conclusion of their education.

MHA continues to offer a \$1,000 Retention Incentive to candidates for full-time employment and a \$2,000 Retention Incentive to Clinical, Medical or Master's level professionally licensed

candidates. This one-time financial incentive is paid to an employee who meets the criteria upon successfully completing their 6-month introductory period, incentivizing and encouraging the employee who is receiving the funds to remain employed at MHA.

In FY 2025, 20 staff members were recognized for earning an additional degree, professional license or for advancing in their career at MHA.

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, certain staff and interns will have State-level Criminal History Record Information background checks (CHRI), supported by fingerprints, based on the program they work in. In FY2024, MHA implemented FASCIS Level III checks, upon hire and monthly.

Workforce Training and Development

FY 2025 marks the twelfth year that MHA has conducted annual and introductory performance evaluations electronically utilizing the Trakstar Perform application. The performance review process includes a staff Self-Evaluation as well as constructive feedback regarding employee performance with regard to all assigned areas of competency. The application continues to operate in an efficient and effective manner allowing both staff and supervisors to play an integral part in the review process.

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.

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.
- 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 fourteenth 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 MHA to provide training more frequently in order to ensure new staff are trained more promptly after hire.

Workforce Support Offerings

Effective October 1, 2024, MHA 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, 2024. The Human Resources Department hosted our staff and benefits providers for an open enrollment Benefits Fair in September. Representatives from each of our employee benefits providers attended and remained available throughout the day at this event. 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, in addition to having the opportunity to make changes to their existing benefit plan elections. All forms and options for enrollment are also made available on the MHA employee portal year-round.

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

- ***Medical and Vision***

By partnering with a trusted provider for both Medical and Vision, Horizon Blue Cross Blue Shield of NJ, MHA ensures that benefits eligible staff have access to high-quality care while maintaining flexibility and affordability. 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. The Panorama Vision plan provides employees with access to vision care at a discounted rate.

- ***Dental***

Principal Dental has continued to offer competitive plans that are both cost-effective and meet the organization's budgetary standards. Through Principal Dental, MHA is able to offer our benefits eligible employees and their families two dental plan options.

- ***Group Term Life, AD&D, LTD***

MHA provides complimentary Group Term Life (GTL), Accidental Death and Dismemberment (AD&D) and Long-Term Disability (LTD) insurance coverage to employees after 90 days of active full-time employment through USABLE. These benefits are fully paid by the organization and reflect MHA's commitment to supporting the financial security and peace of mind of its workforce.

- ***Retirement Planning***

The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 284 active participants, a 25% increase over FY2024. Beginning with FY2025, MHA introduced automatic enrollment to new 401(k) plan participants in the amount of 3%. New employees have the option to opt-out or change their contribution rate. MHA believes this change has proven to be effective in boosting retirement savings among employees. MHA has chosen 3% as the automatic deferral due to the "Safe Harbor" status of the plan requiring 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.

- ***Time Off and Holidays***

The organization's generous paid-time-off policy is a key factor in why staff view the organization as a great place to work. Vacation, Personal and Sick time begin accruing on the first day of employment. In addition to accrued time off, full-time staff are eligible for paid observed holidays upon hire. These policies underscore MHA's dedication to employee well-being and its supportive workplace culture.

- ***Tuition Reimbursement***

In FY2025, MHA was able to fund the reimbursement of tuition for 9 staff members, a total of \$20,000.00 between the fall and spring semesters. The Tuition Reimbursement program continues to be of great value to MHA staff, serving as a financial incentive to develop personally and professionally. MHA believes that this program supports staff development, advancement and ultimately, the retention of top talent.

- ***Employee Assistance Program***

The organization continues to offer an Employee Assistance Program (EAP) through RWJ Barnabas Health, One Source EAP. Mental health issues have the potential to impact performance, productivity and relationships at home and at work. It is MHA's primary mission to promote mental health, including that of our workforce. 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 provided by MHA at no cost to the employee and is offered to all MHA staff, regardless of benefits eligibility status.

- ***Supplemental Disability Benefit***

MHA offers supplemental income to employees with more than 5 years tenure who are receiving temporary disability. This benefit has the potential to greatly impact an employee's ability to get through some of the most difficult times. 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.

- ***Wellness***

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. Staff continue to show interest the HorizonbFit fitness incentive program. HorizonbFit rewards members who enroll up to \$20 per month for making their health and fitness a priority.

- ***Worker's Compensation***

Key Risk Insurance provides MHA's current Worker's Compensation coverage. The organization had thirteen workers' compensation claims for the FY2025.

Highlights from the Human Resources Department

The HR department hosted two much anticipated employee events in FY 2025.

- The kick off of the season of gratitude, MHA's HR Department hosted several Employee Appreciation Breakfast events in September, honoring the dedication and hard work of our incredible staff. Held on site at each of our main locations, the events featured:
 - A delicious assortment of hot breakfast favorites
 - Premium MHA branded employee gifts
 - Moments of recognition from leadership

The breakfast offered a relaxed and uplifting atmosphere where coworkers could connect, recharge and feel truly valued. Events like these reflect MHA's ongoing commitment to cultivating a culture of teamwork and appreciation.

- The annual MHA Holiday Party brought staff together from all programs for an evening of celebration, connection and gratitude. Held at a local venue, the elegant event featured:
 - Catered gourmet dinner and dessert
 - Live music and dancing
 - Raffle prizes and gift giveaways
 - Remarks from Leadership, celebrating team accomplishments

The party was a success, with high turnout and enthusiastic feedback from staff. It was a wonderful opportunity to strengthen the sense of community that makes MHA a special place to work.

FY 2026 Goals

Human Resource will continue recruiting and retaining qualified staff, enhancing ongoing training in best practices and cultural competency, and fostering a supportive work environment that prioritizes employee well-being. MHA aims to increase workforce diversity, improve employee engagement, and ensure compliance with policies.

Information Technology Management Report FY2025

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 enables 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 dedicated to direct care services for our consumers.

Highlights

In the fiscal year 2025, MHA expanded its reach significantly by launching several new programs and opening four new offices across different counties (Essex, Hudson, Morris and Sussex). The IT department played a crucial role in supporting this growth through the successful completion of the following initiatives:

Infrastructure and Office Expansions

- Successfully planned and deployed networking and wireless infrastructure at all four new office locations.
- Installed and configured internet services and deployed SD-WAN to seamlessly connect the new offices with existing locations.
- Set up and installed servers at all new locations to support program and operational needs.
- Implemented RingCentral phone systems in the new offices and set up Zoom Rooms at two of the locations.
- Procured and configured laptops and mobile phones for all newly hired staff.

Electronic Health Records (EHR) and Program Support

- Created and configured new programs in the electronic health records (EHR) system to support all newly launched agency programs.
- Provided technical support and guidance to the State of New Jersey's MCORT program, resolving issues related to live location sharing on their website.

Telecommunications and Cost Savings

- Led the competitive review of the agency's mobile phone service contract, evaluating proposals from multiple vendors.
- Successfully negotiated with Verizon Wireless to secure 220 iPhone 16 devices at a 90% discount, resulting in savings of over \$100,000.
- Maintained existing monthly costs in the new Verizon contract, avoiding any increase in operational expenses.

Medicaid and MCO Billing System Overhaul

- Adapted to major Medicaid billing changes by attending state webinars to understand the transition to managed care organization (MCO) billing for Partial Care, Outpatient, and Substance Abuse programs.
- Updated over 1,000 billing rules in the EHR system to reflect new codes and processes.
- Automated the billing process to eliminate the need for manual claim submission, enabling batch billing through the new Availity platform.
- Registered the agency with Availity and configured it for batch submission and electronic payment tracking for all MCOs.
- Trained billing and accounting staff on MCO billing changes and new software usage.
- Successfully managed a six-month implementation and troubleshooting project to transition billing operations to MCOs starting January 2025.

Innovation and AI Implementation

- Conducted research on AI vendors and led the selection process, ultimately choosing Blueprint AI to assist staff with clinical documentation.
- Deployed Blueprint AI agency-wide and organized training sessions for program trainers.

Additional Accomplishments

- Implemented agency-wide multi-factor authentication to enhance email security and supported staff onboarding to the new system.
- Migrated in-house accounting software to the cloud, ensuring a smooth transition and secure data transfer in collaboration with a cloud provider.
- Negotiated favorable contract terms with the agency's phone service provider, locking in the current rate for three years and securing two months of free service.
- Initiated the project to replace all agency servers with new, up-to-date hardware and operating systems.
- Deployed a new insurance eligibility verification tool and trained billing staff on its usage.
- Provided ongoing technical support to staff, ensuring minimal downtime and efficient use of technology.

These accomplishments reflect a year of strategic growth, successful project management, and continued commitment to supporting the agency's mission through innovative and cost-effective IT solutions.

FY 2026 Goals

Strengthen IT Security Across the Agency

- Continue enhancing cybersecurity measures through proactive threat monitoring, advanced endpoint protection, and regular vulnerability assessments.
- Implement additional safeguards for remote access and sensitive data storage.

Upgrade Agency Workstations to Windows 11

- Replace all remaining Windows 10 computers with Windows 11 devices to ensure continued security updates, compatibility, and performance improvements.
- Conduct phased rollout with minimal disruption to daily operations.

Evaluate and Plan Cloud-Based Server Infrastructure

- Explore cloud-based server solutions to enhance scalability, disaster recovery, and operational flexibility.
- Conduct a cost-benefit and risk analysis comparing cloud and on-premises server models.
- Pilot cloud hosting for selected services before full-scale implementation.

Leverage AI for IT Automation

- Research and test AI-driven automation tools to streamline IT operations such as system monitoring, and routine maintenance.
- Identify opportunities to automate repetitive administrative tasks, freeing IT staff for higher-value initiatives.

QUALITY ASSURANCE ANALYSIS

Description

The Mental Health Association (MHA) strives to provide the highest quality behavioral health services to those who live or work in Essex, Morris, Passaic, Sussex, Hudson and Middlesex 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.

Quality Assurance Committee and Plan

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 Officer, all MHA Program Directors, Director of Operations, Director of Human Resources and the Director of Information and Technology. The Medical Director serves as a consultant and the Chief Executive Officer is an ex officio member.

MHA programs gather demographic, service and outcome data through our Management Information Systems department (MIS). This data is presented to QAC to review and analyze for quality issues, and to implement problem-solving measures. QAC monitors all quality assurance processes within MHA to ensure that programs address individual needs in a systematic manner. These procedures include: (1) monitoring of performance indicators; (2) updating indicators to include new ones as needed, to measure and track performance improvement; (3) satisfaction surveys: (a) individuals served 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 periodically 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 actions 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 individuals served. 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. MHA maintains a robust and accessible client feedback and grievance system, demonstrating a commitment to addressing concerns effectively. In FY25, the agency successfully

reconciled all 2 complaints and 1 grievance, a reduction from the previous year. Individuals served are thoroughly informed of their rights through clear documentation at admission and annually, and also via prominent postings. MHA's tiered approach encourages resolution at the primary worker or supervisory level, with the added support of an accessible agency ombudsperson. The absence of specific trends in the reported complaints or grievances, coupled with successful reconciliation in accordance with agency policies, underscores MHA's effective and responsive client relations.

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 and on our agency website. The detailed Quality Assurance Tracking Calendars are included in the full Management Report.

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 for the upkeep and distribution of an agency wide staff list who are able to interpret in a host of languages when needed to aid quality services. 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.
- 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

- A team of highly engaged professionals whose consistent and committed involvement profoundly reflects their dedication to MHA's mission.
- A diverse staff membership, which effectively represents all facets of our programs and operations, fostering a holistic organizational perspective.

- MHA's comprehensive communication strategy ensures transparency and engagement across all levels, utilizing channels such as the QAC bulletin board, various staff and member meetings, year-end reports, and satisfaction surveys. Additionally, the QAC Chairperson regularly reports key findings directly to the CEO, Board of Directors, and staff at quarterly meetings.
- A systematic approach to quality assurance and utilization, driven by focused audits and comprehensive data reporting.
- Robust and effective tracking format for performance indicators, which facilitates accurate measurement and strategic decision-making.
- Utilizing up to date technology advancements enhancing overall care quality and workflow efficiency.
- Understanding that ongoing education is crucial for effective service delivery, MHA's consistent year-round in-service training program stands as a clear strength, ensuring staff remain current and highly skilled.
- MHA prioritizes professional development agency-wide, understanding its critical role in employee success and organizational excellence.

Program Highlights and Analysis

- MHA's achievement of a 3-year accreditation in FY22 is the highest level of accreditation awarded by CARF (Commission on Accreditation of Rehabilitation Facilities) and serves as a testament to the agency's commitment to excellence in its programs and services. This accreditation demonstrates MHA's dedication to meeting internationally recognized standards of quality, which gives staff, clients, and stakeholders confidence in the agency's performance.
- 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 a laptop or tablet and an agency cell phone 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. Agency cell phones increase communication through video call and text and enables prompt scheduling through various applications.
- MHA's website as well as social media sites such as Facebook, Twitter and Instagram are easily accessible and newly updated. MHA will continue to work with its Information & Technology and Marketing & 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 increased to 11 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 6 Healthcare Assistors to provide additional assistance to staff when helping consumers apply for affordable health care.

- MHA understands the importance of ongoing education and training; therefore, in-services are conducted throughout the year. Such trainings include, but are not limited to: Ethics and Legal Issues, 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
- A key strength of MHA is its proactive and continuous investment in advanced staff training to enhance the quality of client care. The agency is committed to providing cutting-edge, evidence-based services through two significant initiatives. First, MHA has eight clinicians currently enrolled in a two-part, 60-hour intensive Dialectical Behavioral Therapy (DBT) training. This will certify them in a highly effective, evidence-based modality that teaches clients skills for managing intense emotions and improving relationships. In a further commitment to this approach, these trained clinicians have developed an agency-wide skills group to make this valuable therapy accessible to a broader range of clients. Second, this year, eight MHA staff members were certified to provide Motivational Interviewing (MI) training to other staff agency-wide. These trainings are offered on a quarterly basis and are supported by a learning community and office hours, ensuring that the skills are effectively implemented in practice. This dual focus on advanced training demonstrates MHA's dedication to professional development and providing the best possible care.
- A Staff Development Program was initiated in FY25; twice a month a designated management staff or supervisor hosts a one-hour, virtual discussion focused on a topic to promote professional growth both within the agency and one's long-term career. This new program is voluntary and open to all staff.
- MHA currently has increased to 16 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, family members and other community members.
- MHA provided tuition reimbursement to 10 eligible staff for courses which directly related to the mission of the agency and the employee's job description.
- MHA's Annual Community Provider Survey indicated a 98% overall satisfaction rate with 30 respondents and a 21% response rate. The survey was made available to external community providers from 04/29/2025 through 06/9/2025, distributed through email with a survey monkey web link. The survey was made up of 12 questions; 9 multiple choice and 3 fill-in.
- MHA's Annual Persons Served Satisfaction Survey indicated a 94% satisfaction rate with over 600 respondents and a 32% response rate.
- MHA's Strategic Plan ensures we remain strategically positioned to fulfill our mission. This plan is reviewed and revised every 3 years by the Board of Directors with input from staff, consumer

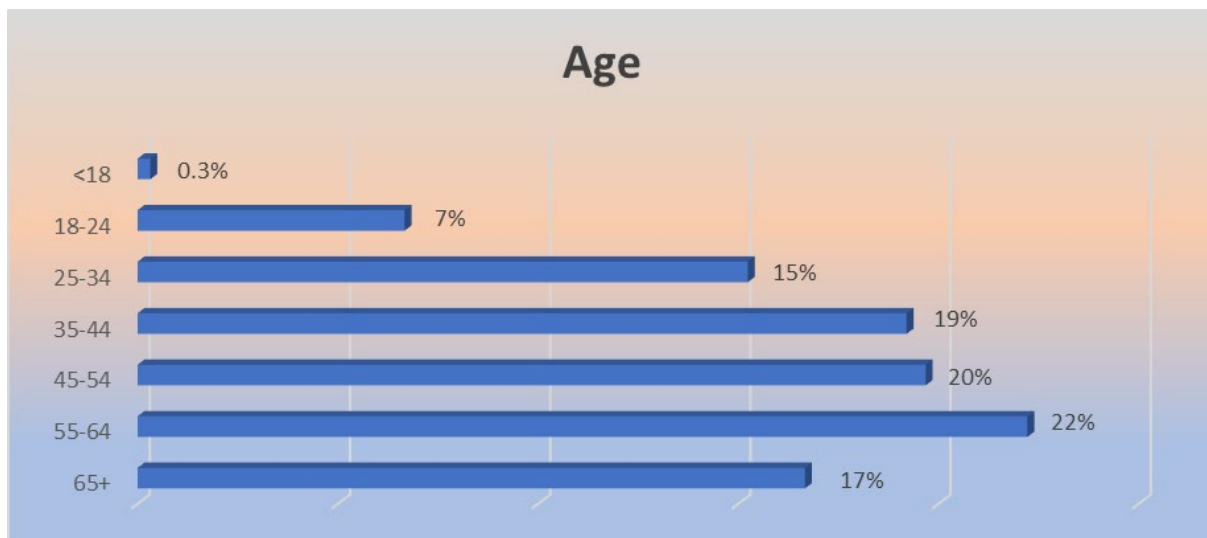
and family focus groups, County Administrators and other stakeholders. An updated Strategic Plan was approved and implemented during this fiscal year.

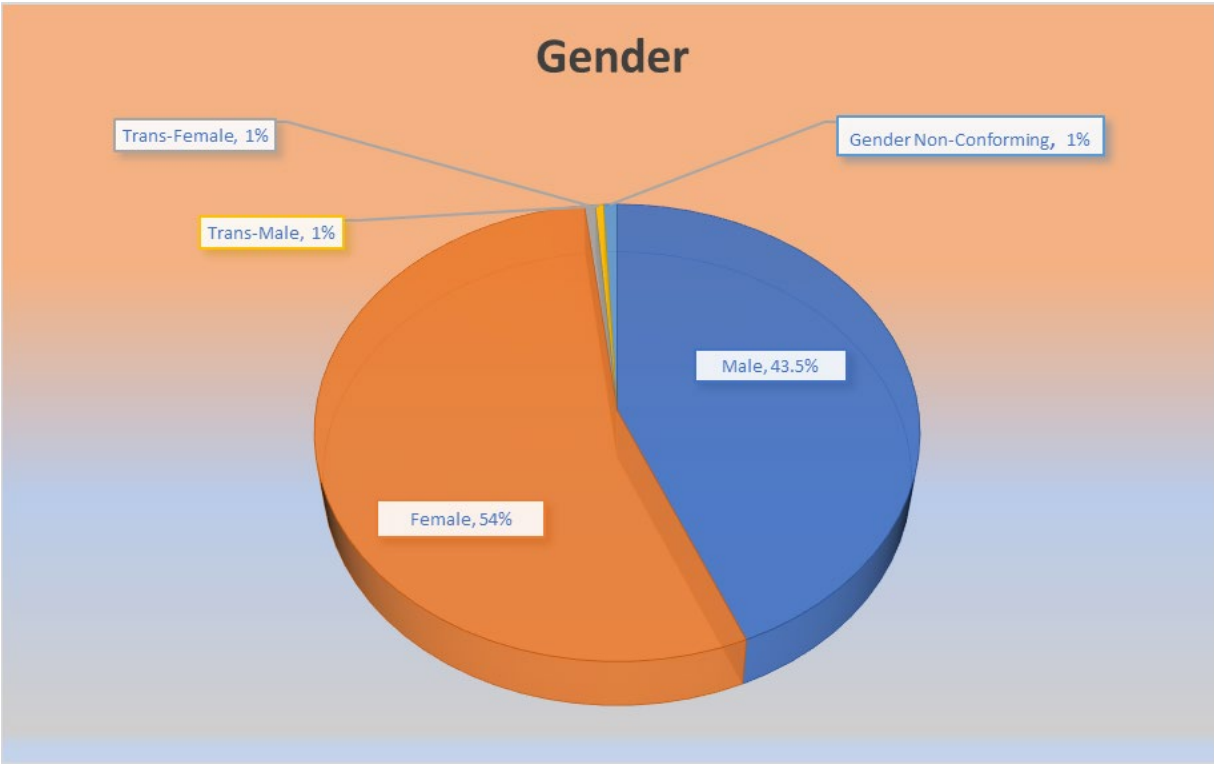
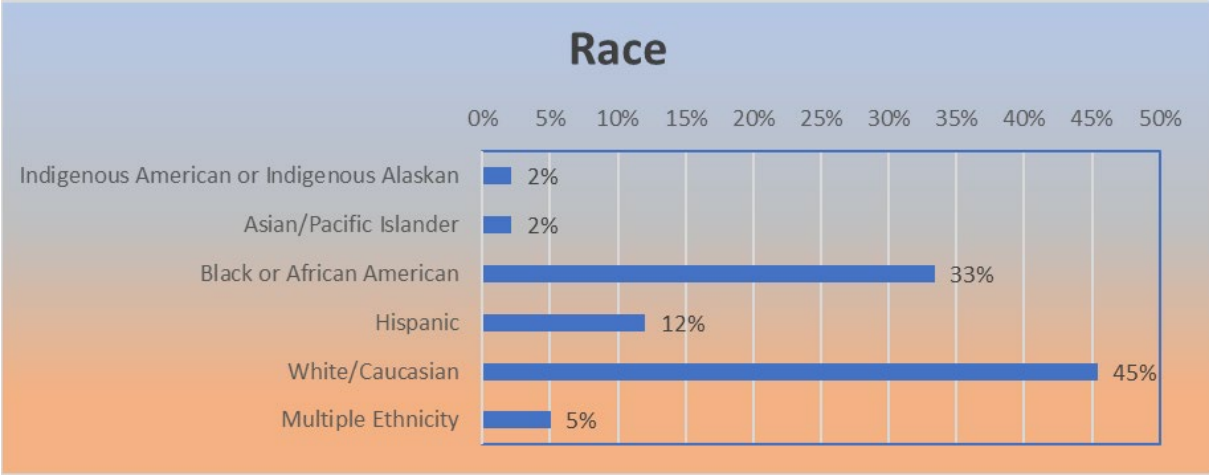
- MHA achieved an overall staff productivity rate of over 55%, a 3% increase from last year, with a target of 50%.
- MHA continues to utilize our electronic clinical records in AWARDS. The benefits of the electronic clinical records are: improved access to complete and accurate information, ease of updating client information in real time, production of data analysis to identify needs/ trends.
- This year MHA implemented 2 new software programs to assist staff in their respective roles enhancing overall care quality and workflow efficiency. *Blueprint*, an AI assistant specifically designed for mental health professionals to automate clinical documentation. This reduces documentation time allowing staff to focus more on individuals' care while ensuring compliance with standards, and *Inovalon*, an insurance eligibility verification platform that streamlines billing workflows and claims processing by enabling staff to assign and prioritize tasks during eligibility verification. It provides up to date and accurate insurance data that allows staff to take more immediate action with a person who may have unknowingly lost or changed coverage.
- 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.

FY 2026 Goals

Quality Assurance will continue ensuring the delivery of safe, effective, and equitable care to all consumers. These goals include continuously monitoring and evaluating clinical practices to maintain high standards, identifying areas for improvement, and implementing evidence-based interventions. Another key objective is to enhance consumer satisfaction and engagement by promoting a consumer-centered approach that respects individual needs and preferences. Additionally, quality assurance aims to ensure compliance with regulatory requirements and industry standards, fostering a culture of accountability and transparency. By leveraging data and feedback, MHA will improve treatment outcomes, reduce disparities, and create a supportive environment that promotes mental well-being and recovery for every client.

2025 Person Served Satisfaction Survey Results





Assisted Outpatient Treatment (AOT) - Essex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Quarterly	80%	80%	80%	80%	80%	80%	73%	81%	86%	94%	100%	86%	91%	NA	84%	
Service Access:																	
Wait for service (days)	Monthly	3	4	5	5	6	3	4	5	4	3	2	3	3	3.9	NA	
Community/ Screening referrals	Quarterly	1	NA	NA	0	NA	NA	1	NA	NA	0	NA	NA	0	0.3	25%	
Inpatient referrals	Monthly	4	2	3	1	3	5	8	7	2	5	5	11	9	61	127%	
Long Term Care (LTC) referrals	Monthly	2	0	2	0	0	2	4	1	3	0	0	1	0	13	54%	
Number of transport orders	Monthly	<2	0	0	0	0	0	0	0	1	1	0	0	0	0.2	NA	
Linked to Medical Services	Quarterly	80%	NA	NA	40%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	85%	
60 day discharge follow up	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Hospitalizations (Medical)	Monthly	<5%	0%	0%	2%	3%	0%	0%	0%	0%	0%	0%	0%	0%	NA	0.4%	
Hospitalizations (Psychiatric)	Monthly	<10%	10%	5%	3%	15%	17%	13%	9%	8%	2%	4%	7%	10%	NA	9%	
Indicators:																	
ER (screening)	Monthly	<5	5	0	2	2	2	4	0	1	2	1	1	1	1.75	NA	
Voluntary admissions	Monthly	<10%	2%	2%	0%	3%	7%	2%	7%	0%	0%	2%	0%	0%	NA	2%	
Involuntary admissions	Monthly		10%	2%	3%	12%	10%	10%	2%	8%	2%	2%	7%	8%	NA	6%	
Long Term Care	Monthly		0%	2%	3%	0%	0%	0%	0%	0%	2%	0%	0%	0%	NA	1%	
Arrests	Monthly	<3	2	0	0	0	0	0	0	0	0	0	0	0	0.2	NA	
Incarceration	Monthly	<3	2	0	1	0	0	0	0	0	0	0	0	0	0.3	NA	
Homelessness	Monthly	<3	0	0	0	0	1	0	1	1	0	0	0	0	0.3	NA	
Education Enrollment	Monthly	Baseline	5%	5%	5%	6%	3%	3%	5%	2%	2%	0%	2%	4%	4%	NA	
Client Employment	Monthly	>4%	4%	4%	5%	11%	8%	7%	5%	11%	11%	10%	10%	11%	8%	8%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Criminal Justice Reform (CJR)																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Focused:																	
Quarterly Progress with Measurable Objectives	Quarterly	85%	90%	100%	100%	100%	100%	89%	50%	96%	92%	68%	81%	86%	NA	88%	
Medication Education	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Discharge Follow Up 60 Days	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Linked to Medical Services	Monthly	100%	3%	3%	0%	0%	6%	6%	6%	0%	5%	0%	0%	5%	NA	3%	
Wait for services	Monthly	<24 hrs.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Hospitalizations (Psychiatric)	Monthly	<10%	3%	0%	0%	0%	3%	6%	0%	2%	0%	0%	0%	0%	NA	1%	
Hospitalizations (Medical)	Monthly	<5%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	5%	NA	0.7%	
Indicators:																	
Employment (client #)	Monthly	Baseline	52%	48%	48%	48%	34%	37%	33%	39%	42%	30%	40%	37%	41%	NA	
Community Linkages	Annually	116	25	33	20	15	34	5	12	2	6	4	6	9	171	147%	
# of Dismissals	Annually	15	0	2	2	5	0	2	2	4	4	3	0	1	25	167%	
Recidivism to jail within 30 days	Annually	<3	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 60 days	Annually	<3	0	0	0	0	0	0	0	1	1	0	0	0	2	NA	
Recidivism to jail within 90 days	Annually	<3	0	0	0	0	0	0	1	0	0	0	0	0	1	NA	
Recidivism to jail within 120 days	Annually	<3	0	0	0	0	0	0	0	1	0	0	0	0	1	NA	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%	NA	100%	

Senior In Home Therapy																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024							2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:																	
New enrollees	Monthly	Baseline	0	0	1	3	0	0	3	1	0	1	0	0	9	NA	
Annual Consumers Served	Annually	Baseline	26	0	1	3	0	0	3	1	0	2	0	0	36	NA	
Medication Education	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	
Closed Chart Audits	Monthly	Baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	
Wait for services (# of days)	Monthly	Baseline	0	0	0	0	0	0	60	75	0	60	0	0	16	NA	
Indicators:																	
MHQOL Survey completed q120 days	Monthly	Baseline	6	5	2	1	0	4	3	5	2	0	1	1	30	NA	
APC Contact Units (full year 742)	Monthly	742	101.5	88	87.25	75	73.5	51	63	80	85	88	86	86	964	130%	
MC Contact Units (full year 78)	Monthly	78	17.5	13.5	20	17	15	14	9	16	12	10	12.5	13.5	170	218%	
Mental Health Counseling	Quarterly	Baseline	NA	NA	322.25	NA	NA	247	NA	NA	266	NA	NA	296	1131	NA	
Goal attainment	Quarterly	Baseline	100%	NA	NA	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%	NA	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Projects for Assistance in Transition from Homelessness (PATH) - Essex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024							2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDIT	Monthly	80%	97%	99%	99%	99%	99%	97%	99%	98%	99%	97%	99%	99%	NA	98%	
Focused:																	
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Goal Attainment	Monthly	80%	78%	91%	94%	79%	84%	80%	98%	83%	60%	80%	60%	84%	NA	81%	
Hospitalizations (P)	Monthly	<10%	0%	4%	1%	5%	1%	2%	6%	3%	2%	0%	2%	0%	NA	2%	
Hospitalizations (M)	Monthly	<10%	1%	2%	0%	2%	0%	1%	6%	2%	1%	1%	5%	0%	NA	2%	
Indicators:																	
Number of outreaches	Annually	500	41	57	70	82	29	33	38	39	39	30	20	20	498	100%	
Total Individuals Served	Annually	200	111	15	6	22	11	10	13	7	19	10	6	7	237	119%	
Linked to own MHA CMH services	Annually	9	0	0	0	0	0	0	0	0	1	0	0	0	1	11%	
Linked to Non- MHA CMH services	Annually	132	19	14	12	12	5	5	4	4	5	1	7	0	88	67%	
Linked to financial benefits	Annually	40	10	5	3	3	5	4	4	2	4	5	6	2	53	133%	
Linked to permanent housing	Annually	40	5	4	6	6	2	4	5	5	2	4	4	3	50	125%	
Linked to rental by client, no ongoing subsidy	Annually	6	1	1	0	0	0	0	2	2	2	1	3	0	12	200%	
Linked to rental by client, with HCV voucher	Annually	22	2	0	4	0	0	0	2	0	0	0	0	0	8	36%	
Linked to rental by client with other ongoing housing subsidy	Annually	24	2	2	1	6	1	1	1	1	0	0	1	0	16	67%	
Linked to Rental by client in a public housing unit	Annually	3	0	0	0	0	1	3	0	1	1	0	0	2	8	267%	
Linked to residential project or halfway house with no homeless	Annually	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
Linked to staying or living with Family/friends permanent tenure	Annually	2	0	0	0	0	0	0	0	0	0	1	0	0	1	50%	
Linked to "other" permanent housing	Annually	Baseline	0	1	1	0	0	4	0	0	0	2	0	1	9	NA	
Linked to temporary housing	Annually	35	9	3	3	2	1	1	2	1	3	1	2	5	33	94%	
Linked to substance use Tx. services	Annually	35	0	1	1	0	2	2	2	0	0	0	0	0	8	23%	
Linked to medical/dental services	Annually	30	5	3	4	1	1	3	1	1	0	0	1	0	20	67%	
Linked to rehabilitation services	Annually	10	5	7	1	3	1	1	1	1	2	1	1	0	24	240%	
Linked to identification	Annually	50	6	4	6	6	5	4	3	5	3	5	4	0	51	102%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	

Community Support Services (CSS) - Essex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
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%	NA	90%
Focused:																	
Medication Education	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Psychiatric Advance Directives	Monthly	90%	90%	90%	90%	90%	90%	100%	100%	90%	90%	99%	99%	99%	99%	NA	94%
Hospitalizations (Psychiatric)	Monthly	<10%	1%	1%	1%	1%	2%	3%	1%	3%	2%	2%	1%	2%	NA	NA	2%
Hospitalizations (Medical)	Monthly	<5%	1%	1%	1%	1%	1%	3%	2%	2%	2%	3%	3%	4%	NA	NA	2%
Linked to Medical Services	Monthly	90%	90%	90%	90%	90%	90%	100%	100%	100%	100%	100%	100%	100%	100%	NA	96%
Objectives/interventions linked to notes	Monthly	75%	95%	95%	95%	95%	95%	100%	100%	100%	100%	98%	98%	98%	NA	NA	97%
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	80%	NA	NA	80%	NA	NA	90%
Wait for service (# of Days)	Monthly	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	NA
Indicators:																	
Employment	Quarterly	≥10%	NA	NA	10%	NA	NA	5%	NA	NA	6%	NA	NA	8%	NA	NA	7%
Recidivism to County/State	Monthly	≤20%	1%	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%	NA	NA	0.3%
Recidivism to STCF	Monthly	≤20%	5%	4%	6%	2%	2%	3%	1%	2%	2%	2%	2%	2%	NA	NA	3%
Nursing Assessments	Monthly	≥90%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	NA	NA	0.0%
Permanent Housing	Quarterly	80%	NA	NA	99%	NA	NA	100%	NA	NA	100%	NA	NA	99%	NA	NA	100%
Linked to benefits	Monthly	90%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	NA	NA	99%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	NA	100%
IRP within 14 days of admission	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	NA	100%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	93%	NA	NA	NA	93%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	NA	98%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	100%
Community Support Services (CSS) - Morris																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
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%	NA	90%
Focused:																	
Medication Education	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Psychiatric Advance Directives	Monthly	90%	96%	96%	96%	96%	96%	99%	100%	90%	90%	90%	99%	99%	NA	NA	96%
Hospitalizations (Medical)	Monthly	<10%	3%	3%	3%	2%	2%	1%	1%	1%	2%	9%	9%	9%	NA	NA	4%
Hospitalizations (Psychiatric)	Monthly	<5%	2%	2%	2%	2%	3%	1%	1%	2%	1%	9%	9%	9%	NA	NA	4%
Linked to Medical Services	Monthly	90%	95%	95%	95%	95%	95%	100%	100%	100%	100%	100%	100%	100%	NA	NA	98%
Objectives/interventions linked to notes	Monthly	75%	90%	90%	90%	90%	90%	100%	100%	75%	75%	100%	100%	99%	NA	NA	92%
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	80%	NA	NA	80%	NA	NA	90%
Wait for service (# of days)	Monthly	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	NA
Indicators:																	
Employment	Quarterly	≥10%	NA	NA	12%	NA	NA	14%	NA	NA	13%	NA	NA	15%	NA	NA	14%
Recidivism to County/State	Monthly	≤20%	3%	3%	3%	1%	1%	0%	0%	0%	0%	0%	0%	1%	NA	NA	1%
Recidivism to STCF	Monthly	≤20%	4%	4%	5%	1%	2%	1%	1%	1%	2%	8%	8%	8%	NA	NA	4%
Nursing Assessments	Monthly	≥90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Permanent Housing	Quarterly	80%	NA	NA	98%	NA	NA	99%	NA	NA	99%	NA	NA	97%	NA	NA	98%
Linked to benefits	Monthly	90%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	NA	NA	99%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	NA	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	NA	100%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	NA	NA	95%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	NA	98%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	100%

Integrated Case Management Services (ICMS) - Passaic																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Focused:																	
Quarterly Progress/w goal attainment	Quarterly	84%	NA	NA	86%	NA	NA	82%	NA	NA	81%	NA	NA	85%	NA	84%	
Medication Education	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Linked to Medical Services	Monthly	74%	88%	85%	86%	84%	86%	80%	89%	84%	82%	88%	91%	85%	NA	86%	
Wait for service	Monthly	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	NA	0%	
60 day discharge follow up	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Justified Continued Stay	Quarterly	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	100%	
Medicaid Justification	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Closed Chart Audits	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Hospitalizations (Psychiatric)	Monthly	<10%	1%	1%	1%	2%	1%	2%	1%	1%	2%	2%	1%	2%	NA	1%	
Hospitalizations (Medical)	Monthly	<5%	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%	NA	1%
Indicators:																	
County/State discharges seen within 72 hours	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Short Term Care Facility Recidivism	Monthly	<10%	0%	0%	1%	1%	1%	1%	1%	2%	3%	2%	2%	1%	NA	1%	
County or State Hospitals Recidivism	Monthly		0%	0%	0%	0%	0%	0%	1%	2%	1%	0%	1%	2%	NA	1%	
Voluntary Recidivism	Monthly		0%	0%	1%	2%	0%	1%	0%	1%	1%	3%	1%	1%	NA	1%	
Client Employment	Quarterly	17%	17%	19%	22%	21%	27%	20%	17%	19%	16%	16%	15%	16%	NA	19%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
External Audits	Annually	COMPLETE	NA	NA	NA	Medicaid	NA	NA	Medicaid	NA	NA	Medicaid	NA	NA	NA	COMPLETE	
Integrated Case Management Services (ICMS) - Essex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDIT	Monthly	85%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Focused:																	
Quarterly Progress with goal attainment	Quarterly	80%	NA	NA	90%	NA	NA	87%	NA	NA	85%	NA	NA	88%	NA	88%	
Medication Education	Monthly	80%	100%	95%	90%	85%	88%	100%	99%	100%	92%	90%	98%	98%	NA	95%	
Linked to Medical Services	Monthly	33	9	6	6	4	2	2	8	2	10	4	3	5	61	185%	
Wait for service	Monthly	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Medicaid Justification	Quarterly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Hospitalizations (Psychiatric)	Monthly	<10%	3%	2%	4%	2%	1%	0%	2%	1%	1%	3%	1%	2%	NA	2%	
Hospitalizations (Medical)	Monthly	<5%	1%	1%	0%	2%	1%	0%	0%	0%	0%	1%	1%	1%	NA	1%	
Indicators:																	
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Short Term Care Facility Recidivism	Monthly	<10%	3%	2%	4%	5%	2%	1%	2%	3%	2%	0%	0%	0%	NA	2%	
County or State Hospitals Recidivism	Monthly		1%	1%	2%	0%	0%	1%	0%	1%	1%	2%	2%	NA	1%		
Voluntary Recidivism	Monthly		3%	4%	2%	3%	2%	4%	2%	2%	2%	3%	3%	3%	NA	3%	
Client Employment (# of clients)	Quarterly	Baseline	NA	NA	4%	NA	NA	4%	NA	NA	7%	NA	NA	16%	NA	8%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	NA	98%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
External Audits	Annually	COMPLETE	NA	NA	COMPLETE	NA	NA	COMPLETE	NA	NA	COMPLETE	NA	NA	COMPLETE	NA	COMPLETE	

Intensive Family Support Services (IFSS) - Essex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL CHART AUDITS	Monthly	85%	82%	82%	90%	88%	94%	91%	96%	95%	93%	89%	87%	92%	NA	90%	
Focused:																	
Intake Assessment completed	Monthly	85%	90%	100%	100%	100%	100%	100%	100%	100%	90%	90%	100%	100%	NA	98%	
Service Pref Form Completed-Intake, 6mo, yearly	Monthly	85%	90%	90%	80%	90%	100%	80%	90%	100%	100%	90%	80%	100%	NA	91%	
Family Concern Survey (Intake, 6mo, yearly)	Monthly	85%	90%	90%	90%	90%	100%	100%	100%	100%	100%	100%	90%	100%	NA	96%	
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	100%	
Service Accessibility:																	
IFSS Wait for Service	Quarterly	≤5 days	NA	NA	1	NA	NA	3	NA	NA	2	NA	NA	1.2	2	NA	
IFSS Wait for Intake	Quarterly	≤5 days	NA	NA	7	NA	NA	4	NA	NA	6	NA	NA	3.2	5	NA	
Project FERST Accessibility- response time	Quarterly	≤2 days	NA	NA	2	NA	NA	2	NA	NA	2	NA	NA	1	2	NA	
Indicators:																	
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction	NA	NA	NA	NA	NA	-13%	NA	NA	NA	NA	NA	-19%	-16%	NA	
IFSS Family Satisfaction Survey	Annually	90%	NA	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	NA	100%	NA	100%	
IFSS Discharge Follow Up	Semi-Annual	90%	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	NA	NA	100%	
Project FERST-Family Satisfaction Survey	Annually	85%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Substance Use Recovery and Empowerment (SURE)																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Monthly	80%	60%	70%	100%	80%	70%	70%	60%	65%	70%	60%	70%	70%	NA	70%	
Focused:																	
Service plans with Measurable Objectives	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	95%	95%	95%	95%	NA	98%	
Goal Attainment	Quarterly	80%	80%	80%	85%	75%	80%	90%	90%	80%	80%	80%	75%	75%	NA	81%	
Informed Consent for medications	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Linked to Medical Services	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Client consents	Monthly	80%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	NA	99%	
Closed Chart Audits	Monthly	80%	80%	80%	80%	80%	70%	70%	80%	65%	60%	60%	75%	75%	NA	73%	
Medication Education	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Referred to Medical Provider	Quarterly	80%	100%	100%	100%	100%	100%	80%	90%	90%	100%	100%	90%	90%	NA	95%	
Service Access:																	
Wait for Intake (within 48 hours)	Monthly	0	0	0	0	0	0	0	0	0	1	3	3	2	0.75	1	
Internal referrals	Annually	Baseline	8	7	2	9	11	2	4	7	5	1	5	7	68	68	
External referrals	Monthly	50	7	8	9	6	0	9	15	10	9	7	8	8	96	192%	
Indicators:																	
Hospitalized (Medical)	Monthly	<5%	0%	2%	0%	0%	0%	3%	0%	0%	0%	0%	0%	3%	NA	1%	
Hospitalized (Psychiatric)	Monthly	<10%	0%	0%	0%	2%	2%	0%	0%	0%	0%	0%	0%	3%	NA	1%	
Admitted/referred to Withdrawal Management	Monthly	4	0	0	0	0	0	0	0	1	1	0	1	2	5	125%	
Admitted/referred to higher level of care.	Monthly	7	1	0	0	2	2	0	1	0	0	0	1	1	8	114%	
Referred to Mental Health Treatment	Monthly	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
Administrative Discharge (Noncompliance with Tx.)	Monthly	14	0	2	2	5	3	2	0	2	1	0	2	2	21	150%	
Scheduled SA Intake Assessments	Monthly	85	15	20	13	25	11	12	19	21	25	15	18	22	216	254%	
Client Admissions	Monthly	52	12	15	13	15	7	7	5	8	7	7	8	5	109	210%	
Discharge Follow Up	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	

Projects for Assistance in Transition from Homelessness (PATH) - Morris																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDIT	Monthly	80%	99%	98%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Focused:																	
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Hospitalizations (P)	Monthly	<10%	1%	2%	0%	0%	1%	1%	1%	4%	3%	1%	3%	2%	NA	2%	
Hospitalizations (M)	Monthly	<5%	3%	5%	3%	0%	1%	0%	0%	0%	0%	0%	0%	0%	NA	1%	
Indicators:																	
Goal Attainment	Monthly	80%	78%	91%	83%	94%	78%	97%	98%	95%	75%	98%	98%	94%	NA	90%	
Number of outreaches	Annually	200	17	14	13	11	21	14	20	8	8	24	8	10	168	84%	
Number of individuals enrolled	Annually	100	65	2	3	5	6	7	7	3	6	2	1	7	114	114%	
Linked to Community MH services	Annually	50	5	6	3	2	1	5	3	3	3	3	0	15	49	98%	
Linked to financial benefits	Annually	40	3	7	5	4	6	8	4	4	4	1	0	14	60	150%	
Linked to permanent housing	Annually	15	1	2	5	2	2	2	2	5	2	3	2	5	33	220%	
Linked to temporary housing	Annually	25	3	8	6	6	1	6	3	2	2	1	0	9	47	188%	
Linked to substance abuse treatment services	Annually	10	2	1	1	0	0	1	2	2	2	0	0	3	14	140%	
Linked to Medical Services	Annually	16	3	0	0	1	2	4	2	2	2	0	0	11	27	169%	
Linked to vocational/educational services	Annually	8	5	1	1	1	0	1	3	1	1	0	0	9	23	288%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Collaborative Justice Services- Expansion Program - Morris																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Focused:																	
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Linked to Medical Services	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3	NA	
Hospitalizations (Psychiatric)	Monthly	<10%	0%	3%	3%	0%	0%	0%	0%	3%	0%	0%	0%	0%	NA	1%	
Hospitalizations (Medical)	Monthly	<5%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	NA	1%	
Indicators:																	
Employment (client #)	Annually	Baseline	32%	28%	32%	32%	23%	26%	24%	27%	22%	21%	23%	28%	NA	27%	
Number of days ↓ county jail time	Annually	1000	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
Number of days ↓ state time	Annually	10,000	1095	1095	0	0	0	1095	3285	0	2190	1095	0	1095	10950	110%	
Consumers Served	Annually	70	28	0	3	1	1	1	1	2	1	0	0	0	38	56%	
Referrals from Community Connections	Monthly	Baseline	0	0	3	2	0	0	2	1	0	1	0	0	9	NA	
Linkage to MH Prosecutors Diversion Pro.	Annually	10	1	1	0	0	0	1	3	0	2	1	0	1	10	100%	
Community Linkages	Annually	60	40	32	21	33	28	14	28	31	10	16	23	8	284	473%	
Recidivism to jail within 30 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 60 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 90 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 120 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	

Collaborative Justice Services - Morris																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Focused:																	
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Linked to Medical Services	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3	NA	
Hospitalizations (Psychiatric)	Monthly	<10%	6%	0%	0%	6%	6%	5%	0%	5%	0%	5%	0%	0%	NA	3%	
Hospitalizations (Medical)	Monthly	<5%	0%	0%	0%	6%	0%	0%	0%	5%	0%	0%	0%	0%	NA	1%	
Indicators:																	
Employment	Annually	Baseline	31%	33%	40%	43%	36%	28%	33%	28%	22%	33%	24%	40%	NA	33%	
Number of days ↓ county jail time	Annually	1000	0	0	0	0	0	0	0	364	0	0	0	0	364	36%	
Number of days ↓ state time	Annually	10,000	0	0	0	0	0	0	0	1095	2555	0	0	0	3650	37%	
Linkage to MH Prosecutors Program	Annually	10	0	0	0	1	0	0	0	0	0	0	0	0	1	10%	
Community Linkages	Annually	60	6	5	2	12	5	15	19	14	8	10	20	1	117	195%	
Recidivism to jail within 30 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 60 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 90 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 120 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Integrated Case Management Services (ICMS) - Morris																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
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%	94%	94%	94%	96%	90%	100%	90%	100%	90%	NA	96%	
Focused:																	
Quarterly Progress with goal attainment	Quarterly	80%	NA	NA	75%	NA	NA	58%	NA	NA	87%	NA	NA	72%	NA	73%	
Medication Education	Monthly	80%	100%	100%	45%	88%	96%	98%	90%	100%	100%	100%	100%	100%	NA	93%	
Linked to Medical Services	Monthly	33	5	3	4	4	5	6	3	3	5	5	9	2	54	164%	
Wait for service	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Justified Continued Stay	Monthly	90%	100%	94%	100%	100%	90%	92%	100%	95%	98%	100%	94%	100%	NA	97%	
Medicaid Justification	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Closed Chart Audits	Monthly	80%	100%	100%	92%	94%	95%	98%	100%	100%	100%	100%	100%	100%	NA	98%	
Hospitalizations (Psychiatric)	Monthly	<10%	2%	3%	2%	2%	1%	0%	2%	2%	6%	9%	8%	9%	NA	4%	
Hospitalizations (Medical)	Monthly	<5%	1%	0%	2%	3%	1%	0%	0%	2%	4%	3%	2%	5%	NA	2%	
Indicators:																	
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Short Term Care Facility Recidivism	Monthly	<10%	2%	0%	0%	1%	1%	0%	1%	0%	2%	0%	1%	0%	NA	1%	
County or State Hospitals Recidivism	Monthly		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	NA	0%	
Voluntary Recidivism	Monthly		1%	2%	1%	0%	1%	0%	0%	2%	0%	0%	0%	0%	NA	1%	
Client Employment (# of clients)	Quarterly	Baseline	NA	NA	8%	NA	NA	5%	NA	NA	8%	NA	NA	5%	NA	7%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
External Audits	Annually	COMPLETE	NA	NA	COMPLETE	NA	NA	COMPLETE	NA	NA	COMPLETE	NA	NA	NA	NA	COMPLETE	

Collaborative Justice Services (CJS) - Essex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024							2025							
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%	100%	100%
Focused:																	
Quarterly Progress with Measurable Objectives	Quarterly	80%	100%	100%	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%	100%	100%
Discharge Follow Up 60 Days	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Annually	25	5	0	1	2	1	0	0	2	2	4	5	1	23	92%	
Wait for Service	Monthly	<7	5	5	6	6	4	6	4	4	5	5	5	6	5	NA	
Hospitalizations (Medical)	Monthly	<3	1	0	0	1	0	0	1	5	4	2	3	1	2	NA	
Hospitalizations (Psychiatric)	Monthly	<3	1	2	2	4	1	0	1	3	1	2	1	1	2	NA	
Indicators:																	
Employment (client #)	Annually	40	8	5	5	3	2	0	1	0	1	2	5	1	33	83%	
Number of days ↓ county jail time	Annually	1000	0	90	0	0	0	0	0	0	0	0	3	0	93	9%	
Number of days ↓ state time	Annually	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Divert/Pre-Adjudication	Annually	15	1	1	0	0	0	0	0	0	0	1	0	0	3	20%	
Community Linkages	Annually	75	14	12	4	34	10	9	11	5	14	19	17	15	164	219%	
Recidivism to jail within 30 days	Annually	≤25 clients	1	1	0	0	1	2	2	2	1	0	1	3	14	NA	
Recidivism to jail within 60 days	Annually	≤50 clients	0	0	0	0	0	1	1	0	0	0	0	1	3	NA	
Recidivism to jail within 90 days	Annually	≤25 clients	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Recidivism to jail within 120 days	Annually	≤50 clients	0	0	0	0	0	0	0	0	0	0	0	1	1	NA	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Assisted Outpatient Services (AOT) - Morris																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024							2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:																	
Wait for service	Monthly	3 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Inpatient (STCF) referrals	Monthly	7	2	0	1	2	1	2	2	0	0	0	0	3	13	1%	
Long Term Care (LTC) referrals	Monthly	3	0	0	0	0	2	2	1	1	0	2	0	1	9	2%	
Number of transport orders	Monthly	<3 transport orders	0	0	0	1	0	1	1	2	4	3	1	1	1.2	NA	
Linked to Medical Services	Quarterly	Baseline	NA	NA	69%	NA	NA	61%	NA	NA	52%	NA	NA	52%	NA	59%	
60 day discharge follow up	Monthly	80%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Hospitalizations (Psychiatric)	Monthly	<10%	25%	13%	0%	8%	0%	6%	16%	22%	10%	20%	15%	19%	NA	13%	
Hospitalizations (Medical)	Monthly	<5%	0%	6%	0%	0%	0%	0%	0%	0%	5%	0%	5%	0%	NA	1%	
Indicators:																	
ER (screening)	Monthly	< 4	3	2	0	1	0	0	0	1	0	2	1	1	1	NA	
Voluntary admissions	Monthly	≤ 2	2	1	0	0	0	0	2	2	1	1	0	0	1	NA	
Involuntary admissions	Monthly	≤ 2	3	1	0	1	0	0	1	2	1	3	3	4	2	NA	
Long Term Care	Monthly	≤ 2	2	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Arrests	Monthly	≤ 2	1	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Incarceration	Monthly	≤ 2	1	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Homelessness	Monthly	≤ 2	2	0	0	0	0	0	0	0	0	1	0	0	0	NA	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	

Assisted Outpatient Services (AOT) - Sussex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Service Access:																	
Wait for service	Monthly	3 days	NA	NA	0	NA	0	0	0	0	0	0	0	0	0	0	NA
Screening referrals	Monthly	1 consumer	0	0	2	0	0	0	0	0	0	0	0	0	0	2	17%
Inpatient referrals	Monthly	7 consumers	0	0	0	0	1	1	2	2	2	1	1	3	13	1%	
Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	0	0	0	0	1	0	0	0	1	0	2	0.5%	
Number of transport orders	Monthly	<3 transport orders	0	1	0	1	0	0	0	0	1	2	0	0	0.4	NA	
Linked to Medical Services	Quarterly	Baseline	NA	NA	53%	NA	NA	63%	NA	NA	1	NA	NA	53%	NA	58%	
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	66%	100%	100%	100%	100%	100%	100%	NA	97%	
Hospitalizations (Medical)	Monthly	≤5%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0.0%	0%	0%	NA	1%	
Hospitalizations (Psychiatric)	Monthly	≤10%	0%	0%	0%	14%	13%	16%	0%	7%	13%	8%	9%	7%	NA	7%	
Indicators:																	
ER (screening)	Monthly	≤ 3	0	2	0	1	0	0	0	0	0	1	0	0	0	NA	
Voluntary admissions	Monthly	≤ 1	0	0	0	1	0	0	0	0	1	1	2	1	1	NA	
Involuntary admissions	Monthly	≤ 1	0	0	0	1	0	2	0	1	1	0	1	0	1	NA	
Long Term Care	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Arrests	Monthly	≤ 1	0	0	0	1	0	1	0	0	0	0	0	1	0	NA	
Incarceration	Monthly	≤1	0	0	0	1	0	1	0	0	0	0	0	0	0	NA	
Homelessness	Monthly	≤ 1	0	0	1	1	0	0	0	1	1	1	1	1	1	NA	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Supportive Employment Services (SES)																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Monthly	80%	100%	98%	98%	95%	97%	100%	100%	92%	98%	97%	82%	89%	NA	96%	
Focused:																	
Comprehensive Intake Assessment w/SNAP	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Treatment Plans: update/measurable	Monthly	80%	100%	98%	98%	100%	97%	100%	100%	85%	97%	74%	65%	100%	NA	93%	
Support Plan	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	100%	
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	100%	
Progress on Goal attainment	Quarterly	80%	NA	NA	80%	NA	NA	90%	NA	NA	70%	NA	NA	71%	NA	78%	
Linked to Medical Services	Quarterly	80%	NA	NA	90%	NA	NA	80%	NA	NA	77%	NA	NA	67%	NA	79%	
Wait for service (# of days)	Monthly	3	4	1	1	5	4	0	4	3	1	6	5	7	3	NA	
Hospitalizations (Psychiatric)	Monthly	<5%	0	1%	0	0	0	0	0	0	1%	0	0	0	NA	0.2%	
Hospitalizations (Medical)	Monthly	<3%	0	0	0	0	0	0	0	0	0	0	0	0	NA	0%	
Indicators:																	
Linked to Community Service	Quarterly	80%	NA	NA	99%	NA	NA	100%	NA	NA	98%	NA	NA	95%	NA	98%	
Interviews	Quarterly	60	NA	NA	19	NA	NA	16	NA	NA	17	NA	NA	28	80	133%	
Placed within 4 months of admission.	Quarterly	30%	NA	NA	41%	NA	NA	26%	NA	NA	21%	NA	NA	2%	NA	23%	
Discharge Follow Up 90 Days	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	100%	
Job retention > 3 months	Quarterly	80%	NA	NA	35%	NA	NA	49%	NA	NA	44%	NA	NA	40%	NA	42%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	96%	NA	NA	94%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	

Health Home																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%
Focused:																
AIMS Completed	Monthly	14	1	1	0	0	0	0	0	0	0	0	0	0	NA	14%
Blood pressure <140/90	Monthly	80%	33%	100%	85%	50%	66%	100%	100%	75%	75%	88%	60%	80%	NA	76%
Nursing Meetings	Quarterly	6	1	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	13%
Health Group Attendees	Monthly	680	118	76	91	152	86	NA	NA	NA	NA	NA	NA	6	NA	78%
Nursing Visits	Annually	388	60	65	66	43	21	15	5	23	15	20	18	36	NA	100%
Nursing Assessments Completed	Monthly	28	8	1	0	0	2	0	0	0	0	0	0	1	NA	43%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Homeward Bound																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
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%	0%	0%	2%	0%	2%	0%	0%	0%	1%	0%	2%	0%	NA	1%
Hospitalizations (M)	Monthly	<10%	0%	2%	0%	0%	0%	0%	1%	2%	1%	1%	1%	1%	NA	1%
Indicators:																
Unduplicated Consumers Outreached	Annually	816	42	56	47	53	53	47	44	65	31	49	17	27	531	65%
Total Encounters (Daytime)	Annually	1296	63	100	69	74	84	107	162	151	239	587	199	171	2006	155%
Total Encounters (Night time)	Annually	3228	296	296	309	363	359	406	386	394	457	577	495	430	4768	148%
Linked to Community MH services	Annually	36	0	0	0	0	0	6	1	0	0	0	0	0	7	19%
Linked to financial benefits	Annually	12	0	0	0	1	0	0	0	0	0	3	1	0	5	42%
Linked to permanent housing	Annually	12	3	1	5	1	2	3	4	2	3	2	2	0	28	233%
Linked to temporary housing	Annually	48	3	3	4	3	3	4	2	3	6	3	2	2	38	79%
Linked to substance use Tx. services	Annually	12	0	1	0	1	2	4	0	0	1	1	0	1	11	92%
Linked to medical/dental services	Annually	24	0	1	1	0	1	0	0	0	0	1	0	0	4	17%
Linked to rehabilitation services	Annually	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Linked to medical coverage	Annually	3	0	0	0	0	0	0	0	0	1	1	0	1	3	100%
Linked to identification	Annually	3	0	0	0	0	0	0	1	0	1	0	0	0	2	67%
Individuals diagnosed	Annually	36	8	7	6	6	7	6	9	17	15	7	13	46	147	408%
APN Encounters	Annually	84	32	41	22	47	37	28	51	74	85	45	39	35	536	638%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%
Veterans Program																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2024			2024													
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTALS	%
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Focused:																
New enrollees	Annually	30	28	3	0	1	2	1	1	0	1	1	0	0	38	127%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3	NA
Indicators:																
Mental Health Counseling	Quarterly	100 hours	36	30	32	27.5	28	27	28.5	28.25	24	16.5	24.5	13.5	316	79%
Psycho Edu Group	Quarterly	3 sessions	1	1	1	1	1	0	1	1	1	1	1	1	11	92%
Veterans Support Group	Quarterly	8 sessions	3	4	3	3	3	4	2	4	3	4	2	2	37	116%
Case Management	Quarterly	18 units	4	2	10	0	0	4	15	10	11	11	11	4	82	114%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%

Intensive Family Support Services (IFSS) - Sussex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL CHART AUDITS	Monthly	85%	94%	98%	96%	92%	97%	96%	97%	95%	95%	95%	92%	97%	NA	95%	
Focused:																	
Intake Assessment completed	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Service Preference Form Completed-Intake, 6mo, yearly	Monthly	85%	89%	100%	100%	100%	100%	88%	100%	89%	100%	100%	89%	100%	NA	95%	
Family Concern Survey (Intake, 6 months, yearly)	Monthly	85%	89%	88%	100%	100%	92%	100%	88%	89%	100%	100%	89%	89%	NA	94%	
Closed Chart Audits	Quarterly	85%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	100%	
Service Accessibility:																	
IFSS Wait for Service	Quarterly	≤5 days	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	0	NA	
IFSS Wait for Intake	Quarterly	≤5 days	NA	NA	1	NA	NA	1	NA	NA	1	NA	NA	2	1.3	NA	
Indicators:																	
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction	NA	NA	NA	NA	NA	7%	NA	NA	NA	NA	NA	3%	NA	5%	
IFSS Family Satisfaction Survey	Annually	85%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Prospect House																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Monthly	85%	75%	75%	80%	80%	80%	85%	85%	85%	85%	85%	85%	85%	NA	82%	
Focused:																	
Height, Weight, & Blood Pressure	Monthly	85%	75%	75%	80%	80%	80%	85%	85%	85%	85%	85%	85%	85%	NA	82%	
Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	NA	90%	
6 Month Psych	Monthly	100%	75%	75%	80%	80%	90%	90%	90%	90%	90%	90%	90%	90%	NA	86%	
Consent Forms	Monthly	85%	75%	75%	75%	75%	75%	75%	75%	80%	80%	80%	80%	80%	NA	77%	
Comp Assess. completed w/in 1 month of adm. into prgrm	Monthly	90%	80%	80%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	NA	88%	
Informed Consent for medications	Quarterly	100%	85%	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	98%	
Wait for service	Monthly	<2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hospitalizations (Medical)	Monthly	<5%	1%	0%	1%	0%	1%	1%	1%	1%	1%	1%	1%	1%	NA	1%	
Hospitalizations (Psychiatric)	Monthly	<10%	2%	3%	1%	2%	3%	2%	1%	2%	1%	1%	1%	1%	NA	2%	
Nutritional Screenings completed.	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Indicators:																	
Employment (# of consumers)	Quarterly	Baseline	3%	3%	NA	NA	5%	NA	NA	6%	NA	NA	NA	6%	5%	NA	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	NA	95%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
External Audits	Annually	COMPLETE			COMPLETE			COMPLETE			COMPLETE			COMPLETE	NA	COMPLETE	
Suicide Prevention																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025			2024						2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Focused:																	
Participants under 18	Monthly	Baseline	10	173	335	461	148	115	56	47	306	412	112	40	2215	NA	
Participants over 18	Monthly	Baseline	45	183	308	314	93	34	36	127	168	165	368	107	1948	NA	
Training Hours	Monthly	Baseline	10	13	37	39	14	10	13	18	22	26	32	17	251	NA	
Presentations	Monthly	Baseline	5	5	16	24	6	5	5	11	7	10	12	6	112	NA	
# of Law Enforcement Trained	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
# of Students Trained	Annually	Baseline	10	173	335	461	148	115	56	127	306	412	112	40	2295	NA	
# of Teachers Trained	Annually	Baseline	5	0	19	46	13	10	4	16	7	10	1	1	132	NA	
# of Others Trained	Annually	Baseline	40	183	289	268	80	24	32	111	161	155	367	106	1816	NA	
Satisfaction Survey	Quarterly	Baseline	NA	NA	no resp.	NA	NA	100%	NA	NA	100%	NA	NA	98%	NA	99%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	

The Wellness Hub/ Early Intervention Support Services (EISS) - Sussex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024					2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
TECHNICAL AUDITS	Monthly	80%				95%	80%	95%	95%	95%	98%	95%	85%	85%	NA	91%	
Focused:																	
Goal Attainment at Discharge	Quarterly	90%	100%	92%	95%	90%	100%	100%	100%	100%	100%	100%	100%	100%	NA	98%	
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Linked to Medical Services	Monthly	90%	100%	90%	90%	90%	85%	80%	95%	90%	90%	90%	95%	90%	NA	90%	
Wait for service (days)	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
60 day discharge follow up	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Justified Continued Stay	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Closed Chart Audits	Monthly	100%	100%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
Indicators:																	
New Enrollees: OFFERED MH Professional w/in 24 hrs.	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
New Enrollees: F2F access with MH Professional w/in 24 hrs.	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%	
New Enrollees: OFFERED access to Prescriber w/in 24 hrs.	Monthly	90%	97%	100%	98%	100%	100%	100%	100%	100%	97%	100%	100%	100%	NA	99%	
New Enrollees: F2F access with Prescriber w/in 24 hrs.	Monthly	90%	100%	97%	89%	93%	91%	100%	100%	100%	94%	81%	92%	92%	NA	94%	
Consumers referred to Screening	Monthly	<5%	1%	1%	0%	1%	1%	1%	1%	2%	1%	1%	0%	1%	NA	1%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
MHA Agency-wide																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024					2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Indicators:																	
Staff Voluntary Turnover	Monthly	≤30%	1%	3%	2%	1%	2%	2%	3%	3%	2%	2%	2%	1%	NA	2%	
Staff Satisfaction	Annually	↑satisfaction ↑response	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	214	81%	1.5% increase
90 day New Hire Survey Satisfaction	Quarterly	75% Satisfaction	NA	NA	88%	NA	NA	87%	NA	NA	80%	NA	NA	91%	NA	87%	
Voluntary Resignations Only	Monthly		2	6	6	2	5	6	4	4	6	6	6	4	57	4.8	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Safety First Calls	Monthly	<20	3	1	0	3	1	3	3	1	3	4	6	1	29	NA	
Suggestions	Monthly	NA	0	0	0	0	0	1	0	0	0	0	1	0	2	NA	
Grievances	Monthly	0	0	0	0	0	0	0	1	0	1	0	0	0	2	NA	
Complaints	Monthly	0	0	0	0	0	0	0	0	0	0	0	1	0	1	NA	
Corporate Compliance	Quarterly	Completed			9/3/2024			12/3/2024			3/4/2025			6/3/2025	NA	Completed	
External Financial Audit	Annually	Completed	NA	NA	Sep-24	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Completed	
Psychiatrist Peer Review	Quarterly	Completed	NA	NA	NA	24-Oct	NA	NA	NA	NA	NA	25-Apr	NA	NA	NA	Completed	
Medication Errors	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Adverse Reactions to Medications	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	
Social Club																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024					2025								
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Focused:																	
Number of Openings	Annually	16	NA	NA	5	NA	NA	1	NA	NA	29	NA	NA	0	35	219%	
Number of Attendees	Annually	560	NA	NA	281	NA	NA	282	NA	NA	283	NA	NA	283	1129	202%	
Activities	Annually	90	NA	NA	29	NA	NA	28	NA	NA	29	NA	NA	21	107	119%	
Units of Service	Annually	4384	NA	NA	996	NA	NA	1386	NA	NA	810	NA	NA	543	3735	85%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88%	NA	NA	88%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	

Teen Connect																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024							2025						
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%
Focused:																
Number of calls	Annually	Baseline	0	0	1	2	2	3	3	1	2	2	0	0	16	NA
Number of texts	Annually	Baseline	4	2	3	6	0	4	4	3	4	5	1	4	40	NA
New callers/texters	Annually	Baseline	2	1	2	3	1	6	3	2	3	4	1	1	29	NA
Hours of operation	Annually	Baseline	230	220	210	225	210	220	230	200	210	220	220	210	2605	NA
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Information Technology																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024							2025						
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%
Focused:																
System Upgrades	Monthly	Completed	6	4	5	4	3	15	48	0	2	5	6	3	101	NA
Trouble Ticket Response	Monthly	≤5 days	1	1	1	1	1	1	1	1	1	1	1	1	1	NA
Trouble Ticket Received	Monthly	≤200	11	9	7	12	10	8	6	7	9	10	9	8	106	NA
Hardware Inventory	Annually	90%	NA	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	99%	NA	NA	99%
Center for Behavioral Health (CBH)																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024							2025						
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%	NA	NA	100%	NA	NA	NA	NA	90%	NA	NA	100%	NA	95%
Focused:																
Service Plans	Monthly	85%	96%	90%	88%	92%	90%	89%	92%	89%	85%	96%	91%	91%	NA	91%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
AIMS	Semi-Annual	80%	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	100%	NA	NA	100%
Medication Sheet	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Informed Consent	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Closed Chart Audits	Quarterly	80%	NA	NA	90%	NA	NA	90%	NA	NA	80%	NA	NA	NA	NA	87%
Medication Inventory	Quarterly	Completed	NA	NA	Completed	NA	Completed	NA	NA	NA	Completed	NA	NA	Completed	NA	Completed
Referred to Medical Provider	Quarterly	Baseline	94%	NA	NA	NA	95%	NA	NA	96%	NA	NA	NA	98%	NA	96%
Service Access:																
Wait for Intake	Monthly	≤7 Days	5.8	5.5	4	4.4	2.5	0	2.9	3.2	2.4	3.5	5	4	3.6	NA
Wait for Assignment	Monthly	≤5Days	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Indicators:																
Hospitalized (Medical)	Monthly	<10%	5%	2%	3%	2%	4%	0%	2%	1%	0%	4%	6%	3%	3%	3%
Hospitalized (Psychiatric)	Monthly	<10%	0.79%	0%	0.79%	0.75%	1%	1.52%	0.76%	0.75%	0	1.48%	3%	2%	1%	1%
DASS-21	Monthly	↑functioning	10	9	9	8	8	8	9	9	9	8	7	7	8.4	NA
Discharge Follow Up	Semi-Annual	95%	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	NA	100%	100%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	NA	95%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%

Riskin's Children Center (RCC)																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024						2025							
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%	100%	100%	NA	92%	
Focused:																	
Medication Education	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NA	100%
Wait for intake	Monthly	≤5	5.4	5	2	4	1	5	2	5	6	0	0	7	3.5	NA	
Wait for assignment	Monthly	≤5	0	0	0	0	0	0	0	0	0	0	0	0	0.0	NA	
Informed Consent	Monthly	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	100%	100%	NA	96%	
Service Plans	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	88%	NA	98%	
Closed Chart Audits	Quarterly	80%	NA	NA	90%	NA	NA	90%	NA	NA	90%	NA	NA	100%	NA	93%	
Number of individuals linked to pediatrician	Quarterly	80%	100%	NA	NA	100%	NA	NA	NA	100%	NA	NA	100%	NA	NA	100%	
Indicators:																	
Hospitalizations (Medical)	Monthly	<10%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	4%	0%	NA	1%	
Hospitalizations (Psychiatric)	Monthly	<10%	0%	4%	4%	0%	0%	4%	0%	0%	0%	4%	4%	4%	NA	2%	
Child/Youth Symptom Check List	Semi-Annual	80%	NA	NA	NA	NA	NA	85%	NA	NA	85%	NA	NA	85%	NA	85%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	
Peer to Peer Line																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024						2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Focused:																	
Number of calls	Annually	2537	676	636	584	617	643	611	696	593	700	631	610	517	7514	296%	
New callers	Annually	80	30	16	11	11	7	10	14	11	14	15	8	8	155	194%	
Consumer Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Staff Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90%	NA	NA	90%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Education																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024						2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Focused:																	
Number of Participants	Annually	50	NA	NA	25	NA	NA	73	NA	NA	72	NA	NA	34	204	408%	
Number of MHFA	Annually	16	NA	NA	3	NA	NA	6	NA	NA	6	NA	NA	2	17	106%	
Satisfaction Survey	Quarterly	80%	NA	NA	99%	NA	NA	99%	NA	NA	99%	NA	NA	99%	NA	99%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Community Advocacy/ POST																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024						2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Focused:																	
Active Clients Enrolled	Annually	106	NA	NA	213	NA	NA	218	NA	NA	258	NA	NA	278	967	912%	
Total new enrolled/ client volunteers	Annually	10	NA	NA	17	NA	NA	5	NA	NA	40	NA	NA	20	82	820%	
Total Units Served	Annually	21160	NA	NA	4700	NA	NA	4364	NA	NA	5043	NA	NA	6806	20913	99%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	NA	100%	

Homeless Diversion Program																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
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	28	53	70	42	37	28	31	38	47	25	NA	NA	399	665%
Total number of accepted	Monthly	48	9	15	20	10	6	7	8	6	8	3	NA	NA	92	192%
Total number of resolved	Monthly	24	8	14	16	14	6	7	6	7	6	2	NA	NA	86	358%
Days until Resolution (average)	Monthly	<24	9	16	8	18	10	14	15	10	7	9	NA	NA	12	NA
Consumers diverted from Shelter	Monthly	24	8	14	16	14	6	7	8	7	6	2	NA	NA	88	367%
Days spent in Shelter	Monthly	< 7	0	0	0	0	0	0	0	0	0	0	NA	NA	0	0
Diverted initially and later entered shelter	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	NA	NA	0	NA
Number of diverted and returned to seek other assistance other than shelter	Monthly	<25%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	NA	NA	0	0%
Individuals Diverted Gender																
Female	Monthly	Baseline	4	10	12	12	3	5	5	6	6	2	NA	NA	65	NA
Male	Monthly	Baseline	4	4	4	2	3	2	1	1	0	1	NA	NA	22	NA
Other	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	NA	NA	0	NA
Housing type linked to																
Current Housing	Monthly	Baseline	0	8	13	8	3	2	3	4	2	3	NA	NA	46	NA
Reunited with family	Monthly	Baseline	0	1	1	0	0	2	1	3	4	0	NA	NA	12	NA
Relocated	Monthly	Baseline	8	5	2	6	3	3	2	0	0	0	NA	NA	29	NA
Boarding home	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	NA	NA	0	NA
Nursing home	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	NA	NA	0	NA
Other	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	NA	NA	0	NA
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Perth Amboy Police Department Collaboration																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
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	1	1	1	1	1	1	12	100%
Training hours (enter minutes)	Annually	340	13	10	19	13	20	24	22	30	25	20	24	26	246	72%
Co-Response Outreach (WOPD & MHAEM)																
Number of face to face co-responses	Annually	180	37	25	24	17	13	4	8	5	6	9	21	5	174	97%
Hours Co-Responding	Annually	110	27.75	20.6	19.2	14.75	11	7.25	5.1	5.6	5.75	10.2	17.3	2.75	147.25	134%
Co-Responses Requiring Spanish	Annually	62	4	4	6	1	2	0	2	0	0	1	3	2	25	40%
Number of homeless outreaches (PAPD request)	Annually	10	1	1	2	0	0	1	0	1	0	0	0	0	6	60%
Co-Response Outcomes																
Arrest	Annually	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Involuntary Transport to Hospital	Annually	15	3	2	0	2	3	1	0	0	0	3	1	1	16	107%
Voluntary Transport to Hospital	Annually	50	14	14	13	9	4	2	3	2	4	4	14	2	85	170%
Resolved without Incident	Annually	40	20	9	11	6	6	1	5	3	2	2	5	2	72	180%
Co-Response Linkage Outcomes																
Accepted linkages	Annually	67	11	9	6	4	6	2	2	3	1	1	7	2	54	81%
Declined linkages or future follow up	Annually	31	26	16	18	13	7	2	6	2	5	8	14	3	120	387%
Linked to MHA mental health services	Annually	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Linked to non-MHA mental health services	Annually	25	6	5	3	4	4	1	1	3	1	0	6	2	36	144%
Linked to other services	Annually	68	7	4	3	1	4	1	1	1	0	1	2	1	26	38%
Co-Responder Outreach																
# people outreaches were attempted to	Annually	180	34	22	39	34	27	27	27	27	34	49	27	52	399	222%
# People outreached to	Annually	122	27	17	31	20	22	9	19	18	24	34	26	24	271	222%
# People accepted linkages during outreach	Annually	110	19	15	25	8	14	7	13	7	17	15	12	12	164	149%
Duration outreaches (hours)	Annually	92	9	11.4	14.4	14.8	8.7	4.4	10	8.8	14	8.53	8.25	9.5	121.78	132%
Total # Outreaches (times connecting with clients)	Annually	141	41	27	54	22	28	15	34	25	41	42	47	39	415	294%
Indicators																
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%

South Orange Police Department Collaboration																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
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	1	1	1	1	1	1	12	100%
Training hours (enter minutes)	Annually	340	0	10	15	12	25	25	20	25	20	23	20	22	217	64%
Co-Response Outreach																
Number of face to face co-responses	Annually	180	4	4	7	12	6	9	8	10	6	3	3	9	81	45%
Hours Co-Responding	Annually	110	2.08	2.8	5.75	11.5	6.3	11.2	7.6	14	5.25	2.42	4.1	15.8	88.8	81%
Co-Responses Requiring Spanish	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Number of homeless outreaches (SOPD request)	Annually	10	1	2	2	0	0	0	1	3	0	1	0	0	10	100%
Co-Response Outcomes																
Arrest	Annually	1	0	0	0	1	0	0	0	0	0	0	0	2	3	3.0
Involuntary Transport to Hospital	Annually	15	0	0	1	1	0	0	0	2	0	0	1	1	6	40%
Voluntary Transport to Hospital	Annually	50	0	1	3	4	1	3	2	0	1	2	0	1	18	36%
Resolved without Incident	Annually	40	4	3	3	6	5	6	6	8	5	1	2	5	54	135%
Co-Response Notification																
# of co-responses initiated by dispatch	Annually	Baseline	3	3	4	11	6	7	6	6	5	2	3	7	63	NA
# of co-responses initiated by self-initiated by officer	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
# of co-responses initiated by co-responder listening to radio	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
# of co-responses initiated by "other"	Annually	Baseline	1	1	3	1	0	2	2	4	1	1	0	2	18	NA
Co-Response Linkage Outcomes																
Accepted linkages	Annually	Baseline	3	2	3	7	4	5	1		4	1	2	3	35	NA
Declined linkages or future follow up	Annually	Baseline	1	2	4	5	2	4	7	7	2	2	1	6	43	NA
Linked to MHA mental health services	Annually	5	3	2	2	2	3	1	0	3	2	0	0	0	18	360%
Linked to non-MHA mental health services	Annually	25	0	0	1	2	0	3	1	3	2	1	2	3	18	72%
Linked to other services	Annually	Baseline	0	0	0	3	1	1	0	4	1	0	0	1	11	NA
Co-Responder Outreach																
# people outreaches were attempted to	Annually	Baseline	16	14	10	14	9	12	13	8	11	13	12	13	145	NA
# People outreached to	Annually	Baseline	5	10	7	11	7	10	8	6	5	6	4	8	87	NA
# People accepted linkages during outreach	Annually	Baseline	3	8	7	7	7	8	7	5	5	4	4	6	0	NA
Duration outreaches (hours)	Annually	Baseline	6.96	6	4.5	1.7	4.6	5	7.2	7	11.1	6.5	6	5.4	71.96	NA
Total # Outreaches (times connecting with clients)	Annually	Baseline	10	18	9	11	11	12	16	14	14	7	5	9	136	NA
Indicators																
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
The Gathering Place - Community Wellness Center (Sussex)																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
YEAR: 2024-2025			2024						2025							
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	Totals	%
# of unduplicated consumers served	Monthly	150					NA	27	NA	NA	93	NA	NA	112	232	155%
# of new consumer attendees served	Monthly	150					NA	27	NA	NA	88	NA	NA	75	190	127%
# of operational days during the year	Monthly	152					NA	48	NA	NA	62	NA	NA	76	186	122%
# of advocacy events	Monthly	47					NA	6	NA	NA	9	NA	NA	8	23	49%
Units of service delivered	Monthly	3040					NA	336	NA	NA	744	NA	NA	1824	2904	96%
Community Provider Survey	Annually	80%					NA	NA	NA	NA	NA	NA	NA	98%	0.98	98%

“The Core 4” Arrive Together Collaboration																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%
Co-Response Outreach (Law Enf. & MHA)																
Number of face to face co-responses	Monthly	45	3	10	8	7	9	8	21	19	16	17	20	20	158	351%
Hours Co-Responding	Monthly	35	1.25	9.91	7.25	12.5	9.5	8.75	23.16	22.66	11.34	19.17	28.84	26.25	180.58	516%
Number of homeless outreaches	Monthly	18	0	5	1	1	0	0	4	4	1	1	3	2	22	122%
Number of referrals received for follow up	Monthly	260	42	31	26	34	29	48	66	44	50	39	45	45	499	192%
Co-Response/Follow Up Outcomes																
Arrest	Monthly	<5	0	1	1	0	2	0	0	0	3	2	2	0	11	NA
Involuntary Transport to Hospital	Monthly	50	5	4	3	1	3	2	1	3	7	5	5	3	42	84%
Voluntary Transport to Hospital	Monthly	118	15	12	11	18	17	25	22	31	30	19	25	26	251	213%
Resolved without Incident	Monthly	125	14	21	18	21	18	21	39	25	25	29	29	34	294	235%
Co-Response/Follow Up Linkage Outcomes																
Declined linkages or future follow up	Monthly	<5	0	1	9	1	2	2	4	0	0	7	0	0	26	NA
Linked to MHA services	Monthly	18	0	0	1	5	4	1	1	4	6	2	5	2	31	172%
Linked to non-MHA mental health services	Monthly	15	2	3	4	6	3	1	7	10	6	3	11	15	71	473%
Linked to other services	Monthly	25	1	6	4	4	4	3	6	10	5	10	12	5	70	280%
Follow Up Outreach																
# People outreached to	Monthly	165	20	18	26	21	32	53	66	63	62	64	70	50	545	330%
Duration outreaches (hours)	Monthly	68	9.19	5.13	8.08	12.5	12.98	26.9	39.01	40.9	31.81	37.65	32.61	26.34	283.1	416%
# Outreaches	Monthly	250	35	25	30	37	44	114	155	149	129	143	139	102	1102	441%
Indicators																
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
“4M’s” Arrive Together Collaboration																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%
Co-Response Outreach (Law Enf. & MHAEM)																
Number of face to face co-responses	Monthly	80	32	27	30	29	25	34	34	40	30	33	43	40	397	496%
Hours Co-Responding	Monthly	68	23.47	21.17	23.42	30.75	28.75	26.25	31.08	36.25	24.58	34	39.2	30.59	349.51	514%
Number of homeless outreaches	Monthly	50	4	10	14	6	8	6	0	2	1	5	7	11	74	148%
Number of referrals received for follow up	Monthly	360	36	41	33	36	19	30	53	36	30	42	31	55	442	123%
Co-Response/Follow Up Outcomes																
Arrest	Monthly	5	1	3	0	0	1	0	2	1	2	1	1	3	15	300%
Involuntary Transport to Hospital	Monthly	15	6	1	4	11	1	3	3	5	3	6	5	2	50	333%
Voluntary Transport to Hospital	Monthly	20	29	21	24	27	23	28	25	28	30	25	29	35	324	1620%
Resolved without Incident	Monthly	40	28	33	24	23	11	30	23	39	24	38	32	44	349	873%
Co-Response/Follow Up Linkage Outcomes																
Declined linkages or future follow up	Monthly	<5	0	1	0	0	0	0	0	0	0	2	0	0	3	NA
Linked to MHA services	Monthly	20	3	1	5	4	9	4	4	3	4	7	2	3	49	245%
Linked to non-MHA mental health services	Monthly	10	0	4	3	5	9	7	15	3	4	11	8	13	82	820%
Linked to other services	Monthly	30	1	5	7	3	0	14	7	3	2	27	39	20	128	427%
Follow Up Outreach																
# People outreached to	Monthly	280	41	38	40	38	33	49	42	48	42	58	53	63	545	195%
Duration outreaches (hours)	Monthly	60	13.4	10.9	14.15	18.71	16.99	26.51	25.02	31.93	27.28	34.72	29.45	36.1	285.16	475%
# Outreaches	Monthly	450	57	62	54	62	54	86	85	105	94	117	96	121	993	221%
Indicators																
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%

West Orange Police Department Collaboration																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Fiscal Year: 2025			2024						2025							
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	1	1	1	1	1	1	12	100%
Training hours (enter minutes)	Annually	340	15	12	13	19	15	10	90	20	23	25	27	24	293	86%
Pre-Test Average Score	Annually	baseline	NA	73%	73%	71%	88%	80%	N/A	no resp	65%	no resp	no resp	no resp	75%	75%
Post-Test Average Score	Annually	Baseline	NA	85%	85%	96%	96%	100%	N/A	no resp	85%	no resp	no resp	no resp	91%	91%
Body Camera After-Action Review																
Number of videos reviewed	Annually	50	7	6	11	8	9	6	6	2	4	5	9	0	73	146%
Number of videos with recommendations	Annually	5	0	1	0	1	0	0	2	0	0	0	1	0	5	100%
Number of videos with no recommendations	Annually	45	7	5	11	7	9	6	4	2	4	5	8	0	68	151%
Number of videos Co-Response were present for	Annually	15	2	0	5	2	1	1	1	1	1	0	4	0	18	NA
Co-Response Outreach (WOPD & MHAEM)																
Number of face to face co-responses	Annually	180	5	14	12	9	7	4	6	8	4	20	13	16	118	66%
Hours Co-Responding	Annually	110	3.42	10.6	8.2	5.8	4.1	2.1	7.7	5.1	1.9	9.75	9	9	76.67	70%
Number of homeles outreaches (WOPD request)	Annually	10	0	0	2	2	0	0	2	0	0	2	0	1	9	90%
Co-Response Outcomes																
Arrest	Annually	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Involuntary Transport to Hospital	Annually	15	1	3	1	0	0	0	1	1	1	1	3	1	13	87%
Voluntary Transport to Hospital	Annually	50	2	4	7	3	3	3	4	5	2	11	5	8	57	114%
Resolved without Incident	Annually	40	2	7	4	6	4	1	1	2	1	8	5	6	47	118%
Co-Response Notification																
# of co-responses initiated by dispatch	Annually	120	3	13	12	8	7	4	6	8	4	20	12	14	111	93%
# of co-responses initiated by self-initiated by officer	Annually	3	0	0	0	0	0	0	0	0	0	0	1	0	1	33%
# of co-responses initiated by co-responder listening to radio	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	2	2	NA
# of co-responses initiated by "other"	Annually	14	2	1	0	1	0	0	0	0	0	0	0	0	4	29%
Co-Response Linkage Outcomes																
Accepted linkages	Annually	30	1	6	4	2	2	0	3	2	0	3	4	7	34	113%
Declined linkages or future follow up	Annually	48	0	0	2	0	2	1	0	1	1	0	1	3	11	23%
Unable to refer	Annually	60	4	8	6	7	3	3	3	5	3	17	8	6	73	122%
Linked to MHA mental health services	Annually	5	0	2	2	2	2	0	1	0	0	3	4	4	20	400%
Linked to non-MHA mental health services	Annually	25	0	1	1	0	1	0	1	0	0	1	1	4	10	40%
Linked to other services	Annually	22	1	1	2	1	0	0	1	2	0	0	0	0	8	36%
Co-Responder Outreach																
# people outreaches were attempted to	Annually	312	29	26	33	26	22	20	26	13	27	38	40	40	340	109%
# People outreached to	Annually	136	13	13	16	12	7	11	10	8	17	19	21	18	165	121%
# People accepted linkages during outreach	Annually	70	10	1	7	3	3	3	4	3	3	8	10	4	59	84%
Duration outreaches (hours)	Annually	95	18.3	16.6	11.0	8.0	5.5	5.8	8.3	3.75	8	22.16	15.2	8.2	130.71	138%
Total # Outreaches (times connecting w/ clients)	Annually	340	27	36	22	17	7	12	15	9	19	31	41	28	264	78%
Indicators																
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
NJ Statewide Student Support Services (NJ4S)																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
YEAR: 2024-2025			2024						2025							
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	Totals	%
Focused:																
Contracted MLOS	Monthly	124	12	0	476	295	80	220	126	294	168	197	161	7	2036	137%
Tier 1 services – Community Events	Quarterly	60	NA	NA	201	NA	NA	165	NA	NA	100	NA	NA	107	573	239%
Tier 2 services – Applications received for Evidence Based	Quarterly	20	NA	NA	27	NA	NA	42	NA	NA	41	NA	NA	8	118	148%
Tier 3 services – Applications received for individual counseling	Quarterly	25	NA	NA	16	NA	NA	47	NA	NA	55	NA	NA	27	145	145%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	98%	98%

Mobile Crisis Outreach Response Teams (MCORT)- Hudson																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024						2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Dispatches																	
Total number of dispatches received	Monthly	Baseline									1	3	7	2	13	NA	
Number of dispatches completed	Monthly	Baseline									1	3	7	1	12	NA	
Number of dispatches arrived within 1-hour	Monthly	Baseline									1	3	7	2	13	NA	
Number of dispatches arrived between 2-hours	Monthly	Baseline									0	0	0	0	0	NA	
Number of dispatches arrived after 2-hours	Monthly	Baseline									0	0	0	0	0	NA	
Number of dispatches during day shift	Monthly	Baseline									1	2	0	1	4	NA	
Number of dispatches during evening shift	Monthly	Baseline									0	1	4	0	5	NA	
Number of dispatches during overnight shift	Monthly	Baseline									0	0	3	1	4	NA	
Linkages/ Outcomes																	
Number of referrals/linkages	Monthly	Baseline									1	3	5	1	10	NA	
Number of warm transfers	Monthly	Baseline									1	2	3	1	7	NA	
Number of dispatches resolved on site by MCORT	Monthly	Baseline									1	3	6	1	11	NA	
Number of dispatches requiring emergency services involvement	Monthly	Baseline									0	0	1	0	1	NA	
Total number of individuals requiring transport	Monthly	Baseline									0	0	1	1	2	NA	
Follow up																	
Total number of contacts requiring follow-up	Monthly	Baseline									1	3	6	1	11	NA	
Number of follow-up contacts attempted by phone	Monthly	Baseline									0	2	5	0	7	NA	
Number of follow-up contacts achieved by phone	Monthly	Baseline									0	0	5	0	5	NA	
Number of follow-up contacts attempted in-person	Monthly	Baseline									1	3	5	0	9	NA	
Number of follow-up contacts achieved in-person	Monthly	Baseline									1	3	3	1	8	NA	
Persons served																	
Number of individuals served out of agency's designated region	Monthly	Baseline									0	0	0	0	0	NA	
Average number of individuals served per 8-hour shift	Monthly	Baseline									0.045	0.063	0.11	0.02	0.238	NA	
Number of unique (unduplicated) consumers visited	Monthly	Baseline									1	3	6	2	12	NA	
Number of dispatches requiring consultation from a Master's Level Supervisor	Monthly	Baseline									0	1	1	0	2	NA	
Number of dispatches resulting in higher level of service within 72 hours after the initial MCORT contact	Monthly	Baseline									0	0	1	0	1	NA	
Indicators																	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	
The Gathering Place - Community Wellness Center (Morris)																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
YEAR: 2024-2025				2024						2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	Totals	%	
Focused:																	
# of unduplicated consumers served	Monthly	75					NA	40	NA	NA	99	NA	NA	154	293	391%	
# of new consumer attendees served	Monthly	150					NA	40	NA	NA	61	NA	NA	55	156	104%	
# of operational days during the year	Monthly	152					NA	48	NA	NA	66	NA	NA	76	190	125%	
# of Wellness/Recovery activities provided	Monthly	200					NA	16	NA	NA	133	NA	NA	32	181	91%	
Units of service delivered	Monthly	3800					NA	240	NA	NA	594	NA	NA	1292	2126	56%	
Community Provider Survey	Annually	80%					NA	NA	NA	NA	NA	NA	NA	98%	98%	98%	

Mobile Crisis Outreach Response Teams (MCORT)- Essex																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Fiscal Year: 2025				2024						2025							
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS		
Dispatches																	
Total number of dispatches received	Monthly	Baseline									3	2	5	3	13	NA	
Number of dispatches completed	Monthly	Baseline									3	2	5	3	13	NA	
Number of dispatches arrived within 1-hour	Monthly	Baseline									3	2	5	3	13	NA	
Number of dispatches arrived between 2-hours	Monthly	Baseline									0	0	0	0	0	NA	
Number of dispatches arrived after 2-hours	Monthly	Baseline									0	0	0	0	0	NA	
Number of dispatches during day shift	Monthly	Baseline									3	2	4	3	12	NA	
Number of dispatches during evening shift	Monthly	Baseline									0	0	1	0	1	NA	
Number of dispatches during overnight shift	Monthly	Baseline									0	0	0	0	0	NA	
Linkages/ Outcomes																	
Number of referrals/linkages	Monthly	Baseline									3	2	4	3	12	NA	
Number of warm transfers	Monthly	Baseline									3	2	4	3	12	NA	
Number of dispatches resolved on site by MCORT	Monthly	Baseline									2	2	4	3	11	NA	
Number of dispatches requiring emergency services involvement	Monthly	Baseline									1	0	0	0	1	NA	
Total number of individuals requiring transport	Monthly	Baseline									1	0	0	1	2	NA	
Follow up																	
Total number of contacts requiring follow-up	Monthly	Baseline									3	2	4	3	12	NA	
Number of follow-up contacts attempted by phone	Monthly	Baseline									1	2	2	1	6	NA	
Number of follow-up contacts achieved by phone	Monthly	Baseline									1	2	2	2	7	NA	
Number of follow-up contacts attempted in-person	Monthly	Baseline									3	2	4	0	9	NA	
Number of follow-up contacts achieved in-person	Monthly	Baseline									2	1	4	3	10	NA	
Persons served																	
Number of individuals served out of agency's designated region	Monthly	Baseline									1	0	0	0	1	NA	
Average number of individuals served per 8-hour shift	Monthly	Baseline									0.14	0.43	0.08	0.05	0.7	NA	
Number of unique (unduplicated) consumers visited	Monthly	Baseline									3	2	5	3	13	NA	
Number of dispatches requiring consultation from a Master's Level Supervisor	Monthly	Baseline									1	1	0	0	2	NA	
Number of dispatches resulting in higher level of service within 72 hours after the initial MCORT contact	Monthly	Baseline									0	0	0	0	0	NA	
Indicators																	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%	

MENTAL HEALTH ASSOCIATION
PERFORMANCE INDICATORS: FY 2025
 PLAN FOR OUTCOME MEASURES
 July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

AGENCY-WIDE	OUTCOMES: FY2025
<p><u>Efficiency:</u> Staff turnover is monitored. This agency is committed to reducing turnover and increasing staff retention through staff recognition, staff development, communication, organizational culture, and improvements of working conditions and benefits. The Director of Human Resources tracks voluntary turnover rates monthly per program and in the aggregate.</p> <p>FY2024: 3.0% average monthly turnover rate</p>	<p><u>Annually:</u> voluntary staff turnover ≤ 25%</p> <p>2.0% average monthly turnover rate</p>
<p><u>Staff Satisfaction:</u> Annually, staff completes a Satisfaction Survey in June. MHA believes that staff satisfaction correlates with staff turnover. Expected measures of this indicator include an increased number of respondents and maintained or increased levels of satisfaction.</p> <p>FY2024: 96% satisfaction and response rate of 80%</p>	<p><u>Annually:</u> satisfaction rate ≥90%; percentage of staff respondents 40%</p> <p>96% satisfaction and response rate of 81%</p>
<p><u>Community Agency Satisfaction:</u> Annually, this agency conducts a survey of community providers who refer clients, collaborate with staff, or to whom staff refer clients and collaborate. Results of this survey provide information regarding community needs, service assessment and collaborative efforts, marketing needs, professional reputation and relationship to providers.</p> <p>FY2024: 97% satisfaction rate</p>	<p>83% satisfaction and increased response rate: annual:</p> <p>98% satisfaction rate</p>
<p><u>Access:</u> MHA has programs throughout Essex, Morris, Sussex and Passaic counties. The agency provides Community Support Services throughout Essex and Morris counties. Staff deliver services in Montclair schools and the surrounding areas. The agency has offered Psycho-Ed sessions throughout Essex, Morris, Sussex and Passaic counties.</p> <p>FY2024: over 20,000 consumers received services from MHA</p>	<p>MHA will provide services to 5000 consumers annually</p> <p>Over 20,000 consumers received services from MHA</p>
<p><u>Effectiveness:</u> MHA is contracted with the NJDMHAS to provide service commitments annually for deficit funded programs, with a 90% commitment achievement rate.</p> <p>FY2024: 58% was the lowest number achieved</p>	<p>90% commitment achievement rate for all programs contracted with NJDMHAS: quarterly:</p> <p>54% was the lowest number achieved</p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

ASSISTED OUTPATIENT TREATMENT (AOT)

OUTCOMES: FY2025

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.

FY2024: Essex: Screening: 0 referral; STCF: 48 referrals; LTC: 7 referrals
FY2024: Morris: Screening: 0 referral; STCF: 2 referrals; LTC: 8 referrals
FY2024: Sussex: Screening: 1 referral; STCF: 9 referrals; LTC: 1 referrals

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

FY2024: Essex: 100% of charts were compliant
FY2024: Morris: 100% of charts were compliant
FY2024: Sussex: 100% of charts were compliant

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

FY2024: Essex: 27 clients enrolled went to a local ER for screening, 1 client enrolled were admitted to Long Term Care, 0 client enrolled was arrested, 0 client enrolled was incarcerated, 14 clients enrolled were voluntarily hospitalized, 0 clients enrolled were homeless
Morris: 23 clients enrolled went to a local ER for screening, 3 clients enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 1 client enrolled was incarcerated, 9 clients enrolled were voluntarily hospitalized, 2 clients enrolled were homeless
Sussex: 16 clients enrolled went to a local ER for screening, 0 client enrolled were admitted to Long Term Care, 0 client enrolled was arrested, 0 client enrolled was incarcerated, 11 clients enrolled were voluntarily hospitalized., 3 client enrolled was homeless

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

FY2024: Essex: 100% satisfactory rate; Morris: 100% satisfactory rate; Sussex: 78% satisfactory rate

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: 14 referrals
Morris: Screening: 0 referral; STCF: 13 referrals; LTC: 9 referrals
Sussex: Screening: 2 referral; STCF: 13 referrals; LTC: 1 referral

Quarterly: ≥80% chart compliance
Essex: 84% of the charts were compliant
Morris: 100% of charts were compliant
Sussex: 100% of charts were compliant

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;
≤ 1Voluntary Admissions; ≤ 1Involuntary Admissions; ≤ 2 LTC Admissions;
≤ 1 Arrested; ≤ 1 Incarcerated; ≤ 1 Homeless
Essex: 21 clients enrolled went to a local ER for screening, 2 clients enrolled were admitted to Long Term Care, 2 client enrolled was arrested, 2 clients enrolled was incarcerated, 10 clients enrolled were voluntarily hospitalized, 2 clients enrolled were homeless
Morris: 11 clients enrolled went to a local ER for screening, 2 clients enrolled were admitted to Long Term Care, 1 client enrolled was arrested, 1 client enrolled was incarcerated, 9 clients enrolled were voluntarily hospitalized, 3 clients enrolled were homeless
Sussex: 14 clients enrolled went to a local ER for screening, 0 client enrolled were admitted to Long Term Care, 3 clients enrolled was arrested, 2 client enrolled was incarcerated, 6 clients enrolled were voluntarily hospitalized., 7 clients enrolled was homeless

Measured: Annually

≥85%

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

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

CENTER FOR BEHAVIORAL HEALTH	OUTCOMES: FY2025
<p><u>Access:</u> 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. FY2024: 3.1 days wait for intake; 0 day wait for assignment</p>	<p><u>Annually:</u> ≤5 business days 3.6 days wait for intake; 0 day waits for assignment</p>
<p><u>Effectiveness:</u> CBH uses the DASS-21 Depression, Anxiety and Stress Scale designed to measure emotional status of depression, anxiety and stress. FY2024: 85% of clients showed an average of 20% decrease in overall symptoms 6 months into treatment</p>	<p><u>Annually:</u> 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. 85% of clients showed an average of 20% decrease in overall symptoms 6 months into treatment</p>
<p><u>Client Satisfaction:</u> Annually, CBH conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services. FY2024: 100% satisfaction rate</p>	<p><u>Annually:</u> 80% satisfaction 95% satisfaction rate</p>
<p><u>Efficiency:</u> 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. FY2024: 93% productivity</p>	<p><u>Annually:</u> 90% Productivity 90% productivity reported</p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

COLLABORATIVE JUSTICE SERVICES (CJS)	OUTCOMES: FY2025
<p><u>Effectiveness:</u> Community linkages. Clients' community reintegration can be measured by the number of linkages to local mental health programs and social organizations.</p> <p><i>FY2024: Essex: 103 consumers were successfully linked to community services as outlined in their Individualized Service Plan.</i></p> <p><i>Morris: 106 linkages to mental health and social organizations.</i></p>	<p><u>Monthly:</u> 75 clients linked to community providers</p> <p><i>Essex: 164 consumers were successfully linked to community services as outlined in their Individualized Service Plan</i></p> <p><i>Morris: 106 linkages to mental health and social organizations.</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: Essex: 2 consumers returned to jail within 30 days throughout the fiscal year.</i></p> <p><i>Morris: 0 consumer returned to jail within 30 days throughout the fiscal year.</i></p>	<p><u>Monthly:</u> Less than 25 clients</p> <p><i>Essex: 14 consumers returned to jail within 30 days throughout the fiscal year.</i></p> <p><i>Morris: 0 consumers returned to jail within 30 days throughout the fiscal year.</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: Essex: 2 consumer returned to jail within 60 days throughout the fiscal year</i></p> <p><i>Morris: 0 consumers returned to jail within 60 days throughout the fiscal year</i></p>	<p><u>Monthly:</u> Less than 50 clients</p> <p><i>Essex: 3 consumers returned to jail within 60 days for throughout the fiscal year.</i></p> <p><i>Morris: 0 consumers returned to jail within 60 days throughout the fiscal year</i></p>
<p><u>Efficiency:</u> CJS will decrease consumers' incarceration days by working with the consumer and the courts to develop an aftercare plan.</p> <p><i>FY2024: Essex: Consumers decreased incarceration days by 22,293</i></p> <p><i>Morris: Consumers decreased incarceration days by 1,642</i></p>	<p>Decrease incarceration days by 1000:</p> <p><i>Essex: Consumers decreased incarceration days by 22,293</i></p> <p><i>Morris: Consumers decreased incarceration days by 1,642</i></p>
<p><u>Client Satisfaction:</u> Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers.</p> <p><i>FY2024: Essex: 100% Satisfaction rate</i></p> <p><i>Morris: 100% Satisfaction rate</i></p>	<p><u>Annually:</u> 80% satisfaction</p> <p><i>Essex: 100% Satisfaction rate</i></p> <p><i>Morris: 100% Satisfaction rate</i></p>
<p><u>Access:</u> Wait for Service: The target wait for intake and/or admission to the program is within 5 days.</p> <p><i>FY2024: Essex: The average wait for service for intake and/or admission was 3 business days.</i></p> <p><i>Morris: The average wait for service for intake and/or admission was 3 business days.</i></p>	<p><u>Monthly:</u> Less than 5 days: monthly</p> <p><i>Essex: The average wait for service for intake and/or admission was 3 business days.</i></p> <p><i>Morris: The average wait for service for intake and/or admission was 3 business days.</i></p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

COMMUNITY ADVOCACY PROGRAM/SOCIAL CLUB	OUTCOMES: FY2025
<p><u>Accessibility:</u> 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.</p> <p><i>FY2024: There were 2244 groups held.</i></p>	<p><u>Annually:</u> 566 groups are expected</p> <p><i>There were 2280 groups held</i></p>
<p><u>Efficiency:</u> 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.</p> <p><i>FY2024: 1-day wait for service</i></p>	<p><u>Quarterly:</u> ≤ 1 business days</p> <p><i>1 day wait for service</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: 100% satisfaction rate</i></p>	<p><u>Annually:</u> 90% consumer satisfaction rate with groups</p> <p><i>100% satisfaction rate with Community Advocacy Program</i></p> <p><i>80% satisfaction rate with Social Club members</i></p>
<p><u>Satisfaction:</u> The MHAEM Quality Assurance Coordinator directly receives and analyzes response-data from annual consumer satisfaction questionnaires.</p> <p><i>FY2024: 100% satisfaction rate</i></p>	<p><u>Annually:</u> 90% satisfaction among respondents</p> <p><i>94% satisfaction rate</i></p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

COMMUNITY EDUCATION PROGRAM	OUTCOMES: FY2025
<p><u>Accessibility:</u> 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.</p> <p>FY2024: There were 30 trainings held.</p>	<p><u>Annually:</u> 4 groups are expected</p> <p>There were 17 trainings held</p>
<p><u>Efficiency:</u> 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.</p> <p>FY2024: 1 day wait for service</p>	<p><u>Quarterly:</u> ≤ 2 business days</p> <p>1 day wait for service</p>
<p><u>Effectiveness:</u> 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.</p> <p>FY2024: 100% of Participants received their certification</p>	<p><u>Annually:</u> 90% Completion Rate</p> <p>100% of participants received their certification</p>
<p><u>Satisfaction:</u> The MHAEM Quality Assurance Coordinator directly receives and analyzes response-data from annual consumer satisfaction questionnaires.</p> <p>FY2024: 100% satisfaction among respondents</p>	<p><u>Annually:</u> 90% satisfaction among respondents</p> <p>99% satisfaction among respondents</p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS: COMMUNITY SUPPORT SERVICES (CSS)	OUTCOMES: FY2025
<p><u>Effectiveness:</u> 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.</p> <p>FY2024: 11% employment rate</p>	<p>Quarterly: ≥10% employment 10.5% employment rate</p>
<p><u>Effectiveness:</u> 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.</p> <p>FY2024: 1% recidivism rate to County/State hospitals, 2% recidivism to Short Term Care Facilities</p>	<p>Monthly: ≤ 20% recidivism rate to psychiatric hospitals 0.6% recidivism rate to County/State hospitals 3% recidivism rate to Short Term Care Facilities</p>
<p><u>Effectiveness:</u> Residential Stability: The main goal of a supportive housing program is to stabilize the residential circumstances of a vulnerable population. Effective services provided and appropriate housing opportunities correlate with tenant retention rates.</p> <p>FY2024: 99% of individuals remained in housing for 12 months</p>	<p>Monthly: ≥80% of tenants will maintain their housing for 12 months monitored through movement statistics 99% of individuals remained in housing for 12 months</p>
<p><u>Efficiency:</u> 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.</p> <p>FY2024: 90% of charts were complaint</p>	<p>Monthly: ≥80% chart compliance 90% of charts were compliant</p>
<p><u>Access:</u> 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.</p> <p>FY2024: 98% consumer satisfaction</p>	<p>Annually: ≥80% client satisfaction: monitored yearly 90% consumer satisfaction</p>

MENTAL HEALTH ASSOCIATION
PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
 July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

Community Wellness Centers (CWC)	OUTCOMES: FY2025
<p><u>Access:</u> The CWCs ensures easy access to the centers by meetings contract standards for operational days and hours in each center. The CWCs are open 5 days a week; including two late nights and one weekend day to promote relationships and convenience for the members. Operational days and hours are monitored to ensure access and convenience of services and outcomes on a monthly basis; these statistics are then compounded annually.</p> <p>FY2024: Baseline</p>	<p><u>Annually:</u> 1152 hours/152 Days of operation Morris: 874 hours/190 days Sussex: 844/186 days</p>
<p><u>Efficiency:</u> CWCs ensure 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. The Wellness Centers are a same day, walk in service that has no walk time for services and are open on later nights and weekends.</p> <p>FY2024: Baseline</p>	<p><u>Annually:</u> 2 Weekday Evenings, 1 Weekend Day Centers are opened after typical business hours on Mondays, Wednesday and Saturdays to meet the needs of member.</p>
<p><u>Effectiveness:</u> CWCs track effectiveness of the centers, staff and groups provided by tracking group attendance, which is encouraged but not mandated. Members who attend the center are welcome to any group or activity planned for the day of attendance or are able to participate in alternate activities, socializing with peers, or are given opportunities to lead activities of their own. Satisfied members of the Community Wellness Centers are members that attend frequently and are active participants in the center and all they have to offer. The Community Wellness Centers track the frequency of member's attendance through a duplicated count of visits to the center. In the CWC's first year in operation the centers were open only a portion of the year.</p> <p>FY2024: Baseline</p>	<p><u>Annually:</u> Morris: 19,000; Sussex: 15,200 Morris: 1883; Sussex: 2234</p>
<p><u>Satisfaction:</u> CWC teams analyze feedback given in weekly community empowerment meetings and on an ongoing basis with its Realtime surveys available to members and the community via the Wellness Centers and agency website. Staff are also available to assist members providing their feedback when they need that support.</p> <p>FY2024: Baseline</p>	<p><u>Annually:</u> 90% Satisfaction Rate Morris: 100%; Sussex: 100%</p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

CRIMINAL JUSTICE REFORM (CJR) & MORRIS MENTAL HEALTH DIVERSION (MMHD)	OUTCOMES: FY2025
<p><u>Effectiveness:</u> Community linkages. Clients' community reintegration can be measured by the number of linkages to local mental health programs and social organizations.</p> <p>FY2024: CJR: 129 consumers were successfully linked to community services as outlined in their Individualized Service Plan</p> <p>MMHD: 263 linkages to mental health and social organizations</p>	<p><u>Monthly:</u> 75 clients linked to community providers</p> <p>CJR: 171 consumers were successfully linked to community services as outlined in their Individualized Service Plan</p> <p>MMHD: 289 linkages to mental health and social organizations</p>
<p><u>Effectiveness:</u> 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.</p> <p>FY2024: CJR: 2 consumers returned to jail within 30 days throughout the fiscal year</p> <p>MMHD: 0 consumer returned to jail within 30 days throughout the fiscal year</p>	<p><u>Monthly:</u> Less than 25 clients</p> <p>CJR: 0 consumers returned to jail within 30 days throughout the fiscal year</p> <p>MMHD: 0 consumer returned to jail within 30 days throughout the fiscal year</p>
<p><u>Effectiveness:</u> 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.</p> <p>FY2024: CJR: 2 consumer returned to jail within 60 days throughout the fiscal year</p> <p>MMHD: 0 consumer returned to jail within 60 days throughout the fiscal year</p>	<p><u>Monthly:</u> Less than 25 clients</p> <p>CJR: 2 consumers returned to jail within 60 days throughout the fiscal year</p> <p>MMHD: 0 consumer returned to jail within 30 days throughout the fiscal year</p>
<p><u>Efficiency:</u> MMHD will decrease consumers' incarceration days by working with the consumers and the courts to develop an aftercare plan/CJR will facilitate case dismissals</p> <p>FY2024: MMHD: Consumers decreased incarceration days by 8395</p> <p>CJR: 16 total case dismissals</p>	<p>MMHD Decrease incarceration days by 1000:</p> <p>MMHD: Consumers decreased incarceration days by 10,950</p> <p>CJR will facilitate case 10 case dismissals:</p> <p>CJR: 15 total case dismissals</p>
<p><u>Client Satisfaction:</u> Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers</p> <p>FY2024: CJR: 100% satisfaction rate</p> <p>MMHD: 100% satisfaction rate</p>	<p>80% satisfaction rate: annual</p> <p>CJR: 100% satisfaction rate</p> <p>MMHD: 100% satisfaction rate</p>
<p><u>Access:</u> Wait for Services. The target wait for intake and/or admission to the programs within 5 days</p> <p>FY2024: CJR: the average wait for service for intake and/or admission was 0 days</p> <p>MMHD: the average wait for services for intake and/or admission was 3 days</p>	<p><u>Monthly:</u> Less than 5 days wait for intake and/or admission</p> <p>CJR: the average wait for service for intake and/or admission was 0 days</p> <p>MMHD: the average wait for services for intake and/or admission was 3 days</p>

MENTAL HEALTH ASSOCIATION
PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

CULTURAL COMPETENCY	OUTCOMES: FY2025
<p><u>Consumer Satisfaction:</u> MHA ensures that services are provided in a culturally competent manner to all consumers and family members, including those with limited English proficiency. MHA'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</p> <p><i>FY2024: 0 cultural competency grievances reported; 90% satisfaction rate</i></p>	<p>Annually: MHA will receive less than 2 cultural competence grievances <i>0 cultural competence grievances reported</i></p> <p>Annually: 95% satisfaction rate on consumer and family survey <i>91% satisfaction rate</i></p>
<p><u>Effectiveness:</u> MHA staff provide services to all consumers and family members regardless of their ages, cultures, race, ethnicity, or religion. To support this, MHA Quality Assurance Director reviews the demographic profile of service areas to ensure MHA reflects the communities it serves. Cultural Competency, Diversity and Inclusion Committee Chair reviews and updates the staff language bank quarterly</p> <p><i>FY2024: 100% of demographics profiles of the service area reviewed; language lists were reviewed, updated and distributed quarterly</i></p>	<p><u>Annually:</u> 100% of demographic profiles of the service areas will be reviewed <i>100% reviewed</i></p> <p><u>Quarterly:</u> Staff language list will be reviewed, updated and distributed <i>Language list were reviewed, updated and distributed quarterly</i></p>
<p><u>Efficiency:</u> MHA ensures that staff are educated in cultural competency to better serve consumers and family members. MHA conducts cultural competency trainings through a web-based system during initial orientation and annually thereafter. Through these trainings and annual cultural competence events, staff become more culturally sensitive and competent when providing services to consumers and family members</p> <p><i>FY2024: 100% of staff received Cultural Diversity training; 100% of staff received educational information via email from Cultural Competence Committee quarterly.</i></p>	<p><u>Annually:</u> 100% of staff will receive Cultural Diversity training <i>100% of staff received Cultural Diversity training</i></p> <p><u>Quarterly:</u> Cultural Competency, Diversity and Inclusion Committee will distribute educational information to 100% of staff <i>100% of staff received educational information via email from the Cultural Competency, Diversity and Inclusion Committee quarterly</i></p> <p><u>Annually:</u> MHA will hold a Cultural Competence event to educate staff about different cultures <i>MHA held its 17th Annual Multicultural Potluck</i></p>
<p><u>Access:</u> MHA recognizes the importance of communicating with consumers and family members in their preferred language. MHA provides agency literature, promotional brochures and agency forms that are culturally relevant and available in various languages</p> <p><i>FY2024: 100% of agency literature, brochures and forms were reviewed and were found relevant</i></p>	<p><u>Annually:</u> 100% of agency literature, brochures and forms will be reviewed for cultural relevance <i>100% of agency literature, brochures and forms were reviewed and were found relevant</i></p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

HEALTH HOME (CARE COORDINATION)	OUTCOMES: FY2025
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: BMI- average of 29% within normal range; vitamin D- average of 66% within normal range; glucose level-average of 58% within normal range; blood pressure-avg. of 68% within normal range</i></p>	<p><u>Annually:</u> An increase of 20% of individuals will be within normal range in the areas of BMI, Vitamin D, Glucose level and blood pressure</p> <p><i>BMI- average of 35% within normal range; vitamin D- average of 58% within normal range; glucose level-average of 66% within normal range; blood pressure-avg. of 61% within normal range</i></p>
<p><u>Efficiency:</u> Service Utilization: Care Coordination promotes the integration of behavioral and physical health services through the use of MHA's on-site medical services and/or external services. Care Coordination will enhance the likelihood of individuals' utilizing medical attention.</p> <p><i>FY2024: 222 visits were made to MHA's Prospect Primary Care on-site. 94% of consumers throughout the agency have identified a medical provider</i></p>	<p><u>Annually:</u> Care Coordination will increase physician visits by 20%</p> <p><i>206 visits were made to MHA's Prospect Primary Care on-site. 94% of consumers throughout the agency have identified a medical provider</i></p>
<p><u>Access:</u> Wait for service is a measure of efficiency and indicates standards of professionalism and operations. Access to MHA programs are monitored by the time taken to set a first or subsequent appointment once referral is made.</p> <p><i>FY2024: 0 business days</i></p>	<p><u>Monthly:</u> ≤5 business days:</p> <p><i>0 business days</i></p>
<p><u>Client Satisfaction:</u> Annually, MHA programs conduct a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services.</p> <p><i>FY2024: 99% satisfaction rate</i></p>	<p><u>Annually:</u> 80% overall satisfaction rate:</p> <p><i>94% satisfaction rate</i></p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)	OUTCOMES: FY2025
<p><u>Access:</u> Clients discharged from county and state psychiatric hospitals are seen within 72 hours of discharge. FY2024: Essex/Morris: 100% of consumers were seen within 72 hours of discharge Passaic: 100% of consumers were seen within 72 hours of discharge</p>	<p><u>Annually:</u> 80% compliance: monthly monitoring Essex: 100% of consumers were seen within 72 hours of discharge Morris: 100% of consumers were seen within 72 hours of discharge Passaic: 100% of consumers were seen within 72 hours of discharge</p>
<p><u>Effectiveness:</u> 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. FY2024: Essex/Morris: 2% recidivism to all hospitals; 2% to state and county hospital; 3% to community hospitals; 2% to short term care facilities Passaic: 0% recidivism to all hospitals; 0% to state and county hospital; 1% to community hospitals; 0% to short term care facilities</p>	<p><u>Annually:</u> ≤20% monthly monitoring, annual aggregate Essex: 5% recidivism to all hospitals; 1% to State and county hospital; 1% to community hospitals; 4% to short term care facilities. Morris: 2% recidivism to all hospitals; 0% to state and county hospital; 1% to community hospitals; 1% to short term care facilities. Passaic: 4% recidivism to all hospitals; 1% to state and county hospital; 1% to community hospitals; 2% to short term care facilities</p>
<p><u>Effectiveness:</u> 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. FY2024: Essex/Morris: 64 consumers from the active caseload were employed Passaic: 37 consumers from the active caseload were employed</p>	<p><u>Annually:</u> 15% of case load employed: yearly Essex: 16% of consumers from the active caseload were employed Morris: 7% of consumers from the active caseload were employed Passaic: 19% of consumers from the active caseload were employed</p>
<p><u>Client Satisfaction:</u> Clients are surveyed for satisfaction with staff responsiveness and availability, treatment participation and progress, and collaborative efforts. FY2024: Essex/Morris: overall satisfaction was 97% Passaic: overall satisfaction was 96%</p>	<p><u>Annually:</u> 80% satisfaction Essex: overall satisfaction was 95% Morris: overall satisfaction was 98% Passaic: overall satisfaction was 97%</p>
<p><u>Efficiency:</u> 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. FY2024: Essex/Morris: 100% required continued stay; 100% Justified continued stay. Passaic: 100% required continued stay; 100% Justified continued stay</p>	<p><u>Quarterly:</u> 10% of caseload will require continued stay Essex/Morris: 100% required continued stay; 100% Justified continued stay Passaic: 100% required continued stay; 100% Justified continued stay</p>

MENTAL HEALTH ASSOCIATION
PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

INTENSIVE FAMILY SUPPORT SERVICES (IFSS)	OUTCOMES: FY2025
<p><u>Accessibility:</u> 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.</p> <p><i>FY2024: Essex: 100% felt IFSS services were accessible</i> <i>Sussex: 91% felt IFSS services were accessible</i></p>	<p><u>Annually:</u> ≥ 90% felt IFSS services were accessible <i>Essex: 100% felt IFSS services were accessible</i> <i>Sussex: 100% felt IFSS services were accessible</i></p>
<p><u>Efficiency:</u> 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.</p> <p><i>FY2024: Essex: <2 wait for service; <5 days wait for intake;</i> <i>Sussex: <1-day wait for service; <2 days wait for intake</i></p>	<p><u>Quarterly:</u> ≤ 5 business days <i>Essex: <2 days wait for service;</i> <i><5 days wait for intake</i> <i>Sussex: <0 day wait for service;</i> <i><1 days wait for intake</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: Essex:17% reduction in levels of stress/burden reported by families;</i> <i>Sussex: 11% reduction in levels of stress/burden reported by families.</i></p>	<p><u>Semi-Annually:</u> semi-annually through pre and post-tests; ≥10% reduction in stress/burden <i>Essex: IFSS families reported 13% reduction in levels of stress/burden.</i> <i>Sussex: IFSS families reported 7% reduction in levels of stress/burden</i></p>
<p><u>Satisfaction:</u> 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.</p> <p><i>FY2024: Essex: 100% overall satisfaction</i> <i>Sussex: 100% overall satisfaction</i></p>	<p><u>Annually:</u> threshold of achieving 90% satisfaction among respondents <i>Essex: 100% overall satisfaction</i> <i>Sussex: 100% overall satisfaction</i></p>

MENTAL HEALTH ASSOCIATION
PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

NEW JERSEY STATE WIDE STUDENT SUPPORT SERVICES (NJ4S)	OUTCOMES: FY2025
<p><u>Accessibility:</u> NJ4S ensures easy access of programs for all participants by offering numerous services. These services focus on community education, prevention programming in schools or brief counseling. Using multimedia platforms, the community is made aware of the programs and presentations offered. Services are tailored to the needs of the organization or school hosting the service, including topic, location and the delivery method. For example, through Zoom, and YouTube. The number of groups held annually provides indication of the community's accessibility to these presentations.</p> <p>FY2024: Tier 1 presentation: 199; Tier 2 presentation: 42; Total: 241 presentations</p>	<p><u>Annually:</u> 200 presentations Tier 1 presentation: 373 Tier 2 presentation: 118 Total: 691 presentations</p>
<p><u>Efficiency:</u> The NJ4S program ensures that services are delivered efficiently by measuring how quickly community members obtain them. The indicator tracks the time elapsed from when an application is received to first contact. Requests for information are made via email or through the Department of Children and Families online portal.</p> <p>FY2024: < 1 business day</p>	<p><u>Quarterly:</u> 90% of requests for information will be returned in 2 business days < 1 business day</p>
<p><u>Effectiveness:</u> After each presentation, questionnaires and one-to-one discussions are utilized to collect feedback on the learning experience. This approach measures the knowledge and skills gained by participants as a result of the training.</p> <p>FY2024: 85% gained knowledge</p>	<p><u>Quarterly:</u> 85% of participants will gain knowledge of the topic 88% gained knowledge</p>
<p><u>Satisfaction:</u> The NJ4S Data Analysis team directly receives and analyzes response data from surveys collected after each presentation.</p> <p>FY 2024: 86% satisfaction among 2821 survey respondents</p>	<p><u>Semi-Annually:</u> 85% overall satisfaction among respondents 91% satisfaction among 2821 survey respondents</p>

MENTAL HEALTH ASSOCIATION
PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)	OUTCOMES: FY2025
<p><u>Access:</u> PATH conducts regular outreach in the community to ensure homeless individuals and those at-risk of homelessness have access to PATH services. Whether at a local drop-in center, soup kitchen or under a bridge; PATH provides services throughout Essex and Morris counties.</p> <p><i>FY2024: Essex: PATH outreached 568 homeless or at imminent risk of homelessness consumers.</i></p> <p><i>Morris: PATH outreached 203 homeless or at imminent risk of homelessness consumers</i></p>	<p><u>Annually:</u> Essex: 500 Outreaches</p> <p><i>Essex: 503 consumers were outreached</i></p> <p><i>Morris: PATH outreached 168 homeless or at imminent risk of homelessness consumers</i></p>
<p><u>Efficiency:</u> To be considered eligible for PATH services, consumer must be diagnosed with severe and persistent mental illness and/or co-occurring substance use disorders and be 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 use and medical/dental treatment, financial services, as well as, habilitation/employment assistance.</p> <p><i>FY2024: Essex: 258 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources</i></p> <p><i>Morris: 100 homeless consumers were enrolled in the PATH Program and were provide linkages to needed resources</i></p>	<p><u>Annually:</u> Essex: 200 Individuals to be served</p> <p><i>Essex: 237 consumers were served</i></p> <p><i>Morris: 114 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources</i></p>
<p><u>Effectiveness:</u> PATH monitors successful linkages of consumers in the community. It is the goal of the PATH Program to provide services to consumers who might otherwise not engage in mainstream services. Getting consumers off the streets and into temporarily shelters allows them to focus on their mental and physical health needs and effectively paves the way toward ending their homelessness.</p> <p><i>FY2024: Essex: 41 Consumers were successfully linked to Temporary Housing (shelter).</i></p> <p><i>Morris: 27 Consumers were successfully linked to Temporary Housing (Shelter)</i></p>	<p><u>Annually:</u> Essex: 35 Consumers linked to Temporary Housing</p> <p><i>Essex: 40 consumers linked</i></p> <p><i>Morris: 46 Consumers were successfully linked to Temporary Housing (Shelter)</i></p>
<p><u>Effectiveness:</u> Ending a consumer's homelessness and setting them up for future success is crucial when working with the homeless population.</p> <p><i>FY2024: Essex: 65 Consumers successfully linked to safe, affordable, permanent housing</i></p> <p><i>Morris: 16 Consumers were successfully linked to safe, affordable permanent housing</i></p>	<p><u>Annually:</u> Essex: 40 Consumers linked to Permanent Housing</p> <p><i>Essex: 52 consumers linked</i></p> <p><i>Morris: 33 Consumers were successfully linked to safe, affordable permanent housing</i></p>
<p><u>Satisfaction:</u> PATH enrollees are surveyed annually regarding their satisfaction with being treated with dignity and respect, staff prioritizing treatment participation and ending homelessness, and meeting self-identified basic needs.</p> <p><i>FY2024: Essex: overall consumer satisfaction was 100%</i></p> <p><i>Morris: overall consumer satisfaction was 100%</i></p>	<p><u>Annually:</u> Essex: 80% Satisfaction Rate</p> <p><i>Essex: overall consumer satisfaction was 100%</i></p> <p><i>Morris: overall consumer satisfaction was 91%</i></p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

PROSPECT HOUSE (PH)	OUTCOMES: FY2025
<p><u>Effectiveness:</u> In an effort to decrease psychiatric crises, PH aims to have medical staff on-site 5 days per week</p> <p><i>FY2024: Medical staff on-site 5 days per week</i></p>	<p><u>Annually:</u> Medical staff on-site: 5 days per week: annual</p> <p><i>Medical staff on-site 5 days per week</i></p>
<p><u>Effectiveness:</u> 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</p> <p><i>FY2024: 10% of members gained employment</i></p>	<p><u>Quarterly:</u> ≥15%</p> <p><i>15% of members gained employment</i></p>
<p><u>Efficiency:</u> 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.</p> <p><i>FY2024: 85% of charts were in compliance</i></p>	<p><u>Monthly:</u> ≥80% chart compliance: monitored monthly</p> <p><i>90% of charts were in compliance</i></p>
<p><u>Access:</u> To ensure a successful transition into the community, members will participate in a Comprehensive Intake Assessment within 14 days of acceptance into the program.</p> <p><i>FY2024: 90% of members participated in a Comprehensive Intake Assessment within 14 days of acceptance into the program</i></p>	<p><u>Annually:</u> Initial psychiatric evaluations completed with 14 days: 90%</p> <p><i>93% of members participated in a Comprehensive Intake Assessment within one month of acceptance into the program</i></p>
<p><u>Client Satisfaction:</u> Clients complete a survey that rates satisfaction with program and staff, perceived empowerment to manage illness, self-assessed improvement in activities of daily living.</p> <p><i>FY2024: 95% of consumers were satisfied with Prospect House services</i></p>	<p><u>Annually:</u> 80% satisfaction</p> <p><i>96% of consumers were satisfied with Prospect House services</i></p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

RISKIN CHILDREN’S CENTER (RCC)	OUTCOMES: FY2025
<p><u>Access:</u> 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.</p> <p><i>FY2024: 3.7 days wait for service, 0 days wait for assignment</i></p>	<p><u>Annually:</u> <5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services.</p> <p><i>3.5 day wait for service, 0 day wait for assignment</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: 85% 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</i></p>	<p><u>Annually:</u> 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.</p> <p><i>85% 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</i></p>
<p><u>Client Satisfaction:</u> 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.</p> <p><i>FY2024: 100% satisfaction rate</i></p>	<p><u>Annually:</u> 80% satisfaction rate</p> <p><i>100% satisfaction rate</i></p>
<p><u>Efficiency:</u> 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.</p> <p><i>FY2024: 98% of consumer records are compliant with agency standards</i></p>	<p><u>Monthly:</u> ≥80% chart compliance</p> <p><i>92% of consumer electronic clinical records are compliant with agency standard.</i></p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
July 1, 2024 – June 30, 2025

PROGRAMS AND INDICATORS:

SUBSTANCE USE RECOVERY AND EMPOWERMENT	OUTCOMES: FY2025
<p><u>Access:</u> Waiting time for an assignment is an indicators of professionalism and operational standards. The performance thresholds is less than 3 business days between the initial prescreening and assignment <i>FY2024: 0 days wait for intake from the time of referral</i></p>	<p><u>Annually:</u> Wait for assignment is less than 3 days <i>1 days wait for intake from the time of referral</i></p>
<p><u>Effectiveness:</u> SURE utilizes a service plan with measurable objectives related to substance use and/or co-occurring conditions to help consumers achieve their goals through therapy. To graduate from treatment, the consumer must meet treatment goals. <i>FY2024: 86% of clients achieved service plans goals and objectives on a quarterly basis</i></p>	<p><u>Quarterly:</u> Measurable goals achieved <i>98% of clients achieved service plans goals and objectives on a quarterly basis</i></p>
<p><u>Client Satisfaction:</u> Annually, SURE conducts a survey to assess consumer satisfaction regarding responsiveness, services rendered, privacy, accessibility, and perceived effectiveness of services <i>FY2024: 100% satisfaction rate</i></p>	<p><u>Annually:</u> 80% satisfaction rate <i>89% satisfaction rate</i></p>
<p><u>Efficiency:</u> To ensure consumers are being served, the agency measures staff service engagement on a weekly basis <i>FY2024: 42% client engagement</i></p>	<p>Weekly: 50% client engagement <i>67% client engagement</i></p>

MENTAL HEALTH ASSOCIATION

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PROGRAMS AND INDICATORS: SUICIDE PREVENTION SERVICES	OUTCOMES: FY2025
<p><u>Accessibility:</u> 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.</p> <p>FY2024: 74 presentations, workshops, groups and tabling events</p>	<p><u>Annually:</u> 24 presentations 123 presentations, workshops, groups and tabling events</p>
<p><u>Efficiency:</u> 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.</p> <p>FY2024: 1 business day</p>	<p><u>Quarterly:</u> 90% of request for information will be returned in 2 business days 1 business day</p>
<p><u>Effectiveness:</u> 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.</p> <p>FY2024: 90% gained knowledge of the topic</p>	<p><u>Quarterly:</u> 85% of participants will gain knowledge of the topic 98% of participants gained knowledge on the topic</p>
<p><u>Satisfaction:</u> The MHA Quality Assurance Coordinator directly receives and analyzes response-data from surveys collected from each presentation.</p> <p>FY2024: 97% satisfaction among respondents</p>	<p><u>Semi-Annually:</u> 85% overall satisfaction among respondents 98% satisfaction among respondents</p>

MENTAL HEALTH ASSOCIATION

PERFORMANCE INDICATORS: FY 2025

PLAN FOR OUTCOME MEASURES
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PROGRAMS AND INDICATORS:

SUPPORTED EMPLOYMENT SERVICES (SES)	OUTCOMES: FY2025
<p><u>Efficiency:</u> Expected timeframe of job placement is 50% of clients within four (4) months of entry into the program.</p> <p>FY2024: 2% of consumers were placed into employment within the targeted period</p>	<p><u>Quarterly:</u> 50% in 4 months</p> <p>23% of consumers were placed into employment within the targeted period of time</p>
<p><u>Efficiency:</u> 4718 units of service are expected; staff productivity will continue to be monitored.</p> <p>FY2024: 63% of units of service were achieved</p>	<p><u>Quarterly:</u> 4718 units of service are expected; 100% quarterly:</p> <p>70% of units of service were achieved</p>
<p><u>Effectiveness:</u> An outcome of successful placement and job support is measured by retained employment of three (3) months or more.</p> <p>FY2024: 20% of consumers placed retained employment for 3 months or more</p>	<p><u>Quarterly:</u> 60% retention</p> <p>42% of consumers placed successfully retained employment</p>
<p><u>Effectiveness:</u> Client-oriented programs strive to place individuals in occupations of their choice.</p> <p>FY2024: 100% of consumers placed were placed in occupations of their choice</p>	<p><u>Quarterly:</u> 80% placed in chosen jobs</p> <p>100% of consumers were placed in jobs of their preference</p>
<p><u>Client Satisfaction:</u> Annually, satisfaction with services, responsiveness of staff, and preparation for employment are surveyed.</p> <p>FY2024: 94% of consumers were satisfied services, responsiveness of staff and preparation for employment</p>	<p><u>Annually:</u> 80% satisfaction</p> <p>96% of consumers were satisfied services, responsiveness of staff and preparation for employment</p>
<p><u>Employer Satisfaction:</u> Annually, employers where clients are placed are surveyed for satisfaction on the collaboration with SES staff.</p> <p>FY2024: 100% satisfaction rate</p>	<p><u>Annually:</u> 80% satisfaction</p> <p>100% satisfaction rate</p>
<p><u>Access:</u> 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.</p> <p>FY2024: 47 new consumers were registered and referred. The average time for intake was 0 business days and enrollment into SE was 3 business day</p>	<p><u>Quarterly:</u> 10 days for intake, 2 days for admission</p> <p>52 new consumers were registered and referred. The average time for intake was 3 business days and enrollment into SES was 1 business day.</p>

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PROGRAMS AND INDICATORS:

VETERAN AND FAMILY SUPPORT	OUTCOMES: FY2025
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: 301.5 hours of mental health counseling were provided</i></p>	<p><u>Annually:</u> 400 hours of Mental Health Counseling</p> <p><i>315.75 hours of mental health counseling were provided</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: 9 education groups were facilitated</i></p>	<p><u>Annually:</u> 12 Education Groups</p> <p><i>11 education groups were facilitated</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: 37 support groups were facilitated</i></p>	<p><u>Annually:</u> 35 Support Groups</p> <p><i>37 support groups were facilitated</i></p>
<p><u>Efficiency:</u> Case Management: helps individuals successfully transition back to civilian life.</p> <p><i>FY2024: 47 units of case management were provided</i></p>	<p><u>Annually:</u> 72 Units of Case Management</p> <p><i>82 units of case management were provided</i></p>
<p><u>Client Satisfaction:</u> Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers.</p> <p><i>FY2024: 100% satisfaction rate</i></p>	<p><u>Annually:</u> 80% Satisfaction</p> <p><i>100% satisfaction rate</i></p>
<p><u>Access:</u> Wait for Service: The target wait for intake and/or admission to the program is within 5 days.</p> <p><i>FY2024: The average wait for service for intake and/or admission was 3 business days</i></p>	<p><u>Annually:</u> Average wait for service for intake and/or admission: less than 5 days: monthly</p> <p><i>The average wait for service for intake and/or admission was 3 business days</i></p>

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PROGRAMS AND INDICATORS:

WELLNESS HUB	OUTCOMES: FY2025
<p><u>Access:</u> 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 mad. 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</p> <p><i>FY2024: 100% of consumers were able to access a mental health professional at time of walk in to the Wellness HUB</i></p> <p><i>99% of consumers were offered access to a psychiatric provider within 24 hours of walking in for treatment</i></p>	<p><u>Annually:</u> 100% access to mental health professional within 24 hours: annually 90% access to a psychiatric prescriber within 24 hours</p> <p><i>100% of consumers were able to access a mental health professional at time of walk in to the Wellness HUB</i></p> <p><i>99% of consumers were offered access to a psychiatric provider within 24 hours of walking in for treatment</i></p>
<p><u>Efficiency:</u> 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</p> <p><i>FY2024: 1% of consumers seen were sent for psychiatric screening for a higher level of care</i></p>	<p><u>Annually:</u> Less than 5% of caseload referred for psychiatric screening</p> <p><i>1% of consumers seen were sent for psychiatric screening for a higher level of care</i></p>
<p><u>Effectiveness:</u> 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.</p> <p><i>FY2024: 98% of Wellness HUB consumer's goals were achieved at discharge.</i></p>	<p><u>Monthly:</u> 90% of goal attainment at discharge</p> <p><i>98% of Wellness HUB consumer's goals were achieved at discharge.</i></p>
<p><u>Client Satisfaction:</u> Wellness HUB conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services</p> <p><i>FY2024: 100% satisfaction rate</i></p>	<p><u>Annually:</u> 80% overall satisfaction rate</p> <p><i>100% satisfaction rate</i></p>

Incident Analysis

Description

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.

Incident Specifics and Analysis

While providing these outstanding services, MHA reported 73 incidents throughout the agency during FY2025, in comparison to last year's 60 incidents, a 22% increase from the previous year, however a lesser 4% increase from FY2023. Of these 73 incidents, 34 were critical incidents; a critical incident is when the incident is required to be reported to DMHAS. Such categories include but are not limited to persons served death, suicide attempt, overdose, serious injury, alleged sexual/ physical abuse and operational. FY2025 critical incidents were 49% of the overall incidents, matching last year's percentage. It is important to note that since last fiscal year, the agency served over 20,000 individuals and has grown in programming including staff and individuals served which can lead in an increase in overall incidents.

In fiscal year 2025, there were no known completed suicides throughout the agency. There were 4 suicide attempts off-premises, the same as the previous year but a 2% decrease from overall incidents. These suicide attempts were reported by the following programs: The Riskin Children's Center, Center for Behavioral Health, Criminal Justice Services Expansion-Morris and Community Support Services – Morris.

There were 29 deaths, all off-premises, which is a 21% increase from 24 reported in fiscal year 2024. Death incidents 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, Criminal Justice Services, Assisted Outpatient Treatment-Morris and Community Case Management.

A core strength of MHA is its proactive and integrated approach to health and wellness, which goes beyond behavioral health to address the holistic needs of the individuals it serves. The agency actively recommends that each person incorporate a physical goal into their treatment plan and encourages them to have a medical doctor on file. This commitment is further solidified by the presence of Prospect House Primary Care, a full-service medical facility located within MHA's Prospect House. This facility offers a crucial service by providing a yearly physical to all individuals served, regardless of their ability to pay or insurance, thereby significantly improving access to essential medical treatment. In fiscal year 2025, there were 3 psychiatric and 5 medical ambulance or police response incidents reported. There was a 38% decrease in medical needed medical responses while no change for psychiatric responses. Ambulance or police response incidents were reported in the following programs: Prospect House, Center for Behavioral Health, Substance Use Recovery and Empowerment and Administration.

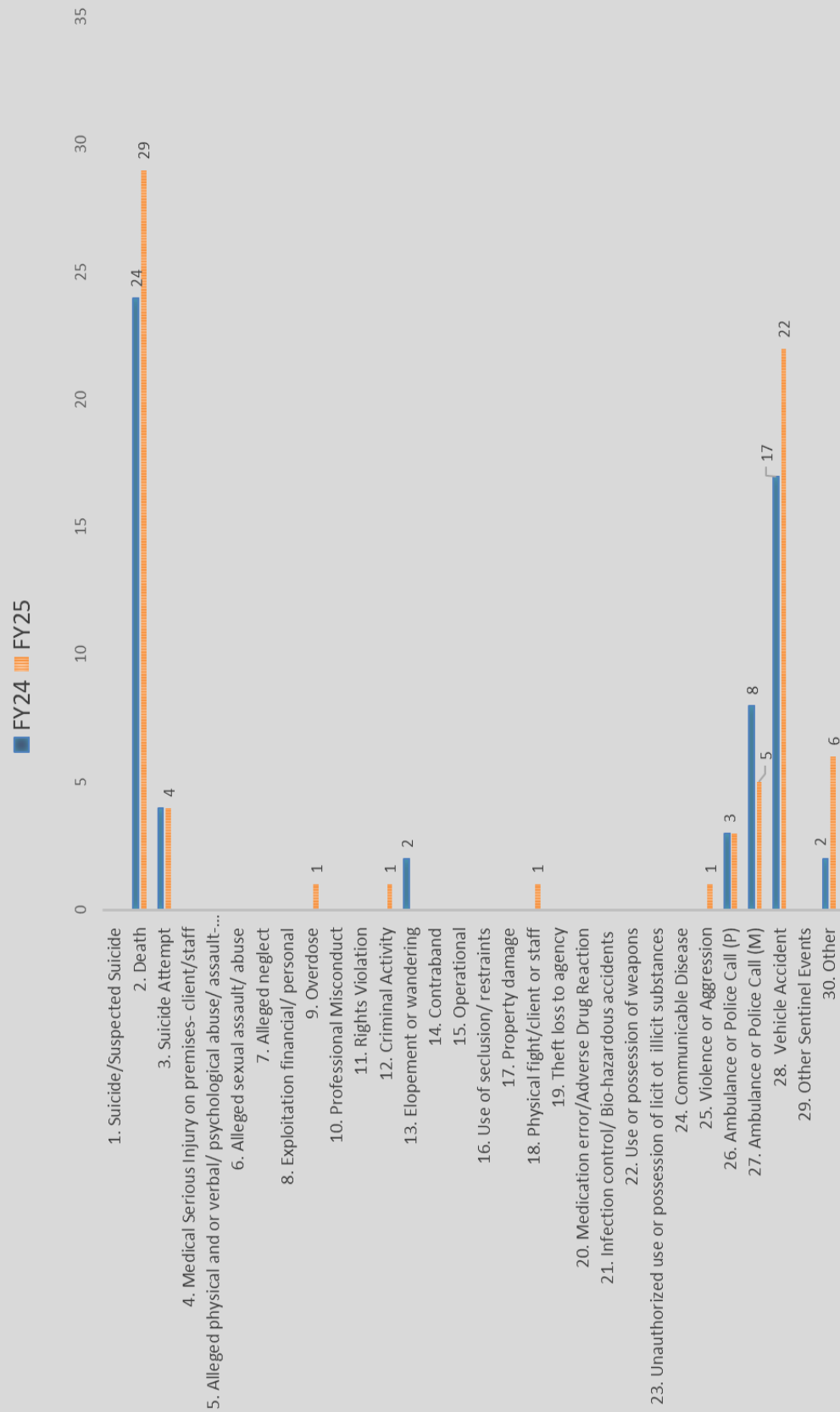
The Quality Assurance Committee conducts rigorous reviews of all incidents and after-action plans. This process includes record reviews and staff interviews to meticulously track key data points such as last contact presentation, risk of hospitalization ratings, and Columbia Suicide Scale ratings. This detailed analysis ensures that best practices are followed in every situation, and as a result, the QAC found no identifiable trends or opportunities for improvement in the course of treatment from their most recent review. This demonstrates MHA's unwavering commitment to maintaining a high standard of care and continuously monitoring its protocols to ensure the safety and well-being of the individuals it serves.

FY25 death incidents were analyzed in greater detail due to a 21% increase from the previous year. Of the deaths, 30% were female while 70% male. The average age of death was 56 years old, ranging from age 20 through 70. The specific cause of death of a person is not always known, although a request is made to the County Medical Examiner's Office. With that, 75% of the reported deaths were known to be caused by a medical event or the person having a significant diagnosed medical condition, 8% from an unforeseen accident and the remaining 17% unknown. QAC will continue to monitor for trends and adherence to protocols and act accordingly. Refer to FY24/FY25 Incident Report Comparison Graph for details. The agency's ability to swiftly and transparently analyze such sensitive data, identify contributing factors, and commit to continued monitoring highlights a proactive and responsible leadership dedicated to the safety and well-being of its clients.

FY 2026 Goals

The Quality Assurance Committee will continue to focus on fostering a culture of safety, learning, and continuous improvement. We will continue to analyze incidents to accurately identify patterns and root causes, enabling targeted interventions as needed. Additionally, our goal is to promote transparent communication and shared learning from incidents among staff to prevent recurrence and enhance consumer safety.

MHA INCIDENT REPORTING COMPARISON FY24-FY25



Mental Health Association

FY 25 Incident Reporting

Type of Incident	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
1. Suicide/Suspected Suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Death	3	1	2	1	5	2	4	3	3	1	2	2	29
3. Suicide Attempt	2	0	1	0	0	0	0	0	0	0	1	0	4
4. Medical Serious Injury on premises- client/staff	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Alleged physical and or verbal/ psychological abuse/ assault- client/staff	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Alleged sexual assault/ abuse	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Alleged neglect	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Exploitation financial/ personal	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Overdose	1	0	0	0	0	0	0	0	0	0	0	0	1
10. Professional Misconduct	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Rights Violation	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Criminal Activity	0	0	0	1	0	0	0	0	0	0	0	0	1
13. Elopement or wandering	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Contraband	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Operational	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Use of seclusion/ restraints	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Property damage	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Physical fight/client or staff	0	0	0	0	0	0	1	0	0	0	0	0	1
19. Theft loss to agency	0	0	0	0	0	0	0	0	0	0	0	0	0
20. Medication error/Adverse Drug Reaction	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Infection control/ Bio-hazardous accidents	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Use or possession of weapons	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Unauthorized use or possession of licit or illicit substances	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Communicable Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Violence or Aggression	0	0	0	0	0	0	0	0	1	0	0	0	1
26. Ambulance or Police Call (P)	0	0	0	1	0	0	1	0	0	1	0	0	3
27. Ambulance or Police Call (M)	1	0	0	0	0	2	0	0	0	0	1	1	5
28. Vehicle Accident	1	1	1	4	3	1	4	1	2	2	1	1	22
29. Other Sentinel Events	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Other	0	2	0	0	0	0	1	0	1	1	0	1	6
Total	8	4	4	7	8	5	11	4	7	5	5	5	73

Cultural Competency Diversity and Inclusion Committee

Description

The Mental Health Association (MHA) recognizes 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 effective service delivery. The goal of the Cultural Competency Diversity and Inclusion Committee (CCDIC) is to report findings and recommendations to the agency's Quality Assurance Committee for the purposes of developing and maintaining culturally competent practices within MHA and its service provisions.

Personnel

Comprised of 25 employees who represent every program and various position levels, the committee ensures a holistic and well-rounded perspective on agency operations. This strength is further reinforced by its commitment to diversity, with members from varied racial, ethnic, and cultural backgrounds as well as different gender identities, allowing for a broad range of viewpoints in its discussions and decision-making.

Demographic Data

The MHA population served has a concentrated racial makeup, White (48%) and Black or African-American (29%). The remaining 23% is composed of Hispanic/Latino (16%), Multi Racial (3%), Asian (2%), and Other (2%). In comparison, the collective racial makeup of Essex, Morris, Sussex, and Passaic counties is White (44.9%), followed by Hispanic (25.4%), Black (19.3%), and Asian (6.7%)

Linguistic and Communication Support

To ensure the delivery of culturally competent services to all people within our diverse counties, MHA aims to hire staff in every program who closely reflect the community's demographics. During FY2025, the list of interpreter staff was included 60 employees fluent in 18 different languages and dialects such as French, Georgian, Greek, Gujarati, Haitian Creole, Hindi, Igbo, Kru, Macedonian, Polish, Portuguese, Russian, Spanish, Swahili, Tagalog, Urdu, Yiddish/Hebrew and Yoruba. The agency maintains a list of staff fluent in these languages and updates and disperses this list quarterly within the organization. Additionally, the list 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 persons served and referral sources. These materials are translated into Spanish and Haitian Creole. Several fields within the Foothold Technology Software, such as Bill of Rights, Privacy Practices, Grievance Procedures, Financial Agreement, Orientation Guide and Summer Heat and Sun Risk, are also available in Spanish and Haitian Creole.

Trainings and Resource Allocation

All MHA employees attend cultural competency training as part of their professional development through Relias Training. MHA also makes efforts to address staff and community needs as it relates to culture through education and mental health services.

The Committee distributed a quarterly newsletter as well as monthly awareness email blasts focused on Diversity Awareness topics. These have included *Dalai Lama's Birthday*, *French American Heritage Month*, *International Day of Charity*, *National Coming Out Day*, *Diwali*, *Transgender Awareness Week*, *World Diabetes Day*, *International Day of Tolerance*, *International Day of The Abolition of Slavery*, *International Human Rights Day*, *Kwanzaa*, *Pongal*, *Mahayana New Year*, *Holocaust Remembrance Day*, *Holi*, *Women's History Month*, *Transgender Day of Visibility*, *Autism Awareness Day*, *Day of Silence*, *Zero Discrimination Day*, *Purim*, *Juneteenth*, *Minority Mental Health Month*, *World Refugee Day*, *Men's Health Week*, *Maternal Mental Health Awareness Week*, *Asian American & Pacific Islander Heritage Month* 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 related to competency practices and then share and discuss materials learned within their individual programs.

Quality Monitoring

The committee's effectiveness is highlighted by its ability to identify areas of improvement and submit them for monthly review to the Quality Assurance Committee, demonstrating a commitment to continuous self-assessment. To ensure a comprehensive approach, the committee systematically gathers feedback from across the agency, utilizing methods such as surveys and documenting discussions from staff meetings. Furthermore, the committee has strategically increased its membership to enhance advocacy and broaden its presence within the agency, ensuring a wider range of voices and perspectives are represented in its important work.

Advocacy Events

The committee coordinated the Annual Cultural Potluck, held in April 2025 at the Essex, Hudson, Morris, and Sussex Campuses. During this event, employees had the opportunity to share traditional foods, drinks, and objects from their own cultures. This created a rich environment for storytelling and sharing personal experiences, which strengthens staff bonds and cultivates a deeper appreciation for the diverse backgrounds that make up the MHA community.

The committee's leadership in a discussion about cultural training directly resulted in the addition of new topics to the agency's Learning Series for FY2026. This initiative also led to a revamped cultural resource list, demonstrating the agency's responsiveness to feedback and its dedication to providing staff with the tools necessary to serve a diverse population effectively.

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 2025 MHA Cultural Competency, Diversity and Inclusion Survey reflects a strong organizational commitment to fostering an inclusive and culturally responsive environment. With nearly 100 staff

members participating, the results show overwhelming agreement that MHA's mission, services, and staff composition align with principles of diversity and cultural awareness. Staff widely affirmed that cultural competence is embedded in service delivery, that interpreter services and language accommodations are available, and that religious and familial cultural differences are respected. Training on socioeconomic diversity and ongoing education were also positively rated. While most respondents expressed satisfaction with current efforts, open-ended feedback highlighted opportunities for growth, including deeper training on LGBTQ+ issues, immigration, and rural mental health needs, as well as expanding bilingual resources and updating culturally sensitive terminology.

Staff Survey Focus Points

Improvement: Commitment to diversity in mission and vision increased to 98%, indicating a growing alignment of organizational identity with CCDI principles.

Slight decline: Perception of ongoing cultural training decreased by 11% suggesting a need to refresh or increase visibility of training opportunities.

Strong consistency: Respect for diverse family definitions remains high averaging 96%.

New strengths in 2025: High marks were recorded for cultural integration in services (96%), staff diversity (93%), religious sensitivity (90%), and socioeconomic understanding (90%).

FY 2026 Goals

The Committee will meet quarterly and report all relevant material at the monthly QA meeting. The agency and committee will provide regular racism, diversity, and inclusion trainings for both staff and committee members and will integrate information on the impact of trauma and racism on various ethnic groups through presentations and a monthly e-blast platform in collaboration with the Trauma Informed Care Committee. To enhance accessibility, the agency and committee will ensure the MHA language bank is updated quarterly and will actively recruit bilingual staff. A critical objective is to maintain a staff composition that is representative of the community. The committee will also systematically identify and make recommendations on any agency policies, practices, or attitudes that may act as barriers for individuals from different cultures. MHA will continue to foster a culture of inclusion through hosting the Annual Cultural Potluck, distributing resources, and participating in advocacy events. The agency will also use an annual survey focused on cultural competency to gather feedback and inform future actions, demonstrating a data-driven approach to improving its services and culture.

Health and Safety

The Risk Management/Safety Committee at the Mental Health Association (MHA) is comprised of designated Safety Officers from each program/location site and a Committee Chair. Safety Officers include both administrative and outreach staff, ensuring broad representation across the organization. The committee meets six times per year to review ongoing health and safety matters, including compliance with the Health and Safety Grid, adherence to agency policies and procedures, upcoming staff trainings, driver safety reports, and incidents related to infection control, communicable diseases, and vehicle accidents. The committee also addresses broader health and safety concerns affecting the agency.

Healthy & Safe Work Environment

In addition to central committee meetings, each program/location holds quarterly Health and Safety meetings to discuss agency needs, review emergency procedures, and confirm the location and maintenance of emergency equipment such as exits, first aid kits, biohazard containers, fire suppression systems, and AED devices. Each program/location conducts evacuation drills on a monthly, quarterly, or annual basis to simulate real-life emergencies. These drills are documented in detail, including a post-drill analysis, and are complemented by quarterly safety surveys completed during each shift to identify and address maintenance or safety concerns. Urgent issues are escalated to the Program/Location Director for prompt resolution. Comprehensive health and safety inspections are conducted annually by external agencies such as local fire departments and security alarm companies, with any identified concerns addressed immediately. All sites maintain written emergency procedures for fires, bomb threats, natural disasters, utility failures, medical emergencies, and violent or threatening situations. AED devices are located at each site, equipped for both child and adult use, and inspected annually by the leasing agency for battery and software updates.

Incident reporting is an essential component of MHA's safety practices. Reportable incidents include, but are not limited to, suicides or suspected suicides, serious injuries to staff or clients, allegations of abuse or neglect, significant property damage or theft, vehicle accidents, communicable disease outbreaks, violent or aggressive behavior, and incidents that attract media attention or involve criminal charges. All incidents are documented promptly and reviewed monthly by the Quality Assurance Committee, with an annual analysis conducted to identify causes, trends, and improvement opportunities. When appropriate, staff are referred to the Employee Assistance Program for support following critical incidents.

Vehicle Safety

As of FY2025, MHA operates 115 insured vehicles, with 22 vehicle incidents reported, up from 17 in FY2024. To promote vehicle safety, monthly inspections are conducted to ensure vehicles are in proper working order, repairs are completed promptly, and safety kits and fire extinguishers are maintained. Newly purchased vehicles are equipped with safety technologies such as lane assist, backup cameras, and collision avoidance sensors. MHA utilizes GPS and telematics systems to monitor driver behavior, provide real-time feedback, and receive maintenance alerts. Forward-facing cameras are installed in select vehicles to enhance safety and accountability, while all vehicles display "Safety First – How's My Driving?"

decals to encourage public feedback. Staff are required to complete annual defensive driving training through Relias.

The Transportation Safety Manual is reviewed annually and updated on an as-needed basis to reflect changes in laws, best practices, and agency policies. A copy of the manual is maintained in every agency vehicle as a quick-reference resource for staff. In addition to outlining step-by-step accident reporting procedures, the manual includes clear instructions for handling emergencies, such as vehicle breakdowns, flat tires, or mechanical failures. It also provides contact information for towing services, roadside assistance, and approved auto body repair vendors, ensuring that drivers have immediate access to help in the event of an incident. The manual contains guidelines for transporting consumers safely, operating vehicle safety features, completing pre- and post-trip inspections, and maintaining compliance with agency driving policies.

To further safeguard vehicle operations, each agency vehicle undergoes a monthly inspection conducted by program/location staff. These inspections verify that vehicles are in proper working order, that any necessary repairs are identified and addressed promptly, and that all safety equipment—such as first aid kits, fire extinguishers, reflective warning triangles, and other required items—is properly stocked and secured. This systematic approach helps reduce the risk of preventable breakdowns, ensures readiness for emergencies, and supports compliance with regulatory and insurance requirements. Monthly inspection records are documented and monitored as part of the agency's overall Health and Safety program to ensure accountability and consistent safety standards across the fleet.

A review of FY2025 vehicle accidents and Safety-First reports identified common contributing factors such as increased road congestion, improper lane changes, failure to signal, lane departure, distracted driving, and new hires adjusting to different vehicle types. In response, MHA has expanded driver training to emphasize defensive driving, hazard awareness, and accident prevention; reinforced mobile device restrictions and speed compliance policies; and implemented stricter consequences for violations, up to and including termination. An incentive program has been introduced to reward accident-free performance, and an on-demand safety video library is being developed for each vehicle type to provide guidance on using safety features like Bluetooth, Apple CarPlay, Lane Assist, and collision warning systems.

The Health and Safety Committee also promotes awareness through a monthly newsletter addressing seasonal topics, such as safe winter driving, summer pedestrian awareness, and annual reminders about school zone safety.

FY 2026 Goals

Looking ahead to FY2026, the committee will continue monitoring incident trends, expanding training resources, updating the Transportation Safety Manual, and enhancing emergency drills to better prepare staff for real-world scenarios. By maintaining a proactive and comprehensive approach to workplace and vehicle safety, MHA remains committed to protecting the well-being of staff, clients, and the community.

ASSISTED OUTPATIENT TREATMENT (AOT)

Description

The mission of Assisted Outpatient Treatment (AOT), also known as Involuntary Outpatient Commitment (IOC), is to provide court-ordered mental health treatment, intensive case management, and assistance to a select group of mental health consumers who have been resistant to treatment and have 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 engage more consistently in ongoing treatment and, ultimately, to graduate to less restrictive mental health services.

Personnel

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

- AOT Essex is currently staffed by one full-time Licensed Program Director, three full-time Master's Level Case Managers, one part-time Psychiatrist, and one part-time Administrative Assistant.
- One full-time Licensed Program Director oversee:
 - AOT Sussex which is currently staffed by one full time Bachelor's Level Case Manager and one part-time Psychiatrist.
 - AOT Morris which is currently staffed by one full- time Program Director, one fill-time Master's Level Case Manager, one full time Bachelor's Level Case Manager, and one part-time Psychiatrist.

Caseload

Essex: As of June 30, 2025, there were 40 active cases. During FY 2025, 51 referrals were enrolled into the AOT program; 73% of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings; 27% were made through conversion hearings at long-term care facilities, such as Essex County Hospital Center (EHC) and/or state hospitals.

Sussex: As of June 30, 2025, there were 14 active cases. During FY 2025, the program served 32 unduplicated individuals; 72% of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings; 11% were made through conversion hearings at long-term care facilities, such as state hospitals. There were 11% referrals enrolled through the designated screening centers.

Morris: As of June 30, 2025, there were 21 active cases. During FY 2025, the program served 41 unduplicated individuals; 52% of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings; 36% were made through conversion hearings at long-term care facilities, such as state hospitals.

Demographics

MHA's 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 have a history of treatment non-compliance.

Gender: At the end of the fiscal year, the self-reported gender for individuals served in AOT Essex was 38% female, 57% male, and 5% undisclosed; for Sussex was 53.2% male and 37.5% female, 3.1% individual refused, 3.1% data was not collected, and 3.1% trans-male; and for Morris, it was 42.5% female and 55.0% male and 2.5 % individual declined to answer.

Ethnicity: During Fiscal Year 2025, AOT Essex provided services to individuals who self-reported the following races and ethnicities: 54% African-American, 9% Hispanic/Latino, 3% Asian or Asian-American, 16% Caucasian, 11% unknown or refused to disclose, and 7% individuals who identified as multiracial. AOT Sussex provided services to individuals who self-reported the following races and ethnicities: American Indian or Alaskan Native 3.1%, Asian 3.1%, Black or African-American 6.4%, Multi-Racial 3.1%, Other 6.3% White 74.9%, and 3.1% data was not collected. AOT Morris provided services to individuals who self-reported the following races and ethnicities: White 65%, Unknown 5.0%, Other 2.5%, Black or African-American, White 2.5%, Black or African-American 10%, Both and Black or African-American 2.5%, Asian 10%, No Data Collected 2.5%.

Age: AOT Essex provided services to 46% of individuals between the ages of 18-29, 22% between the ages of 30-39, 14% between the ages of 40-49, 8% between the ages of 50-59, and 10% above the age of 60. AOT Sussex provided services to 6.3% of individuals are ages of 18 to 20, 15.6% are between 21 and 30 years old, and another 15.6% fall within the 31 to 40 age range. Those aged 41 to 50 make up 25.0%, while the 51 to 60 group represents 28.1%. Lastly, 9.4% of the population is between 61 and 70 years old. AOT Morris provided services to 21–30 age range, making up 27.5% of the total. This is followed by those aged 31–40 at 25.0%, and 61–70 at 20.0%. Individuals aged 41–50 represent 15.0%, while those aged 51–60 account for 10.0%. The smallest group is those aged 71 and older, comprising 2.5% of the population.

Performance Outcomes

All AOT consumers have a history of frequent inpatient hospitalizations and emergency room visits. AOT closely monitored these indicators and established baselines to measure the access, efficiency, and effectiveness of the program. During this past fiscal year, AOT has clearly demonstrated progress, as

evidenced by the reduction in emergency room screenings, long-term care admissions, arrests, incarcerations, voluntary and involuntary hospitalizations, and homelessness among consumers.

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 outside regular hours. This year, AOT collectively received 2 referrals from local screening centers, 63 STCF referrals and 25 LTC referrals.

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

AOT monitors recidivism rates monthly to evaluate service quality and outcomes, with annual calculations to assess overall effectiveness. Recidivism includes any hospitalization or emergency room visit, psychiatric admissions (voluntary, involuntary, or long-term care), arrests, incarcerations, and episodes of homelessness. The programs have successfully met or exceeded all benchmark expectations across the counties.

Consumer Satisfaction Surveys

MHA is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. Consumers completed the survey via web link, QR code, or hard copy. The results were analyzed by the Director of Quality Assurance and provided to the Program Directors for review. Approximately 20 surveys were delivered to consumers in Essex, Morris, and Sussex counties. This accounts for a response rate of 19%, 29% and 36% respectively.

Program Highlights

Program Success: The Assisted Outpatient Treatment programs continue to demonstrate meaningful impact, with a total of 37 consumers successfully graduating this year. These individuals have met their treatment goals, maintained stability, and demonstrated readiness to transition out of the program, underscoring the effectiveness of the supportive and collaborative care model.

Consumer-Centered Approach: AOT provided individual psychoeducation for consumers transitioning or approaching graduation from AOT, focusing on increasing their self-awareness regarding emotions, identifying and establishing social supports outside of AOT, and education on the importance of medication adherence.

Strengthened Partnerships: AOT continued to collaborate with and educate staff at Screening Centers, Short Term Care Facilities, Essex County Hospital Center (ECHC), state psychiatric institutions, and private hospitals. These strengthened relationships have enhanced continuity of care, improved coordination during transitions from inpatient to outpatient services, and supported more timely and appropriate interventions for consumers in crisis.

Community Engagement and Social Integration: AOT consumers have actively participated in community-building events, such as holiday celebrations, achievement awards, and a summer picnic. These gatherings foster social connection, reduce isolation, and promote recovery-oriented values by encouraging inclusion, engagement, and empowerment outside of clinical settings.

Giving Back: With community donations, AOT was able to provide assistance to several consumers in obtaining daily household items, toiletries, clothing, and county, state, or drivers' identification.

Advocacy Activities

AOT staff work closely with consumers to assist them in developing self-advocacy skills by maintain an open dialogue about various ways they can become involved in different levels of advocacy. 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 collaborate with counterparts in other counties to discuss ways to increase program effectiveness, 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:

Acute Care/System Review Committee is a monthly meeting. The purpose of these meetings is to identify countywide gaps in services and gaps 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.

Behavioral Health Providers Meeting, formerly Professional Advisory Committee (PAC), is a bimonthly meeting convened by the County Mental Health Administrator. The purpose of these meetings is to identify and address the current mental health service needs, trends and priorities of the County.

Sussex County Enhancement is a monthly meeting directed by the Team Mental Health Technology and Training Center of Rutgers University aimed at reducing transfer wait times for individuals utilizing psychiatric screening services. The team reviewed and evaluated current county needs and challenges and developed strategies to improve the use of county resources for consumers.

FY 2026 Goals

The Assisted Outpatient Treatment (AOT) program remains committed to continuous improvement and expanding its impact. Looking ahead, the program has outlined several strategic goals to enhance service delivery, increase consumer success, and strengthen collaboration across systems of care.

1. **Increase Consumer and Provider Contact:** AOT staff will work on increasing the overall number of meaningful contacts with consumers, their families, and associated service providers. This

enhanced communication aims to strengthen relationships, improve coordination of care, and foster a more consistent and responsive support system.

2. **Strengthen Collaboration with the Public Defender's Office:** AOT will continue to work closely with the Public Defender's Office to ensure legal and clinical coordination that supports consumer success. This collaboration is vital in aligning legal processes with therapeutic goals, reducing barriers to care, and promoting individual recovery outcomes.
3. **Collaborate with DMHAS and Community Partners on AOT Development:** AOT will continue to work in close partnership with the DMHAS and local community providers to refine the process and legislative framework for AOT. The goal is to improve clarity, efficiency, and alignment of practices across all stakeholders involved.
4. **Empower Consumers to Achieve Personal Goals and Program Graduation:** Empowering consumers to take an active role in their recovery remains central to AOT's mission. The program will continue to support individuals in identifying and working toward their personal goals—whether related to health, relationships, education, or employment—with the aim of preparing them for successful program graduation and long-term independence.
5. **Enhance Community Integration and Social Inclusion:** Building on past successes, AOT will further promote community engagement through structured group activities, events, and opportunities for social interaction. These efforts help reduce isolation and support consumers in developing social skills and natural supports.

Center for Behavioral Health

Description

Founded in 1957, the Center for Behavioral Health (CBH) continues to provide quality outpatient mental health treatment including assessments, psychotherapy, psychiatric evaluation and medication management service. CBH works towards the mission of providing high quality behavioral health services to low-income consumers, many of whom are on Medicaid or have limited financial means to pay. CBH also provides training and services in the community to the department's many agency partners.

Personnel

The program operates under the direction of the full-time Program Director, part-time Psychiatrist, part-time Advanced Nurse Practitioner (APN), administrative support, one full-time LCSW therapist and seven part-time therapists (LCSW/LAC/LSW). 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 eleven interns in the fields of social work, art therapy, and clinical mental health counseling.

Caseload

CBH provided services to 189 individuals during FY'25 with a total of 10,172 contacts. This includes providing services to 62 new clients.

Demographics

As of 7/1/25, the census of CBH was 135 with an average monthly census of 133. Clients range in age from 18 to 94. Clients identify as the following for gender: 66% female, 28% male, and 6% 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: 51% White/Caucasian, 37% African-American, 6% Asian, 5% identifying as multi-racial, and 1% identifying as other. CBH consumers are insured through Medicaid (49%), Medicare (28%), uninsured and enrolled in NJMHAPP (21%), and other (2%).

Performance Outcomes

- CBH provided 9% more units in FY'25 than in the fiscal year prior. This continues an upward trend of year-on-year unit increase for past five years.
- Maintained low psychiatric hospitalization rate with an average of 1% of caseload hospitalized each month.

- 64% of cases discharged were positive discharges as clients had met goals and/or services were no longer needed. Remainder of discharges were: 14% referred to a higher level of care and 22% lost to contact.
- Clients showed improvements in clinical outcomes with 85% of all clients surveyed showing a decrease in symptoms six months into treatment.
 - 90% of all clients show progress in their treatment goals.
- Department maintains ability to provide hybrid services (onsite and telehealth) with 54% of all services provided onsite. This remains above outpatient behavioral health industry averages.
- 68% of all clients in department receive medication monitoring by Program MD or APN. Collaboration between clients, therapists, and medical professionals fosters effective, integrated care.
- CBH is servicing a wider variety of ages with 15% all of clients now being 65+

Consumer Satisfaction Surveys

In order to measure satisfaction with services, consumer satisfaction surveys were distributed via email, text, and in person to all clients open. 129 surveys were distributed with 21 surveys completed which accounts for a 15% response rate. Overall, clients who receive services at CBH continue to report a high level of satisfaction with 95% of all surveyed agreeing or strongly agreeing they are satisfied with services.

Some comments shared on the survey include:

- “CBH has given me a voice that helps me to express myself.”
- “I had helped me at a time, I needed it. It has helped me grow as a person.”
- “CBH changed my life I was once in a very dark place. My therapist guided me back I’m happier than ever she helped me with setting boundaries. She is everything.”
- “I feel better.”

Program Highlights

CBH continued the second year of partnership with Bloomfield College of Montclair State University to provide on-site mental health services to students on campus.

- MHA Therapists provided weekly individual counseling and group therapy onsite at the college or via telehealth
- Any student in need of medication monitoring was provided services onsite at CBH
- A federal grant funds these services to ensure cost or insurance is not a barrier to services

CBH continued to strengthen community partnerships by providing clinical guidance and training to a range of community agencies across Essex and Morris Counties.

- Throughout the year, CBH staff members have facilitated or participated as panelists in multiple presentations on anxiety, depression, and aging

CBH continued to grow group therapy offerings.

- Short term groups focused on anxiety and DBT problem solving were offered this year.

- CBH also operates the Comfort Zone, a drop-in community support group open to anyone seeking a supportive peer environment to check in and receive emotional support.
- This year, the department added a second weekly Comfort Zone group hosted exclusively in person focused more on art-based techniques and therapy skill development.

With its strong internship program, CBH continues to focus on providing education and a learning environment to the therapists of tomorrow. The department is often looked at as a best-in-class field placement for MA/MSW students.

CBH continued to partner with IFSS to provide onsite mental health screenings at Caldwell University and screened 70 students and faculty.

Advocacy Activities

CBH staff participate in community outreach and tabling events throughout Essex County to provide localized mental health resources and increase awareness of the department and its services. CBH staff also maintain and regularly update a comprehensive list of local mental health resources.

FY 2026 Goals

The demand for mental health services continues to grow, as more individuals seek treatment than ever before. The ongoing acceptance and utilization of telehealth has enabled many clients to maintain consistent access to care. CBH is well-positioned to meet these demands, with a team of seasoned clinicians trained in evidence-based practices, a collaborative and supportive culture, a robust internship and training program for new professionals, and strong administrative infrastructure. These strengths will allow CBH to continue delivering high-quality, accessible mental health services to our target population.

CBH will continue to maintain and grow its community partnerships. Building on strong relationships with local senior organizations and advocacy groups, CBH plans to formalize these collaborations by offering short-term, senior-specific counseling services. This initiative aims to reach an underserved population and address the unique mental health needs of older adults with the planned referral sources being these community partners. CBH will also look to service more individuals in both individual therapy and group therapy. Specific consideration will be given to expanding both our open groups, such as the Comfort Zone, and our topic-specific therapy groups.

CBH has been a vital resource for low-income, underinsured, and disabled individuals, and it will continue to lead with unwavering dedication to delivering high-quality, equitable mental health care for all.

Co-Response

Description

Co-Response delivers crisis response in collaboration with local police departments, ensuring that individuals in a mental health related crisis feel safe and receive the support they need in order to stabilize. Co-Response is an interactive approach to emergency response and crisis intervention that involves both law enforcement officers and mental health professionals working together to address situations involving individuals experiencing mental health crises or emotional distress. This model recognizes that traditional law enforcement responses may not always be the most appropriate or effective way to handle such situations, especially when mental health issues are involved.

In a co-response model, specially trained mental health professionals called clinical co-responders are paired with law enforcement officers to jointly respond to calls involving individuals in crisis. The clinical co-responders bring expertise in de-escalation techniques, crisis intervention, and mental health assessment, while law enforcement officers ensure safety and security during the encounter. Overall, co-response represents a proactive and compassionate approach to addressing mental health crises, emphasizing collaboration, empathy, and the prioritization of individual well-being.

MHA Co-Response programs are located in Essex County, in West Orange Township and South Orange Township, as well as in Middlesex County in the City of Perth Amboy. As of March 2025, Co-Response services are also available in Morris County, in Mount Olive Township.

Beginning March 2024, the Mental Health Association partnered with police departments in Morris County to implement the ARRIVE (Alternative Responses to Reduce Instances of Violence & Escalation) Together program. This initiative was initially introduced by the New Jersey State Police to deploy the Close in Time/Follow-up response program. Through this delivery system, a Crisis Intervention Team (CIT) trained law enforcement officer (when available) and a mental health specialist respond to emergency service calls and/or follow-up visits related to a behavioral health crisis, traveling in separate vehicles. The response may be simultaneous or there may be a short delay in the mental health specialist's arrival, generally within 30 minutes of the law enforcement encounter. In some cases, the mental health specialist may stage before arriving at the scene alongside law enforcement. response may also require staging before arrival at the scene with law enforcement. The mental health specialist provides social and mental health services as appropriate and arranges for follow-up care as deemed necessary.

Personnel

MHA has nine clinical co-responders across Essex, Morris, and Middlesex counties who are stationed within the assigned police departments Monday to Friday.

Caseload

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 or 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 individuals received the appropriate level of care, promoting treatment and recovery while helping to prevent involvement in the criminal justice system. During FY2025, MHA co-responded to 928 incidents in 13 municipalities.

From July 1, 2024 to June 30, 2025, Co-Response Programs serviced a total 1651 individuals.

Performance Outcomes

During FY2025, across 13 municipalities, MHA co-responded to 928 incidents and 1825 referrals were received for follow up. In addition, the following outcomes were measured:

- For Co-Response Program, 195 of 373 Co-Responses required transport to the hospital.
 - 35 involuntary hospital transports
 - 160 voluntary hospital transports
 - 173 Co-Responses were resolved at scene
- For ARRIVE, 667 of 1,496 Co-Responses/Follow Ups required transport to the hospital.
 - 92 involuntary hospital transports
 - 575 voluntary hospital transports
- 848 linkages (i.e., mental health services, substance services, community resources) were made in the community.

As evidenced by outcomes, Co-Response Programs 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 police departments with the important process of utilizing community resources in an effort to promote options of prevention, intervention, treatment, and overall wellness and recovery.

Program Highlights

Co-response is a collaborative approach to emergency response that involves both law enforcement officers and mental health professionals working together to address situations involving individuals experiencing mental health crises or emotional distress. Some highlights and activity from this year includes:

- Completed first year of co-response program with South Orange Police Department.
- During the fiscal year, MHA was able to provide over 40 trainings to police departments and dispatch.
- In August 2024, Co-Response Programs participated in several municipalities for their annual National Night Out.

- In October 2024, 2 additional municipalities in Morris County (Randolph, Hanover) began participating in the ARRIVE program.
- ARRIVE Director participated in the Morris Plains Mental Health Symposium in September 2024.
- ARRIVE staff participated in Bottle Hill Day with Madison Police Department in October 2024.
- Staff provided multiple trainings on de-escalation to multiple police departments.
- Staff participated in multiple Coffee with a Cop events throughout Morris County.
- Program Director and Morris County Prosecutors Office provided 160 hours of Crisis Intervention Team (CIT) training to approximately 132 law enforcement officers.
- In August 2024, program Director attended the CIT International Conference held in Indianapolis, Indiana. The purpose of the conference is to bring together law enforcement, mental health professionals, advocates and public safety leaders.
- In September 2024, Co-Responders attended South Orange and Maplewood's Community Day and Health Fair in September 2024 to promote mental health resources and connect with local service providers.
- In November 2024, Co-Responders participated in the South Orange PBA Turkey Drive in November 2024 to help distribute Thanksgiving turkeys and strengthen community partnerships.
- March 2025, ARRIVE staff participated in the county-wide Law Enforcement Night.
- In March 2025, Co-Responders participated in Read Across America in the City of Perth Amboy
- In March 2025, Program Director participated in a video highlighting ARRIVE program for the New Jersey Office of Attorney General.
- In February 2025, Program Director participated in the 2025 Winter Summit panel for the New Jersey Conference of Mayors with the New Jersey Office of Attorney General. The summit highlighted the ARRIVE program and the partnerships with local law enforcement entities.
- In March 2025, MHA implemented Co-Response in partnership with Mt. Olive Police Department (MOPD) through the Connect and Protect grant through the 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 MOPD. The program consists of two staff coverage Monday to Friday 7am to 11pm.
- In April 2025, Co-Response attended West Orange Police Department's Senior Citizen Police Academy.
- In June 2025, the ARRIVE program expanded to an addition 25 municipalities, resulting in county-wide coverage.
- In June 2025, Co-Response attended West Orange Police Department's Touch a Truck event for individuals ages 2-7 with a diagnosis of autism spectrum disorder.
- In May 2025, the program partnered with Morris County Prosecutor's Office to implement the ARRIVE Critical Incident Model. The Critical Incident Model ensures that a mental health professional is available to respond 24/7, 365 days a year to incident involving barricaded individuals who appear to be in need of medical or mental health intervention.

Advocacy Activities

- The program participates as a member of the Morris Crisis Intervention Team (CIT) Steering Committee, and the NJ State CIT Committee.
- Co-Responders attended South Orange and Maplewood's Public Health and Safety Meeting which included local stakeholders with the goal of discussing public health initiatives.

FY 2026 Goals

Looking ahead, the future goals of the co-response program include expanding its reach to more communities and increasing the number of trained mental health professionals available to respond to crises. Enhancing collaboration with additional community partners, such as hospitals, social service agencies, and advocacy groups, is also a priority to ensure comprehensive support for individuals in crisis. The programs aim to incorporate data-driven practices to continually assess and improve response outcomes, fostering more effective and timely interventions. Additionally, there is a focus on increasing public awareness and education around mental health and crisis response to reduce stigma and promote community engagement. Investing in ongoing training and professional development for co-responders will be essential to keep pace with best practices and emerging needs. Ultimately, the goal is to create a seamless, community-centered crisis response system that prioritizes recovery, reduces unnecessary hospitalizations, and promotes long-term wellness and resilience.

Collaborative Justice Services (CJS)

Description

Collaborative Justice Services (CJS) offers a jail-diversion program for adults diagnosed with a mental illness released from Essex and Morris County Correctional Facilities. Upon referral from police, courts, or social agencies, CJS begins services immediately, starting intake and discharge planning from day one. Using a consumer-centered, wellness-based approach, CJS assesses consumers' strengths and needs to develop personalized plans that aim to reduce or eliminate additional jail time by promoting therapeutic over punitive outcomes. The goals are to decrease arrests and incarceration, reduce repeat offenses, and improve access to mental health and social services post-release. CJS also provides mental health training for law enforcement officers to enhance awareness and best practices regionally.

Personnel

Collaborative Justice Services continues to benefit from exceptionally high staff retention, fostering continuity and trust in its operations. At the Essex campus, the team includes three Forensic Case Managers (FCMs), one Administrative Assistant, and a Program Director, all of whom operate both within the jail and in the broader community. At the Morris campus, the staff comprises one Program Director and one Forensic Case Manager, who similarly serve clients within the Morris County Correctional Facility and follow them into the community as needed. The CJS teams are culturally diverse and reflect the demographic profile of the individuals it serves.

Caseload

As of June 30, 2025, Collaborative Justice Services Essex is managing 40 active cases, illustrating robust engagement with the community and county systems. Referrals originate from a wide range of sources: the Mental Health and Medical Departments at Essex County Correctional Facility (ECCF), the Essex County Office of the Public Defender, Essex County Probation, and the Essex County Prosecutor's Office. Additional referrals come through the ECCF Social Services Department, Justice-Involved Services programs, state prisons, as well as self-referrals, family members, and internal CJS staff networks, reflecting a well-integrated consortium of justice, legal, and community stakeholders. At the same time, CJS Morris had 15 active cases on that date. Referrals to this campus are made by the Morris County Prosecutor's Office, Morris County Correctional Facility, Morris County Public Defender's Office, Community Connections, community organizations, and Morris County Probation Services, underscoring similarly broad collaboration in that jurisdiction. This referral breadth across both campuses highlights CJS's strong interagency relationships and its capacity to engage individuals at multiple entry points within the justice system—whether entering through court systems, corrections, or community-based relationships. It also reflects CJS's active role in identifying and supporting individuals at risk of incarceration via direct, self, and family-initiated referrals. By mid-2025, both campuses were steadily serving clients across the entire referral spectrum—from legal entities to families—supporting reentry through tailored service planning, linkage, and discharge support.

Demographics

MHA's CJS programs provide services to residents of Essex and Morris counties who are 18 years of age and older, diagnosed with a serious and persistent mental illness (SPMI) and have a history of treatment non-compliance.

Gender: At the end of the fiscal year, the self-reported gender for individuals served in CJS Morris was 14% female, and 86% male. For Essex, 76.92% were male and 23.08% female. Zero percent of participants reported trans male/female, nor gender non-conforming.

Ethnicity: During Fiscal Year 2025, CJS Morris provided services to individuals who self-reported the following races and ethnicities: 40% African-American, 40% White, 5% Hispanic, 10% unknown, 5% American Indian/Alaskan Native/Indigenous. CJS Essex provided services to individuals who self-reported the following races and ethnicities: 7.69% American Indian or Alaskan Native, 0% Asian, 53.85% Black or African-American, 0% Multi-Racial, 15.38% Hispanic, and 23.08% White.

Age: CJS Morris provided services to 14% of individuals between the ages of 18-29, 31% between the ages of 30-39, 27% between the ages of 40-49, 14% between the ages of 50-59, and 14% above the age of 60. CJS Essex provided services to 23.08% of individuals are ages of 18 to 24, 30.77% are between 25 and 34 years old, and another 15.38% fall within the 35 to 44 age range. Those aged 45 to 54 make up 7.69%, while the 55 to 64 group represents 23.08%. Lastly, 0% of the population is between 65 years old or older.

Performance Outcomes

Performance outcomes for Collaborative Justice Services were systematically measured and monitored through the Mental Health Association's Quality Assurance Committee. During Fiscal Year 2025, Essex CJS tracked consumer recidivism to the Essex County Correctional Facility at key intervals—specifically within 30, 60, 90, and 120 days post-release. According to the QA threshold, fewer than 50 consumers were expected to return to jail within each of the 30/90-day and 60/120-day timeframes. Of the consumers monitored, 17 were re-incarcerated within either 30 or 90 days of their release, while only 4 were re-incarcerated within either 60 or 120 days—demonstrating relatively strong outcomes against the program's target benchmarks.

At the Morris campus, consumer recidivism was also monitored monthly for return to jail within 30, 60, 90, and 120 days following release. The QA threshold in Morris aimed to have fewer than five consumers re-incarcerated within 30 and 90 days, and fewer than ten within 60 and 120 days. Impressively, during FY2025, no consumers returned to jail within any of the measured intervals—at 30, 60, 90, and 120 days. These results underscore the effectiveness of discharge planning and community linkage strategies at the Morris location and reflect a highly successful year in terms of recidivism prevention.

This year, CJS Essex successfully diverted three (3) consumers from a state prison sentence. As a result of the jail diversions, a total of 7,029 days were reduced in our consumers' prison sentence and 59,850 days were reduced in our consumers' county sentence. CJS continues to monitor the cost-effectiveness for county costs. In FY2025, the program saved approximately \$8,857,800 in county costs, and \$1,040,292 in

state costs. (Please note the approximate cost to house a county inmate daily is \$148.00). Based on the data gathered, CJS will continue to monitor time saved for consumers both for county and state time.

During FY 2025, CJS Morris made significant strides in collaborative efforts with the Morris County Correctional Facility, the Morris County Prosecutor's Office, and the Morris County Public Defender's Office. Through these partnerships, staff successfully diverted individuals from potential incarceration—preventing approximately 364 county jail days and 3,650 state prison days. These efforts translated into substantial fiscal impact: the program delivered estimated savings of \$53,872 in county-level incarceration costs and \$540,200 in state-level corrections costs. This outcome reflects both the effectiveness of the diversion work and the value of close cross-agency coordination in achieving cost-avoidance and safer community outcomes.

Consumer Satisfaction Surveys

Essex: Collaborative Justice Services in Essex County distributed approximately 40 client satisfaction surveys to consumers—hand-delivered, mailed, or left at their residences—with assurances that responses would remain confidential. Ultimately, 13 consumers responded, and 100% reported being overall satisfied with CJS services. These surveys align with best practice standards for preserving confidentiality and promoting high-quality, trustworthy data collection.

Gender: Of the thirteen (13) consumers that responded to the survey; eleven (10) were male (76.92%) and three (3) were female (23.08%).

Ethnicity: Of these thirteen (13) consumers, seven (7) consumers identified as African American (53.85%), three (3) as Caucasian (23.08%), one (1) identified as American Indian or Alaskan Native (7.69%), and two (2) identified as Hispanic (15.38%).

Age: Of the thirteen (13) consumers, three (3) identified between 18-24 (23.08%), four (4) identified 25-34 (30.77%), two (2) identified as being between 35-44 years old (15.38%), one (1) as 45-54 years old (7.69%), and three (3) as 55-65 years old (23.08%).

Morris: In Morris County, approximately fifteen satisfaction surveys were distributed to consumers—either hand-delivered, mailed, or personally left at residences—all accompanied by sealed envelopes to reinforce anonymity. Ultimately, six consumers submitted surveys, with five respondents indicating their experience. Remarkably, 100% of respondents reported that they were overall satisfied with CJS services.

Gender: Of the six (6) consumers that responded to the survey; four (4) were male (66.67%) and two (2) were female (33.33%).

Ethnicity: Of these six (6) consumers, two (2) consumers identified as African American (33.33%), three (3) as Caucasian (50%), and one (1) identified as Other (16.67%).

Age: Of the six (6) consumers, one (1) identified as being between 35-44 years old (16.67%), three (3) as 45-54 years old (50%), one (1) as 55-65 years old (16.67%), and one (1) as 65 years old and older (16.67%).

Program Highlights

- During Fiscal Year 2025, Essex Collaborative Justice Services staff successfully facilitated 164 community linkages, connecting clients to vital mental health services, housing supports, and social resources to promote stability and recovery. Similarly, Morris CJS staff facilitated 118 community linkages, helping clients access a range of essential services, including behavioral health care, housing assistance, substance use treatment, employment resources, and other supports critical to successful community reintegration.
- Essex CJS Director—working in partnership with the Essex County Prosecutor’s Office—delivered a robust 121 hours of Crisis Intervention Team training, reaching approximately 70 law enforcement officers. In collaboration with the Morris County Prosecutor’s Office, the Morris CJS Director led a total of 160 hours of Crisis Intervention Team training, reaching approximately 132 law enforcement officers throughout the year.
- In August 2024, the Morris CJS Director represented MHA at the CIT International Conference in Indianapolis, Indiana. This annual event brings together law enforcement, mental health professionals, public safety leaders, and advocates to promote best practices, innovation, and collaboration in crisis response and mental health diversion efforts.
- Annual Consumer Achievement Awards ceremony was held at the Essex County Elks Lodge, celebrating the success and progress of program participants and reinforcing positive community recognition. In addition, throughout the year, CJS consumers engaged in several MHA community-building and social wellness events. These included a summer picnic, annual boat trip, a fall festival, and a holiday celebration. These gatherings play a meaningful role in promoting recovery, fostering social connection, and reducing isolation among participants.

Advocacy Activities

CJS actively participates in several key systems-level meetings across both counties, including the System Review Committee (SRC), Professional Advisory Committee/PACADA, the Mental Health Initiative, the Essex County Task Force, the Essex County Prosecutor’s Office Mental Health Diversion Program, Review Team for the Morris County Prosecutor’s Office Mental Health Diversion Program, the Morris County Crisis Intervention Team (CIT) Steering Committee, and the New Jersey State CIT Committee. These collaboratives provide an essential platform for interagency communication, service coordination, and strategic planning. In addition, CJS engages in regular case review meetings with the Essex County Correctional Facility, partnering closely with CFG (Correctional Focus Guidance) and the facility’s Mental Health Team to support integrated care planning and transition support for incarcerated individuals.

Both Morris and Essex County CJS programs participate in the Statewide CJS Directors’ Meetings convened by the New Jersey Division of Mental Health and Addiction Services (DMHAS). These meetings serve as a critical venue for exchanging insights with peer programs from other counties, addressing challenges in service delivery, identifying best practices, and staying informed on policy changes, protocol updates, and new initiatives impacting CJS statewide.

CJS staff across both counties also work directly with consumers to build self-advocacy skills, promoting active participation in their recovery and encouraging involvement in peer-led organizations and advocacy groups such as self-help centers and NAMI-NJ. Through open dialogue and individualized support, clients

are empowered to take a more active role in shaping their own treatment and in representing the needs of the justice-involved mental health community.

FY 2026 Goals

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

Community Support Services (CSS)

Description

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 substandard housing in gaining access to adequate, affordable housing. Since its inception in 2006, CSS has been able to identify and develop housing opportunities—such as two residences in Bloomfield, one in Nutley, and one in Montclair—along with creating relationships with landlords in the community 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 to develop an individualized, strengths-based rehabilitation plan. This plan promotes successful reintegration into the community while supporting individuals in 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, individuals in recovery will be able to live in the community and achieve a higher quality of life.

Personnel

The CSS quality services are provided by 1 Director, 2 Recovery Coordinators, 4 Clinical Coordinators, 8 Senior Recovery Counselors, 15 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, 2 fluent in Spanish.

CSS provides flexible services tailored to each individual's needs. The program has consistently gone above and beyond typical supportive housing services and has demonstrated creativity in our services and referrals. CSS staff are available for support and crisis intervention 24 hours a day, 365 days a year.

A system has been developed to ensure prompt access to the appropriate on-call personnel, identifying a responsible party as the chief point of contact for on-call coverage. Our ability to respond to individuals around the clock has prevented numerous psychiatric hospitalizations and emergency room visits.

Caseload

Community Support Services has successfully placed over 304 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 82 individuals who have their own residence but needed additional care to ensure their stability in the community.

Demographics

As of June 30, 2025, the active caseload for Community Support Services was 316. On this date, there were 149 males (47%), 124 females (39%), 2 transgender male to female (0.9%), and 2 transgender female to male (0.6%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 23 Hispanic/Latino (7%); 282 non-Hispanic/Latino (89%), and 11 individuals who did not want to disclose (3%). The self-reported races of the consumers enrolled with CSS are as follows: 7 Asian (2%); 2 Black or African-American & White (0.6%); 140 Black or African-American (44%), 3 multi-racial (0.9%); 3 Native Hawaiian or Other Pacific Islander (0.9%); 7 Other (2%); 143 White (45%); 15 who did not want to disclose (5%).

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.

Performance Outcomes

Community Support Services (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.

CSS performance indicators measure the rate of recidivism to the County/State hospitals and recidivism rate to the Short-Term Care Facilities on a monthly basis. During this fiscal year, the overall recidivism rate to the County/State hospitals was 0.3% and the recidivism rate for Short-Term Care Facilities was 3%. Both of these rates of recidivism are below the threshold of twenty percent (20%) for a population who, traditionally, relies heavily on acute care services.

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

Health and Wellness continues to be one of the primary areas of focus within the CSS program. 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, which is received through various methods, including the annual Consumer Satisfaction Survey. This year, ninety-nine individuals served completed the surveys. The overall satisfaction rate was 90%, with 95% of respondents feeling they can freely voice their issues or concerns. Additionally, 93% indicated that they felt they were treated with dignity and respect, that staff encourage individuals to make their own decisions, that they actively participate in their rehabilitation plan, and that staff are respectful of their cultural backgrounds.

Program Highlights

This year CSS began gifting Welcome Baskets to consumers who were newly housed. The baskets included a Welcome Mat, Keychain, 1 Home Décor item, Homemade Soup and a handwritten card from the CSS team. A photograph was taken and given to the consumer as a keepsake to commemorate the momentous occasion of securing permanent housing.

CSS Morris is in its second year as a Housing Authority managing the Safe Haven Permanent Supportive Housing project. This program provides rental subsidies to 12 consumers and offers case management services as well. Seven of the twelve consumers have been long-standing CSS consumers and are happy to have their Housing Authority managed by MHA as well.

CSS began working with four individuals previously enrolled in the NJ Mentor program who were at risk of homelessness. CSS was able to successfully house one consumer in permanent housing. Additionally, CSS transitioned one consumer to a Boarding home, where he is thriving, socializing, and receiving the additional support needed. CSS also secured two subsidies through DMHAS to help the consumers remain housed in their current placements, where they have resided for over 10 years and have established a strong connection to the Host families caring for them. CSS continues to provide case management to all 4 individuals.

CSS was able to secure an additional 3 permanent supportive housing vouchers through its partnership with CSPNJ due to stellar performance reviews that resulted in increased grant funding awarded to the program.

The CoC/HUD conducted a site visit to review two CSS HUD funded programs. MHA's CSS program was recognized for having complete, well-organized charts and consumer records. CSS was also commended for their excellent work with their Montclair owned property, Orange Rd. Consumers were interviewed by the CoC representative and reported outstanding work both as the service provider and landlord.

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

CSS participated in the Annual Consumer picnic where consumers are transported to a park for a fun filled day of socialization, activities and food. CSS also held various event activities celebrating holidays such

has Halloween and December festivities, offering consumers a chance to engage in themed games, crafts, and celebrations that foster community and enjoyment.

CSS continued to own and operate two single-family homes in Bloomfield, a 6-unit apartment building in Nutley, and two 6-unit buildings in Montclair. These properties provide permanent supportive housing to a total of 25 individuals diagnosed with severe and persistent mental illness. CSS ensured that the buildings' exterior and interior met or exceeded the quality of the housing in the neighborhood. CSS retained professional landscaping services and contractors who specialize in construction, heating, air conditioning, electric, plumbing and snow plowing. Tenants were encouraged to fully participate in decision making in terms of physical plan and environment of care. All tenants were given the rights and responsibilities afforded as a tenant in a tenant/landlord relationship. This past year, one of our Bloomfield Properties, Project 99, was newly renovated and has identified 2 chronically homeless individuals to be housed.

CSS continued 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. CSS has a Housing Specialist in each county to build on landlord networking and establish supportive positive relationships with them to keep consumers housed and prevent eviction.

CSS participates in the Annual Consumer Achievement Awards. This year's award recipient was an individual who achieved her goal of finishing college, starting her Master's Degree in Fine Arts, establishing her on-line business, and moving to an apartment in a safer environment. She is also a strong advocate for other individuals with mental illness and spoke directly with members of DMHAS to advocate for an increase in the FMR enabling consumers to find housing in a competitive housing market.

CSS goes above and beyond when assisting consumers with special requests, while out of the ordinary represents important milestones in their Recovery. For example, CSS staff were asked to accompany a consumer to his "Swearing-In" ceremony when he became a US Citizen as he felt this goal could not have been reached without his case manager. Another consumer asked his case manager to accompany him to the cemetery where his wife was buried so that he could visit her as he did not feel comfortable asking anyone else.

Advocacy Activities

CSS staff work closely with each individual to develop self-advocacy skills and to encourage involvement in both program-level and systems-level advocacy. These skills are used to procure on-going and necessary services and supports. Staff provided education on direct skills and linked individuals to trainings and activities related to the consumer movement (Self-Help Centers, Consumer Advocacy Partnership). Individuals were also encouraged to participate in self-help groups, NAMI-NJ, and other MHANJ advocacy initiatives.

In addition, CSS staff continued 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)
- Morris County Provider Resource Committee (MCPRC)
- CSS Monthly Meeting by DMHAS

FY 2026 Goals

CSS aims to achieve a 100% lease-up rate for all tenants residing in MHA owned properties and to fill all vacant beds promptly in both Essex and Morris counties. The program also seeks to increase weekly Medicaid billing in preparation for the upcoming transition for a fee-for-service model. Additionally, all staff will receive training in Motivational Interviewing to enhance services engagement and will be equipped with the case management skills necessary to deliver high quality services to the individuals served.

Community Wellness Centers- The Gathering Place

Description

MHA was awarded the Community Wellness Center grants in fiscal year 2025 for two counties: Morris and Sussex. With the assistance of the staff and community, the centers have been named The Gathering Place and have been in operation since October 2024.

MHA's Community Wellness Centers are a peer-driven community- based resources that provide a safe and welcoming space where individuals can engage in a variety of therapeutic and recreational activities aimed at promoting mental, emotional and physical well-being. Services are designed to empower individuals, foster independence, and promote self-efficacy in an environment that encourages social connections and personal growth. Through workshops, group activities, and social events, the center encourages self-expression and skill-building all while supporting individuals in achieving their wellness goals. The programs elements include peer support/self-help activities, socialization, training/education, wellness and recovery activities, community outreach, and advocacy. It is through these elements that the Center aims to maximize members' independence, increase their quality of life, cultivate a community of recovery that cultivates development of health social support systems.

Personnel

Each location has a Program Director who provides oversight, support and supervision to the programs, when needed. The Community Wellness Centers are staffed by a Full-Time Wellness Manager at each site, who supervise the Part-Time Support Specialists, Bi-Lingual Support Specialists, and Community Resource Navigators. All staff members are lived experience professionals with personal experience living with mental health and/or substance use concerns.

Caseload

In this first partial year of operation, the Morris and Sussex Wellness Centers have engaged three hundred and forty-six (346) new individuals with lived experience in mental health and/or substance use. Of those 346 new members, they visited the wellness centers and impressive two thousand four hundred and eighteen (2418) times. Each center has a unique population its respective community.

Members of the center are adults 18 years old or older. They have a past history of mental health or substance use diagnoses and are at various levels of recovery. Each member at the Wellness Centers has their own unique story. It is our belief that the members will use their experience to help guide their peers in their own recovery. Some members are new to the mental health system but have lived with symptoms for most of their lives while other members are experiencing their symptoms for the first time.

Demographics

Of the 1003 walk-ins at the Wellness HUB, 85% treated identified as White/Caucasian, 8% Black/African American, 6% Asian, and 1% identified as “other”. Ethnicity breakdown included 88% non-Hispanic and 12% Hispanic/Latin (o)(a)(x), and of those identifying as Hispanic, 5 consumers were also only Spanish speaking. The Wellness HUB consumers identify as 47% Male, 50% Female, and 3% Gender Non-Conforming or transgender.

Of those served in FY 2025, 16% were 18-24 years old, 26% were in between 25 and 34, 38% between 35 and 54, and 20% were 55 years old and older. The outliers include 32 consumers 18 and 19 years old and 23 consumers were 75 years old or older. Our youngest consumer being 18 years old and oldest was 92 years old.

Performance Outcomes

The Community Wellness Centers participate 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.

Community Wellness Center’s performance indicators measure overall consumer satisfaction, accessibility (centers being open during times convenient to the members), effectiveness (how many visits were made to the center), and efficiency (ease of accessing the center). During this fiscal year, 100% of members surveyed reported they were satisfied with the Community Wellness Centers. MHA was able to quickly open our centers which are available after typical business hours on Mondays, Wednesday and Saturdays to meet the needs of member. In our Morris and Sussex centers we saw members a total of 4,117 times since opening our doors.

Consumer Satisfaction Surveys

During this first year in operation, staff focused on getting new members to experience the centers. We have had weekly (or more frequent) community meetings which we are call ‘Community Empowerment Meetings’. During those meetings, which are member-run, all attendees are able to voice concerns in real-time. They are part of the planning process for new groups, trips and activities, as well as, engaging new members and overall, how to improve the centers.

In Fiscal Year 2025, 28 Community Wellness Center consumers were surveyed. As a result, 100% reported that they were satisfied with the CWC. 100% felt the peer providers were welcoming, friendly, and professional and 83% of consumers who attend the Community Wellness Center report that they attend more than once a week. In addition, 100% of members surveyed felt that they have been introduced to new friends while attending the centers.

Surveyors were given two open ended questions, how has the Gathering Place improved your life and additional comments, their answers included the following; ‘It keeps me going’, ‘it has made it easier to socialize with my condition’, ‘made me a stronger person’, and ‘this is a great place for mental health’.

Program Highlights

This fiscal year, The Gathering Place - Community Wellness Centers has made a profound impact as a safe and welcoming haven for adults facing mental health and substance use challenges. Officially opened in Newton and Parsippany, the Centers offers a vital lifeline by fostering healing, connection, and personal growth through peer-led groups, supportive services, and meaningful socialization opportunities. It stands as a beacon against loneliness and isolation by creating a respectful, stigma-free space where individuals feel accepted and empowered on their journeys to recovery and wellness.

Regular visits from partners such as Nourish, CHOICES, County College of Morris, and Sussex, Hope One, and other treatment/program providers have been instrumental in connecting clients to critical resources, education, and care.

Community Wellness Centers offered groups such as art therapy, depression and anxiety support groups, All Recovery meetings, mindfulness and meditation sessions, yoga and gentle movement classes, wellness, and nutrition workshops, coping skills and stress management groups, creative writing circles, and peer-led discussion groups on topics like self-esteem and healthy relationships. In addition, social activities such as game nights, music jams, and walking clubs foster inclusive networks where participants feel welcome, valued, and connected.

Community meals at the Center are about so much more than food, they are nourishment for both body and spirit. Sharing a meal creates a natural space for conversation, connection, and belonging. For many participants, these gatherings are a rare chance to sit at a table surrounded by friendly faces, to be welcomed without judgment, and to feel seen and valued. The simple act of eating together helps break down barriers, reduces isolation, and fosters a sense of dignity.

Adding to the experience, members have taken the initiative to grow their own fresh herbs right at the Center. These herbs — like basil, mint, parsley, and rosemary are picked straight from the garden and used to season and brighten the family dinners.

Through meal prep and gardening, participants do more than just cook; they connect, share stories, and build a sense of pride and belonging.

Since the Center's opening, we've had the privilege of welcoming patients from Greystone to participate in our "Cooking on a Budget" class, a practical and empowering program designed to help them prepare for independence and success after discharge.

At the Center, social activities are more than just fun outings, they are opportunities to build community, boost wellness, and create lasting memories. This year, members enjoyed special events such as attending a local baseball game, where the excitement of the crowd, the sounds of the ballpark, and the

shared experience of cheering together brought a sense of joy and camaraderie. They also gathered for a community picnic, complete with good food, laughter, and fellowship. These activities give participants a chance to step away from daily challenges, connect with peers, and experience the simple pleasures of friendship and shared traditions.

Advocacy Activities

Core advocacy activities include advocacy group, community education on mental health and substance use disorders, challenging myths and stereotypes, and creating open conversations that normalize seeking help. The Center engages in peer-led leadership training so individuals can become advocates for themselves and others, speaking at public forums, legislative hearings, and community meetings. Staff work with local and state partners to support policies that improve access to affordable treatment, housing, employment, and wraparound recovery services.

The Center also partners with faith communities, social service agencies, healthcare providers, and recovery organizations to address root causes and social determinants of health — such as food insecurity, homelessness, and unemployment. Through events, and resource fairs, the center amplifies the voices of people in recovery, spotlighting stories of resilience and hope.

Each month, members at The Gather Place take an active role in advocacy through a dedicated group that empowers them to understand and address issues impacting their lives. In these sessions, participants learn about current developments and proposed changes that may affect their income, benefits, housing, and access to services. The group also serves as a vital forum where members can bring forward personal concerns or community challenges, discuss them openly, and work together to identify possible solutions.

FY 2026 Goals

In Fiscal Year 2026, The Gathering Place-Community Wellness Centers will place a strong focus on increasing community awareness and expanding participation in its programs. The goal is to ensure that more residents especially those affected by mental health challenges, substance use recovery, and related life stressors know about the Center's services, feel welcomed, and feel encouraged to take part. To achieve this, The Gathering Place will strengthen its outreach through presentations at community events, partnerships with local organizations, and regular visits from trusted partners. Promotional materials and success stories will be shared through the Centers newsletter, social media campaigns, and direct engagement with community groups, faith organizations, and service providers.

The Centers will also look for creative ways to connect with potential participants from hosting in house events and wellness workshops to inviting the public to attend social activities like community meals, art therapy sessions, and seasonal events. By combining personal outreach with wider publicity efforts, The Gathering Place aims to increase awareness, build trust, and welcome more individuals into a supportive environment where they can heal, learn, and grow.

In addition, the Centers aims to recruit at least 15 community members into its active advocacy network. These members will become vital voices for change, helping to elevate awareness and drive community

action. To support this goal, the Gathering Place will take part in community events, sharing information about the center ensuring that information is accessible and empowering to all. The monthly calendars will also reflect discussion groups dedicated to mental health and substance use recovery, creating opportunities for education, open dialogue, and community engagement.

Partnerships will continue to be a cornerstone of the Center's advocacy work. These partnerships will allow for improved wraparound supports that address the full spectrum of needs for individuals in recovery, from housing and employment to healthcare and social connection.

Family Resource Center (FRC)

Description

The FRC includes the following programs and services:

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

Intensive Family Support Services (IFSS) are designed to provide support, education, advocacy, and respite to family members coping with the mental illness of a loved one. Over the past year, IFSS services were delivered in a hybrid format, offering families the option to attend 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 manage the stress associated with caring for a loved one with mental illness.

Family Respite Services “Thursdays” Consumer Drop-In Center:

For over 20 years, IFSS Essex has facilitated “Thursdays,” a consumer drop-in center that meets every Thursday for 2.25 hours, from 6:30 PM to 8:45 PM. Through this service, families are provided with 2.25 hours of out-of-home respite and relief from caring for their loved ones with mental illness. IFSS families have been comforted by the knowledge that their loved ones can get out of the house and make positive social connections with peers, which are both critical to wellness and recovery.

Project F.ER.S.T. – Family Emergency Room Support Team:

Acute Care Family Support (ACFSP), also known as “Project F.ER.S.T.,” is the NJDMHAS-contracted service component that provides in-person support, education, and advocacy to families while their loved ones are in local acute care hospital emergency rooms, accompanying them 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. faces unique challenges in 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. depends on its ability to maintain relationships with screeners and hospital staff, as these relationships generate the majority of its referrals. Consequently, Essex County families benefit from emotional support and education regarding hospital procedures and commitment laws while their loved ones are experiencing a mental health crisis.

Information and Referral Services:

The information and referral (I&R) service component continues to serve as a major gateway for individuals in the general public seeking mental health services or information. This component involves responding to phone requests received at the Montclair, Parsippany, and Newton offices. It also includes responding to requests for mental health services from individuals who walk in off the street, communicate via e-mail, or make inquiries through the agency’s website. These requests for information and referrals are handled by staff, graduate students, and volunteers from the different programs at each agency location.

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 and one part-time Family Support Counselors.

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

Project F.ER.S.T.: One full-time Acute Family Support Counselor

Performance Outcomes

IFSS Essex: The IFSS Essex program produced 3,557 units of service, representing 139% of its overall targeted program commitment for the 2025 fiscal year. Multiple Family Support Groups (169%) significantly exceeded contracted thresholds. Psychoeducational sessions, conducted both in-person and through virtual platforms, also exceeded expectations (179%). Some IFSS families returned to in-person consultations, with many opting to continue virtual telehealth support. Combined, these efforts exceeded targeted goals at 143%. The “Thursdays” drop-in social group for consumers, along with other respite activities, contributed to out-of-home respite services exceeding projections for the year (181%). Collateral contacts also surpassed their target goal this year (178%). Overall, IFSS Essex served 215 families during this fiscal year.

IFSS Sussex: IFSS Sussex produced 2,264 units of service, reaching 131% of its overall targeted program commitment for FY2025. The program exceeded its commitments in several areas, including: total families served (212%), off-site visits (133%), collateral contacts (108%), multi-family support groups (156%), psychoeducational sessions (166%), supportive phone calls (155%), and face-to-face out-of-home respite (86%). IFSS Sussex served 159 families during this fiscal year.

Project F.ER.S.T.: During fiscal year 2025, the Acute Family Support Counselor served 119 families, either through referrals received by hospital emergency departments or through other emergency-based resources such as Co-Response or Mobile Crisis Outreach Response Teams. Additionally, 288 face-to-face offsite follow-up contacts were provided, totaling 435 units of service.

Consumer Satisfaction Surveys

IFSS Essex: Satisfaction with the IFSS program was measured using the NJDMHAS-approved instrument sent out to approximately 123 families in May 2024. With a 26% return rate, 36 questionnaires were returned to MHA’s QA Coordinator, who aggregated the raw data for further analysis. The data showed that 62% of respondents were parents, 21% were siblings, 8% were spouses/partners or significant others, 8% were children or grandchildren, and 2% responded with other relationships but did not specify the nature of the relationship. Families reported a 100% overall satisfaction rate.

IFSS Sussex: IFSS Sussex sent a 24-item survey, standardized and mandated by NJDMHAS for IFSS programs, to approximately 87 families in May 2024. With a 15% return rate, 15 questionnaires were returned to MHA’s QA Coordinator, who analyzed the raw data. The results showed that 73% of respondents were parents, 6% were spouses/partners or significant others, 6% were children or grandchildren, and 13% were siblings. The overall satisfaction level among IFSS Sussex families was determined to be 100%.

Project F.ER.S.T.: To ensure the highest quality of services for families, a questionnaire is provided annually to families who received services. During this past fiscal year, 7 surveys were returned. According to the responses: 100% of respondents agreed or strongly agreed that they would recommend Project F.ER.S.T. and that they were satisfied with the services they received. Additionally, 100% strongly agreed that they were treated with respect by the Project F.ER.S.T. counselor; 100% reported they coped more effectively with their loved ones' hospitalizations as a result of receiving Project F.ER.S.T. services; and 100% felt supported and listened to by the counselor.

Program Highlights

IFSS Essex: During FY2025, IFSS facilitated 369 family support group sessions. In addition, 161 psychoeducational workshops and 542 consumer respite sessions were conducted to counteract stress related to their loved ones' illnesses.

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 is a structured, problem-solving group attended by both family members and mental health consumers to increase understanding of mental illness, improve socialization, teach coping skills, and foster connection.

Psychoeducational Workshops for Families: During the fiscal year, IFSS focused on educating family members about available resources for their loved ones, including local resources such as the Social Security Administration and NAMI chapters. Psychoeducation was also provided on topics such as substance use disorders, bipolar disorder, mood disorders, loneliness, social isolation, building social connections, communication fundamentals, and schizophrenia and psychosis—etiology, symptoms, and treatment.

IFSS Sussex: During FY2025, IFSS Sussex facilitated 455 family support group sessions and 153 psychoeducational program sessions. These programs aimed to teach families and the community about diagnoses, treatment options, available services, and coping skills for caring for loved ones. The psychoeducational series focused on providing information about available resources such as treatment providers and psychiatric screening centers, as well as ways to enhance problem-solving skills.

IFSS Sussex emphasized respite care this year, hosting gatherings for families during the holiday season and beyond. During these gatherings, families were offered a space to socialize and create crafts to memorialize the event. Throughout FY2025, IFSS Sussex provided 31 respite events. At Greystone Park Psychiatric Hospital, IFSS Sussex continued to advocate at the monthly Concerned Families Group meetings to assist Sussex County families in advocating for their loved ones hospitalized at Greystone.

“Thursdays” Respite: “Thursdays” has seen an increase in participation, with at least 15 individuals attending each week. Throughout the year, “Thursdays” has offered invaluable activities that incorporate the whole person, such as karaoke, an ice cream social, and attendance at “First Thursday” at the Montclair Art Museum, which is a free community event.

Project F.ER.S.T.: There continues to be a decrease in family accompaniment to emergency departments; therefore, Project F.ER.S.T. staff have had to find creative ways to connect families to this crucial service. Staff attended psychiatric screening team meetings at local hospitals, connected with Co-Response Social

Workers at police departments, and collaborated with Mobile Crisis Outreach Response Teams. Over FY2025, Project F.E.R.S.T. served 119 families and provided 147 follow-up contacts. Throughout the year, the program maintained a presence at the monthly Essex County Systems Review Committee meetings, providing opportunities to collaborate with community providers and promote program services.

Information and Referral Services: The continued use of electronic health records allowed multiple MHA sites (Montclair, Parsippany, Newton) to collect and analyze data more efficiently. During FY2024, a total of 852 I&R requests were documented across the agency.

Advocacy Activities

IFSS Essex: Staff attended the Women's Rights Information Center's annual event, "Equine and Chocolate," which was attended by 200 visitors and highlighted the importance of mental health and wellness for families impacted by domestic violence. Staff continued advocacy efforts around affordable, safe housing for family members by hosting the Family Housing Committee. Additionally, staff and interns had a resource table at "TRICH," a performance held at Luna Stage that tells an intimate, surprisingly funny story about mental health, isolation, and forging a path toward recovery. The Verona Chamber of Commerce, in collaboration with Verona Township, hosted a community wellness fair, during which IFSS staff and interns managed a resource table.

IFSS Sussex: Staff participated in the Sussex County Mental Health Task Force meeting to coordinate with other providers and promote mental health initiatives. Annette Hoffman, alongside Renee Folzenlogen, was interviewed by Professor Derek Malenczak from Rutgers University about the IFSS program; this interview was recorded and presented to students in undergraduate and graduate Rehabilitative Psychology classes. The Branchville Rotary Club featured IFSS at their meeting in May 2025, where mental health was highlighted and local resources discussed.

FY 2026 Goals

IFSS Essex & Sussex: IFSS Essex & Sussex will strengthen their ongoing commitment to empowering families to overcome challenges, reach their personal goals, and enhance their overall well-being. This goal will be achieved through fostering effective communication within families and providing them with the necessary resources and support to navigate complex situations. By equipping families with the tools, knowledge, and connections they need, the programs aim to create lasting positive impacts that promote resilience and stability. Both programs are dedicated to serving a specific number of families in their respective counties, with a goal of reaching 170 families in Essex and 75 families in Sussex each year. Through ongoing outreach, education, and resource provision, IFSS Essex & Sussex strive to build stronger, healthier families and communities, fostering a supportive environment where families can thrive despite life's challenges.

"Thursdays" Respite: The "Thursdays" respite program aims to deepen and expand its role within the community by fostering stronger connections and partnerships that will bring in additional resources, services, and engaging activities for program members. By collaborating with local organizations, community groups, and service providers, the program seeks to create a vibrant and supportive environment that offers diverse social and recreational opportunities tailored to the needs and interests

of participating families. In addition to enhancing the variety of activities, the program will continue to actively encourage families to participate regularly, emphasizing the importance of self-care and providing a much-needed break for caregivers. This respite not only benefits parents and guardians by offering them time to rest, recharge, or attend to personal matters but also provides loved ones with a safe, engaging, and supportive setting. Ultimately, the "Thursdays" respite program strives to strengthen community ties, improve the quality of life for families, and promote a sense of belonging and support for all participants.

Project F.ER.S.T.: Project F.ER.S.T. will strengthen and expand its efforts to deliver critical services within emergency room settings during psychiatric crises involving family members' loved ones. Recognizing the urgent need for immediate intervention, the program will provide rapid support to families facing these challenging situations, ensuring they receive the care and guidance necessary to manage acute mental health emergencies. In addition to offering immediate emotional and practical assistance, Project F.ER.S.T. will continue to serve as a vital resource for helping families navigate the often complex and overwhelming mental health system, connecting them with appropriate services and ongoing support. The program remains committed to its goal of assisting a total of 144 families, ensuring that more individuals and their loved ones receive the timely help they need during their most critical moments.

Information and Referral: As the agency continues to expand its services across Northern New Jersey, the reach of our information and referral system will also grow accordingly. Individuals seeking support will now receive assistance not only in Essex, Morris and Sussex counties but also in Hudson County. This expansion aims to provide more comprehensive and accessible guidance, ensuring that families and community members across these regions can connect with the resources and services they need to address their challenges effectively.

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.

Integrated Case Management Service Essex, Morris and Passaic

Description

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

Services are designed to help adults in their recovery by facilitating access to necessary 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.

Personnel

ICMS is comprised of three teams serving the counties of Essex, Morris and Passaic, with each team based out of a satellite office in their respective county. Program staffing includes two Program Directors, three Program Coordinators, 4 Senior Case Managers, 22 Case Managers, and 3 administrative staff. This experienced group collectively brings many years of outreach expertise and remains culturally diverse and representative of the persons served. ICMS staff includes bilingual Case Managers fluent in Spanish and Kru, with half the ICMS Passaic staff being bilingual in Spanish. Several staff members are pursuing continuing education and additional licensure to support professional and personal growth.

Caseload

ICMS serves adult individuals diagnosed with a serious and persistent mental illness, primarily under two main disorder categories: psychotic disorders (Schizophrenia, Schizoaffective Disorder, and Delusional Disorder) and mood disorders (Bipolar Disorder and Major Depressive Disorder). Case management services are initially offered for 12 months to individuals referred from a state or county hospital, and six months for all others. An individual's length of program stay is reassessed during service planning and may be extended if justified. The current average length of stay is two years. As of June 30, 2025, the ICMS caseload totaled 878 consumers.

- Admissions/Referrals are received from various sources, including state and county hospitals, Short Term Care Facilities (STCF), voluntary psychiatric inpatient units, community treatment providers, families, and consumers themselves. ICMS served 316 enrolled individuals in community hospitals.

- Discharge/Graduation primarily occurs once an individual has achieved their individualized goals and has been linked to appropriate services. Other reasons for discharge include moving out of the county, referral to more suitable services such as PACT, CSS, or other mental health residential programs, requiring hospitalization for more than six months, declining services, or inability to establish contact. All ICMS discharges must be approved by DMHAS through a web-based portal. During this reporting year, ICMS discharged 318 consumers.
- Units of service are defined as continuous face-to-face contact with or on behalf of an enrolled individual, lasting 15 minutes, excluding travel time. For this reporting year, total units of service—including both face-to-face and telecommunication contacts—amounted to 79,851 units, representing approximately 19,962 hours of contact.
- Risk category refers to the three levels of case management involvement, based on assessed risk of hospitalization, functional level, and willingness or ability to access needed services. The 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 routinely completed alongside the consumer's service plan, with services tailored accordingly.

Demographics

The MHA ICMS program effectively serves a broad geographic area, reaching individuals across 85 municipalities in Essex, Morris, and Passaic counties. The program's client base is most heavily concentrated in the most populous municipalities of each county. Within Essex County, East Orange has the largest number of residents served with 106, closely followed by Newark with 101 and Irvington with 37. In Passaic County, Paterson is the most populous with 103 residents, while Morristown is the most populous in Morris County with 23 residents served. The top 15 municipalities by residency show a significant presence in urban and suburban areas, demonstrating the program's wide-ranging reach and ability to support individuals in diverse communities across the three counties. In total, 85 different municipalities were served during this fiscal year.

The current ICMS census ranges from age 18 to 77, with an average age of 42. Gender identity is reported as 67% female, 32% male, and 1% gender conforming. Self-reported races of enrolled consumers are as follows: White/Caucasian (43%), Black or African-American (31%), Asian (1%), American Indian or Alaskan Native (0%), other (11%), multi-racial (13%), and declined to specify (1%). The primary spoken language of consumers is predominantly English; however, ICMS is able to serve all consumers with assistance from bilingual staff, family members, and paid translation services when needed. Spoken consumer languages are as follows: English (85%), Spanish (13%), Creole (1%), and 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):** The MHA ICMS program demonstrates strong effectiveness in preventing hospitalization recidivism, as evidenced by its consistently low rates across the three counties it serves. The program achieved a 0% rate for state and county hospitalizations in both Essex and Morris counties, and a very low 1% in Passaic County. When acute care was necessary, it was typically of a short-term nature, with rates for Short Term Care Facilities at 4% in Essex and 1% in both Morris and Passaic. Additionally, voluntary hospitalizations were minimal, with rates of 1% in Essex and Morris and 2% in Passaic. This data underscores the program's success in stabilizing clients, managing symptoms, and providing a level of care that prevents the need for more intensive, long-term institutionalization.

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 fiscal year 2025, Passaic ICMS identified an average of 19% of the active caseload as employed, Essex ICMS identified 16%, and Morris ICMS identified 7%.

Contact within 72 hours (access): Access was evaluated based on the time interval between a person's discharge from a state or county hospital and their initial contact with a case manager. The goal for this indicator is that over 80% of consumers enrolled in ICMS are engaged within 72 hours of hospital discharge. In this fiscal year, 100% of individuals were enrolled within 72 hours following discharge from County or State hospitals.

Consumer Satisfaction Surveys

The MHA ICMS program's recent survey data reveals a strong and positive client experience. The results indicate that a vast majority of clients feel that staff are not only responsive and respectful but also deeply committed to a client-centered approach. A remarkable 95% of clients reported overall satisfaction, with a similar 97% feeling they are treated with dignity and respect. Furthermore, the program is highly effective at fostering client empowerment, as 96% of individuals are encouraged to make their own decisions regarding their services. The survey also highlights strong communication and collaboration, with 97% of clients feeling they can freely voice concerns and 93% actively participating in their service plans. While the data is overwhelmingly positive, there is a minor opportunity for enhancement regarding one-on-one time, as a small percentage of clients expressed neutral or negative feedback about the time their case managers spend with them on visits.

Program Highlights

ICMS continued its commitment to supporting ICMS individuals through several meaningful initiatives throughout the year. Over 150 winter coats, along with hats and gloves were purchased and distributed to individuals. This annual effort recognizes that some individuals may lack the means or ability to obtain essential items for navigating New Jersey's harsh winter months.

In addition to winter gear, food donations were received and distributed to both individuals and families. “Wellness boxes” filled with items that promote self-care and well-being were also provided.

Individuals had opportunities to participate in various agency-hosted social events, including Operation Holiday, Gifts for the Season, and the Holiday Express party. These donor-supported events provided gifts such as clothing, personal care products, and toys helping to bring joy and comfort to individuals and families during the holiday season. ICMS also provided blankets, sheets and other hygiene products to consumers throughout the year.

In June 2025, MHA proudly hosted the Annual Consumer Picnic at two locations—Eagle Rock Reservation in Essex County and Hedden Park in Morris County. Consumers from all three counties came together to enjoy beautiful weather, delicious food, and uplifting social connection with their peers.

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 consumers transitioning or aging out of services of Department of Child Protection and Permanency and identify breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to mental health providers, consumers of mental health services and their families on systems in the county.
- ***ICMS Statewide Quarterly Meeting (NRQM)*** – This leadership meeting is scheduled on a quarterly or as needed basis by the DMHAS ICMS Coordinator for the purpose to discuss any system issues, identify service gaps and for DMHAS to provide support and guidance to the ICMS programs statewide.
- ***Essex, Morris and Passaic Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task Force Meeting*** - ICMS/Agency leadership participates in a monthly meeting with the Counties Drug and Alcohol Task Force to develop ways in which community providers can serve individuals with mental health, addictions and co-occurring mental health and addictions disorders in a unified manner.
- ***Essex, Morris and Passaic Residential Meeting*** - ICMS participates in a monthly meeting along with DMHAS, County Administrator and hospital and residential housing professionals to collaborate on safe and appropriate discharge planning for persons primarily in state and county psychiatric facilities.

- ***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 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.

FY 2026 Goals

1. Enhance Service Quality and Outcomes: Continuously improve the quality of case management services to support recovery, independence, and improved quality of life for consumers.
2. Improve Documentation: Strengthen documentation practices through regular audits and training to ensure compliance and support quality care.
3. Expand Community Partnerships: Develop and sustain collaborations with healthcare providers, and community organizations to facilitate seamless service delivery and increase referrals.
4. Promote Cultural Competency: Enhance staff training on cultural competence and bilingual services to better serve diverse populations.
5. Support Staff Development: Provide ongoing training and professional development opportunities to ensure staff remain informed about best practices and emerging trends in mental health services.
6. Foster Person-Centered Care: Ensure services are individualized, recovery-oriented, and empowering, respecting individual preferences and goals.

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

Description

The Morris Mental Health Diversion (MMHD), part of the CJS team, promotes recovery by engaging individuals, assessing readiness for change, and connecting them to mental health, housing, and other services. It partners with local law enforcement and courts to divert eligible individuals from the justice system early on, aiming to reduce recidivism and support wellness.

The Essex Criminal Justice Reform (CJR) program is an outpatient initiative for individuals approved for pre-trial release. It emphasizes early intervention, assessment, and linking clients to mental health, housing, and support services. CJR collaborates with courts, pre-trial services, and community partners to identify and support individuals, offering counseling, psychiatric care, peer support, and diversion programs to prevent deeper involvement in the justice system and promote recovery and stability.

Personnel

At MMHD, the team includes one Program Director, one Administrative Assistant, one Peer Support Specialist, two Forensic Case Managers (FCMs), and two Licensed Forensic Clinicians. Staff work both within the jail and in the community, completing intakes and developing discharge plans for eligible consumers incarcerated at Morris County Correctional Facility.

CJR is staffed by a multidisciplinary team consisting of one Program Director, one Peer Support Specialist, one Navigator Case Coordinator, and two licensed clinicians. Team members operate both within Essex County Correctional Facility and in the community, conducting screenings, intake assessments, and providing treatment for eligible individuals approved for pre-trial release.

Both teams reflect the cultural diversity of the population it serves, fostering a more inclusive and responsive approach to care.

Caseload

As of June 30, 2025, MMHD had 26 active cases. During FY2025, referrals for MMHD were made through the Morris County Prosecutor's Office, the Morris County Public Defender's Office, Sussex County Prosecutor's Office, and Morris County Sheriff's Department (Community Connections).

As of June 30, 2025, CJR had 37 active cases and 56 total for the year. During FY2025, 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, are mental health consumers not yet incarcerated but at risk of incarceration due to criminal involvement, or are criminally charged adult residents of Morris County who have a mental illness or a co-occurring mental illness and substance use disorder. These individuals may be either;

- Pending discharge or incarcerated in the Morris County Correctional Facility (MCCF), or
- Released or charged on summons and are facing indictable charges.

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

Performance Outcomes

Performance outcomes were measured and monitored through MHA's Quality Assurance Committee (QA). MMHD's consumer recidivism to jail within 30, 60, 90, and 120 days was tracked monthly. The performance threshold indicates that fewer than five consumers would return within 30 and 90 days, and fewer than ten consumers within 60 and 120 days. During FY 2025, zero (0) consumers returned to jail within 30 days, zero (0) within 60 days, zero (0) within 90 days, and zero (0) 120 days.

This year, MMHD successfully collaborated with the Morris and Sussex County Prosecutor's Office to admit eleven (11) clients into the Prosecutors Mental Health Diversion Program. As a result, staff diverted consumers from a criminal sentence, saving approximately 10,950 prison days. In FY 2025, the program saved approximately \$1,620,600 in state costs. (based on an estimated daily inmate cost of \$148.00).

CJR's performance outcomes were also tracked through MHA's QA Committee. One key metric was consumer recidivism to Essex County Correctional Facility within 30, 60, 90, and 120 days post-release. During FY2025, zero (0) consumers returned within 30 days, two (2) within 60 days, and two (2) within 90 and 120 days. In total, four (4) consumers re-entered the correctional system during these periods, resulting in a 7% recidivism rate (4 out of 56 consumers served during the fiscal year). This remained well within the program's performance threshold.

CJR also collaborated effectively with Essex County Superior Court, Municipal Courts, and the Essex County Public Defender's Office to facilitate the dismissal of 25 cases. These dismissals represent approximately 67% of the program's active caseload. These outcomes highlight both the legal benefits of participating in CJR and the program's effectiveness in diverting individuals from the criminal justice system, reducing recidivism, and promoting long-term recovery and stability.

Consumer Satisfaction Surveys

In Morris and Essex Counties, surveys were distributed and tallied to measure consumer satisfaction. All consumers were informed that their answers would remain confidential. They were provided with a sealed envelope to protect anonymity and informed of several methods for returning the surveys.

MMHD: Approximately twenty-three (23) surveys were distributed to consumers via hand delivery, mail, and/or left at their residence. From this distribution, twelve (12) surveys were returned, resulting in a 52% response rate for the program. A core strength of the MMHD program is its exceptional client satisfaction and commitment to a respectful, empowering environment. Recent survey results show a remarkable 100% satisfaction rate on key measures, including overall satisfaction, dignity and respect, and staff availability. Furthermore, the program encourages self-direction and personal choice, with 100% of individuals reporting they are encouraged to make their own decisions and actively participate in their treatment goals. The data also underscores the program's effectiveness in its primary mission, as 91% of clients report receiving resources and support to avoid incarceration, a testament to the program's real-world impact.

Gender: Of the twelve (12) consumers who responded to the survey; five (5) were female (41.67%), and seven (7) were male (58.33%).

Ethnicity: Among these twelve (12) consumers, four (4) consumers identified as Hispanic (33.33%), and eight (8) identified as Caucasian (66.67%).

Age: The exact ages of the consumers were collected. Of the twelve (12) consumers, three (3) were between 25-34 years old (25%), six (6) were 35-44 years old (50%), and three (3) were 45-54 years old (25%).

Essex CJR: Approximately **thirty (30) surveys** were distributed to consumers via hand delivery, mail, and/or left at their residence. From this distribution, **eleven (11) surveys were returned**, resulting in a **37% response rate** for the program. The CJR program demonstrated an exceptionally high level of client satisfaction and a strong commitment to a person-centered approach. Survey results were overwhelmingly positive, with 100% of clients reporting overall satisfaction, positive interactions with staff, and the ability to freely voice their concerns. The program excelled at fostering autonomy, as 91% of individuals strongly agreed they are encouraged to make their own decisions while the remaining 9% agreed the same and as well as actively participate in their treatment plans. This commitment to empowerment and respect is further reinforced by a 100% agreement rate on clients feeling they are treated with dignity and respect. The fact that 100% of clients would recommend this program to others serves as a powerful testament to the quality of care and the impactful, positive experience provided.

Gender: Of the eleven (11) respondents, five (5) were male (45 %) and six (6) were female (55%).

Ethnicity: Among these eleven (11) respondents, nine (9) identified as African American (82%) and two (2) identified as Hispanic (18%).

Age: Of the eleven (11) consumers, two (2) were 18-24 (18%), six (6) were 25-34 (55%), one (1) was 35-44 which was (9%), and two (2) were 55-64 (18%).

Program Highlights

During FY25:

- MMHD staff successfully link clients to 289 community linkages.
- Morris Program Director and Morris County Prosecutors Office provided 160 hours of Crisis Intervention Team (CIT) training to approximately 132 law enforcement officers.
- Five (5) consumers successfully graduated from the Prosecutors Mental Health Diversion Program, resulting in a full dismissal of their criminal charges.
- There were nine (9) new admissions into the Morris County Prosecutor's Mental Health Diversion Program, two (2) new admissions into the Sussex County Prosecutor's Office, and two (2) new admissions to mental health probation.
- In August 2024, Morris Program Director attended the CIT International Conference held in Indianapolis, Indiana. The purpose of the conference is to bring together law enforcement, mental health professionals, advocates and public safety leaders.
- Morris Program Director provided a presentation on mental health diversion to the Sussex County Bar Association.
- 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 participated in the Annual Consumer Achievement Awards ceremony, held at the Morris campus, acknowledging the success and progress of program clients.
- CJR staff pre-screened 703 individuals utilizing the social determinants of health tool at Essex County Correctional Facility and completed 57 clinical assessments.
- CJR staff were able to successfully linked consumers to 171 community linkages.
- CJR in partnership Essex Municipal Courts established Mental Health Diversion Court in Newark, East Orange, and Irvington meeting one Friday a month.
- CJR continued the peer group for our consumers to increase coping skills and socialization.
- CJR established a relationship with The Beck Institute, which provided Recovery Oriented Cognitive Behavioral Treatment (CT-R) training and supervision to the entire team.
- In March 2025, Essex Program Director presented for Delta Sigma Theta Sorority's Wellness Day where we educated them on criminal justice reform, MHA's programs, and trauma informed care.
- In April 2025, Program Director attended The Re-Entry Conference, focusing domestic violence, and made a significant connection to assist our consumers with their civil cases.
- CJR partnered with Orange Police Department to hold community engagements events in June, September and December.
- CJR Program Director continues to offer Mental Health First Aid Training and Motivational Interviewing Training to the community and within MHA.
- CJR participated in the Annual Achievement Awards, held at The Elks Lodge West Orange, celebrating the mental health achievements of our consumers.
- CJR participated in the annual Boat Trip, Halloween Party, Thanksgiving Party, Holiday Party, and Annual Picnic this fiscal year. These events highlight MHA's commitment to fostering community.

Advocacy Activities

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

The CJR Program Director and CJR Clinicians actively participate in monthly review meetings for the Newark, Irvington, and East Orange Mental Health Diversion Courts. In addition, they continue to advocate for consumers involved in other municipal courts, superior courts, and civil cases by collaborating closely with community partners to ensure comprehensive support and representation.

Morris and Essex County staff work closely with consumers to help them develop self-advocacy skills by maintaining an open dialogue about various ways they can become involved in different levels of advocacy (e.g., self-help centers, NAMI-NJ).

FY 2026 Goals

MMHD staff will focus on increasing the total number of contacts with consumers, their families, and service providers. They will continue to work closely with the Public Defender's Office to enhance collaboration and support for consumer success. Additionally, MMHD will persist in collecting data and closely monitoring all performance indicators to ensure ongoing improvement. The team will also continue to work with consumers to empower them to achieve their goals. To enhance their effectiveness, MMHD staff will attend relevant trainings to expand their knowledge of best practice measures. They will also conduct trainings and presentations as needed to educate others about the role of MMHD, including local law enforcement. Furthermore, MMHD will maintain collaborative efforts with the Morris County Correctional Facility to increase referrals and will continue working with the Morris County Prosecutor's Office to provide CIT training to local law enforcement.

CJR staff will focus on increasing the total number of consumers served and expanding the number of contacts with consumers, their families, and service providers. They will continue to work closely with Essex County program partners, including Administrative Office of the Courts, Superior Court, Municipal Courts, Central Processing Judicial Court, Pre-Trial Services, the Public Defender's Office, and Probation, to enhance collaboration and support for consumer success. Additionally, CJR will persist in collecting data and closely monitoring all performance indicators to ensure ongoing improvement. The team will continue to work with consumers to empower them to reach their goals and will attend relevant trainings to enhance their knowledge of best practice measures. CJR will also conduct presentations as needed to educate others about the program and will maintain collaborative efforts with Essex County Correctional Facility to increase referrals.

NJ Statewide Student Support Services (NJ4S)

Description

The New Jersey Statewide Student Support Services (NJ4S) program provides mental health and prevention services to students and families across the state. It offers support through school-based hubs, delivering universal education, small group programs, and individual counseling to promote well-being, resilience, and academic success. The Mental Health Association covers Morris and Sussex Counties.

Personnel

NJ4S staff consists of: 1 Program Director, 1 Assistant Director, 2 Supervising Prevention Consultants, 1 Marketing Specialist, 1 Data Analysis Specialist, 4 Licensed Clinicians, 12 Prevention Consultants, 2 Scheduling Coordinators and one administrative assistant.

Caseload

Our services are structured across three tiers to meet varying levels of need. *Tier 1* includes universal prevention information and resources that are available to all students, families, and schools—regardless of their participation in the NJ4S program. During the last fiscal year, 18,084 individuals attended Tier 1 programs. *Tier 2* consists of evidence-based prevention programs delivered in small groups, focusing on topics such as substance use, sexual health, and bullying prevention. We served 2,243 unduplicated students through these targeted programs. *Tier 3* provides brief clinical interventions, including assessments and short-term counseling, with referrals to community providers for ongoing support. Last year, 140 students received Tier 3 brief counseling services.

Demographics

The student population included close to 500 students in each high school grade, with slightly fewer students in 8th grade, followed by 7th and then 6th grade. The majority of students identified as white (75%), followed by a significant number identifying as Hispanic (17%). The gender breakdown was nearly even between male (44%) and female (55%) students, with a smaller number identifying as transgender or nonbinary.

Performance Outcomes

Over the past year, we delivered a total of 579 Tier 1 programs, providing universal prevention education and resources to students, families, and school communities. Additionally, 118 Tier 2 evidence-based program applications were implemented, targeting specific areas such as substance use, sexual health, and bullying prevention. For Tier 3 services, 145 students were referred for counseling services and 140

students received them. Tier 3 services offer brief clinical interventions and connecting students to appropriate ongoing support when needed. The five students who did not receive services were already participating in counseling programs that the school was unaware of at the time of the referral.

Program Highlights

All schools in Sussex County were successfully signed up to access NJ4S services. In Morris County, we have 54 schools signed up to receive services. In support of the program, the DCF Commissioner visited MHA to speak with the NJ4S team and recorded a podcast with the NJ4S Director. In September 2024, NJ4S hosted Prevention Summits for both Morris and Sussex Counties, featuring a keynote presentation by Jonathon Singer, Ph.D. These summits were significant as it was another way to offer attendees the opportunity to register for the NJ4S Portal where schools request services. To increase public awareness, NJ4S ran radio and digital advertisements on local New Jersey stations, including WDHA 101.5 FM, WMTR 1250 AM, and WSUS, in partnership with iHeartMedia. These commercials aired from January through April in both 2024 and 2025. The campaign also included digital marketing through Facebook and Instagram, along with geofencing ads that ran in January 2025 targeting households in Morris and Sussex Counties. Additionally, NJ4S sponsored the Teachers Who Rock banquet and organized the Hike for Hope, a suicide awareness walk in May that drew over 120 participants.

A recent highlight in the Girls' Circle, a 10-week workshop, was a notable increase in participants' confidence and engagement during sessions. In the early stages, many participants were hesitant and reserved, but over time, their involvement became more open and expressive. By the end of the series, all participants presented more confident when sharing their thoughts and feelings, demonstrating a greater sense of comfort and self-assurance. This transformation evidenced a stronger sense of self-worth and confidence, reinforcing the program effectiveness building individual's self-esteem and sense of belonging.

Advocacy Activities

NJ4S clinicians continuously engaged in advocacy efforts on behalf of their clients, focusing on academic needs and fair disciplinary practices (504 plans, IEP plans, and discussions with school counselors, school administration, and teachers). The clinicians also advocated for mental health and medical services for students, working with their parent/guardians when clinically or medically indicated. NJ4S attended the 27th Annual Clothesline Project hosted by DASI, Ginnie's House, & DCP&P. This event focused on providing a visual representation of empowerment to support survivors of sexual violence, child abuse and power-based violence within our community.

FY 2026 Goals

We are excited to partner with NJSIAA on a year-long program that celebrates outstanding coaches. Throughout the year, staff, parents, and students will have the opportunity to nominate their favorite coaches, with three coaches being selected and honored each athletic season. Additionally, our clinicians

and prevention team will be receiving training in eating disorder education, equipping them with tools to use during counseling sessions. To kick off the school year and foster community connection, NJ4S will also host a Color Run in September, where local organizations will be invited to share information about the valuable programs and resources, they offer throughout Sussex County.

Projects for Assistance in Transition from Homelessness (PATH)

Description

The PATH program includes the following programs and services:

The PATH program provides outreach, intensive case management, and housing support to adults 18 and over who are homeless or at risk of homelessness, and who have serious mental illness and co-occurring substance use disorders. Its goal is to engage individuals in community-based services, improve health outcomes, and expand access to permanent, affordable housing. PATH specifically targets those who lack access to traditional services and have minimum community support, meeting them wherever they are—on the streets, train stations, or under bridges—in Essex and Morris counties. The program offers flexible, wellness-based support and works within the counties' Coordinated Entry System to strategically allocate resources and promote a Housing First approach, helping individuals achieve stability and a higher quality of life.

Edna's Haven Resource Center offers temporary relief from the pressures of homelessness and poverty and to provide companionship and constant inspiration. We use positive encouragement and existing community resources to provide a safe and welcoming daytime refuge for all, foster self-sufficiency, renew hope, provide comfort, and enrich lives.

Homeless Diversion is a proactive approach aimed at preventing individuals and families from entering the shelter or housing system by quickly identifying and addressing their immediate needs. It involves connecting people to alternative resources to help them resolve housing crises and maintain stability without entering emergency shelters or becoming homeless. The goal of diversion is to reduce homelessness by providing timely, tailored solutions that keep people safely housed and engaged in the community.

Personnel

Essex PATH services are provided by one Director, one Master's Level Coordinator, one Co-Occurring Counselor, three Outreach Case Managers, one Peer Outreach Case Manager, one part-time RN. Morris PATH services are provided by one Director, one Master's Level PATH Intake Coordinator, one full-time PATH Outreach Case Manager, one full-time Outreach Case Manager (County), one part-time Outreach Case Worker and one part-time Housing Navigator for Coordinated Entry. PATH has 2 staff members fluent in Spanish. Edna's Haven services are provided by one part time case manager and one part time Resource Navigator who is fluent in Spanish. Homeless Diversion services are provided by 2 bachelor level case managers. In all programs, staff are culturally diverse and represent the consumers served.

Caseload

During fiscal year 2025, PATH has outreached 671 homeless individuals and those at imminent risk of homelessness throughout Essex and Morris counties. Of these, 351 consumers received case management services through the PATH Program. The program conducts weekly outreach in various

community locations such as Newark International Airport, Newark Penn Station, Morristown and Dover train stations, local drop-in centers such as Salvation Army Montclair, NJCRI, Edna's Haven, Our Promise, Community Soup Kitchen, Dover Faith Kitchen, as well as other churches and community 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. Additionally, referrals came from local police departments such as 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 other municipalities that report homeless individuals. Other social service providers also provided referrals, and some are obtained through the Coordinated Entry waitlist.

Edna's Haven operates using a drop-in center model without maintaining a formal caseload. However, 261 individuals received various resources, linkages, and services through this program.

Homeless Diversion successfully diverted 86 households from experiencing homelessness during fiscal year 2025.

Demographics

As of June 30, 2025, Essex and Morris PATH served a total of 351 individuals. Among them, 186 were male (53%), 163 female (46%), and 2 identified as transgender (1%). The self-reported ethnicities were 48 Hispanic/Latino (14%) and 303 non-Hispanic/Latino (86%). Regarding race, the self-reported data showed 33 individuals of multiple races (9%), 95 Caucasian (27%), 219 African American (62%), 3 Asian (1%), no Native Hawaiian or Other Pacific Islander (0.5%), 1 American Indian or Alaska Native (1%), and no individuals identifying as Middle Eastern (0%). Some individuals chose not to disclose their race or ethnicity.

The following reflects the municipalities in Essex and Morris Counties where consumers reported sleeping the night before being outreached by PATH: Belleville (1), Morristown (22), Bloomfield (3), Mine Hill (1), Boonton (5), Newark (118), Budd Lake (14), Nutley (1), Dover (10), Orange (8), East Orange (20), Parsippany (12), Lake Hiawatha (3), Randolph (2), Ledgewood (3), Rockaway (4), Lake Hopatcong (1), Livingston (1), Irvington (9), West Orange (3), Montclair (20), Whippany (14), Morris Plains (14), and South Orange (1).

Consumers outreached by the PATH Program reported sleeping in the following locations the night before engagement: 44 on the street or in places not meant for human habitation (12%), 57 in emergency shelters, including motels paid with emergency assistance (16%), 70 couch surfing (20%), 9 in incarceration (3%), 12 in substance use disorder treatment facilities, detox centers, or halfway houses (3%), 4 in inpatient hospitals (1%), and 36 with eviction pending (36%). Some individuals chose not to provide this information. Among enrolled consumers, 149 (42%) met the Department of Housing and Urban Development (HUD) definition of "chronically homeless," which includes being homeless for one year or more or experiencing four or more periods of homelessness within the past three years, totaling at least 12 months.

Homeless Diversion provided services to 86 households, with the head of household consisting of 75% females and 25% males.

Performance Outcomes

PATH participates in the agency-wide Quality Assurance Committee (QA), which holds monthly meetings to collect and analyze data on the utilization and quality of services provided by each MHA program. During this fiscal year, Essex and Morris PATH outreached 671 individuals and served 351, exceeding the contract commitment by 140%. PATH successfully connected 141 individuals to Community Mental Health, 22 to substance abuse treatment, 109 to financial benefits, 86 to temporary housing, 96 to permanent housing, 45 to medical or dental services, and 49 to rehabilitation or habilitation programs. Furthermore, 100% of PATH enrollees in Essex and Morris Counties received education on “Summer Heat and Sun Risks” and were provided, at least quarterly, medication education.

The average time to resolution for Homeless Diversion cases was 12 days, with a 0% recidivism rate. Of these cases, 46 individuals remained in their current housing, 12 were reunited with family, and 28 were successfully relocated.

Consumer Satisfaction Surveys

Approximately 35 satisfaction surveys were completed by consumers enrolled in the PATH Program. The feedback from these surveys indicated a high level of satisfaction, with 99% of respondents expressing that they were pleased with the services received. Consumers reported that the PATH Program effectively met their needs, provided compassionate and respectful support, and helped them access essential resources and services. This overwhelmingly positive feedback reflects the program’s commitment to client-centered care and highlights its success in fostering trust and engagement among participants. The high satisfaction rates also suggest that the program continues to be a valuable resource for individuals experiencing homelessness and those with complex mental health and substance use challenges.

Program Highlights

This year, PATH’s greatest achievement was securing permanent housing for ninety-six individuals experiencing chronic homelessness, many of whom have severe and persistent mental illnesses along with co-occurring substance use disorders.

The PATH Morris Director organized and led the Morris County Project Homeless Connect, which served 116 attendees through over 40 agencies. The event included distributing 46 Narcan kits, HIV testing for 50 individuals, glucose and cholesterol checks for 20, and 7 flu vaccinations. Over 130 hygiene bags and 50 coats were donated and distributed. Additionally, two barbers provided more than 30 haircuts during the event. In addition, PATH Essex staff participated in Essex County’s Project Homeless Connect, engaging with homeless individuals and distributing care packages that included toiletries, snacks, and bus tickets to provide support.

PATH Essex and Morris staff participated in the HUD mandated Point-In-Time Count which a census of shelter and unsheltered homeless individuals conduct on a single night.

PATH Essex Director organized monthly events with Division of Family Assistance and Benefits (DFAB) who provided individuals with NJ SNAP (formally Food Stamps and Work First NJ (Cash Assistance).

PATH organized 3 events with New Jersey Motor Vehicle Commission for their mobile van to provide individuals with services such as drivers licenses and non-drivers state identification.

Homeward Bound continued operations at 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 Newark International Airport. One hundred and seventy individuals were outreached throughout the year.

PATH Morris Director continues to serve as a Code Blue Provider Participant with the Office of Temporary Assistance and The Office of Emergency Management in Morris County.

PATH Morris continued to operate the part-time Coordinated Entry Housing Navigator position funded by NJ 211. Meanwhile, PATH Essex hosted Coordinated Entry staff in the office three days a week to conduct intakes for the permanent supportive housing waitlist.

Edna's Haven hosted quarterly HIV and Hepatitis C testing in collaboration with the Atlantic Health Care Group. It also established strong relationships with local organizations such as Zufall and Hope House, which attend Edna's Haven quarterly to provide resources and educational information to individuals on site. Additionally, Edna's Haven hosted the CARES substance and support group every Friday, offering a supportive environment for those in need. Edna's Haven also held regular community events, including Pizza Tuesdays, to foster engagement and connection among attendees.

Advocacy Activities

PATH Essex and Morris Directors are voting members for their respective counties Continuum of Care (CoC) as well as sit on various subcommittees with the goal to advocate and achieve better housing outcome for homeless individuals.

PATH actively participates in monthly DMHAS Systems Review Committee (SRC) meetings. The purpose of the committee is to identify countywide gaps in service delivery.

PATH Director participates in Montclair Unhoused Collaborative meetings to end homelessness in Montclair.

FY 2026 Goals

The primary goals for PATH are to increase access to permanent housing for individuals experiencing chronic homelessness by exploring housing options and improving placement outcomes. Additionally, PATH aims to enhance outreach and engagement efforts to identify and connect with more individuals in need, especially those who are hard to reach or experiencing persistent mental health and substance use challenges. Another key goal is to improve client satisfaction and overall outcomes through continuous program evaluation and feedback, fostering a client-centered approach. Providing ongoing staff training on trauma-informed and culturally competent care is also essential to delivering effective support.

Prospect House (PH)

Description

Established in 1956, Prospect House is the Mental Health Association's adult day partial care program serving individuals aged 18 and older with severe and persistent mental illness. PH provides person-centered services focused on psychiatric stabilization, recovery, and community reintegration. Members are empowered to pursue their life goals through group therapy, wellness activities, vocational support, and medical care. The program operates Monday through Friday from 8:30 a.m. to 5:00 p.m. and is committed to destigmatizing mental illness while fostering a culturally competent environment that supports recovery and resilience.

Personnel

Prospect House is staffed by a dedicated, multidisciplinary team committed to providing comprehensive support to its members. The team includes one Program Director, one Psychiatrist, one full-time and one part-time Advanced Practice Nurse (APN), one Registered Nurse (RN), two Program Coordinators, one Intake Coordinator, and eight Case Managers. Support staff consists of one Administrative Coordinator, one full-time and one part-time Billing Clerk, three full-time and four part-time Van Drivers, and one full-time Security Guard. The team reflects the cultural and linguistic diversity of the members served, with fluency in Spanish, Creole, and Yoruba.

Caseload

Prospect House served a total of 217 members, including 62 new admissions. The average daily attendance ranged between 90 and 108 members. The primary service areas include Newark, East Orange, Irvington, and other municipalities within Essex County.

Demographics

The age range of members served at Prospect House spans from 20 to 80 years. In terms of race and ethnicity, 70.7% identify as African American, 23.0% as White, 18.0% as Mixed Race, and 0.9% as Asian. Regarding gender identity, 56.7% of members identify as male, 40.6% as female, 0.5% as transgender, and 2.3% preferred not to disclose their gender.

Performance Outcomes

Prospect House provided a total of 2,005 medication monitoring appointments, along with 62 initial psychiatric evaluations and 258 updated psychiatric evaluations. Additionally, 474 injectable medication appointments were completed. All members (100%) received summer safety and medication education. Psychiatric services were fully accessible to members five days per week.

Consumer Satisfaction Surveys

A survey conducted with 76 participants revealed an overall satisfaction rate of 96.09%. The relationship with case managers received a high approval rating of 97.37%, and 93.33% of members reported improvements in daily living skills. Members praised the program's supportive environment and individualized services.

Program Highlights

Prospect House continued to offer a comprehensive array of services designed to enhance individual skills, promote overall health and well-being, and foster stronger connections within the community. These services were tailored to support personal development, facilitate access to healthcare resources, and encourage active participation in community life, ultimately empowering individuals to lead more independent and fulfilling lives. During this year, these additional highlighted services and activities included:

On-site mobile outreach programs, provided no out of pocket cost to all members, such as:

- The New Jersey Motor Vehicle Commission's (NJMVC) Mobile Unit, which offered services to obtain driver's licenses and non-driver state identification.
- Zufall, a community-based medical mobile outreach program that provided dental, medical, and women's health care. These services included community health screenings that establish linkages to primary care, blood pressure monitoring, glucose readings, and flu and COVID-19 vaccines. The program also assisted individuals with enrollment in medical insurance coverage. Additionally, Zufall operated a dental van offering comprehensive dental services such as cleanings, fillings, and denture fittings, as well as referrals for more extensive dental work.
- EDGE NJ, an LGBTQ+ social service organization that provided mobile rapid HIV testing and Hepatitis C screening. EDGE also offers education, counseling, and referral services.
- During fiscal year 2025, Prospect House continued to offer onsite Prospect Primary Care Services, which provide primary healthcare to members, supported by a navigator who assisted with appointment scheduling and referrals to specialists. The program also maintained an ongoing collaboration with Clarity Labs to provide onsite bloodwork.
- Social activities were organized to foster socialization, build community connections, and promote a sense of belonging among members. For example, this year, members participated in the MHA's annual boat trip, which took place in Brielle, aboard the "River Queen." In addition, members enjoyed the annual MHA Picnic held at Eagle Rock Reservation, providing an opportunity for outdoor relaxation and social interaction. Members also enjoyed a social outing by visiting a local restaurant for a meal and then to the movies. This activity provided an opportunity for everyone to relax, connect, and build stronger relationships in a friendly and supportive environment. Throughout the year, members took part in various celebratory (National Wear Red Day, Black History Month, Halloween, Thanksgiving and December Holiday events) that honored different seasons and traditions
- MHA held the Annual Member Awards, recognizing several members for their perseverance, leadership, and recovery.
- Prospect House groups continued to offer diverse activities such as art therapy, physical exercise, support groups, and vocational groups.
- Prospect House members cultivated a vegetable garden, carefully selecting and planting a variety of edible plants. They dedicated time and effort to preparing the soil, choosing different vegetable seeds, and tending to the garden regularly to ensure healthy growth. Over time, the garden

flourished, offering a sustainable source of vegetables and serving as an educational experience about agriculture and teamwork.

- The transitional employment program continued to play a vital role in supporting members' development of essential work readiness skills and facilitating successful job placements.

Advocacy Activities

Prospect House continues to prioritize stigma reduction through ongoing family and community education initiatives. Weekly member-led community meetings provide a platform for open dialogue and active engagement. The program fosters strong partnerships with local organizations and managed care plans to enhance services and support. Additionally, member voices are actively empowered and included in program development and decision-making processes.

FY 2026 Goals

Prospect House goals will continue to be centered around providing accessible, effective, and personalized support to individuals who require partial care treatment. These goals include to continue expanding access, enhancing the quality and responsiveness of services, and fostering collaboration among community providers to deliver comprehensive care. By developing individualized treatment plans, Prospect House aims to promote recovery, independence, and overall well-being. Additionally, increasing member engagement and education, along with continuously monitoring outcomes, will ensure ongoing improvement and positive results. Ultimately, Prospect House's goal is to continue to provide a supportive environment that empowers individuals to achieve stability and thrive within their communities.

Riskin Children's Center (RCC)

Description

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 group therapy. 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 therapists. 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.

Caseload

RCC provided services to 43 individuals during FY'25 with a total of 829 sessions held. This includes providing services to 22 new clients.

Demographics

As of 7/1/25, the census of RCC was 26 with an average monthly census (throughout the year) of 27. Clients range in age from 6 to 18. Clients identify as the following for gender: 58% female, 35% male, and 7% transgender. The self-reported ethnicities of the consumers enrolled with CBH are as follows: 50% Hispanic/Latino and 50% non-Hispanic/Latino. More specifically, the self-reported races of clients enrolled with CBH are as follows: 65% White/Caucasian, 15% African-American, 12% identifying as multi-racial, and 8% identifying as other. RCC consumers are insured through Medicaid (96%) and self-pay (4%).

Performance Outcomes

- RCC provided 4% more units in FY'25 than in the fiscal year prior.
- 70% of cases discharged were positive discharges as clients had met goals and/or services were no longer needed. Remainder of discharges were: 17% referred to a higher level of care and 13% lost to contact.
- Maintained low hospitalization rate with 2% on average per month hospitalized psychiatrically.

- Clients showed improvements in clinical outcomes with 85% of all clients surveyed showing a decrease in symptoms six months into treatment.
- Department maintains ability to provide hybrid services (onsite and telehealth) with 73% of all services provided onsite. This remains above outpatient behavioral health industry averages.
- 57% of all clients in department receive medication monitoring by Program Psychiatrist (MD). Collaboration between clients, therapists, and medical professionals provide for collaborative care.

Consumer Satisfaction Surveys

In order to measure satisfaction with services, consumer satisfaction surveys were distributed via email, text, and in person. 21 surveys were distributed to youth with 9 surveys completed which accounts for a 39% response rate. 21 surveys to parents of clients were distributed with 2 completed which accounts to 9% response rate.

Overall, clients who receive services at RCC continue to report a high level of satisfaction with 100% of all surveyed agreeing or strongly agreeing they are satisfied with services. Some of the comments that were received on the surveys include:

- “I’m able to work w/ therapist & psychiatrist who allow me to feel heard in a comfortable seating”
- “it’s easier to understand my needs and communicate them.”
- “It keeps me more on track and feel better mentally and emotionally.”

Program Highlights

- RCC continues to strengthen its position in the community by developing and deepening relationships with local school districts and community partners. Local school districts have been providing more direct referrals to RCC.
- RCC partnered with local agencies to provide specific presentations in the community on a variety of topics including stress management, healthy relationships, navigating the youth mental health system, and anxiety distress tolerance.
- RCC was able to host and train MSW/MA interns who had specific interest in providing counseling to youth.
- To strengthen relationships between our youth and their families, therapists provided 39% more family counseling sessions this year.

Advocacy Activities

Throughout the year, RCC staff participated in tabling and community outreach events to provide mental health resources and raise awareness of the department and its offerings.

FY 2026 Goals

Youth are experiencing mental health challenges in numbers never seen before. At the same time, youth (with the help of their parents, caregivers, schools, community) are seeking mental health services in numbers never seen before. It is well known how difficult it can be to find a mental health provider who has specific expertise in working with youth, have availability, and accept one's insurance. With a shortage of providers able to accept NJ Family Care/Medicaid in the area, RCC will continue to provide crucial services to this population.

In the upcoming fiscal year, RCC will remain committed to providing robust, high-quality mental health services for youth, building on our mission to support their well-being and growth. RCC will offer topic-specific group therapy sessions to complement our individual therapy services. These groups will also be open to the community. With the ever-growing need for mental health support, RCC is committed to continuing its legacy of providing high-quality care to the youth and families of our service area.

School Based Counseling Services

Description

East Orange School-Based Counseling: For more than 30 years, MHA has applied for and received a Community Development Block Grant (CDBG) from the City of East Orange to deliver supportive mental health counseling services to high school and middle school students across various East Orange schools.

Montclair Child Development Center Mental Health Counseling: MHA offers clinical mental health consultation services to the Montclair Child Development Center (MCDC) across its four locations—Montclair, Glen Ridge, Orange, and Belleville—for their Head Start and Early Head Start programs. This fee-for-service agreement has enabled MHA to provide MCDC with a licensed counselor who conducts classroom observations, assessments, and offers in-class supportive interventions. Additionally, services and support are available to staff and parents, including psychoeducational presentations that introduce positive behavioral support strategies for both groups.

NJ Performing Arts Center / MHA Collaboration: Supported by a grant from the Healthcare Foundation, NJ Performing Arts Center (NJPAC) and MHA formed a collaborative partnership. This alliance allows MHA to offer mental health resources to NJPAC students, parents, and teaching artists as NJPAC carries out its creative programming. In-class support is provided to students when addressing sensitive topics, and ongoing parent support groups are co-led by MHA clinicians.

Personnel

East Orange School-Based Counseling: This program utilizes the services of one part-time Licensed Clinical Social Worker, who works with one or two graduate social work or counseling interns.

Montclair Child Development Center Mental Health Counseling: One part-time Mental Health Clinician, working 20 hours per week, provides evaluations, assessments, and counseling to MCDC preschool students and their families.

NJ Performing Arts Center / MHA Collaboration: One part-time Licensed Clinical Social Worker.

Program Highlights

East Orange School-Based Counseling: During FY2025, MHA provided 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 graduate-level social work intern, served 60 middle and high school students. Below are some examples of how students utilized their time with MHA mental health clinicians:

- Future planning for after high school graduation

- Gaining resources to assist with homelessness or domestic violence
- Processing trauma and learning healthy coping mechanisms
- Exploring absenteeism
- Addressing issues with classroom behaviors

Montclair Child Development Center Mental Health Counseling: In FY2025, the counselor dedicated 633.5 hours to providing classroom support to children and teachers, as well as parent support at each location. Resources such as PerformCare were provided to children and their families to help bridge service gaps. Children received individual sessions incorporating techniques such as mindfulness, play therapy, emotional regulation, and self-expression to help them better understand and manage their behaviors. The MHA counselor also conducted outreach and educational series for parents and families, successfully engaging them in the services offered at MCDC. Additionally, the counselor provided training and guidance to teachers on how to effectively support the children in the program.

NJ Performing Arts Center / MHA Collaboration: In FY2025, the MHA Licensed Clinical Social Worker provided a total of 367 hours of professional and personal development sessions, support groups, and direct services. The professional and personal development sessions covered topics such as classroom management techniques for addressing behavioral challenges and strategies for engaging students in activities. Support groups offered NJPAC parents a supportive space to connect and discuss issues affecting their children, including managing stress and anxiety, supporting their children in making friends, and coping with bullying. Direct services included individual youth sessions focused on concerns such as family issues, anxiety, bullying, emotional regulation, inattentiveness, and impulse control. Additionally, the Licensed Clinical Social Worker provided support to students during the Dodge Poetry Program, which celebrates poetry as a catalyst for social change.

FY 2026 Goals

East Orange School-Based Counseling: MHA will maintain its commitment to delivering supportive mental health counseling services to a minimum of 50 students across the following East Orange Schools: STEM, Fresh Start, and Cicely Tyson Middle and High Schools. Through personalized counseling, students will receive emotional support, behavioral interventions, and strategies to enhance their well-being and academic success. For students requiring additional or specialized services beyond what MHA can provide, appropriate referrals will be made to community partners and external mental health resources to ensure comprehensive support. This ongoing effort aims to foster a nurturing environment where students can thrive academically, socially, and emotionally.

Montclair Child Development Center Mental Health Counseling: MHA is dedicated to offering ongoing mental health consultation to the MCDC community. This comprehensive support includes guidance on effective classroom management techniques to promote a positive learning environment, psychoeducational sessions to increase awareness and understanding of mental health topics, and assistance in connecting families and staff with relevant resources and external support services. Additionally, MHA facilitates support groups designed to foster peer connection, provide emotional support, and promote resilience among students, staff, and families. Through these efforts, MHA aims to

create a supportive and empowering community that prioritizes mental health and well-being for all members of MCDC.

NJ Performing Arts Center/MHA Collaboration: MHA is committed to sustaining and strengthening its partnership with NJPAC, recognizing the partnership as a vital resource that has significantly benefited students, teaching artists, and parents alike. MHA will continue to provide a licensed clinician who will offer individualized and group counseling services tailored to meet the diverse needs of the NJPAC community. In addition to direct counseling, the clinician will provide ongoing consultation to staff and teaching artists to support the integration of mental health best practices within programming. MHA will also assist in connecting families and participants with relevant resources and community services to ensure comprehensive support. This continued collaboration aims to foster a nurturing environment that promotes emotional well-being, resilience, and personal growth for all involved in NJPAC's creative and educational initiatives.

Self Help Advocacy and Education

Description

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

Community Education - Mental Health First Aid (MHFA) is a nationally recognized, evidence-based program that trains individuals to recognize mental health signs and respond compassionately. Through an 8-hour certification course by the National Council on Mental Wellbeing, participants learn to identify early warning signs, approach those in need, and connect them to professional resources. The Mental Health Association (MHA) has staff certified in both Adult and Youth MHFA, enabling us to offer this training to churches, schools, companies, and community groups. In addition, MHA's community education efforts challenge stereotypes, promote understanding, and work to reduce mental health stigma, emphasizing its importance to overall well-being.

Hope One is a mobile outreach unit that travels across Morris County, providing direct access to mental health, addiction, and recovery services. A partnership between the Morris County Sheriff's Office, CARES, the Department of Human Services, and MHA, Hope One connects community members to treatment and recovery programs, bypassing long waits and barriers. It also offers free NARCAN training and distributes Narcan and harm reduction kits to families, friends, and supporters of those with opioid addiction, empowering them to save lives.

Social Club offers a welcoming, judgment-free space for individuals experiencing homelessness, at risk of hospitalization, or with a history of hospitalizations, serving Dover, Morristown, Boonton, and nearby areas. Held three days a week (Tuesdays, Thursdays, Saturdays), it provides free or low-cost activities to help participants socialize, make friends, and enjoy community. Activities include game nights, socials, outings, cultural events, and wellness activities, all fostering belonging, confidence, and mental wellbeing. Transportation options, with central pick-up points, ensure members can regularly participate and connect.

Community Companion Program offers one-on-one companionship and daily living support for people with mental illness. Volunteers visit clients for at least two hours a week, engaging in mutually agreed activities to promote socialization and wellness. Pairings last three months, after which volunteers can choose to extend or be paired with someone else.

Mental Health Resource Network partners houses of worship with MHA to provide material, emotional, and spiritual support. Congregations donate items like food, clothing, toiletries, and household goods, host drives, and collections. These partnerships ensure consumers receive practical resources and feel valued in the community.

Mental Health Faith Liaison Program trains faith leaders to address mental health needs. MHA offers clergy clinical support, referral guidance, and education through presentations, MHFA training, and discussion groups, strengthening faith communities' ability to respond compassionately.

Self-Help Programs offer socialization, wellness, and mobility support for mental health consumers discharged from hospitals or in the community. Groups include pet therapy, exercise, advocacy, art therapy, and professional-led presentations, helping participants develop independence and enjoy healthy lives.

Elizabeth T. Dorl Educational Assistance Fund provides eligible consumers up to \$1,000 for educational certificates. Recognizing that mental illness often begins in young adulthood, the fund supports those pursuing education or careers after mental health challenges.

Peer Support to Greystone brings individuals with lived mental health experience into the hospital to share recovery stories with current patients. These visits inspire hope, build confidence, and create a bridge from inpatient care to community life.

Personnel

Community Education - Mental Health First Aid has 16 instructors certified in Adult, Youth, Senior, Teen First Responder and/or Veterans Curriculum.

Hope One has one full time mental health professional

Community Companion has four volunteers.

A Program Director and a Program Coordinator supervise the following services alongside the staff listed below:

Social Club, which employs four part-time drivers

Mental Health Resource Network

Mental Health Faith Liaison Program

Self-Help Programs, including part-time drivers

Elizabeth T. Dorl Educational Assistance Fund

Peer Support to Greystone, facilitated by five volunteers

Performance Outcomes

Community Education – Mental Health First Aid: In FY 2025, MHA exceeded its goals by delivering 17 trainings and certifying 204 community members, achieving 408% of the target trainings and 106% of the participant goal—highlighting increased demand and capacity.

Hope One: This year, Hope One made 1,744 stops, reaching over 10,300 community members. Seven individuals entered rehab or recovery services, 122 accessed mental health care, and 2,085 received NARCAN training. The program also distributed essential supplies and partners with PAARI to support law enforcement efforts, creating gateways to hope and healthier communities.

Social Club: The Social Club hosted 107 sessions for 1,129 consumers, offering low-cost activities like trivia, socials, outings, and events. Every participant (100%) reported satisfaction, emphasizing its role as a welcoming space for connection and belonging.

Community Companion: Four consumers were paired with volunteers, resulting in over 200 hours of companionship. Regular face-to-face visits and calls foster trust, reduce isolation, and promote emotional well-being.

Mental Health Resource Network: Contributions from houses of worship, community members, and local businesses provided essential items—furniture, clothing, electronics, and emergency supplies—supporting daily needs and emergencies. Partner organizations also hosted dinners and drives, donating over \$20,000 and 1,100 holiday gifts, spreading joy and dignity.

Mental Health Faith Liaison Program: The team partnered with 17 houses of worship, providing education and support to faith leaders and members. This led to 31 referrals, strengthening community ties and access to support.

Self-Help Programs: The CAP Self-Help & Wellness program delivered 20,913 service units (99% of target), with 100% of participants reporting improved health and well-being—demonstrating its impact on recovery and resilience.

Elizabeth T. Dorl Educational Assistance Fund: In FY 2025, the fund supported five individuals pursuing certifications, GED prep, trade training, driver's education, and college, helping them achieve independence and personal growth.

Peer Support to Greystone: Peer specialists supported over 50 patients preparing for discharge, facilitating smoother transitions from inpatient care to community living and supporting ongoing recovery.

Consumer Satisfaction Surveys

Community Education – Mental Health First Aid: Satisfaction surveys for MHFA are administered by certified instructors at the end of training, either in the classroom or via an online portal provided by the National Council for Mental Wellbeing. The surveys gather quantitative satisfaction ratings, qualitative feedback on strengths and weaknesses, and information on skill application, knowledge, attitudes, and confidence related to mental health first aid. This year, MHFA received a 99% satisfaction rate from 204 participants.

Social Club: To ensure quality, members complete an annual feedback survey. In the most recent year, 10 surveys were returned, providing insights into the program's impact. Eighty percent of respondents reported that the Club introduced them to new, low-cost community activities, and 80% strongly agreed it helped them build new friendships. Remarkably, all members (100%) would recommend the Social Club, reflecting its welcoming environment and meaningful impact. Overall satisfaction was rated at 88%, highlighting its role in fostering connection, reducing isolation, and improving quality of life.

Self-Help Programs: Members complete an annual 25-question survey. In the most recent year, 8 responses provided valuable feedback: 100% felt better about their self-image, 87.5% reported increased comfort in group settings, and 100% expressed overall satisfaction. These results underscore the programs' effectiveness in building confidence, fostering social connections, and enhancing well-being.

Advocacy Activities

Advocacy is the thread that connects each of the Mental Health Association's education, outreach, and support programs. It ensures that the voices, needs, and rights of individuals living with mental illness are heard, respected, and acted upon — both on an individual level and within the broader community.

Community Education – Mental Health First Aid (MHFA): Advocacy in MHFA begins with the belief that greater understanding reduces stigma and fosters stronger support networks. By training community members to recognize and respond to signs of mental distress, MHA is advocating for early intervention, mental health literacy, and equal recognition of mental health needs alongside physical health. Staff-certified trainers extend this message to churches, companies, and community groups, encouraging a culture of compassion and informed action.

Hope One Mobile Outreach: Hope One embodies advocacy through action — bringing resources directly into communities where they are most needed. MHA's role in this partnership ensures that individuals impacted by addiction and mental health challenges access services and are treated with dignity and urgency. By distributing NARCAN, harm-reduction kits, mental health resources and information, Hope One advocates for saving lives, meeting people where they are, and promoting recovery.

Social Club: The Social Club advocates for the fundamental right to social connection and inclusion. By creating safe, supportive, and affordable opportunities for engagement, the program challenges the isolation often experienced by people facing homelessness, hospitalizations, or severe mental illness. Facilitating wellness activities and community participation is a direct stand against the stigma that limits integration.

Community Companion Program: This program advocates for the importance of human relationships in mental health recovery. Through volunteer companionship, it promotes dignity, shared experiences, and social belonging. Companions help individuals rediscover community connections, reinforcing that mental illness should never exclude someone from meaningful relationships.

Mental Health Resource Network & Faith Liaison Program: These initiatives advocate for the faith community to be actively engaged in mental health support. By equipping clergy and congregations with training, referrals, and resources, MHA ensures that spiritual leaders are better prepared to guide and support members in crisis — bridging the gap between faith and mental health services.

Self Help Programs: By creating spaces where mental health consumers lead and participate in groups, MHA promotes self-advocacy, empowerment, and peer leadership. Programs like pet therapy, art therapy, and advocacy groups help individuals reclaim agency over their lives, skills, and community

participation. This fiscal year, 48 MHA clients participating in Mental Health Boards and other community advocacy groups. In addition, 345 staff training/support were provided to these clients.

Elizabeth T. Dorl Educational Assistance Fund: At its core, this fund advocates for equity in education and career opportunities for individuals whose mental illness interrupted their goals. By providing financial assistance, MHA ensures that mental health challenges do not permanently bar someone from pursuing their aspirations.

Peer Support to Greystone: Peer support advocacy derives from lived experience — peers tell their own recovery stories to inspire hope and to demonstrate that transitioning back to community life is possible. These interactions challenge stereotypes and promote a recovery-oriented mental health system.

Advocacy within these programs means more than speaking on behalf of individuals, it's about creating systems, opportunities, and mindsets that remove barriers, reduce stigma, and champion recovery and wellness. MHA's work ensures that individuals are not defined by their diagnoses but supported as whole, capable members of their communities.

FY 2026 Goals

Community Education – Mental Health First Aid (MHFA): MHFA will work to expand training opportunities across churches, businesses, schools, and community organizations, empowering more residents to recognize and respond effectively to mental health crises. Outreach will focus on workplaces, school staff, and faith leaders, while the program strives to maintain a 99% satisfaction rate among participants.

Hope One Mobile Outreach: The initiative aims to connect at least 300 individuals to immediate mental health, addiction, and recovery services. It will distribute more than 500 NARCAN kits, train 400 community members in overdose response, and strengthen partnerships with health and social service agencies to provide additional resources at outreach stops.

Social Club: The club will continue fostering social connection and wellness by increasing membership and adding at least two new wellness activities and one cultural or community outing each quarter.

Community Companion Program: The program will expand its volunteer base to create more active matches, provide specialized training in mental health awareness and communication, aim for at least 60% of matches to last beyond three months, and host quarterly social events to strengthen relationships and reduce isolation.

Mental Health Resource Network: MHA will grow its faith-based partnerships from 45 to 55 houses of worship, coordinate at least five drives for essential goods, and train over 100 faith-based volunteers in mental health literacy.

Mental Health Faith Liaison Program: The program will enhance clergy support by hosting four educational presentations for faith leaders, training at least 50 clergy members in MHFA, and producing a Faith & Mental Health Resource Guide to help congregations support members in crisis.

Self-Help Programs: The program will add at least one new peer-led wellness group, maintain a minimum 80% participation rate, integrate practical skill-building sessions such as budgeting and meal planning, and host four community integration events throughout the year.

Elizabeth T. Dorl Educational Assistance Fund: The fund will award at least six grants to eligible individuals and track recipients' educational and vocational progress at three, six, and twelve months.

Peer Support to Greystone: The program will conduct six visits to meet with at least 80 inpatients, sharing hope and recovery stories through lived experience, and will establish post-discharge follow-up contact with at least 25% of those individuals to support their transition back to the community.

Senior In Home Therapy Program (SIT)

Description

The Senior In-Home Therapy Program (SIT), offered by the Mental Health Association in Morris County, provides high-quality, person-centered therapy services to adults, age 60 and older, who are unable to leave their homes due to physical, emotional, or environmental barriers. Designed to help seniors regain emotional wellness and improve their overall quality of life, the program offers individualized psychotherapy that promotes day-to-day functioning, reduces mental health symptoms, and fosters the development of healthy coping strategies. In addition to therapeutic support, seniors are assisted in connecting with vital community resources, empowering them to re-engage as active individuals, family members, and community participants. This program is available to older adults residing in Morris County with identified mental health needs and is supported in part by the Morris County Commissioners.

Personnel

Senior In-Home Therapy is staffed by a dedicated team consisting of one Program Director and one therapist (LSW). Together, the team provides compassionate, in-home mental health services tailored to meet the unique needs of each senior served.

Caseload

As of June 30, 2025, Senior In-Home Therapy had an active caseload of 20 consumers. Over the course of the fiscal year, a total of 35 seniors were enrolled in the program. Referrals were received through various sources, including community partners, the Morris County Division of Aging, and other MHA programs such as the Social Club and ARRIVE, reflecting strong collaboration and outreach within the local support network.

Demographics

Senior In-Home Therapy serves individuals aged 60 and older who reside in Morris County and face challenges accessing traditional outpatient mental health services due to physical, emotional, or situational barriers. Our program reflects the diverse experiences of aging within the county. The majority of those we serve identify as White (85%), with a small percentage identifying as other racial or ethnic backgrounds. The age of our clients spans the full spectrum of older adulthood, with 15% just beginning their 60s, another 15% between 61 and 65, 25% between 66 and 70, 30% in the 71 to 79 range, and 15% aged 80 and older. Consumers live throughout Morris County, from Lincoln Park and Towaco to Dover, Parsippany, Hackettstown, Oak Ridge, and beyond. This wide geographic distribution highlights both the accessibility challenges faced by older adults in suburban and semi-rural communities and the importance of our ability to meet them where they are.

Performance Outcomes

During Fiscal Year 2025, Senior In-Home Therapy continued to deliver high-quality, person-centered mental health services to adults aged 60 and older in Morris County, serving 35 unique consumers, including 9 new enrollments during the year. The program maintained consistent service delivery, including monthly psychotherapy sessions, regular follow-ups, and ongoing medication education provided each month. A key component of our evaluation process is the Mental Health Quality of Life Survey (MHQOL), administered at intake and again after six months of treatment. According to the MHQOL survey conducted during Fiscal Year 2025, consumers demonstrated meaningful improvements in their reported quality of life while engaged in services. The median score was 7 out of 21, with program scores ranging from a high of 16 to a low of 1. Consumers complete this survey at the start of treatment and again every six months, allowing us to track progress over time. Findings show that many consumers improved between survey periods—for example, one consumer’s score increased from 11 to 13, another from 2 to 8, and another from 5 to 7. On average, consumers demonstrated measurable gains in emotional well-being, daily functioning, and connection to their community after six months of engagement. These results highlight the program’s effectiveness in supporting older adults to enhance their overall quality of life through consistent therapeutic intervention. Additionally, the program achieved 100% goal attainment for treatment objectives, demonstrating the effectiveness of individualized care planning and collaborative engagement between consumers and staff. These outcomes underscore the SIT program’s success not only in maintaining continuity of care but also in producing meaningful, measurable results for seniors who might otherwise face significant barriers to mental health treatment.

Consumer Satisfaction Surveys

Senior In-Home Therapy conducted its annual satisfaction survey to assess consumer satisfaction with services. Surveys were distributed to 19 consumers via hand delivery, mail, or placement at their residences, with clear instructions to maintain confidentiality, including the use of sealed envelopes and multiple return options. Three surveys were returned, resulting in a 15% response rate.

For Fiscal Year 2025, 100% of respondents strongly agreed that they actively participated in their treatment plans, were encouraged to make their own decisions, received adequate time during visits, and had staff follow up on requests. All respondents felt comfortable voicing concerns, were treated with dignity and respect, felt their cultural backgrounds were honored, and expressed overall satisfaction with SIT services. Feedback reflected consistently positive experiences, with respondents also indicating that staff are pleasant, respectful, available, and responsive, and that they would recommend the program to others.

Gender: All three (3) respondents were female.

Ethnicity: All three (3) respondents identified as White/Caucasian.

Age: Of the three (3) consumers, one (1) was in the age range of 55 to 64 (33%), and two (2) were in the age range of 65+ (67%).

Program Highlights

During FY2025, Senior In-Home Therapy provided a total of 1,131 hours of counseling services to the consumers served. In collaboration with MHA's Self Help, Advocacy & Education, coping kits were developed and distributed to all consumers to help address the increased loneliness experienced by many older adults. The Senior In-Home Therapy Director also presented on the "Integrated Care" model at the New Jersey Advocates for Aging Well (NJAAW) annual conference. The presentation was well-received, leading to an invitation to participate in a follow-up YouTube program to further expand on the discussion. Program staff worked closely with the Morris County Division of Aging to supply emergency kits, pill organizers, and adult incontinence products to those in need. Additionally, staff participated in the Annual Consumer Achievement Awards ceremony at the Morris campus, celebrating the accomplishments of program participants. The Program Director also completed Mental Health First Aid Instructor Training for Older Adults, enhancing the program's capacity to support mental health awareness and intervention.

Advocacy Activities

Throughout the year, Senior In-Home Therapy actively engaged in advocacy to ensure consumers received the resources and support necessary to enhance their quality of life. During individual sessions, staff consistently connected participants to programs funded by the Morris County Division of Aging, as well as a wide range of community-based services. The program's advocacy efforts focused on increasing wellness, reducing symptoms, promoting socialization, and supporting independence for as long as possible. When appropriate, family members and psychiatrists were incorporated into the treatment process, fostering a coordinated approach to care. This personalized advocacy empowered consumers to access essential resources and make meaningful progress toward their personal goals.

FY 2026 Goals

The Senior In-Home Therapy Program remains committed to exceeding its goals by providing more than 820 counseling hours annually, administering the MHQOL survey for each consumer, and maintaining individualized treatment plans. The program will continue to strengthen partnerships with community agencies and MHA programs while collecting and monitoring performance data to ensure accountability and improved outcomes. Staff will also engage in ongoing professional training and deliver presentations as needed to stay current with best practices, all while empowering consumers to achieve their personal goals, enhance their quality of life, and stay connected to their communities.

Suicide Prevention Services (SPS)

Description

Suicide Prevention raises awareness about suicide prevention by offering educational presentations and time-limited trainings to enhance the community's understanding of mental illness, treatment options, and coping skills. These presentations are designed for schools (e.g., faculty, support staff, administrators, and students from 3rd grade through 12th grade), communities (e.g., parents, family members, congregants, college students), and specialized groups (e.g., law enforcement, first responders, faith leaders, college professionals). Topics include (but are not limited to): an overview of mental health and mental illness, suicide prevention, how to talk about suicide, stress management, communication, wellness and self-care, understanding mindfulness, grief and loss, and more. Workshops and groups are delivered to help individuals—from elementary students to older adults—increase self-awareness, build coping skills, and express themselves through brief mindfulness and art-based activities. Additional services include implementing Mental Health Players and supervising two non-crisis warm lines.

Mental Health Players

Mental Health Players educate audiences through interactive role-plays to address important issues such as employment challenges, staff conflicts, aging, drug and alcohol use, parent/child conflicts, and mental illness. Role-playing is an effective way to engage audiences and encourage interaction, especially when traditional lecture-style methods may leave audiences disengaged or unresponsive. Performances last approximately 45 minutes, consist of two role-plays, and can be scheduled during the day or evening.

Peer-to-Peer Support Line

The Peer-to-Peer Support Line has been serving the community since 2005. This warmline is staffed by individuals with lived experience of mental illness and/or substance use disorders, who provide support and guidance to others facing similar challenges. The goal of this service is to offer a safe space for non-crisis peer support via telephone, promoting resilience and wellness through shared understanding and empathy for individuals living with mental illness and/or substance use disorders. All Peer-to-Peer Support Line staff complete an individualized training program before working on the Line. The Line operates seven days a week, 365 days a year, from 5 p.m. to 10 p.m., and on five weekdays from 11 a.m. to 2 p.m.

Teen Connect Support Line

Teen Connect Support Line has been serving the community since 2022. This warmline is staffed by young people, for young people. The intended population is youth aged 13-24 years old. Teen Connect staff provide coverage on two lines (one call, one text) from Monday to Friday, 5 p.m. to 10 p.m.

Personnel

A Program Director supervises the following services alongside the staff listed below:

Suicide Prevention Services: 1 Community Educator

Mental Health Players: 40 Volunteers

Peer-to-Peer Support Line: 19 Peer Line Staff

Teen Connect Support Line: 10 Teen Line Staff

East Orange YMCA Grant: 1 Clinician

Consumer Satisfaction Surveys

Suicide Prevention Training Survey Outcomes

According to feedback from FY2025 surveys, 97% of people agreed that they feel more confident in recognizing the signs that someone may be dealing with a mental health issue or expressing suicidal thoughts. Additionally, 92% indicated that they are more likely to intervene when they encounter someone experiencing a mental health crisis. Furthermore, 94% reported being more aware of the resources available to assist someone in crisis. These results demonstrate increased awareness and preparedness among participants to support individuals facing mental health challenges.

Peer-to-Peer Support Line Survey Outcomes

Thirteen out of fifteen callers reported that the Peer-to-Peer Support Line was very helpful in providing emotional support, and 100% of callers stated that the line met their needs. Additionally, 90% of Peer Line workers expressed satisfaction with their experience working on the Peer-to-Peer Support Line. These results highlight the positive impact of the service on both callers and volunteers.

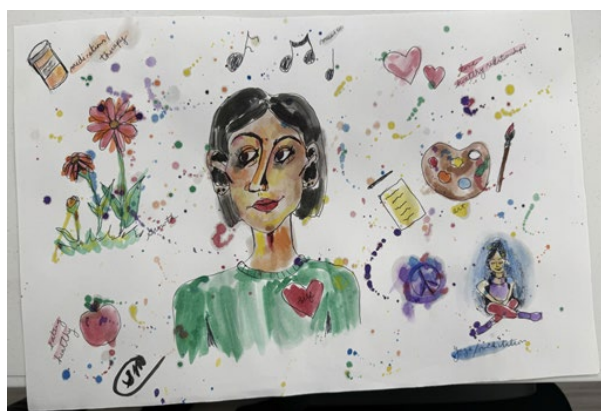
Program Highlights

The Suicide Prevention team facilitated 123 presentations, workshops, groups, and tabling event activities to 4,095 individuals ranging from elementary age students to older adults. Below is a detailed overview of these services.

Gizmo's Pawesome Guide to Mental Health was delivered to 813 students across eight schools in Essex, Morris, and Sussex Counties. The schools included Cleveland Elementary School in Newark, Woodmont Elementary School in Pine Brook, William Mason Elementary School in Montville, Green Hills School in Newton, Cedar Hill Elementary School in Towaco, Valley View Elementary School in Montville, and Hilldale Elementary School in Pine Brook. Additionally, the program facilitated the early childhood version for kindergarten to 2nd-grade students at Wharton Borough Public Schools. Gizmo's Pawesome Guide to Mental Health adopts an upstream approach to support the mental health and wellness of 3rd and 4th graders. The guide aims to introduce concepts of mental health and wellness, as well as how to care for one's mental health. It highlights the characteristics of trusted adults—who may be one—and encourages practicing conversations with them, promoting proactive communication. The program also provides youth with the opportunity to create a personal mental health plan—an action plan they can use daily and in times of need to help prevent crises.

A total of 82 presentations, workshops, groups, and tabling events were delivered to diverse audiences, including people with vision loss or blindness, adults in treatment for substance use, youth, older adults, faith-based communities, parents, teachers, support staff, community members, and public servants. These events took place within the following communities: Vision Loss Alliance (VLA), the Hope Institute, our Substance Use Recovery and Empowerment (SURE) program, our Community Wellness Centers (CWC), the Regency at Denville, Muslim Professional Group, Newark's Sustainable Health and Wellness Village Fest, Montclair Child Development Center (MCDC), Briarcliff Middle School, YouthBuild, NJ 211, Essex County College (ECC), County College of Morris (CCM), Morris and Sussex County Judiciaries, Livingston Town Hall, our Intensive Family Support Services (IFSS) in Essex, Mount Olive Baptist Church, Redeemer Lutheran Church, MMS Group, Employment Horizons, Anshe Emeth Memorial Temple's Caring Community Connections, and Bloomfield Parkway Lofts.

The Suicide Prevention team continued to implement an interactive, strength-based approach that included mindfulness and art-based activities to support the community through mental health presentations, workshops, and group topics. A total of 64 presentations, workshops, groups, and tabling events incorporated mindfulness and art-based activities. The team has training in embodied modalities (e.g., trauma-informed yoga, mindfulness, and art therapy), which are effective for connecting with individuals of all ages, especially youth. These modalities also serve as protective factors for mental health by (1) helping to process, understand, and communicate complex thoughts and emotions; (2) providing constructive outlets for challenging feelings; (3) encouraging self-expression and regulation; (4) engaging the senses, feelings, and physical action; (5) fostering understanding of different perspectives; and (6) nurturing confidence and a sense of identity. The image below is a painting created by an adult in treatment for substance use, symbolizing personal growth and an ideal paradise.



Using the Caring Partners of Morris & Sussex grant, the Suicide Prevention team provided 12 services for middle and high school students. They engaged with 277 youth in meaningful ways by hosting two events called *Express Yourself: An Empowering Youth Mental Health and Wellness Experience*, facilitating self-care journal workshops with dotted journal kits, and collaborating with a Korean American ceramic artist to offer peace cups workshops using air-drying clay at the Morris and Sussex

Counties YMCAs. The team also collaborated with the Lakeland Hills YMCA in Mountain Lakes for Healthy Kids Day and with Project Self-Sufficiency at the Newton Family Expo to provide various wellness services to youth. These events included videogaming on Triple A Mobile Gaming's truck, painting on mini canvases led by artists from Paint the Town, enjoying handcrafted ice pops from Puras Paletas, and distributing resource-filled goodie bags containing various self-care items.

In partnership with the Mayors Wellness Campaign grant for the township of West Orange and the Healthcare Foundation of the Oranges grant for the East Orange YMCA, the Suicide Prevention team expanded their services to provide mental health programming to these communities. Sixty-five West Orange older adults were able to share their experiences, learn from each other, and develop coping skills through support groups and book discussion groups. Additionally, over 20 youth between the ages of 5 and 13 received skills related to emotional regulation, communication, social interaction, and self-esteem through individual supportive counseling sessions at the East Orange YMCA.

SPS continues to spread awareness through two youth suicide prevention webpages. These webpages received a total of 1,803 pageviews during this fiscal year.

-StopTeenSuicide.mhainspire.org provides information on warning signs and practical ways to communicate with a young person experiencing suicidal thoughts. Additionally, it features testimonials from young people who have attempted suicide and from family and friends affected by those who have died by suicide. **This landing page received 515 pageviews.**

- YouAreNotAlone.mhainspire.org offers guidance, comfort, and hope to young people struggling with suicidal ideation, along with coping strategies and important resources to access during a crisis. **This landing page garnered 1,288 pageviews.**

Mental Health Players

Three Mental Health Players performances were delivered to 130 people consisting of older adults in West Orange, adults with disabilities at Employment Horizons in Cedar Knolls, and 2nd to 4th grade students at Cleveland Elementary School in Newark. These students received a "Junior Edition" of this program for National Social-Emotional Learning (SEL) Week. Four 8th grade students were selected to act out 2 skits on student issues focusing on bullying and peer pressure. Discussion included what to do if being bullied, who to talk to, and how to show respect and empathy for others.

Peer-to-Peer Support Line

The Peer-to-Peer Support Line provided hope, encouragement, and resources to 255 people during a total of 5,888 hours of calls. Although most calls originated from New Jersey, some came from out of state (e.g., Alabama, California, Canada, Connecticut, Florida, Georgia, Hawaii, Idaho, Kansas, Maryland, Massachusetts, Michigan, Minnesota, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, and Wisconsin).

Teen Connect Support Line

The Teen Connect Line provided hope, encouragement, and resources to 29 young people during a total of 2,613 hours of calls and texts. Our Teen Connect marketing campaign, active from October 1, 2024, to December 31, 2024, included short videos and a Reel featuring some of the Teen Connect staff. It was

promoted on TikTok and Instagram. These marketing strategies helped increase the exposure of this resource.

FY 2026 Goals

The Suicide Prevention team will continue to facilitate presentations, workshops, groups, and brief wellness activities during tabling events for various ages and populations within the community. They will also (1) implement 2-4 Mental Health Players performances, (2) increase the number of people served on the Peer-to-Peer Support Line and Teen Connect Support Line, (3) enhance awareness and visibility of the warmlines through innovative marketing strategies, and (4) provide ongoing training to improve the service quality of the warmlines. Due to the growth of mindfulness and art-based programming, the Suicide Prevention team has created a survey to assess participant satisfaction, which will be administered during the 2026 fiscal year.

SUPPORTED EMPLOYMENT SERVICES (SES)

Description

Supported Employment Services (SES), established by MHA, is dedicated to empowering individuals with mental illness to achieve their goals related to employment, independence, wellness, and recovery. We offer personalized support through group sessions and one-on-one job development, helping participants identify strengths, develop skills, and improve their chances of finding and maintaining meaningful work.

Our person-centered approach involves coordinating with other service providers to create tailored support plans that meet each individual's unique needs and aspirations. Once participants secure employment, our Employment Specialists provide ongoing coaching, both on-site and off-site, and continuously monitor progress to promote long-term success and stability in the workplace.

Personnel

Supported Employment Services (SES) is comprised of a team of three full-time employees, including a Licensed Program Director and two Employment Specialists.

The SES team is intentionally diverse, reflecting the cultural and demographic makeup of the Essex County community served by MHA. This diversity enhances the team's ability to provide culturally competent services and build stronger, more meaningful connections with consumers from various backgrounds.

Caseload

Between July 1, 2024, and June 30, 2025, Supported Employment Services (SES) served a total of 133 clients of which 52 were new enrollees.

Referrals came from a diverse range of sources, including self-referrals through the internet and word of mouth, as well as from various partner programs and organizations. These included MHA's PATH Program, PATH Outreach Program, Collaborative Justice Services (CJS), Criminal Justice Reform (CJR), Assisted Outpatient Treatment (AOT), Prospect House (PH), Integrated Case Management Services (ICMS), Community Support Services (CSS), Northwest Essex Community Healthcare (NWECH), Ancora Psychiatric Hospital, Rutgers Behavioral Health, Care Plus Behavioral Health, the Center for Behavioral Health, Advance Behavioral Counseling, Mind Body Spirit, Morris SURE Outpatient Program, and New Essecare.

This diverse referral network highlights the collaborative and community-integrated approach of SES in supporting individuals with serious and persistent mental illness on their path to employment and recovery.

Demographics

The majority of clients served by Supported Employment Services identify as African American (69%), followed by Caucasian (25%) and Hispanic (11%). While SES serves individuals across all of Essex County, the highest concentration of consumers resides in the East Orange and Newark areas.

Additional consumer representation comes from various other municipalities within the county, including Belleville, Bloomfield, Fairfield, Irvington, Orange, Maplewood, Montclair, Nutley, West Orange, South Orange, and Livingston. This geographic diversity underscores the program's broad reach and accessibility within the region.

Performance Outcomes

The target number of clients to be served was 130, but SES exceeded this goal by serving 133 clients, reaching 102% of the target. Additional key outcomes include 52 individuals placed into full-time employment, reaching 104% of the goal, and 60 individuals placed into part-time employment, achieving 100% of the goal. Additionally, individuals were re-placed in employment, representing 24% of the target. At the close of the fiscal year, SES maintained an active caseload of 98 consumers.

SES placed 23% of clients into employment within 120 days of program entry. Notably, 100% of those placed were employed in occupations of their choice. By the end of the year, 42% of clients retained employment for three months or longer.

Employment Specialists worked diligently to support clients, providing consistent motivation and conducting multiple follow-ups to ensure a smooth transition into the workforce. Staff actively engaged clients in Job Readiness activities focused on key areas such as interviewing skills, work ethics, problem-solving, and positive communication.

The target wait time for intake was three business days, with program admission was completed within one day. Individual Service Plans were developed collaboratively with consumers and reviewed on a monthly and quarterly basis, with additional reviews conducted as needed to support consumer progress and goal attainment.

Consumer Satisfaction Surveys

MHA continuously refines its services based on consumer input, ensuring that every individual has the opportunity to share feedback and have their voice heard. Feedback is collected through various methods, including the annual Consumer Satisfaction Survey.

The survey was made available via SurveyMonkey, distributed through email, and offered in-person to maximize accessibility. A total of 26 responses were received. Results indicated an impressive 96% overall satisfaction with SES services.

Program Highlights

Employment Placements: SES successfully placed individuals in a wide range of competitive jobs, including: *Dietary Aide, School Lunch Aide, Dishwasher, Retail Worker, Certified Nurse Aide, Groundskeeping, Housekeeping, Package Handler, Direct Support Professional, Substitute Teacher, Case Manager, Transportation/Bus Aide, Office Assistant, Security Officer, Patient Care Technician, Customer Service Representative, Accountant, Recreational Aide, Inventory Specialist, Dock Runner, Stocker, and Cashier.*

Transitional Employment Program: SES continued oversight of the in-house Transitional Employment Program, providing paid training and ongoing support to six consumers employed as Receptionists and Cleaning Technicians within MHA offices to strengthen their work experience and build their résumés.

Warm Line Support: Employment Specialists provided ongoing support to Peer-to-Peer Warm Line Peer Support Specialists, reinforcing the value of lived experience in service delivery.

Dress for Success Partnership: SES maintained its partnership with Dress for Success Northern NJ by referring and assisting 10 women in receive professional attire for job interviews and employment. The clothing included dress suits, pantsuits, dresses, blouses, slacks, shoes, and more. SES also utilized the PATH Program Clothing Pantry as an additional resource.

Technology & Certification Support: SES provided direct assistance to consumers by distributing refurbished tablets to consumers enrolled in school. Additionally, SES helped repair a donated laptop for a full-time student pursuing a BA degree at Caldwell University. The program also provided bus cards for work transportation and covered cost for CPR and Food Handlers Certifications.

Referrals and Supportive Services: SES referred consumers to key community resources, including local food pantries, Bridgeway Support Services for supported education, Prospect House (day treatment program), Community Support Services.

Health Insurance Support: MHA staff included Certified Application Counselors who assisted uninsured individuals in applying for health coverage.

Academic Partnerships: SES continued to serve as an internship site for Rutgers School of Health Professions, supporting student training in real-world mental health service environments.

Employment Partnerships: Ongoing collaboration with Gourmet Dining Services, a provider to Seton Hall University, has resulted in the employment of several consumers. SES also continued its partnership with Care Well Health's Human Resource Department to explore and pursue job openings within their hospital network.

Advocacy Activities

Monthly Outreach Community Meetings are regularly attended to strengthen collaboration with community partners and stakeholders, with the goal of increasing referrals and ensuring that community needs are effectively addressed.

Professional Advisory Committee (PAC) meetings to stay informed about industry best practices, emerging trends, and community priorities. This ongoing engagement helps ensure that program strategies remain aligned with current standards and effectively meet the evolving needs of the population served.

FY 2026 Goals

SES will continue its collaborative efforts with community providers to secure additional employment opportunities by leveraging internal resources within partner organizations and agencies. By strengthening these partnerships, SES aims to expand the network of available job opportunities and facilitate more effective placement for consumers. Additionally, the program will focus on improving employment outcomes by actively reducing service gaps, enhancing linkages between different service providers, and ensuring smooth transitions between various stages of support for consumers. This approach is designed to create a seamless experience and better support sustained employment. Furthermore, SES will prioritize in-person engagement with consumers throughout FY2026 whenever appropriate and feasible, recognizing the value of face-to-face interactions in building trust, providing personalized support, and addressing individual needs more effectively.

Substance Use Recovery and Empowerment (SURE)

Description

The Substance Use Recovery and Empowerment (SURE) program's goal is to assist individuals diagnosed with a substance use disorder, or co-occurring disorder in achieving long term recovery while living a fulfilling and productive life. SURE provides ASAM 2.1: Intensive Outpatient (IOP) and ASAM 1.0: Outpatient levels of care to individuals 18 years and older. The SURE program offers support and assistance in developing a recovery management plan addressing substance use, process addictions, and co-occurring disorder concerns. SURE provides individual and group counseling, psychiatric evaluations, and medication monitoring to support individuals with recovery and co-occurring disorders. The duration of treatment is determined based on clinical indication and medical necessity. The estimated length of treatment for ASAM 2.1 Level of care is approximately 14 to 16 weeks and the estimated length of treatment for ASAM Level 1.0 Level of care is approximately 8 to 12 weeks.

Personnel

The SURE Program is staffed by one Licensed Program Director, one Licensed Co-Occurring Counselor, and 1-2 graduate level interns.

Caseload

During FY2025, the SURE Program admitted 95 individuals. Of 95 consumers, 56 were admitted into the ASAM 2.1: Intensive Outpatient Program Level of Care, and 39 were admitted into ASAM 1.0: Outpatient Program Level of Care.

SURE consumers are insured primarily through Medicaid (73%), and Medicare (3%). The program also has grant funding through Morris County that covers individuals who are uninsured or have private insurance, aiming to increase access to treatment. Throughout the fiscal year, 24% of individuals served were able to access this funding to participate in and engage in SURE services.

During FY2025, the SURE Program received 36% referrals internally, 53% external, and 11% were self-referred.

Demographics

The SURE Program provides services to individuals residing in Morris, Sussex, Essex, Warren, and Passaic Counties. During FY2025, SURE served residents of Morris County (92%), Essex County (6%), Warren County (1%), and Passaic County (1%).

The program served consumers ages 20 to 68 years old. Of those served, 68% were male, and 32% were female. Regarding ethnicity, 68% identified as White or Caucasian, 18% Hispanic or Latino, 12% Black or African American, and 2% prefer not to say.

Performance Outcomes

In FY2025, the SURE Program delivered 3,690 units of service for ASAM Level 2.1 Level of Care, representing 829% of its overall targeted program commitment. Of these, 3,227 units were produced by consumers participating in IOP Groups. These units significantly exceeded the contracted thresholds (993%) for the 2025 fiscal year.

The program delivered 1,098 units of service for ASAM Level 1.0: Level of Care, amounting to 224% of its overall targeted program commitment. Of these, 718 units were produced by consumers participating in OP groups. These units greatly exceeded the contracted thresholds (287%) for the 2025 fiscal year.

In FY2025, 98% of SURE consumers successfully achieved at least one measurable, identified goal.

Consumer Satisfaction Surveys

In May 2025, SURE consumers were given the opportunity to participate in a Consumer Satisfaction Survey. The confidential survey included a total of fifteen questions formatted in a five-point Likert scale, demographic collection, and optional comment section. The survey was prepared in both English and Spanish, and offered in a paper format as well as a web-based link (SurveyMonkey). There was a 27.5% response rate with an overall satisfaction score of 89%.

Program Highlights

In FY2025, the SURE Program celebrated several significant consumer achievements during this reporting period. One consumer successfully obtained a Bachelor's Degree in Psychology and was accepted into a Master's Program, marking a major milestone in their academic and personal recovery journey. Another consumer was honored at the Hope One Symposium in March 2025 for sustained sobriety and meaningful contributions to the community. Additionally, three consumers secured permanent housing while also reaching one year of sobriety, reflecting ongoing progress toward long-term stability and recovery. The SURE Program also continued its partnership with a local resource center, supporting ongoing collaboration and access to important services.

Advocacy Activities

In FY2025, the SURE Program Director joined the Morris County Overdose Fatality Review Team (OFRT) which is a multi-agency, multidisciplinary team that reviews overdose deaths to identify trends and improve prevention, treatment, and public awareness efforts.

The SURE Program Director joined the New Jersey Prevention Network (NJPN) Clinical Supervisor Consultation Group which provides peer support and supervision cohort facilitated by clinical staff at NJPN.

The SURE Program also participates in weekly meetings with the Morris County Sheriff's Office Hope Hub, which is a multidisciplinary crisis intervention initiative aimed at supporting individuals and families facing acute, elevated-risk situations. This allows all participating to combine resources and expertise from across the community.

FY 2026 Goals

The SURE Program aims to strengthen its impact by enhancing community partnerships and increasing program visibility. Efforts will focus on establishing and deepening collaborative relationships with local organizations to boost referrals and increase census, ensuring continued access to care for individuals with co-occurring mental health and substance use disorders. The SURE program will also work to raise awareness through targeted outreach and community engagement strategies designed to educate the public and referral sources about available services. Additionally, in response to community needs, the SURE Program plans to expand its service offerings by exploring an evening Intensive Outpatient Program (IOP) to improve accessibility for individuals with daytime obligations. These goals reflect the program's commitment to meeting the evolving needs of the community and enhancing recovery outcomes.

Veteran and Family Support

Description

It is well documented that, compared to their non-disabled peers, veterans with a disability have a higher incidence of mental health issues including depression, Post Traumatic Stress Disorder (PTSD), isolation, social withdrawal. They are also less likely to participate in community-based treatment. Additionally, 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) Part-Time Clinician (LCSW, LPC)

Caseload

As of June 30, 2025, Veteran and Family Support had a caseload of 31 cases. During FY2025, referrals for Veteran and Family Support were made through self-referral, the Morris County Prosecutors Office, and 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 and monitored through MHAEM's Quality Assurance Committee (QA). Mental health counseling hours, case management units, educational groups for family members, and support groups were tracked. 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 FY2025, 315 hours and 45 minutes (315.75) of mental health counseling were provided; eight-two (82) units of case management provided; eleven (11) education groups were facilitated; and thirty-seven (37) support groups were also conducted.

Consumer Satisfaction Surveys

Within the program, surveys were distributed and tallied to measure satisfaction. All consumers were informed that their answers would remain confidential. Consumers were provided with a sealed envelope to protect their anonymity and were informed of several ways to return the surveys:

Approximately twenty-eight (28) surveys were delivered to consumers (hand-delivered, mailed, and/or left at their residences). Out of the twenty-eight (28) surveys delivered, sixteen (16) individuals responded, resulting in a response rate of fifty-two percent (52%).

Gender

Of the sixteen (16) consumers that responded to the survey; fourteen (14) were male (87.5%) and two (2) were female (12.5%).

Ethnicity

Of these sixteen (16) consumers, twelve (12) consumers identified as Caucasian (75%), and four (4) identified as African America (25%).

Age

The exact age of the consumers was collected. Of the sixteen (16) consumers, three (3) identified as being between 35-44 years old (18.75%), and thirteen (13) as 65 years old and older (81.25%).

Results

Our commitment to client-centered care is a core strength, reflected in our recent satisfaction survey. 100% of clients reported being satisfied overall and feel they are treated with dignity and respect. Furthermore, 100% feel understood by staff, can freely voice concerns, and are actively involved in their service plans, confirming our success in creating a respectful and empowering environment

Program Highlights

Veteran and Family Support provides a range of services aimed at addressing the unique needs of veterans and their families. During this year, some highlighted services and activities included:

- In November 2024, staff hosted the 3rd Annual Coffee with a Veteran event at the Morris Campus.
- The program participated in the YMCA of Montclair's Honoring Our Veterans dinner in November 2024.
- In May 2025, the Veterans group actively participated in an equine-assisted therapy session with Sisu Psychotherapy and Wellness. Through guided interaction with horses, our veterans explored healing, connections, and emotional growth in a peaceful and supportive environment.
- Veteran and Family Support staff provided multiple trainings on veterans' services throughout Morris County to ensure community partners and stakeholders are well-informed and equipped to assist veterans effectively.
- Program Director provided education on veterans' services during the Crisis Intervention Team (CIT) training to approximately 132 law enforcement officers, further strengthening community collaboration and improving crisis response for veterans in need.

Advocacy Activities

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

FY 2026 Goals

Veteran and Family Support staff are committed to increasing the total number of contacts with consumers, their families, and service providers to ensure comprehensive outreach and support. Staff will continue to collect and analyze data meticulously, closely monitoring all performance indicators to evaluate program effectiveness and identify areas for improvement. The staff will persist in working with veterans and their families to empower them to reach their personal goals, fostering independence and self-advocacy. To enhance their skills and stay current with best practice measures, staff members will attend relevant training sessions and professional development opportunities. Additionally, they will continue to conduct trainings and presentations as needed, sharing information about the program's role and services with community partners, stakeholders, and interested parties to promote awareness and collaboration.

Early Intervention Support Service- The Wellness HUB

Description

The Wellness HUB, an Early Intervention Support Services (EISS) Program, provides high-quality mental health services to adults 18+ in Sussex County experiencing mental health exacerbations. Designed as a welcoming ‘living room,’ it offers a comfortable space for individuals, friends, and family during crises. Operating with extended hours, including off-peak times, the HUB functions as a mental health urgent care clinic, providing immediate crisis intervention without hospital reliance. Services include assessment, medication monitoring, therapy, crisis prevention, family and substance use counseling, referrals, peer support, and transportation. Its goal is to deliver rapid, personalized support to prevent hospitalization, ensuring accessible, barrier-free care in a calm environment dedicated 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), and licensed therapists. The Case Management team includes Case Managers, BA level Substance Use Specialists 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.

Caseload

Of the 1003 walk-ins served at the Wellness HUB in FY2025, 621 consumers were provided emergency Psychiatric Evaluation, Medication Management, Crisis Counseling, and Case Management for a period of thirty days or more. This represents 3% increase in the number of people treated compared to FY2024. Consumers who walk in for care and are not opened, for a variety of reasons, are assisted with walk in case management, crisis care and immediate linked to an appropriate community program. This fiscal year, we found that some walk-ins were only looking for immediately support to curb their crisis and did not require the full spectrum of services provided at the HUB.

Demographics

Of the 1003 walk-ins at the Wellness HUB, 85% identified as White/Caucasian, 8% as Black/African American, 6% as Asian, and 1% as “other”. The ethnicity breakdown included 88% non-Hispanic and 12% Hispanic/Latin. Among those identifying as Hispanic, five consumers were exclusively Spanish-speaking.

The Wellness HUB consumers identify as 47% Male, 50% Female, and 3% as Gender Non-Conforming or transgender.

Of those served in FY 2025, 16% were 18-24 years old, 26% were in between 25 and 34, 38% between 35 and 54, and 20% were 55 years old and older. The outliers include 32 consumers 18 and 19 years old and 23 consumers were 75 years old or older. Our youngest consumer was 18 years old and oldest was 92 years old.

Performance Outcomes

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. Additionally, 99% of walk ins were offered an appointment with a psychiatric provider within 24 hours of walking in for treatment. There remains no wait for care at the Wellness HUB (0 days). We work to assist our consumers engage in immediate counseling and medication evaluation to prevent the need for psychiatric screening at the hospital for a higher level of care or inpatient psychiatric treatment. In FY 2025, 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 Surveys

MHAEM is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. Thirty-four (34) Wellness HUB consumers responded to the survey.

Of the consumers surveyed, 100% strongly agree or agree that they were satisfied with services at the HUB. Additionally, 100% felt initial services were received in a timely manner. All consumers (100%) felt that HUB staff were respectful of their cultural background and that appointments were scheduled for convenient times and days. All consumers (100%) felt their therapist included them in setting goals for their treatment, and all felt their case manager was available to assist with linkages and referrals. In addition, 100% of consumers felt the treatment team worked collaboratively to provide the best treatment. Overall, 92% of consumers felt they have made progress in dealing with their identified problems, and 100% would recommend this service to another. Those surveyed responded to two open ended questions: "How has the Wellness HUB improved your life?" and "Additional Comments."

- Helped me cope with problems that have plagued me for years. The availability of walk in was really helpful and convenient too.
- It saved my life!
- I am able to talk about my problems with someone that doesn't judge outside the situation.

Program Highlights

The Wellness HUB biggest achievement in FY2025 was supporting 1003 consumers with acute mental health and substance use needs with immediate assistance. In recognition of this effort, the Wellness HUB was acknowledged by our funder, the Division of Mental Health and Addiction Services, as one of the top-performing Early Intervention Support Services in the state.

The Wellness HUB Director was a key participant in a system performance improvement plan led by Rutgers, aimed at enhancing the mental health acute care system in Sussex County. Through this plan, we have ensured that our system of care is efficient, supportive and provides comprehensive services to Sussex consumers.

Wellness HUB staff also participated in health fairs at Project Self-Sufficiency, Sussex County Community College, and local schools. We took part in Overdose Awareness Night and the CFPC Annual Recovery “Changing the face of Addiction” Walk, showing support of local agencies and our consumers in sustained recovery. Additionally, staff attending Sussex Vo-Tech’s Game of Life to provide mental health resourcing to a group of graduating students.

Advocacy Activities

Advocacy at the Wellness HUB means that the HUB is not just providing treatment and support to those in need but being serving as a vocal and steady member of the Sussex County. The Wellness HUB Director is the chair of the PAC/PACADA meetings, a monthly meeting where mental health and substance use providers come together to ensure delivery of quality care. Also, the Director is a member of the Sussex County Overdose Fatality Review Committee, in effort to reduce stigma and lower the number of Sussex residents lost to an accidental overdose.

FY 2026 Goals

During Fiscal Year 2026, the Wellness HUB will:

- Place a strong focus on increasing community awareness and expanding outreach to the residents of Sussex County.
- Continue to ensure timely and easy access to services.
- Continue to provide high-quality, evidence-based interventions that meet the diverse needs of individuals and promote positive outcomes.
- Continue to strengthen partnerships among providers, community agencies families and individuals to create a comprehensive support network.

MENTAL HEALTH ASSOCIATION

Program Contact Information

Arrive Together

1160 Parsippany Blvd.
Parsippany, NJ 07054
973-334-3496
Townships: All of Morris County
Co-Response: Mount Olive

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

Center for Behavioral Health

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

Collaborative Justice Services (CJS)

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

CJS Morris Campus
60 Washington Street, Suite 301
Morristown, NJ 07960
973-334-3496

Community Support Services (CSS)

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

Co-Response

80 Main Street
West Orange, NJ 07052
973-509-9777
Townships: West Orange, South Orange, Perth Amboy

Community Wellness Center (CWC)

CWC Morris
90 East Halsey Road, Suite 385
Parsippany, NJ 07054
973-334-3496

CWC Sussex
65 Spring Street, Suite 303
Newton, NJ 07860
973-840-1850

Co-Response

80 Main Street
West Orange, NJ 07052
973-509-9777
Townships: West Orange, South Orange, Perth Amboy

Criminal Justice Reform (CJR)

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

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
1373 Broad Street, Suite 312
Clifton, NJ 07013
973-470-3142

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

MENTAL HEALTH ASSOCIATION

Program Contact Information

988 Mobile Crisis Outreach Response Teams (MCORT)

MCORT Essex Campus

80 Main Street, Suite 280
West Orange, NJ 07052
Call or Text 988

MCORT Hudson Campus

110A Meadowlands Parkway, Suite 203
Secaucus, NJ 07094
Call or Text 988

Self-Help, Advocacy and Education

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

Senior In Home Therapy

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

New Jersey Statewide Student Support Services (NJ4S)

1160 Parsippany Blvd., Suite 103
Parsippany, NJ 07054
973-334-4052

Substance Use Recovery and Empowerment (SURE)

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

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

Suicide Prevention Services (SPS)

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

Supported Employment Services (SES)

80 Main Street, Suite 500
West Orange, NJ 07052
973-395-1000

Prospect House (PH)

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

Veteran and Family Support Services (VFS)

60 Washington Street, Suite 301
Morristown, NJ 07960
973-334-3496

Prospect Primary Healthcare

424 Main Street
East Orange, NJ 07018
973-414-6988

Wellness Hub/Early Intervention Support Services (EISS)

83 Spring Street, Suite 303
Newton, NJ 07860
973-840-1850

Riskin Children's Center (RCC)

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