



Management Report

Fiscal Year 2024

Mental Health Association



Mental Health Association

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Tracey Dwan-Blash – Quality Assurance Director and Ombudsperson

Rebecca Magdon – Health & Safety Officer

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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 2024. MHA exceeded its service and quality expectations while remaining in a strong financial position. The agency operated in a financially sound manner while advancing its mission of providing services to individuals and their families regardless of their ability to pay.

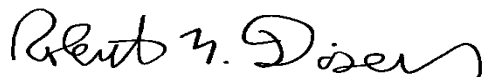
MHA continued to focus on innovative service delivery, emphasizing wellness and recovery:

- MHA remains licensed by the Department of Health at the highest level as a result of the successful triennial survey.
- MHA implemented the New Jersey Statewide Student Support Services program for Morris and Sussex County.
- The agency implemented the Attorney General's ARRIVE police co-responding program in 8 towns in Morris County, as well as expanded co-responding programming to South Orange in Essex County.
- MHA purchased, renovated and moved into a 23,500 square foot building in Parsippany to act as our Morris campus, serving the Northern New Jersey area.
- The agency expanded DCA Homeless Diversion services and a Prosecutor Diversion program into Sussex County.
- MHA was awarded 2 grants to provide Community Wellness Centers (Drop-in programs) in Morris and Sussex Counties.
- MHA met the service needs of the community via its counseling, case management, partial hospitalization, supported employment, criminal justice, educational, supportive housing, therapeutic jurisprudence, faith-based, consumer advocacy, school-based, suicide prevention services and family and children's programs. All services are 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 2024. MHA provided over 200 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 produced and aired its own mental health podcast, The Protective Factor.

Advocacy, on behalf of individuals with mental illness and their families, was a continued interest in fiscal year 2024. 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 2025. The agency advocated strenuously for improving the conditions at Greystone Park Psychiatric Hospital. MHA advanced its advocacy efforts with two Legislative Breakfasts attended by over 500 people and broadcast live via the internet. Participants included numerous elected officials from the Federal, State and County level. Staff and Board advocated in Newark, Trenton and Washington, D.C. for legislation, mental health funding and the care of individuals with mental illness and those with addictions.

The environment of care is in excellent condition. The agency continues to replace vehicles, as needed, and appropriately maintain the physical plant. Consumer, family and provider satisfaction surveys indicate a high level of satisfaction with MHA and its services.



Robert N. Davison, Chief Executive Officer

Agency Strategic Goals

1. *Continue to expand advocacy for individuals with mental illness within the vision and mission of the MHA.*
2. *In seeking to expand the focus on broader societal mental health issues of depression and anxiety, engaging in a campaign to frame mental health as a public health concern, with an emphasis on the prevalence of depression and anxiety in children, young adults, and seniors.*
3. *In tandem with expanding MHA's focus on statistically more pervasive mental health concerns such as depression and anxiety, working to broaden MHA's name recognition while concurrently seeking new funding sources because of heightened visibility.*
4. *In seeking to enhance the mental health of children and young adults with particular attention to suicide prevention, will develop collaborations with high schools, colleges and universities.*
5. *In seeking to expand treatment to all demographics, will obtain appropriate designation and/or approvals to become a Certified Community Behavioral Health Center (CCBHC), as well as operationalize MHA's recently awarded Substance Abuse License to provide treatment for substance abuse and other addictions, e.g., gambling, internet, etc., and MHA's recently awarded Early Intervention Support Services (EISS) Program.*
6. *Improve consumers' long-term prospects and personal independence by emphasizing overall wellness through the integration of physical health and social interaction, in conjunction with traditional mental health services, in all MHA services.*
7. *Enhance the financial strength of the agency by (A) procuring major gifts and planned giving, and (B) continuing to diversify and increase fundraising resources through external relationships and partnerships with foundations, agencies, corporations and individuals, and (C) purchase a building to act as the Morris campus.*
8. *Develop a Board of Directors and Committees that are more representative of the communities that MHA serves. Specifically:*
 - a. *Increasing membership from communities of color.*
 - b. *Increasing membership of people who identify as LGBTQ+.*
 - c. *Maintaining membership of people with lived experience regarding mental illness.*

CHIEF EXECUTIVE OFFICER

Goals and Objectives

July 1, 2024 – June 30, 2025

GOAL	OBJECTIVE/OUTCOME MEASURE
<p>1. Increase public awareness of mental health and addiction recovery and awareness of MHA.</p> <p style="text-align: center;">Ref: Strategic Goals # 1-6</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., newspaper and cyber press releases, Op/Eds, podcast, etc.) and paid media campaigns (social media, TV commercials), i.e., Suicide Prevention and Mental Health First Aid Trainings</p> <p>Target Date: Ongoing</p>
<p>2. Continue Advocacy efforts at MHA.</p> <p style="text-align: center;">Ref: Strategic Goals # 1, 3</p>	<p>a. Organize Legislative Breakfast(s) (Essex & Morris) – advocate for the following:</p> <ul style="list-style-type: none"> • 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 • Increase Housing for consumers <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>

	Target Date: June 30, 2025
<p>3. Advocate nationally as a Board member of Mental Health America, Washington DC.</p> <p>Ref: Strategic Goal # 1-7</p>	<p>a. Participate as an active Board member and Co-chair of the Public Policy Committee.</p> <p>Outcome Measure - Evidence of contributions in National MHA policy</p> <p>Target Date: Ongoing</p>
<p>4. Successfully implement the 988 MCORT program in Essex and Morris.</p> <p>Ref: Strategic Goals # 1,2,5,6</p>	<p>a. Work with Chief Operating Officer and other key leaders to implement program.</p> <p>Outcome Measure – As evidenced by the program being 90% staffed and functioning.</p> <p>Target Date: March 31, 2025</p>
<p>5. Successfully implement the Community Wellness Centers Aka Drop-in Centers in Morris and Sussex.</p> <p>Ref: Strategic Goals # 1,2,5,6</p>	<p>a. Work with Chief Operating Officer and other key leaders to implement program.</p> <p>Outcome Measure – As evidenced by the program being 90% staffed and functioning.</p> <p>Target Date: December 31, 2024</p>
<p>6. Develop 2025-2028 MHA Strategic Plan.</p> <p>Ref: Strategic Goal #1- 8.</p>	<p>a. Work with Board of Directors, consumers, families, staff, funders, regulators, and the community at large to engage in a process of defining MHA’s values and direction and making decisions on allocating resources to attain the determined strategic goals.</p> <p>Outcome Measure: A new Strategic Plan</p> <p>Target Date: May 31, 2025</p>
<p>7. Develop Real Estate plan for Essex operations, in regard to expiring leases and potential consolidations of sites.</p> <p>Ref: Strategic Goal # 1-8</p>	<p>a. Work with Finance Committee, Chief Operating Officer, and Director of Operations to develop operationally sound and financially viable plan for Essex sites.</p> <p>Outcome Measure – Develop sound plan for implementation one or about July 1, 2026</p> <p>Target Date: June 30, 2025</p>

<p>8. Exceed and comply with Accreditation Requirements re: CARF Survey</p> <p style="text-align: center;">Ref: Strategic Goal # 1-8</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: June 30, 2025 and Nov. 30, 2025</p>
<p>9. Re-boot Substance Use Recovery and Empowerment (SURE) program (addiction services) to provide substance abuse counseling and services.</p> <p style="text-align: center;">Ref: Strategic Goal # 1-6</p>	<p>a. Working with COO, Senior Director of Clinical Services and Program Director to fully re-boot program.</p> <p>Outcome Measure – fully operational program that breaks even.</p> <p>Target Date: January 1, 2025</p>
<p>10. 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 style="text-align: center;">Ref: Strategic Goal # 6</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.</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>11. Keep informed of industry-wide standards, dynamics and changes.</p> <p style="text-align: center;">Ref: Strategic Goals # 1, 2, 3, 4, 5, 6, 7</p>	<p>a. Attend Continuing Education programs and Leadership Training</p> <p>Outcome Measure – As evidenced by attendance at appropriate trainings and continuing education opportunities.</p> <p>Target Date: Ongoing</p>

<p>12. Raise money for MHA. Coordinate a successful Presidents Giving Society, Annual Appeal, Major Gift Solicitation and 75th Annual Celebration.</p> <p style="text-align: center;">Ref: Strategic Goal # 3, 7</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 \$150,000 for fundraising and \$50,000 for major gifts.</p> <p>Target Date: June 30, 2025</p>
<p>13. Secure foundation and corporate support of agency.</p> <p style="text-align: center;">Ref: Strategic Goals # 1-8</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, 2025</p>
<p>14. Secure additional public grant for mental health and addiction recovery services.</p> <p style="text-align: center;">Ref: Strategic Goal # 1, 2, 3</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 \$500,000 of public funding.</p> <p>Target Date: June 30, 2025</p>
<p>15. Secure funds to continue vehicle replacement and maintain owned facilities (1160 Parsippany, 33 So. Fullerton, Prospect House, Supportive Living Services sites).</p> <p style="text-align: center;">Ref: Strategic Goal # 7</p>	<p>a. Working with Director of operations 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, 2025</p>

<p>16. Contain Medical Benefit Plan Costs.</p> <p style="text-align: center;">Ref: Strategic Goal # 7</p>	<p>a. Review, in conjunction with Director of Human Resources, CFO and Board, medical benefit plan and remain within budget.</p> <p>Outcome Measure – Improved Plan (within budgetary restrictions) while maintaining quality.</p> <p>Target Date: September 30, 2025</p>
<p>17. Maintain fiscal stability and maintain financial position.</p> <p style="text-align: center;">Ref: Strategic Goal # 7</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 2025 on budget or better, e.g., no operational deficit.</p> <p>Target Date: June 30, 2025</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, 2024</p>
<p>18. Educate the Board of Directors on topics related to their roles and responsibilities.</p> <p style="text-align: center;">Ref: Strategic Goals # 1-8</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>19. Recruit new members to the Board of Directors.</p> <p style="text-align: center;">Ref: Strategic Goal # 8</p>	<p>a. Working with the Board, Board President and Nominating Committee Chair to recruit 2-3 new and diverse Board members for FY 2025.</p> <p>Outcome Measure – 2-3 new Board members.</p> <p>Target Date: June 30, 2025</p>
<p>20. Work with Director of Human Resources and entire management team to recruit and maintain high quality staff.</p> <p style="text-align: center;">Ref: Strategic Goals # 1-6</p>	<p>a. Foster an environment and work culture that supports employees through engagement in the mission, future opportunities and fair pay (relative to the industry).</p> <p>Outcome Measure: Hire and maintain 90% of budgeted positions and increase average tenure.</p> <p>Target Date: Ongoing</p>

**STRATEGIC PLAN
OF THE
MENTAL HEALTH ASSOCIATION (MHA)**

I. Values

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

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

II. Mission

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

III. Vision

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

IV. Organizational Strengths, Weaknesses and Threats

Organizational Strengths:

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

- MHA has an expertise in providing education regarding suicide prevention
- MHA has experienced a stable demand for services, which it continues to provide without regard for ability to pay.

Organizational Weaknesses

- Scope of services provided not yet sufficient to cover fuller range of services, which may be beneficial to children, adults, seniors and families, including anxiety and depression, and addiction treatment.
- Competition for staff with governmental and private sectors, which has increased because of the pandemic.
- Limited Board diversity.
- No provision of outpatient mental health services in Morris County.

Organizational Threats

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

V. Opportunities

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

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

VI. Three-Year Plan

1. Continue to expand advocacy for individuals with mental illness within the vision and mission of the MHA.
2. In seeking to expand the focus on broader societal mental health issues of depression and anxiety, engaging in a campaign to frame mental health as a public health concern, with an emphasis on the prevalence of depression and anxiety in children, young adults, and seniors.
3. In tandem with expanding MHA's focus on statistically more pervasive mental health concerns such as depression and anxiety, working to broaden MHA's name recognition while concurrently seeking new funding sources because of heightened visibility.
4. In seeking to enhance the mental health of children and young adults with particular attention to suicide prevention, will develop collaborations with high schools, colleges and universities.
5. In seeking to expand treatment to all demographics, will obtain appropriate designation and/or approvals to become a Certified Community Behavioral Health Center, as well as operationalize MHA's recently awarded Substance Abuse License to provide treatment for substance abuse and other addictions e.g. gambling, internet, etc., and MHA's recently awarded Early Intervention Support Services (EISS) Program.
6. Improve consumers' long-term prospects and personal independence by emphasizing overall wellness through the integration of physical health and social interaction, in conjunction with traditional mental health services, in all MHA services.
7. Enhance the financial strength of the agency by (A) procuring major gifts and planned giving, and (B) continuing to diversify and increase fundraising resources through external

relationships and partnerships with foundations, agencies, corporations and individuals, and (C) purchase a building to act as the Morris campus.

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

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

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

Reviewed and Adopted by
MHA Board of Directors
May 16, 2022

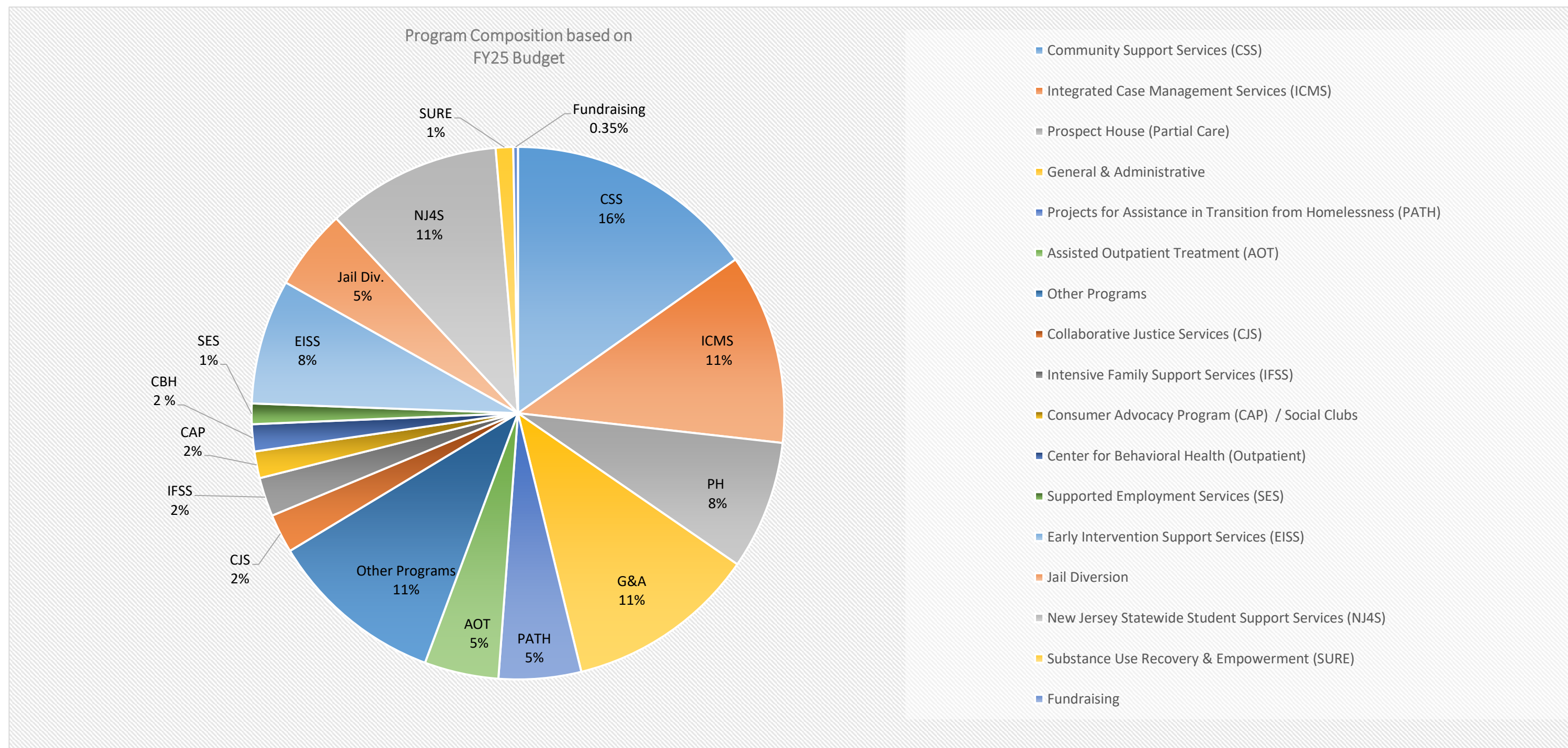
FINANCE

For the fiscal year ended June 30, 2024 the Agency was fiscally sound as evidenced by an average operational surplus of \$203,000. During fiscal 2024 the average current ratio was 1.83 indicating the ability to meet current obligations. The Agency added the ARRIVE Together program which is an expansion of co-response services working with police departments. As a result, an additional eight police departments were added. The New Jersey Statewide Student Support Services (NJ4S) program was successfully implemented during 2024 with appropriate fiscal oversight. Financial highlights for the fiscal year ended June 30, 2024 are as follows:

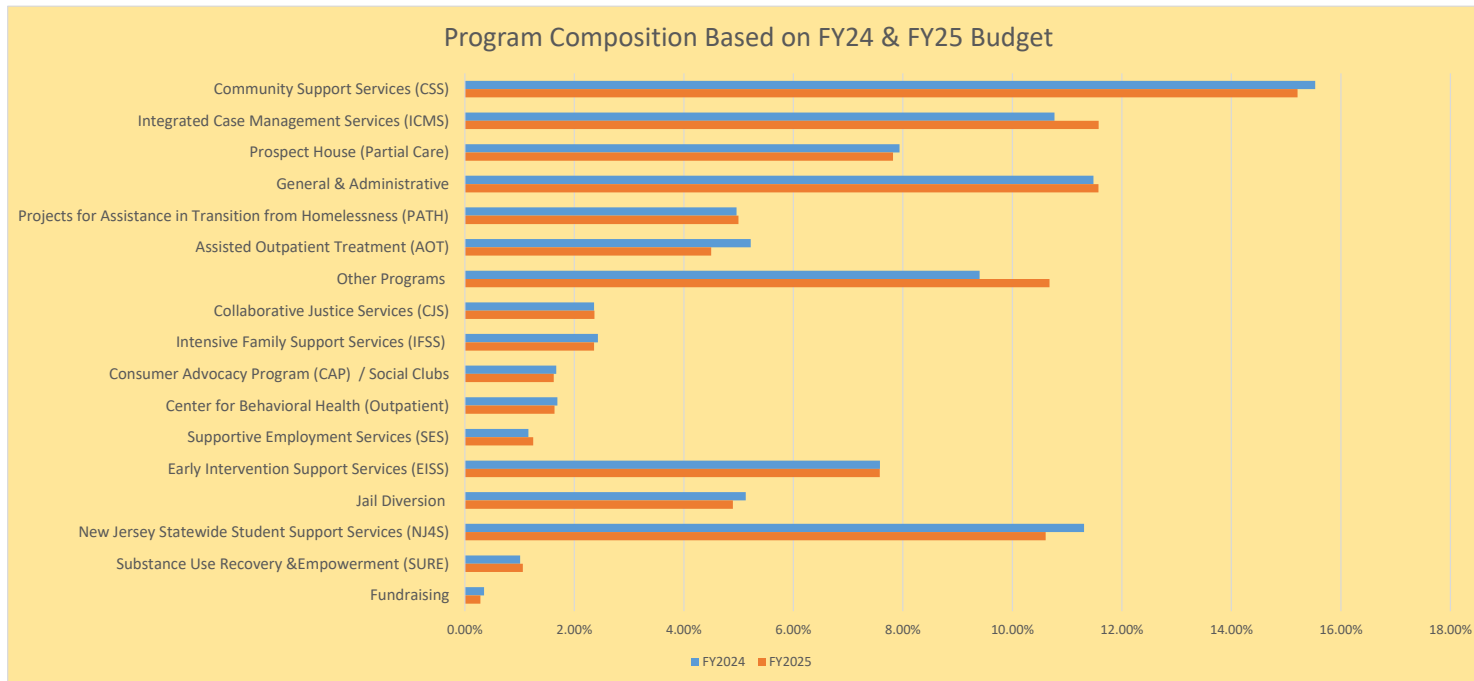
- The Agency made a one-time 6% discretionary 401(k) contribution in the amount of \$407,320. Over a three year period the Agency on average contributed 5.67% per year as a discretionary 401(k) contribution.
- The Agency's available line of credit amounts to \$1,250,000 and did not have an outstanding balance as of June 30, 2024.
- The Agency's location at 1160 Parsippany Boulevard was the recipient of two energy efficient HVAC units received through JCP&L's HVAC Direct Install energy savings incentive program. The associated benefit received by the Agency totaled \$238,400 and has been recognized for the fiscal year ended June 30, 2024.
- The Agency added sixteen new vehicles to the fleet of which thirteen are replacements. The Agency has approximately 105 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 without an increase on July 1, 2023.
- The fiscal June 30, 2024 medical insurance was renewed with Horizon Blue Cross with a 10% increase.
- The Agency's services based upon the budget for 6-30-2025 are made up of Assisted Outpatient Treatment (AOT) 4.50%, Center for Behavioral Health (Outpatient) 1.64%, Partial Care (PH) 7.82%, Community Support Services (CSS) 15.21%, Consumer Advocacy Program (CAP) / Social Clubs 1.62%, Integrated Case Management Services (ICMS) 11.58%, Projects for Assistance in Transition for Homelessness (PATH) 5.00%, Supported Employment Services (SES) 1.25%, Intensive Family Support Services (IFSS) 2.36%, Collaborative Justice Services (CJS) 2.37%, Early Intervention Support Services (EISS) 7.58%, Judicial Diversion 4.89%, New Jersey Statewide Student Support Services (NJ4S) 10.61%, Substance Use Recovery & Empowerment (SURE) 1.06% and Other Programs 10.68%.
- Based upon the budget for 6-30-2025 general and administrative expenses are 11.57% while fundraising expenses represent .28%.

Program Composition
Based on 6-30-2025 Budget

	UPDATED-2025	
Community Support Services (CSS)	\$ 3,884,512	15.21%
Integrated Case Management Services (ICMS)	\$ 2,956,790	11.58%
Prospect House (Partial Care)	\$ 1,997,231	7.82%
General & Administrative	\$ 2,955,340	11.57%
Projects for Assistance in Transition from Homelessness (PATH)	\$ 1,276,435	5.00%
Assisted Outpatient Treatment (AOT)	\$ 1,149,248	4.50%
Other Programs	\$ 2,726,789	10.68%
Collaborative Justice Services (CJS)	\$ 604,569	2.37%
Intensive Family Support Services (IFSS)	\$ 602,818	2.36%
Consumer Advocacy Program (CAP) / Social Clubs	\$ 414,546	1.62%
Center for Behavioral Health (Outpatient)	\$ 418,401	1.64%
Supported Employment Services (SES)	\$ 318,546	1.25%
Early Intervention Support Services (EISS)	\$ 1,935,056	7.58%
Jail Diversion	\$ 1,249,874	4.89%
New Jersey Statewide Student Support Services (NJ4S)	\$ 2,709,007	10.61%
Substance Use Recovery & Empowerment (SURE)	\$ 270,174	1.06%
Fundraising	\$ 72,043	0.28%
Total	\$ 25,541,379	100%



Program Composition Based on Budget	FY2024	FY2025
Community Support Services (CSS)	15.53%	15.21%
Integrated Case Management Services (ICMS)	10.77%	11.58%
Prospect House (Partial Care)	7.94%	7.82%
General & Administrative	11.48%	11.57%
Projects for Assistance in Transition from Homelessness (PATH)	4.96%	5.00%
Assisted Outpatient Treatment (AOT)	5.22%	4.50%
Other Programs	9.40%	10.68%
Collaborative Justice Services (CJS)	2.36%	2.37%
Intensive Family Support Services (IFSS)	2.43%	2.36%
Consumer Advocacy Program (CAP) / Social Clubs	1.67%	1.62%
Center for Behavioral Health (Outpatient)	1.69%	1.64%
Supportive Employment Services (SES)	1.16%	1.25%
Early Intervention Support Services (EISS)	7.58%	7.58%
Jail Diversion	5.13%	4.89%
New Jersey Statewide Student Support Services (NJ4S)	11.31%	10.61%
Substance Use Recovery & Empowerment (SURE)	1.01%	1.06%
Fundraising	0.35%	0.28%
Total	100%	100%



CORPORATE COMPLIANCE

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

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

Corporate Compliance at a Glance FY24		
Topic	Discussion	Comments/ Follow up plan
Issues	There were no Corporate Compliance reports within our programs pertaining to malpractice or violation of code of ethics or grievance.	
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.
Billing Issues	There were no Corporate Compliance issues related to billing during this time period.	Quarterly billing Audits were completed and all areas of concern were addressed and corrected in a timely manner.
Agency Incidents	In FY24, there were 60 overall incidents. In FY23, there were 70 overall incidents, not including positive Covid 19 cases which at the time were considered an incident by DMHAS.	This signifies a 14% decrease of incidents within the agency from FY23.
Agency Critical Incident	There were 30 critical incidents reported for FY24, similar to last year's report of 29. This is 50% of the total reported incidents for FY24.	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.
Internal Agency Audits	Quarterly Corporate Compliance and Clinical Compliance audits were conducted by the CCO and QA Director.	Each program receives quarterly chart reviews on 10% of their current active census. The CCO and QA Director will continue to complete quarterly audits with recommendations if needed, and corrections.
	Peer psychiatrist/ APN audits are scheduled quarterly.	Agency prescribers are assigned to one of their peers to complete a set number of chart reviews on a quarterly basis.

Corporate Compliance at a Glance FY24 *(continued)*

Topic	Discussion	Comments/ Follow up plan
Audits/ Reviews		
	Medicaid	Morris, Essex and Passaic ICMS teams as well Prospect House partial care have routine scheduled reviews by Medicaid. In FY24, there was a total of \$840.63 of returned funds required by ICMS. It is important to note that ICMS has a combined \$2,138,136 in FY24 YTD Medicaid billing. Prospect House did not have return funds requested for FY24.
	NJMHAPP	NJMHAPP Extract Project is a quarterly audit completed by NJMHAPP/ DMHAS specifically to recoup Medicaid eligible invoices that were paid by NJMHAPP. For FY24, approximately \$7,594 reverse of funds were requested among the various programs that bill in NJMHAPP system due to Medicaid eligibility; 84% of the claims were able to be re-billed to Medicaid at the time of reversal, the remaining was paid by Medicaid or other payor previously. The involved programs have a combined NJMHAPP billing of approximately 1.9 million dollars this year (excluding CSS and SES).
	Other	Routine audits/ reviews/ inspections occurred throughout our various programs without incident including CSS (HUD and County), Veterans and Senior In Home Services (County), Co-Response - WO and PA (Federal), EISS (CN&L). *All DMHAS licensed programming received deemed status other than EISS.
Corporate Compliance Memo	All staff received a Corporate Compliance Memo which identifies the Agency Corporate Compliance Officer (CCO), the responsibilities of the position including having direct access to the Board of Directors and Chief Executive Officer and corporate compliance procedures.	The Corporate Compliance memo is sent out via email to all staff every 6 months. The CCO will continue distribute a biennial memo, next due 8/2024. The CCO will continue to monitor and report on matters pertaining to corporate compliance policies and procedures.
Corporate Compliance Training	All staff received annual Corporate Compliance training.	All staff will continue to receive Annual Corporate Compliance training through Relias web-based class.
Corporate Compliance Committee	The Corporate Compliance Committee assembled quarterly to review and ensure the agency's operations are compliant with regard to all fiscal activities and clinical services.	The Corporate Compliance Committee will continue to meet quarterly as scheduled.
Corporate Compliance Reporting	The CCO presented the yearly overview of agency compliance to the MHA Board of Directors in June 2024.	The CCO will continue to provide annual reporting on agency compliance to MHA BOD near the end of FY25.
Annual Notables	<ul style="list-style-type: none"> ◆ Annual Grievance Procedures, Privacy Rights, and Client Bill of Rights were distributed to all enrolled consumers. ◆ Human Resources conducted criminal background checks for all new hires and existing staff due on a biannual basis ◆ Employee Drivers license checks were completed upon hire and annual ◆ Annual and Renewal Employee Clinical license checks were conducted ◆ Annual Conflict of Interest forms were ◆ NJ Law Against Discrimination and NJ Gender Equity Notice- Equal Pay Act Forms were completed. 	The Corporate Compliance Committee will continue to monitor and report on matters pertaining to corporate compliance policies and procedures.

Development and Marketing

Development and Marketing at the Mental Health Association (MHA) play a critical role in advancing the organization's mission to provide essential mental health services and support to the community. Development efforts focus on cultivating relationships with donors, securing funding through events, grants, and appeals, and ensuring the financial sustainability of MHA's programs. Marketing complements these efforts by raising awareness of MHA's services, engaging with the community through various channels, and promoting the organization's impact. Together, Development and Marketing drive the visibility and growth of MHA, enabling the organization to reach more individuals in need and strengthen its presence in the community.

Fundraising and Development

- **Giving Tuesday:** was held on November 28, 2023, MHA raised \$2634.04 from 24 donors.
- **MHA's Annual Giving Society:** the society raised a total of \$55,085.76 from 55 donors. There was an option to make an additional donation in support of the Suicide Prevention Initiative. The giving levels range from \$100 to \$2,500+. A thank you reception was held on December 6th, 2023 at The Loft in West Orange.
- **Annual Appeal Letters:** Sent to the donor database. This year's story highlighted a success story from a consumer who benefitted from treatment and services he received at Prospect House, raising a total of \$14,615.16 from 85 donors.

Marketing

- **Seton Hall University Men's Basketball Sponsorship:** The MHA renewed its sponsorship, continuing 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.
- **Social Media:** MHA actively uses platforms such as Facebook, Instagram, LinkedIn and Twitter to reach broader audiences. The content focuses on the agency's various programs, collaborations with other community partners, participation in community events and education on mental health initiatives.
- **Community Events:** MHA participated in several Pride events throughout Northern NJ, and was a Gold Sponsor for Montclair Pride on June 8th, that drew in over 30,000 attendees. Additionally, MHA was a sponsor of the 2-mile Fun/Run for the 41st Annual YMCA of Montclair Run on June 2nd, 2024, supporting the YMCA's Community Health Program Fund that helps our neighbors live healthier lives.

Awareness Events

- **The 23rd Annual Essex County Mental Health & Addictions Coalition Legislative Breakfast:** held on October 6th, 2023 at the Wilshire Grand Hotel in West Orange, the breakfast event featured more than 300 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 included Christopher J. Durkin, Essex County Clerk; Caren

Howard, Director of Policy and Advocacy at Mental Health America; and Rachel Aviv, American Writer and New York Times Best Selling Author.

- The 5th Annual Morris County Mental Health & Addictions Coalition Legislative Breakfast: held on October 20th, 2023 at the Park Avenue Club in Florham Park. Over 200 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 included Brandi Christiansen, President and CEO of Mental Health America-Wabash Valley Region, Indiana and Anthony Bozzella, Head Coach of Seton Hall University's Women's Basketball Team.
- The First Annual Community Resource Day: held on May 10th, 2024 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.
- The Film Screening and Panel Discussion for the movie, "Rose,": held on May 16th at The Clairidge in Montclair. Over 75 community members, family members and staff were in attendance to watch a film about the relationship between two sisters, one of whom has schizophrenia.
- The Legacy Event: held on June 27th at the Van Vleck House in Montclair. This event honored past and current supporters of the agency as MHA approaches its 75th Anniversary in 2025. A 75th Anniversary Celebration is planned for May 29, 2025 at the Montclair Art Museum.

Grants

- Health Care Foundation of the Oranges: MHA received a \$35,000 grant to support general operating costs for Prospect House.

HUMAN RESOURCES (HR)

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

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

As of June 30, 2024, there were 233 active employees. Overall, there was an 8% increase in the staff count over FY2023 with 35 positions remaining vacant on June 30, 2024. For FY2024, the annual turnover rate was 41%, averaging 3% per month.

In FY2024, MHA increased the Retention Incentive for Clinical, Medical or Master's level professionally licensed candidates from \$1,000 to \$2,000. 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.

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

The survey was conducted through SurveyMonkey in June of 2024. This annual survey allows staff an opportunity to evaluate MHA, anonymously. 94% percent of the respondents indicated that they felt positive about continuing employment at MHA. The reasons given included: *working with an amazing team, being recognized for their hard work, long term career goals and career advancement, fantastic benefits, work/life balance and time off, supportive supervision & co-workers, the mission of the organization and making a difference in peoples' lives.*

In order to encourage participation in the annual survey, MHA established an incentive this year. As a result, 80% of the MHA workforce responded to the anonymous survey or 190 employees. This was an increase of 143% over FY2023. Results indicated an overall satisfaction rating of 98% and 96% of respondents stated that they would recommend MHA as a good place to work. Suggestions, criticisms and compliments are given careful thought and consideration among management and our Quality Assurance Committee. Outcomes are addressed by management and discussed with staff appropriately by way of memos addressed to staff and our Quarterly Staff Meetings.

Effective October 1, 2023, 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, 2023. Thirty benefits eligible staff attended our Benefits Fair event in September. The annual MHA Benefits Fair engages staff in the open enrollment period and makes health and

welfare benefit vendors and information easily accessible. 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 Open Enrollment 2024 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:** Horizon Blue Cross Blue Shield of NJ has continued to offer competitive plans that are both cost-effective and meet the organization's budgetary standards. The OMNIA 2 Tier, Exclusive Provider organization and Direct Access medical plans, are all offered through Horizon Blue Cross Blue Shield of NJ. MHA continues to pay the monthly premium for single enrollments on the OMNIA Medical Plan. This equivalent benefit is applied to all employee medical plan selections. We continue to conduct Open Enrollment workshops to provide thorough plan details and opportunities for staff to make changes to their current plan elections.
- **Vision:** MHA offers a voluntary cost-effective Panorama Vision Plan, also through Horizon BCBS of NJ.
- **Dental:** Principal Dental has continued to offer competitive plans that are both cost-effective and meet the 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 GTL, AD&D and LTD coverage to employees after 90 days of active full-time employment. US Able Life is the organization's insurance provider which provides all benefits eligible employees with GTL and AD&D policies covering 1.5 times their annual salary to a maximum of \$175,000. LTD coverage is also provided.
- **Retirement:** The 401(k) Safe Harbor Plan, administered by Alerus Retirement and Benefits, has a total of 228 active participants, a 15% increase over FY2023. The "Safe Harbor" plan requires MHA to make a safe harbor matching contribution equal to 100% of the salary deferrals that do not exceed 3% of the employee compensation plus 50% of the salary deferrals between 3% and 5% of employee compensation. The safe harbor matching contribution is 100% vested. Beginning with FY2023, MHA added a Roth deferral option to the existing 401(k) Safe Harbor Plan. As of the conclusion of FY2024, 15% of participating staff have opted-in to the Roth deferral option.
- **Time Off and Holidays:** The organization's generous paid-time-off policy is just one of the many reasons why staff consider MHA a great place to work. Vacation, Personal and Sick time begin accruing on the first day of employment. In addition, staff are immediately eligible for paid observed holidays. Beginning in FY2024, MHA added Juneteenth to the observed paid holiday program.
- **Tuition Reimbursement:** In FY2024, MHA was able to fund the reimbursement of tuition for 16 staff members, a total of \$36,000.00 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.

MHA's applicant tracking system, JAZZ HR, continues to be a valuable tool which has greatly improved our ability to source great talent and has simplified the entire recruitment process. Since implementation, the average monthly hiring rate has increased by 19%.

The Human Resources Department continues to distribute a monthly Wellness Newsletter. In collaboration with our medical plan coverage provider, Horizon BCBS of NJ, information on topics such as nutrition and fitness is distributed as a resource for staff. 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.

In FY 2024, 16 staff members were recognized for earning an additional degree, professional license or for advancing in their career at MHA.

This marks the eleventh 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 and continues to operate in an efficient and effective manner allowing both staff and supervisors to play an integral part in the review process.

MHA is pleased to continue recruiting interns on a spring and fall semester basis. 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.

Key Risk Insurance provides MHA's current Worker's Compensation coverage. The organization had three workers' compensation claims for the FY2024.

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.
- MHA retained Steve Crimando, MA, BCETS, CHPP, Principal of Behavioral Science Applications to provide "RADAR™ Plus" training to MHA staff. This training provides an easy-to-learn, easy-to-remember, and easy-to-employ approach to handling hostile encounters and dangerous situations safely and effectively. It is an empowerment model that provides instruction on how to recognize, avoid, defuse, and redirect anger and aggression, and improve safety during a violent incident. Staff attendees reported 97% satisfaction with the course.
- In February of this year, MHA invited The Trevor Project to present an "Ally Training" to our staff in-person and via virtual meeting. This training provides the basic framework for understanding the LGBTQ+ Community and the unique challenges they often face. Staff are encouraged to explore their own biases, build their knowledge, understanding and develop empathy through an intersectional lens.
- 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 antipsychotic 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.

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.

INFORMATION TECHNOLOGY (IT)

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

Highlights:

- Last year MHA purchased a building in Parsippany to relocate the majority of our Morris County programs. At the new Parsippany office IT Department implemented the following:
 - Networking planning and deployment
 - Wireless network planning and deployment
 - Installed and configured the new internet services
 - Deployed the SD-WAN to connect new office to preexisting offices
 - Setup and installed new Servers
 - Migration of data from old server to new servers
 - Ring Central Phone system deployment
 - Zoom room planning and setup in 5 conference rooms

- IT department planned and moved all IT devices from old offices to new office without any downtime for staff.

- IT department signed new Copier contract and deployed new copiers at Parsippany, Newton and Morristown offices.

- IT department created and configured new programs in Awards based on agency needs ex. NJ4S, Arrive Now.

- IT department has researched for a new electronic health record (EHR) software and scheduled multiple demos with several different vendors. Agency needs were compared with the current electronic health record program and new software options to understand the value of a new software.

- IT department has requested proposals from different EHR software vendor and compared it with current cost to find the return of investment. At the end of research, management concluded to continue with the current software and upgrade the software with new features such as business intelligent dashboard.

- IT department has researched and deployed the printer management software PrinterLogic.

- IT department has hired and trained a new full time IT staff to meet the agency IT needs.

- IT department has researched and deployed the room booking software to manage conference rooms at some of our offices.
- IT department completed the new Microsoft licenses agreement and deployment for our email system due to change in policies at Microsoft.
- Throughout the year, IT department worked with billing staff and the Finance department to troubleshoot and fix billing issues that would arise.
- IT department made several upgrades and changes to the EHR including billing rules based on agency requirements.
- Provided ongoing support to all the staff with their devices as needed.
- Throughout the year, IT department has updated and maintained the IT infrastructure to stay up to date with technology and security. IT department continues to monitor and update all MHA network and staff devices to ensure they are secure at all the times.
- This is a synopsis of only major goals for the year 2023-2024. IT Department has done many additional changes and upgrades both minor and major at each office throughout the year in order to help staff in using technology to provide best efficient and quality services.

QUALITY ASSURANCE ANALYSIS

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

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

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

MHA believes complete and accurate data is essential, as only then can we improve service provisions for our consumers. Data and information flow into QAC through numerous sources: each program element funnels program specific data regarding thresholds and outcomes; input from MHA employees who have identified issues and problems; feedback including complaints and grievances received by supervisory personnel; and suggestion boxes which are located at every MHA site. Data is also collected and analyzed for trends in areas of agency access, effectiveness, satisfaction and efficiency. Our comprehensive data collection begins at the time of an individual referral and continues through sixty days post discharge of programs. In FY24, MHA received 4 complaints and 1 grievance, in comparison to last year's 6 and 1 respectively. A complaint is categorized as an informal action/ oral report while a grievance is deemed formal and includes a written process. No specific trends were noted i.e., targeted program(s), employee(s), issue(s); all items were reconciled in accordance to agency policies and procedures.

Analyzed and summarized data flow from QAC to MHA's Chief Executive Officer, the MHA Board of Directors, senior management, staff, consumers and other stakeholders through

respective meetings. Aggregated materials from QAC, Risk Management and Safety, and incident reporting are also posted in public areas of each program site.

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

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

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

Strengths of the Quality Assurance Plan

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

Highlights of Quality Assurance

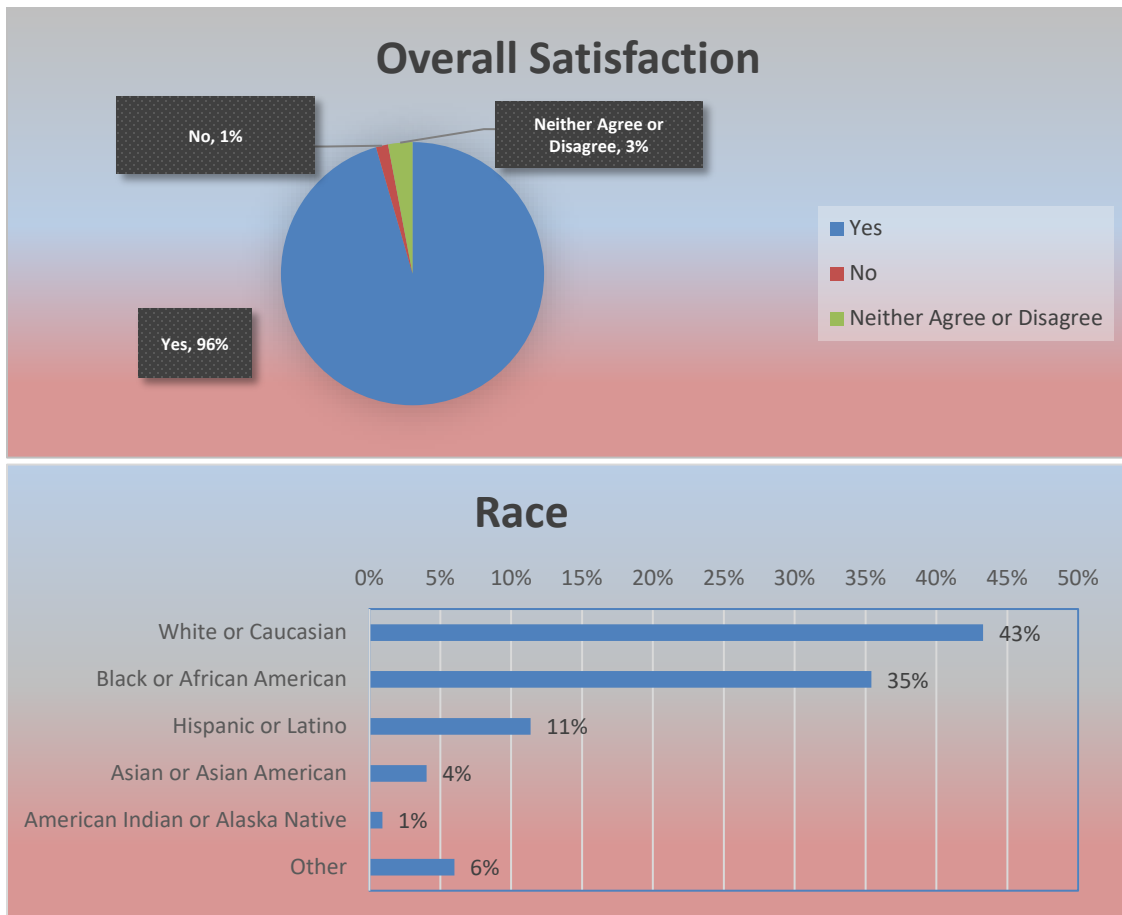
- MHA was again issued a 3-year CARF accreditation based on its recent survey in November 2022. This is the highest level of CARF accreditation.

- MHA continued to be fully licensed for all required programs.
- MHA continues to find and implement technologies that assist consumers with their goals.
 - At admission, individuals are provided a patient portal which allows easy access to their records.
 - All outreach case managers are provided 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 and Technology and Development departments to improve services through the use of technology.
- MHA continues to provide care coordination ensuring a holistic service approach. All treatment is individualized to meet the needs of each person served. Individuals are encouraged to include a health goal in their treatment/service plan and are encouraged to schedule annual physicals.
- MHA continues to be committed in assisting individuals in applying for and receiving benefits. MHA has increased to 8 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.
- MHA currently has increased to 18 staff certified as Mental Health First Aid Instructors for both youth and adults. The Mental Health First Aid instructors educate the public on risk factors and warning signs regarding mental health and addiction concerns. Participants are educated on strategies to help someone in both crisis and non-crisis situations, and provides community resources. This year, MHA trained individuals who included clinical and non-clinical mental health staff, graduate students, local deacons of worship, and other community members.
- MHA continues to provide tuition reimbursement to eligible staff for courses which directly relate to the mission of the agency and the employee's job description.
- MHA's Annual Community Provider Survey indicated a 97% overall satisfaction rate with 46 respondents and a 27% response rate.
- MHA's Annual Consumer Satisfaction Survey indicated a 96% satisfaction rate with over 550 consumer respondents and a 56% 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

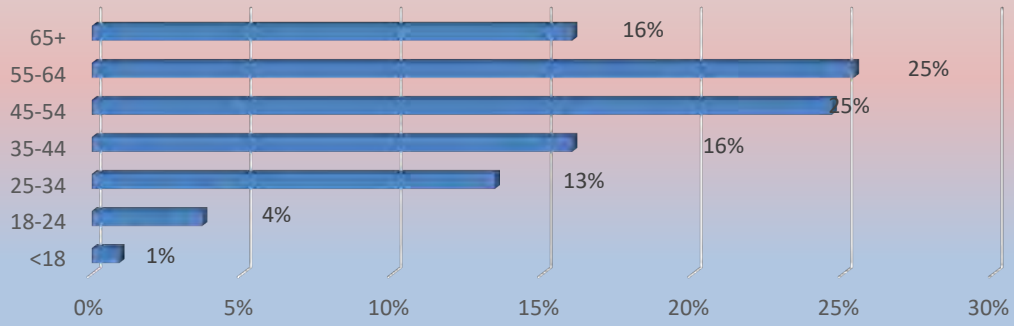
staff, consumer and family focus groups, County Administrators and other stakeholders. An updated Strategic Plan was approved and implemented during FY22.

- MHA achieved an overall staff productivity rate of over 52% 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.
- 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.

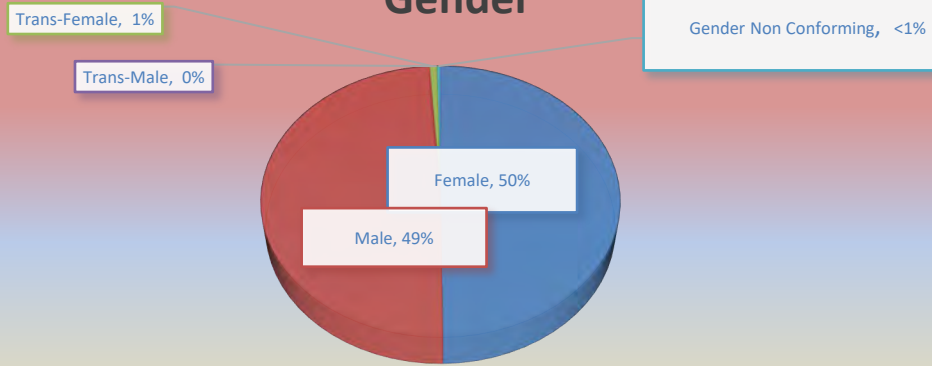
2024 Annual Consumer Satisfaction Survey



Age



Gender



Center for Behavioral Health (CBH)																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2023-2024			2023					2024								
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	
TECHNICAL AUDITS	Quarterly	90%	100%	NA	NA	NA	100%	NA	100%	NA	100%	NA	NA	NA	100%	
Focused:																
Service Plans	Monthly	85%	96%	91%	91%	91%	89%	85%	91%	85%	91%	91%	96%	92%	91%	
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
AIMS	Semi-An.	80%	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	NA	100%	100%	
Medication Sheet	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Informed Consent	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Closed Chart Audits	Quarterly	80%	NA	NA	90%	NA	NA	90%	NA	NA	100%	NA	NA	100%	95%	
Medication Inventory	Quarterly	Completed	NA	NA	X	NA	X	NA	NA	NA	X	NA	X	NA	Complete	
Referred to Medical Provider	Quarterly	Baseline	NA	90%	84%	NA	NA	91%	NA	NA	84%	NA	NA	95%	89%	
Service Access:																
Wait for Intake	Monthly	≤7 Days	2.6	2.5	2.9	2.1	2.8	4	2.9	4.2	4	2	2.6	4.6	3.1	
Wait for Assignment	Monthly	≤5Days	0	0	0	0	0	0	0	0	0	0	0	0	0.0	
Indicators:																
Hospitalized (Medical)	Monthly	<10%	3%	3%	0%	2%	3%	3%	5%	3%	5%	2%	5%	2%	3%	
Hospitalized (Psychiatric)	Monthly	<10%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.8%	0.0%	5.3%	1.6%	2.0%	1%	
DASS-21	Monthly	g	2	10	6	5	4	5	10	8	10	10	10	10	7.5	
Discharge Follow Up	Annually	95%	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	NA	100%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
Riskin's Children Center (RCC)																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2023-2024			2023					2024								
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Focused:																
Medication Education	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Progress Notes	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Wait for intake	Monthly	≤5	4.75	3	5	5	5	0	2	5	6.5	0	4	4.75	3.7	
Wait for assignment	Monthly	≤5	0	0	0	0	0	0	0	0	0	0	0	0	0.0	
Informed Consent	Monthly	95%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Service Plans	Monthly	85%	85%	88%	80%	100%	100%	86%	100%	85%	85%	100%	75%	83%	89%	
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	NA	NA	NA	100%	100%	
Number of individuals linked to pediatrician	Quarterly	80%	100%	96%	96%	NA	100%	NA	100%	NA	100%	NA	NA	100%	99%	
Indicators:																
Hospitalizations (Medical)	Monthly	<10%	0%	0%	0%	4%	7%	0%	0%	0%	0%	8%	0%	0%	2%	
Hospitalizations (Psychiatric)	Monthly	<10%	0%	0%	0%	0%	3%	4%	7%	4%	7%	0%	4%	4%	3%	
Child/Youth Symptom Check List	Semi-Annual	80%	NA	NA	NA	NA	NA	90%	NA	NA	NA	NA	NA	90%	90%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	

AOT ESSEX

Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023					2024							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Quarterly	80%			100%			100%			100%			100%	100%
Service Access:															
Wait for service (days)	Monthly	3	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Community/ Screening referrals	Quarterly	1			0			0			0	0		0	0.0
Inpatient referrals	Monthly	4	0	6	2	4	9	2	8	6	4	5	6	3	4.6
Long Term Care (LTC) referrals	Monthly	2	2	1	0	2	3	1	3	1	2	0	1	0	1.3
Number of transport orders	Monthly	<2	0	0	1	0	0	1	0	2	0	0	0	0	0.3
Linked to Medical Services	Quarterly	80%			80%			80%			80%			80%	80%
60 day discharge follow up	Monthly	80%	70%	70%	100%	90%	80%	80%	70%	100%	100%	60%	80%	80%	82%
Hospitalizations (Medical)	Monthly	<5%	3%	0%	0%	3%	3%	3%	0%	0%	0%	0%	3%	0%	1%
Hospitalizations (Psychiatric)	Monthly	<10%	3%	10%	3%	3%	3%	3%	5%	3%	3%	5%	5%	8%	5%
Indicators:															
ER (screening)	Monthly	<5	2	4	5	3	1	2	1	2	2	7	2	3	2.8
Voluntary admissions	Monthly	<10%	3%	3%	3%	3%	NA	5%	NA	3%	3%	3%	5%	3%	3%
Involuntary admissions	Monthly		5%	NA	8%	5%	3%	5%	3%	5%	5%	3%	NA	5%	5%
Long Term Care	Monthly		NA	NA	NA	NA	NA	NA	NA	NA	NA	3%	NA	NA	3%
Arrests	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Incarceration	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Homelessness	Monthly	<3	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Education Enrollment	Monthly	Baseline	0	1	2	1	1	1	1	2	1	2	2	2	16
Client Employment	Monthly	Baseline	2	4	4	4	4	4	2	1	2	3	3	3	36
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

CJS ESSEX

Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023					2024							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress with Measurable Objectives	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Quarterly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Quarterly	80%	0%	100%	NA	NA	NA	NA	100%	NA	NA	100%	100%	100%	83%
Closed Chart Audits	Quarterly	80%	100%	100%	NA	NA	NA	NA	100%	NA	100%	100%	100%	100%	100%
Linked to Medical Services	Annually	25	0	4	3	1	2	2	3	0	0	0	5	2	88%
Wait for Service	Monthly	<7	7	7	7	7	7	7	7	0	0	5	6	0	5
Hospitalizations (Medical)	Monthly	<3	0	1	0	0	0	0	1	1	0	0	0	0	0.3
Hospitalizations (Psychiatric)	Monthly	<3	0	0	0	0	0	1	1	0	2	2	2	3	1
Indicators:															
Employment (client #)	Annually	40	7	7	9	8	18	11	8	3	6	8	10	7	255%
Number of days ↓ county jail time	Annually	1000	2	22	0	0	0	0	0	0	0	0	0	1	3%

Number of days ↓ state time	Annually	10000	0	0	0	0	0	0	0	0	0	0	0	1	0%
Divert/Pre-Adjudication	Annually	15	4	0	0	0	0	0	0	1	0	0	2	3	67%
Community Linkages	Annually	75	9	12	4	6	5	6	8	2	8	7	20	16	137%
Recidivism to jail within 30 days	Annually	≤25 clients	0	0	0	0	0	0	1	1	0	0	0	0	2
Recidivism to jail within 60 days	Annually	≤50 clients	0	0	0	0	0	0	0	0	0	1	0	1	2
Recidivism to jail within 90 days	Annually	≤25 clients	0	0	0	0	0	0	1	0	0	0	0	0	1
Recidivism to jail within 120 days	Annually	≤50 clients	0	1	1	0	0	0	0	0	0	0	0	0	2
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

CJR Essex

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024			2023							2024						
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Focused:																
Quarterly Progress with Measurable Objectives	Quarterly	85%	NA	NA	69%	NA	NA	87%	NA	NA	94%	NA	NA	100%	88%	
Medication Education	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Discharge Follow Up 60 Days	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Linked to Medical Services	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Wait for services	Monthly	<24 hrs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Hospitalizations (Psychiatric)	Monthly	<10%	4%	0%	0%	4%	0%	0%	0%	0%	0%	2%	0%	0%	0.60%	
Hospitalizations (Medical)	Monthly	<5%	2%	0%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	0.20%	
Indicators:																
Employment (client #)	Annually	Baseline	12	15	19	19	22	21	19	17	13	15	16	17	205	
Community Linkages	Annually	Baseline	19	11	13	3	4	5	13	13	10	9	14	15	129	
# of Dismissals	Monthly	Baseline	0	0	1	0	1	1	2	2	4	2	2	1	16	
Recidivism to jail within 30 days	Annually	Baseline	0	0	0	0	0	0	0	0	2	0	0	0	2	
Recidivism to jail within 60 days	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0	
Recidivism to jail within 90 days	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0	
Recidivism to jail within 120 days	Annually	Baseline	1	0	0	0	0	0	0	0	0	0	0	0	1	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%	
Community Provider Survey	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	100%	
Sun Risk Education	Annually	100%	100%	100%	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	

CSS ESSEX

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024			2023							2024						
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	
TECHNICAL AUDIT	Monthly	80%	86%	85%	80%	85%	89%	90%	75%	80%	80%	82%	85%	80%	83%	
Focused:																
Med. Education	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%	
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Psychiatric Advance Directives	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	<10%	2%	2%	2%	2%	2%	2%	4%	4%	4%	2%	2%	2%	3%
Hospitalizations (Medical)	Monthly	<5%	1%	0%	0%	1%	1%	1%	0%	0%	0%	1%	0%	0%	0%
Linked to Medical Services	Monthly	90%	100%	100%	100%	66%	100%	100%	100%	100%	100%	100%	100%	100%	97%
Discharge Follow Up	Annually	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	80%
Objectives/interventions linked to notes	Monthly	75%	100%	83%	100%	100%	70%	100%	75%	85%	80%	83%	92%	80%	87%
Closed Chart Audits	Quarterly	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	80%
Wait for service (# of Days)	Monthly	1	0	0	1	1	0	0	0	0	1	1	2	1	0.58
Indicators:															
Employment	Quarterly	≥10%	3%	3%	3%	3	3	3%	2	2	2%	5	5	5%	168%
Recidivism to County/State	Monthly	≤20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Recidivism to STCF	Monthly	≤20%	2%	2%	2%	2%	2%	2%	4%	4%	4%	4%	4%	4%	3%
Nursing Assessments	Monthly	≥90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Permanent Housing	Quarterly	80%	NA	NA	99%	NA	NA	99%	NA	NA	99%	NA	NA	99%	99%
Linked to benefits	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	90%	90%	90%	90%	97%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	50%	66%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	93%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually				X								X		Complete
ICMS ESSEX															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023								2024				
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%	98%	100%	100%	98%	100%	98%	95%	98%	100%	99%
Focused:															
Quarterly Progress/w goal attainment	Quarterly	80%	85%	NA	NA	90%	NA	NA	82%	NA	NA	80	NA	NA	84%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	95%	100%	99%
Linked to Medical Services	Monthly	33	4	3	4	5	2	7	6	4	5	6	5	7	176%
Wait for service	Monthly	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicaid Justification	Quarterly	90%	100%	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hospitalizations (Psychiatric)	Monthly	<10%	4%	3%	5%	2%	0%	4%	4%	4%	6%	2%	4%	3%	3%
Hospitalizations (Medical)	Monthly	<5%	2%	0%	1%	3%	2%	0%	0%	4%	5%	7%	5%	2%	3%
Indicators:															
County/State discharges seen within 72 hours	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Short Term Care Facility Recidivism	Monthly	≤20%	4%	1%	3%	2%	3%	1%	2%	3%	2%	3%	2%	1%	2%
County or State Hospitals Recidivism	Monthly	≤20%	1%	2%	3%	2%	2%	0%	3%	2%	1%	4%	1%	2%	2%
Voluntary Recidivism	Monthly	≤20%	2%	3%	1%	2%	0%	4%	4%	5%	3%	2%	2%	3%	3%
Client Employment (# of clients)	Quarterly	30	NA	NA	9	NA	NA	10	NA	NA	13	NA	NA	11	36%

Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	NA	97%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually	Completed			x			x			x				Completed

IFSS ESSEX

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024															

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
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AUDITS	Monthly	85%	94%	90%	88%	91%	95%	94%	88%	88%	88%	88%	100%	84%	91%
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Intake Assessment completed	Monthly	85%	100%	100%	100%	90%	100%	100%	100%	100%	90%	100%	90%	80%	96%
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Service Pref Form Completed-Intake, 6mo, yrly	Monthly	85%	100%	100%	90%	90%	100%	100%	90%	100%	90%	100%	90%	90%	95%
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Family Concern Survey (Intake, 6mo, yrly)	Monthly	85%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	80%	90%	97%
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Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	93%	NA	NA	100%	NA	NA	100%	98%
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Service Accessibility:

IFSS Wait for Service	Quarterly	≤5 days	NA	NA	2	NA	NA	1.2	NA	NA	160%	NA	NA	1.5	2
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IFSS Wait for Intake	Quarterly	≤5 days	NA	NA	5.5	NA	NA	4.2	NA	NA	5	NA	NA	5.5	5
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Project FERST Accessibility-response time	Quarterly	≤2 days	NA	NA	1	NA	NA	1	NA	NA	NA	NA	NA	1	1
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Indicators:

IFSS Family Concerns Scale	Semi-Annual	↓ Reduction	NA	NA	NA	NA	NA	-18%	NA	NA	NA	NA	NA	-9%	-14%
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IFSS Family Satisfaction Survey	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	100%
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IFSS Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA		100%
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IFSS Discharge Follow Up	Semi-Ann.	90%	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	100%	100%
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Project FERST-Family Satisfaction Survey	Annually	85%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	91%	91%
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Project FERST-Provider Satisfaction Survey	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	respo nse	NA
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Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
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Project FERST Discharge Follow Up	Semi-Annual	90%	NA	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	90%	95%
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EISS - Sussex

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024															

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
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TECHNICAL AUDITS	Monthly	80%	90%	98%	95%	95%	95%	98%	98%	100%	100%	90%	90%	90%	95%
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Focused:

Goal Attainment at Discharge	Quarterly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Linked to Medical Services	Monthly	90%	90%	95%	95%	92%	90%	95%	95%	100%	100%	98%	100%	100%	96%
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Wait for service (days)	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
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60 day discharge follow up	Monthly	100%	100%	100%	100%	100%	100%	100%	60%	100%	100%	100%	100%	100%	97%
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Justified Continued Stay	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Closed Chart Audits	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	95%	98%	97%	99%
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Indicators:

New Enrollees: OFFERRED MH Professional w/in 24 hrs	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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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%	100%
New Enrollees: OFFERRED access to Prescriber w/in 24 hrs	Monthly	90%	95%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	99%
New Enrollees: F2F access with Prescriber w/in 24 hrs	Monthly	90%	86%	100%	100%	100%	98%	100%	96%	100%	94%	100%	94%	100%	97%
Consumers referred to Screening	Monthly	<5%	1%	3%	1%	0	1%	1%	1%	1%	1%	1%	1%	1%	1%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually	Complete	NA	NA	CNL	DMHAS	NA	NA	NA	NA	NA	NA	NA	NA	Complete
HOMEWARD BOUND															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023							2024					
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	0	0	0	0	0	2	2	1	1	0	1
Hospitalizations (M)	Monthly	<10%	0	1	1	1	1	1	0	2	1	2	1	0	1
Indicators:															
Unduplicated Consumers Outreached	Annually	816	42	48	32	42	63	43	170	146	106	73	64	52	108%
Unduplicated Consumers Engaged	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Encounters (Daytime)	Annually	1296	69	65	56	74	104	90	152	172	105	87	81	52	85%
Total Encounters (Night time)	Annually	3228	158	156	184	188	248	330	908	641	486	565	461	350	145%
Linked to Community MH services	Annually	36	0	0	0	2	1	1	0	1	0	0	0	0	14%
Linked to financial benefits	Annually	12	0	0	0	0	0	0	6	2	0	0	0	6	117%
Linked to permanent housing	Annually	12	0	1	1	2	1	5	1	2	3	1	4	3	200%
Linked to temporary housing	Annually	48	7	3	2	3	17	9	23	20	7	10	4	4	227%
Linked to substance use Tx. services	Annually	12	0	0	0	0	1	1	3	1	0	0	0	0	50%
Linked to medical/dental services	Annually	24	0	1	1	1	1	0	0	4	0	0	2	1	46%
Linked to rehabilitation services	Annually	12	0	0	0	0	0	0	0	0	0	0	0	0	0%
Linked to medical coverage	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	3	3
Linked to identification	Annually	Baseline	0	0	0	0	0	0	0	2	0	0	0	0	2
Individuals diagnosed	Annually	36	5	1	0	0	6	11	7	8	0	4	5	6	147%
APN Encounters	Annually	84	12	9	11	19	24	23	34	26	21	29	29	23	310%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

PATH - ESSEX

Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023								2024				
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	91%	99%	97%	99%	100%	98%	98%	98%	95%	94%	97%	95%	97%
Focused:															
Med. Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	82%	100%	98%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Goal Attainment	Monthly	80%	90%	80%	89%	71%	95%	91%	81%	86%	96%	76%	89%	82%	86%
Hospitalizations (P)	Monthly	<10%	0%	1%	1%	2%	4%	1%	1%	1%	1%	1%	1%	1%	1%
Hospitalizations (M)	Monthly	<10%	1%	0%	1%	1%	0%	0%	3%	0%	2%	1%	2%	0%	1%
Indicators:															
Number of outreaches	Annually	500	33	39	63	46	26	30	73	74	57	58	33	36	114%
Total Individuals Served	Annually	200	110	7	12	20	12	12	19	11	21	16	9	9	129%
Linked to own MHA CMH services	Annually	Baseline	5	0	1	0	0	1	1	0	1	0	1	0	10
Linked to Non- MHA CMH services	Annually	132	4	3	6	5	6	6	9	9	10	10	12	10	68%
Linked to financial benefits	Annually	40	5	7	2	5	3	2	4	5	11	3	3	8	145%
Linked to permanent housing	Annually	40	5	9	6	9	4	4	2	3	4	6	7	6	163%
Linked to rental by client, no ongoing subsidy	Annually	Baseline	1	3	1	0	0	0	0	0	0	1	0	1	7
Linked to rental by client, with HCV voucher	Annually	Baseline	2	4	3	5	2	2	1	1	2	1	1	1	25
Linked to rental by client with other ongoing housing subsidy	Annually	Baseline	2	0	2	3	2	1	1	1	2	4	6	3	27
Linked to Rental by client in a public housing unit	Annually	Baseline	0	1	0	0	0	1	0	1	0	0	0	1	4
Linked to residential project or halfway house with no homeless criteria	Annually	Baseline	0	1	0	1	0	0	0	0	0	0	0	0	2
Linked to staying or living with Family/friends permanent tenure	Annually	Baseline	0	0	0	0	1	0	0	0	0	0	0	0	1
Linked to "other" permanent housing	Annually	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Linked to temporary housing	Annually	35	4	3	7	3	3	2	5	4	2	5	2	1	117%
Linked to substance use Tx. services	Annually	35	2	0	0	2	1	1	0	3	0	4	2	0	43%
Linked to medical/dental services	Annually	30	1	1	3	5	0	3	3	2	8	0	2	2	100%
Linked to rehabilitation services	Annually	10	4	2	1	1	3	0	0	1	3	1	3	1	200%
Linked to identification	Annually	Baseline	5	3	2	8	7	3	1	5	7	8	6	0	55
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	NA	99%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

Health Home

Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023								2024				
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AIMS Completed	Monthly	Baseline	0	2	3	1	0	1	2	2	0	0	1	2	14
Blood pressure <140/90	Monthly	Baseline	81%	100%	46%	50%	60%	66%	100%	100%	66%	80%	50%	100%	75%

Nursing Meetings	Quarterly	Baseline	N/A	1	N/A	N/A	1	1	1	1	N/A	N/A	N/A	N/A	5
Health Group Attendees	Monthly	Baseline	66	60	41	58	55	60	60	56	60	79	72	91	758
Nursing Visits	Annually	388	39	62	60	38	36	61	98	93	19	24	45	50	161%
Nursing Assessments Completed	Monthly	Baseline	1	8	5	1	2	3	2	2	0	3	1	3	31
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Homeless Diversion Program															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023							2024					
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	25	14	15	12	4	5	14	5	7	31	38	20	276
Total number of accepted	Monthly	48	10	6	2	5	2	3	8	2	2	10	4	6	219
Total number of resolved	Monthly	24	6	2	5	6	1	3	8	2	0	12	4	6	141
Days until Resolution (average)	Monthly	<24	4	21	11	4	1	1	23	1	0	8	17	8	8
Consumers diverted from Shelter	Monthly	24	6	2	5	6	1	2	8	2		12	4	6	140
Days spent in Shelter	Monthly	< 7	0	0	0	0	0	0	0	0	0	0	0	0	0
Diverted initially and later entered shelter	Monthly	Baseline	0	0	0	0	0	0	1	0	0	0	0	0	1
Number of diverted and returned to seek other assistance other than shelter	Monthly	<25%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Individuals Diverted Gender															
Female	Monthly	Baseline	3	0	4	3	1	2	5	1	0	6	2	5	32
Male	Monthly	Baseline	3	2	1	3	1	1	3	1	0	6	2	1	24
Other	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing type linked to															
Current Housing	Monthly	Baseline	0	0	1	1	0	0	0	0	0	4	0	3	9
Reunited with family	Monthly	Baseline	4	0	0	4	1	2	2	2	0	0	2	1	18
Relocated	Monthly	Baseline	2	0	4	1	0	1	6	0	0	8	2	2	26
Boarding home	Monthly	Baseline	0	2	0	0	0	0	0	0	0	0	0	0	2
Nursing home	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	Monthly	Baseline	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Provider Survey	Annually	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	97%	97%
IT															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023							2024					
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
System Upgrades	Monthly	Completed	7	9	6	5	7	3	5	6	10	8	7	5	78
Trouble Ticket Response	Monthly	≤5 days	1	1	1	1	1	1	1	1	1	1	1	1	1
Trouble Ticket Received	Monthly	≤200	9	12	9	7	8	6	6	8	7	8	9	5	94
Hardware Inventory	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	NA	NA	97%
Software Inventory	Annually	90%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	96%	NA	96%

AOT MORRIS

Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023								2024				
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Wait for service	Monthly	3 days	3	1	1	1	N/A	1	1	2	3	1.5	1	4	1.8
Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Inpatient referrals	Monthly	7 consumers	1	0	1	1	0	1	2	1	0	1	2	1	0.9
Long Term Care (LTC) referrals	Monthly	3 consumers	1	1	3	2	0	0	0	0	1	1	1	2	1.0
Number of transport orders	Monthly	<3 transport orders	0	0	0	0	0	0	1	1	0	0	3	1	0.5
Linked to Medical Services	Quarterly	2 consumers	1	1	0	0	0	2	0	0	0	0	0	0	0.3
60 day discharge follow up	Monthly	80%	0%	N/A	N/A	0%	0%	N/A	N/A	N/A	100%	100%	100%	100%	57%
Hospitalizations (Psychiatric)	Monthly	<10%	3%	10%	5%	19%	10%	6%	18%	19%	0%	6%	13%	18%	11%
Hospitalizations (Medical)	Monthly	<5%	0%	0%	0%	0%	0%	0%	6%	0%	0%	0%	0%	0%	1%
Indicators:															
ER (screening)	Monthly	≥ 4	3	2	1	2	2	1	2	3	1	1	2	3	1.9
Voluntary admissions	Monthly	≤ 2	2	0	0	1	2	0	0	1	0	0	1	2	0.8
Involuntary admissions	Monthly	≤ 2	1	2	1	1	0	1	2	2	0	1	2	2	1.3
Long Term Care	Monthly	≤ 2	0	0	1	1	0	0	0	0	1	0	0	0	0.3
Arrests	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	1	0	0	0.1
Incarceration	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	1	0	0	0.1
Homelessness	Monthly	≤ 2	1	0	0	0	0	0	0	0	0	0	0	1	0.2
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	40%	40%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

CJS MORRIS

Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023								2024				
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3.0
Hospitalizations (Psychiatric)	Monthly	<10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%	0%	0%
Hospitalizations (Medical)	Monthly	<5%	5%	0%	0%	0%	0%	0%	0%	0%	0%	1%	12%	0%	2%
Indicators:															
Employment	Annually	20	6	6	6	6	5	5	5	5	4	5	4	5	310%
Number of days ↓ county jail time	Annually	1000	0	0	0	0	0	0	0	0	0	0	0	0	0%
Number of days ↓ state time	Annually	10,000	547	0	0	1095	0	0	0	0	0	0	0	0	16%
Linkage to MH Prosecutors Program	Annually	10	0	0	1	0	0	0	0	0	0	0	0	0	10%

Community Linkages	Annually	60	3	3	6	5	8	11	11	6	8	22	14	9	177%
Recidivism to jail within 30 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 60 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 90 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 120 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%

Veterans Program MORRIS

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024			2023					2024							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
New enrollees	Annually	30	0	1	4	0	5	0	28	3	0	1	2	1	150%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Closed Chart Audits	Monthly	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Indicators:															
Mental Health Counseling (Hours)	Quarterly	100	NA	NA	56.5	NA	NA	64.5	36	30	32	27.5	28	27	302%
Psycho Edu Group	Quarterly	3 sessions	NA	NA	2	NA	NA	2	1	1	1	1	1	0	9
Veterans Support Group	Quarterly	8 sessions	NA	NA	10	NA	NA	7	3	4	3	3	3	4	37
Case Management (units)	Quarterly	18	NA	NA	10	NA	NA	17	4	2	10	0	0	4	47
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	97%	99%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%

CJS Expansion MORRIS

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024			2023					2024							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Focused:															
Quarterly Progress with Measurable Objectives	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medication Education	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Discharge Follow Up 60 Days	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Linked to Medical Services	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Wait for services (# of days)	Monthly	3	3	3	3	3	3	3	3	3	3	3	3	3	3.0
Hospitalizations (Psychiatric)	Monthly	<10%	0%	3%	10%	6%	3%	0%	0%	0%	3%	0%	0%	7%	3%
Hospitalizations (Medical)	Monthly	<5%	0%	3%	6%	0%	0%	3%	5%	0%	0%	0%	0%	7%	2%
Indicators:															

Employment (client #)	Annually	20	6	6	7	5	5	5	6	6	6	7	7	6	360%
Number of days ↓ county jail time	Annually	1000	0	0	0	0	0	0	0	0	0	0	0	0	0%
Number of days ↓ state time	Annually	10,000	2,190	0	0	2,190	0	0	1,825	0	0	1095	0	1095	84%
Consumers Served	Annually	72	30	32	33	34	35	36	37	39	0	0	41	0	56%
Referrals from Community Connections	Monthly	Baseline	2	0	1	0	0	2	4	5	2	1	0	1	18
Linkage to MH Prosecutors Diversion Pro.	Annually	10	2	0	0	2	0	1	1	0	0	1	0	1	80%
Community Linkages	Annually	60	17	20	19	18	34	13	19	22	26	21	37	17	438%
Recidivism to jail within 30 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 60 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 90 days	Annually	<5 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Recidivism to jail within 120 days	Annually	<10 clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
CSS MORRIS															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023					2024							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDIT	Monthly	80%	75%	82%	80%	77%	90%	86%	88%	80%	79%	80%	80%	82%	82%
Focused:															
Med. Education	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%
Client Consent	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Psychiatric Advance Directives	Monthly	90%	100%	100%	100%	100%	100%	80%	85%	100%	90%	80%	90%	90%	93%
Hospitalizations (Medical)	Monthly	<10%	0%	0%	0%	0%	0%	3%	1%	1%	1%	1%	1%	1%	1%
Hospitalizations (Psychiatric)	Monthly	<5%	1%	0%	0%	0%	0%	2%	2%	2%	2%	3%	3%	3%	2%
Linked to Medical Services	Monthly	90%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Discharge Follow Up	Annually	80%	NA	NA	80%	NA	NA	NA	NA	80%	NA	NA	NA	NA	80%
Objectives/interventions linked to notes	Monthly	75%	75%	100%	75%	20%	60%	80%	90%	90%	90%	90%	90%	90%	79%
Closed Chart Audits	Quarterly	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	NA	NA	80%	80%
Wait for service (# of days)	Monthly	baseline	1	0	0	0	1	0	0	0	5	0	0	5	1.00
Indicators:															
Employment	Quarterly	≥10%	NA	NA	11%	NA	NA	12%	NA	NA	14%	NA	NA	14%	13%
Recidivism to County/State	Monthly	≤20%	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Recidivism to STCF	Monthly	≤20%	1%	0%	0%	3%	3%	3%	2%	2%	2%	4%	4%	4%	2%
Nursing Assessments	Monthly	≥90%	100%	100%	100%	0%	0%	20%	0%	0%	0%	0%	0%	0%	53%
Permanent Housing	Quarterly	80%	NA	NA	99%	NA	NA	99%	NA	NA	98%	NA	NA	97%	98%
Linked to benefits	Monthly	90%	100%	100%	100%	80%	60%	100%	90%	90%	90%	90%	90%	90%	90%
Linked to Natural Community social supports	Monthly	90%	100%	100%	100%	80%	60%	60%	100%	100%	100%	100%	100%	100%	92%
Individualized rehabilitation plan within 14 days of admission	Monthly	90%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	98%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually					x							x		Complete

ICMS Morris																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2023-2024			2023					2024								
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%	98%	92%	100%	100%	98%	88%	100%	85%	85%	100%	100%	96%	
Focused:																
Medication Education	Monthly	80%	100%	98%	76%	100%	100%	95%	78%	100%	100%	75%	100%	100%	94%	
Linked to Medical Services	Monthly	33	4	1	2	5	1	0	4	2	4	5	1	3	97%	
Wait for service	monthly	baseline	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
60 day discharge follow up	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Justified Continued Stay	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Medicaid Justification	Monthly	90%	100%	100%	100%	100%	98%	100%	100%	100%	100%	95%	100%	98%	99%	
Closed Chart Audits	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Hospitalizations (Psychiatric)	Monthly	<10%	3%	5%	8%	5%	4%	2%	2%	3%	5%	2%	5%	1%	4%	
Hospitalizations (Medical)	Monthly	<5%	2%	1%	0%	0%	2%	0%	0%	2%	1%	1%	1%	1%	1%	
Indicators:																
County/State discharges seen within 72 hours	Monthly	80%	98%	100%	100%	100%	100%	95%	100%	100%	99%	100%	100%	100%	99%	
Short Term Care Facility Recidivism	Monthly	≤20%	1%	0%	2%	0%	2%	1%	2%	1%	0%	1%	1%	0%	1%	
County or State Hospitals Recidivism	Monthly	≤20%	0%	0%	1%	0%	1%	1%	0%	1%	1%	0%	0%	1%	1%	
Voluntary Recidivism	Monthly	≤20%	2%	1%	1%	3%	2%	2%	0%	3%	1%	1%	2%	1%	2%	
Client Employment (# of clients)	Quarterly	30	NA	NA	11	NA	NA	10	NA	NA	12	NA	NA	14	39%	
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%	
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%	
External Audits	Annually														x	
PATH - MORRIS																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2023-2024			2023					2024								
Topic/Issue Requesting Follow up																
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	
TECHNICAL AUDIT	Monthly	80%	80%	80%	80%	100%	100%	86%	100%	100%	99%	98%	98%	100%	93%	
Focused:																
Med. Education	Monthly	80%	60%	70%	37%	100%	80%	80%	100%	100%	100%	100%	100%	100%	86%	
Client Consent	Monthly	80%	100%	100%	62%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	
Hospitalizations (P)	Monthly	<10%	0	0	0	1	2	2	4	2	4	2	3	0	1.7	
Hospitalizations (M)	Monthly	<5%	0	0	0	0	1	0	1	1	1	1	0	2	0.6	
Indicators:																
Goal Attainment	Monthly	80%	NA	NA	80%	90%	86%	98%	82%	85%	92%	82%	88%	73%	85%	
Number of outreaches	Annually	180	12	21	28	10	23	19	20	26	15	24	13	15	126%	
Number of individuals enrolled	Annually	70	32	7	3	5	11	5	4	6	7	7	6	7	143%	
Linked to Community MH services	Annually	75	11	6	8	3	16	5	10	12	15	5	5	6	136%	
Linked to financial benefits	Annually	40	0	3	1	3	4	3	11	4	22	8	4	12	188%	
Linked to permanent housing	Annually	20	0	0	0	1	1	1	2	2	5	1	1	7	105%	
Linked to temporary housing	Annually	40	10	6	7	2	3	1	11	4	4	2	0	5	138%	
Linked to substance abuse treatment services	Annually	20	2	4	0	0	0	2	1	1	3	0	0	2	75%	

Linked to Medical Services	Annually	10	3	0	1	0	1	1	2	5	5	2	0	6	260%
Linked to vocational/educational services	Annually	10	4	1	3	0	0	0	1	1	5	1	1	8	250%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	99%	NA	99%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%

PROSPECT HOUSE

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024 2023 2024

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
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TECHNICAL AUDITS	Monthly	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
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Focused:

Height, Weight, & Blood Pressure	Monthly	85%	93%	90%	79%	56%	52%	43%	67%	66%	72%	60%	72%	62%	68%
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Initial Psych Evals completed within 2 weeks of admission	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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6 Month Psych	Monthly	100%	7%	18%	20%	26%	15%	26%	23%	27%	33%	16%	25%	13%	21%
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Consent Forms	Monthly	85%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
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completed within one month of acceptance into	Monthly	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Informed Consent for medications	Quarterly	100%			100%			100%			100%			100%	100%
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Wait for service	Monthly	>2	0	0	0	0	0	0	0	0	0	0	0	0	0
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Hospitalizations (Medical)	Monthly	<5%	0	0	0	0	0	0	0	0	0	0	0	0	0%
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Hospitalizations (Psychiatric)	Monthly	<10%	0	5	0	1	0	0	0	1	0	1	0	0	67%
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Nutritional Screenings completed.	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Indicators:

Employment (# of consumers)	Quarterly	Baseline			17			16			18			15	17
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Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
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Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
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Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
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External Audits	Annually		x			x			x			x			Complete
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ICMS PASSAIC

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024 2023 2024

Topic/Issue Requesting Follow up

	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
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TECHNICAL AUDITS	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Focused:

Quarterly Progress/w goal attainment	Quarterly	84%			94%			95%			88%			86%	91%
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Medication Education	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Linked to Medical Services	Monthly	74%	88%	92%	95%	90%	89%	88%	87%	88%	92%	90%	91%	90%	90%
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Wait for service	Monthly	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
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60 day discharge follow up	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Justified Continued Stay	Quarterly	100%			100%			100%			100%			100%	100%
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Medicaid Justification	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Closed Chart Audits	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Hospitalizations (Psychiatric)	Monthly	<10%	1%	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%	1%	1%
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Hospitalizations (Medical)	Monthly	<5%	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%	0%	1%
Indicators:															
County/State discharges seen within 72 hours	Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Short Term Care Facility Recidivism	Monthly	<10%	1%	1%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%
County or State Hospitals Recidivism	Monthly		0%	0%	1%	0%	0%	0%	0%	1%	1%	1%	0%	0%	0%
Voluntary Recidivism	Monthly		3%	2%	0%	1%	1%	1%	2%	1%	1%	1%	1%	0%	1%
Client Employment	Quarterly	17%	17%	18%	18%	18%	20%	21%	17%	17%	18%	17%	20%	20%	18%
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98%	NA	98%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually			x			x			x			x		Complete

AOT SUSSEX

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024	2023								2024						
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Topic/Issue Requesting Follow up															
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	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
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TECHNICAL AUDITS	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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Focused:

Service Access:

Wait for service	Monthly	3 days	3	1	1	2	1	1	N/A	1	1	1	1	1	100%
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Screening referrals	Monthly	1 consumer	0	0	0	0	0	0	0	0	1	0	0	0	10%
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Inpatient referrals	Monthly	7 consumers	0	0	4	2	5	0	0	1	4	1	2	1	24%
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Long Term Care (LTC) referrals	Monthly	3 consumers	0	0	0	0	1	0	0	0	0	1	0	0	6%
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Number of transport orders	Monthly	<3 transport orders	0	0	0	0	0	0	0	0	0	0	0	0	100%
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Linked to Medical Services	Quarterly	2 consumers	0	0	0	0	0	0	2	0	0	0	1	0	0.3
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60 day discharge follow up	Monthly	90%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%
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Hospitalizations (Medical)	Monthly	Baseline	0%	0%	0%	0%	0%	0%	0%	0%	0%	6.7%	0%	6%	1%
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Hospitalizations (Psychiatric)	Monthly	Baseline	1%	1%	26.7%	6%	4%	22%	18%	18%	0%	0%	13%	0%	9%
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Indicators:

ER (screening)	Monthly	≤ 3	0	1	3	1	1	4	2	2	0	0	2	0	1.3
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Voluntary admissions	Monthly	≤ 1	1	1	2	0	0	2	2	1	0	0	2	0	0.9
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Involuntary admissions	Monthly	≤ 1	1	0	2	1	1	2	0	1	0	0	0	0	0.7
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Long Term Care	Monthly	≤ 2	0	0	0	0	0	0	0	0	0	0	0	0	0
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Arrests	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
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Incarceration	Monthly	≤ 1	0	0	0	0	0	0	0	0	0	0	0	0	0
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Homelessness	Monthly	≤ 1	0	0	0	1	1	0	0	0	0	0	0	1	0.3
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Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	96%	NA	96%
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Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
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Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
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EDUCATION

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024	2023								2024						
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Topic/Issue Requesting Follow up															
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	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
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Number of Participants	Annually	50	38	NA	NA	NA	NA	178	NA	NA	161	NA	NA	43	840%
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Number of MHFA	Annually	16	2	NA	NA	NA	3	11	NA	NA	9	NA	NA	5	188%
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Satisfaction Survey	Quarterly	80%	95%	NA	NA	NA	NA	98%	NA	NA	98%	NA	NA	98%	97%
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Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
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Social Club																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023									2024					
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS		
Number of Openings	Annually	16	NA	NA	1	NA	NA	1	NA	NA	2	NA		1	31%		
Number of Attendees	Annually	560	NA	NA	270	NA	NA	271	NA	NA	275	NA	276	NA	195%		
Activities	Annually	90	NA	NA	26	NA	NA	18	NA	NA	26	NA	27	NA	108%		
Units of Service	Annually	4384	NA	NA	531	NA	NA	945	NA	NA	684	NA	1266	NA	78%		
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%		
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%		
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%		
Community Advocacy/ POST																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023									2024					
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS		
Active Clients Enrolled	Annually	106	NA	NA	185	NA	NA	189	NA	NA	194	NA	NA	196	721%		
Total new enrolled/ clients/ volunteers	Annually	10	NA	NA	7	NA	NA	4	NA	NA	3	NA	NA	4	180%		
Total Units Served	Annually	21160	NA	NA	6490	NA	NA	6263	NA	NA	8039	NA	NA	11403	152%		
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%		
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%		
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%		
SES																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023									2024					
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS		
TECHNICAL AUDITS	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Focused:																	
Assessment w/Strengths Needs Abilities Preferences	Monthly	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Treatment Plans: update/measurable	Monthly	80%	100%	100%	100%	100%	100%	100%	95%	98%	100%	100%	100%	100%	99%		
Support Plan	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%		
Closed Chart Audits	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%		
Progress on Goal attainment	Quarterly	80%	NA	NA	70%	NA	NA	78%	NA	NA	51%	NA	NA	60%	65%		
Linked to Medical Services	Monthly	15%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
Wait for service (# of days)	Monthly	3	3	6	5	1	5	1	1	3	3	1	3	2	70%		
Hospitalizations (Psychiatric)	Monthly	<5	1	2	1	1	1	1	1	0	0	2	0	0	100%		
Hospitalizations (Medical)	Monthly	<3	0	0	0	1	0	0	1	0	1	0	0	0	100%		
Indicators:																	
Linked to Community Service	Quarterly	80%	NA	NA	1%	NA	NA	0%	NA	NA	0%	NA	NA	18%	5%		
Interviews	Quarterly	60	NA	NA	25	NA	NA	21	NA	NA	25	NA	NA	26	40%		
Placed within 4 months of admin.	Quarterly	30%	NA	NA	4%	NA	NA	0%	NA	NA	3%	NA	NA	2%	2%		
Discharge Follow Up 90 Days	Quarterly	80%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	100%		
Job retention > 3 months	Quarterly	80%	NA	NA	20%	NA	NA	16%	NA	NA	21%	NA	NA	21%	20%		
Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	94%	NA	94%		

Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
IFSS Sussex															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023				2024								
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
AUDITS	Monthly	85%	92%	96%	96%	95%	98%	95%	90%	88%	93%	94%	91%	95%	94%
Intake Assessment completed	Monthly	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service Preference Form Completed-Intake, 6mo, yearly	Monthly	85%	88%	100%	88%	100%	100%	100%	88%	88%	88%	100%	88%	88%	93%
Family Concern Survey (Intake, 6 months, yearly)	Monthly	85%	88%	88%	100%	100%	100%	100%	88%	88%	88%	88%	100%	100%	94%
Closed Chart Audits	Quarterly	85%			97%			100%			100%			100%	99%
Service Accessibility:															
IFSS Wait for Service	Quarterly	≤5 days	NA	NA	0	NA	NA	0	NA	NA	0	NA	NA	0	0
IFSS Wait for Intake	Quarterly	≤5 days	NA	NA	1	NA	NA	2	NA	NA	1	NA	NA	2	2
Indicators:															
IFSS Family Concerns Scale	Semi-Annual	↓ Reduction	NA	NA	NA	NA	NA	14%	NA	NA	NA	NA	NA	7%	11%
IFSS Family Satisfaction Survey	Annually	85%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	100%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
PEER TO PEER LINE															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023				2024								
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of calls	Annually	2537	NA	NA	1762	NA	NA	2084	NA	NA	2130	NA	NA	2036	316%
New callers	Annually	80	NA	NA	9	NA	NA	36	NA	NA	37	NA	NA	29	139%
Consumer Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	96%	NA	96%
Staff Satisfaction Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	NA	95%
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
Teen Connect															
Mental Health Association															
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR															
Year: 2023-2024			2023				2024								
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Number of calls	Annually	Baseline	NA	NA	12	NA	NA	7	NA	NA	6	NA	NA	7	32
New callers	Annually	Baseline	NA	NA	12	NA	NA	7	NA	NA	6	NA	NA	4	29
Hours of operation	Annually	Baseline	NA	NA	640	NA	NA	650	NA	NA	640	NA	NA	645	2575
Community Provider Survey	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%

Suicide Prevention

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024

			2023					2024							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
Participants under 18	Monthly	Baseline	180	0	128	165	208	270	119	140	963	67	160	114	2514
Participants over 18	Monthly	Baseline	8	0	127	335	531	135	76	46	350	581	260	178	2627
Training Hours	Monthly	Baseline	6	0	16	26	30	17	16	32	38	27	44	20	272
Presentations	Monthly	Baseline	6	0	12	3	6	8	2	3	10	5	10	5	70
# of Law Enforcement Trained	Annually	Baseline	0	0	28	0	0	0	0	0	0	0	0	0	28
# of Students Trained	Annually	Baseline	180	0	128	165	208	270	119	140	963	67	160	114	2514
# of Teachers Trained	Annually	Baseline	8	0	10	20	200	0	5	6	40	1	15	1	306
# of Others Trained	Annually	Baseline	0	0	89	315	331	135	71	40	310	580	245	177	2293
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%

Substance Use Recovery and Empowerment (SURE)

Mental Health Association

MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR

Year: 2023-2024

			2023					2024							
Topic/Issue Requesting Follow up															
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
TECHNICAL AUDITS	Monthly	80%	80%	80%	80%	80%	x	x	100%	100%	100%	100%	100%	100%	92%
Focused:															
Service plans with Measurable Objectives	Quarterly	80%	80%	95%	92%	94%	80%	85%	100%	100%	100%	100%	100%	100%	94%
Goal Attainment	Quarterly	80%	80%	80%	82%	88%	80%	80%	100%	100%	100%	85%	85%	100%	88%
Informed Consent for medications	Monthly	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Linked to Medical Services	Monthly	Baseline	0	2	1	2	1	1	0	0	0	0	0	0	7
Client consents	Monthly	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Closed Chart Audits	Monthly	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Medication Education	Quarterly	80%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%
Referred to Medical Provider	Quarterly	80%	0	2	2	2	1	1	0	0	0	0	0	0	67%
Service Access:															
Wait for Intake (within 48 hours)	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Internal referrals	Annually	25	0	3	2	1	2	2	2	1	3	0	0	0	16
External referrals	Monthly	50	0	4	13	6	3	4	6	5	8	5	1	2	57
Indicators:															
Hospitalized (Medical)	Monthly	0	0	1	1	0	0	1	0	0	0	0	0	0	3
Hospitalized (Psychiatric)	Monthly	3	0	0	0	0	0	0	1	0	1	0	0	1	3
Admitted/referred to Withdrawal Management	Monthly	4	0	0	0	0	0	0	0	0	1	0	1	0	2
Admitted/referred to higher level of care.	Monthly	7	1	0	0	0	0	0	0	0	1	0	0	0	2
Referred to Mental Health Treatment	Monthly	4	0	0	2	0	0	0	1	0	0	0	0	1	4
(Noncompliance with Tx.)	Monthly	14	1	0	2	0	1	0	2	1	2	0	0	0	9
Scheduled SA Intake Assessments	Monthly	85	0	2	5	3	3	2	13	6	11	2	1	3	51
Client Admissions	Monthly	52	0	2	3	3	3	2	5	2	0	2	1	3	26
Discharge Follow Up	Quarterly	100%	NA	NA	100%	100%	100%	100%	NA	NA	NA	NA	NA	NA	100%
Satisfaction Survey	Annually	80%	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	97%	97%
Sun Risk Education	Annually	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	100%	NA	NA	100%
External Audits	Annually					x									Complete

West Orange Police Department Collaboration																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023					2024					FY24				
Topic/Issue Requesting Follow up															Co-Responder		
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Training																	
Number of training videos provided	Annually	12	0	1	1	9	0	1	1	1	1	2	6	1	24	200%	
Training hours (enter minutes)	Annually	340	0	15	15	270	0	20	17	16	22	40	120	23	558	164%	
Body Camera After-Action Review																	
Number of videos reviewed	Annually	50	3	7	4	7	8	4	6	6	8	9	6	9	77	154%	
Number of videos with recommendations	Annually	5	0	3	0	0	0	0	0	0	2	0	1	0	6	120%	
Number of videos with no recommendations	Annually	45	3	4	4	7	8	4	6	6	6	9	5	9	71	158%	
Number of videos Co-Response were present for	Annually	Baseline							1	0	2	0	0	1	1	5	NA
Co-Response Outreach (WOPD & MHAEM)																	
Number of face to face co-responses	Annually	180	11	12	11	18	13	15	7	19	14	11	8	9	148	82%	
Hours Co-Responding	Annually	110	5.58	8.67	7.25	9.5	5.1	10.6	6.3	13	7.42	8	4.42	6	91.84	83%	
Number of homeless outreaches (WOPD request)	Annually	10	0	0	2	0	1	1	0	0	0	3	1	1	9	90%	
Co-Response Outcomes																	
Arrest	Annually	1	0	0	0	0	1	0	0	1	0	0	0	0	2	2.0	
Involuntary Transport to Hospital	Annually	15	3	2	3	6	2	3	1	2	2	1	0	0	25	167%	
Voluntary Transport to Hospital	Annually	50	6	4	2	10	5	3	2	8	5	2	6	4	57	114%	
Resolved without Incident	Annually	40	2	6	6	2	4	9	4	8	7	8	2	5	63	158%	
Co-Response Notification																	
# of co-responses initiated by dispatch	Annually	Baseline									17	14	11	7	7	56	NA
# of co-responses initiated by self-initiated by officer	Annually	Baseline									0	0	0	0	1	1	NA
by co-responder listening to radio	Annually	Baseline									0	0	0	0	0	0	NA
# of co-responses initiated by "other"	Annually	Baseline									2	0	0	1	1	4	NA
Co-Response Linkage Outcomes																	
Accepted linkages	Annually	Baseline					2	2	3	7	4	3	0	1	22	NA	
Declined linkages or future follow up	Annually	Baseline	8	4	2	9	8	5	2	0	3	3	5	4	53	NA	
Unable to refer	Annually	Baseline					3	8	2	12	7	5	3	4	44	NA	
Linked to MHA mental health services	Annually	5	2	3	4	5	3	1	3	3	0	0	0	1	25	500%	
Linked to non-MHA mental health services	Annually	25	0	3	6	10	5	3	1	4	4	2	0	0	38	152%	
Linked to other services	Annually	Baseline	1	2	0	2	4	9	1	2	2	1	0	0	24	NA	
Co-Responder Outreach																	
# people outreaches were attempted to	Annually	Baseline				30	24	30	20	29	37	40	27	23	260	NA	
# People outreached to	Annually	Baseline	4	7	5	8	7	3	14	19	23	24	20	17	151	NA	
# People accepted linkages during outreach	Annually	Baseline				15	2	2	4	7	11	5	8	5	59	NA	

Duration outreaches (hours)	Annually	Baseline	2.3	11.2	10.4	13.9	5.5	3.1	4.8	8.75	18	5.16	12	10.17	105.28	NA	
Total # Outreaches (times connecting w/ clients)	Annually	Baseline	22	27	22	30	12	7	36	54	50	36	55	25	376	NA	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%	
Perth Amboy Police Department Collaboration																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023					2024					FY24				
Topic/Issue Requesting Follow up																Co-Responder	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%	
Training																	
Number of training videos provided	Annually	12	3	0	1	0	0	0	0	1	1	1	1	1	9	75%	
Training hours (enter minutes)	Annually	340	90	0	30	0	0	0	0	31	20	30	20	30	251	74%	
Co-Response Outreach (WOPD & MHAEM)																	
Number of face to face co-responses	Annually	180	19	14	14	15	14	17	23	10	18	8	18	14	184	102%	
Hours Co-Responding	Annually	110	16.3	11.75	5.9	9.16	11.5	10.25	16.25	7.25	11.41	6	19.7	14	139.47	127%	
Co-Responses Requiring Spanish	Annually	Baseline	9	6	4	7	7	6	9	4	6	5	4	2	69	NA	
Number of homeless outreaches (PAPD request)	Annually	10	1	1	0	0	1	1	1	1	4	2	2	0	14	140%	
Co-Response Outcomes																	
Arrest	Annually	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1.0	
Involuntary Transport to Hospital	Annually	15	0	0	0	1	0	2	4	0	1	0	0	0	8	53%	
Voluntary Transport to Hospital	Annually	50	3	3	11	7	7	8	8	6	9	4	4	5	75	150%	
Resolved without Incident	Annually	40	13	9	3	7	7	8	9	4	7	4	14	9	94	235%	
Co-Response Linkage Outcomes																	
Accepted linkages	Annually	Baseline								4	6	1	13	7	31		
Declined linkages or future follow up	Annually	Baseline		1		2	1	0	0	6	0	7	5	7	29	NA	
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	10	7	7	7	7	12	5	2	4	1	8	6	76	304%	
Linked to other services	Annually	Baseline	8	6	7	7	8	12	8	2	6	1	9	1	75	NA	
Co-Responder Outreach																	
# people outreaches were attempted to	Annually	Baseline								15	16	15	16	21	83		
# People outreached to	Annually	Baseline	8	15	5	2	11	22	10	13	12	13	12	13	136	NA	
# People accepted linkages during outreach	Annually	Baseline								13	11	9	7	11	51		
Duration outreaches (minutes)	Annually	Baseline	520	525	330	260	435	615	575	755	690	570	300	585	6160	NA	
Total # Outreaches (times connecting with clients)	Annually	Baseline	8	15	5	4	11	23	13	17	19	13	14	15	157	NA	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%	

South Orange Police Department Collaboration																
Mental Health Association																
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																
Year: 2023-2024			2023					2024					FY24			
Topic/Issue Requesting Follow up															Co-Responder	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS	%
Training																
Number of training videos provided	Annually	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	0%
Training hours (enter minutes)	Annually	340	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	0%
Co-Response Outreach																
Number of face to face co-responses	Annually	180	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4	4	2%
Hours Co-Responding	Annually	110	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.83	2.83	3%
Co-Responses Requiring Spanish	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	NA
Number of homeless outreaches (SOPD request)	Annually	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	10%
Co-Response Outcomes																
Arrest	Annually	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	0.0
Involuntary Transport to Hospital	Annually	15	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	0%
Voluntary Transport to Hospital	Annually	50	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	4%
Resolved without Incident	Annually	40	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	5%
Co-Response Notification																
# of co-responses initiated by dispatch	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3	3	NA
# of co-responses initiated by self-initiated by officer	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	NA
by co-responder listening to radio	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA
# of co-responses initiated by "other"	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	NA
Co-Response Linkage Outcomes																
Accepted linkages	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	NA
Declined linkages or future follow up	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	NA
Linked to MHA mental health services	Annually	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	20%
Linked to non-MHA mental health services	Annually	25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	4%
Linked to other services	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	NA
Co-Responder Outreach																
# people outreaches were attempted to	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3	3	NA
# People outreached to	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	NA
# People accepted linkages during outreach	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	0	NA
Duration outreaches (minutes)	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.58	0.58	NA
Total # Outreaches (times connecting with clients)	Annually	Baseline	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	NA	97%

"4M's" Arrive Together Collaboration

Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023						2024						FY24		
Topic/Issue Requesting Follow up															Co-Responder		
	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	Baseline	NA	NA	NA	NA	NA	NA	0	0	3	9	8	20	40	NA	
Hours Co-Responding	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	2.5	5.5	4.07	21.74	33.81	NA	
Number of homeless outreaches	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	1	0	6	18	25	NA	
Number of referrals received for follow up	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	4	37	20	38	53	182	NA	
Co-Response Outcomes																	
Arrest	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	0	0	6	0	6	NA	
Involuntary Transport to Hospital	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	4	2	3	5	14	NA	
Voluntary Transport to Hospital	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	9	12	15	19	55	NA	
Resolved without Incident	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	11	7	18	32	68	NA	
Co-Response Linkage Outcomes																	
Declined linkages or future follow up	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	1	0	0	0	1	NA	
Linked to MHA services	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	1	1	2	4	2	10	NA	
Linked to non-MHA mental health services	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	4	0	0	0	4	NA	
Linked to other services	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	1	5	2	0	7	15	NA	
Co-Responder Outreach																	
# People outreached to	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	28	38	32	48	146	NA	
Duration outreaches (hours)	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	3.91	11.06	4.91	12.47	32.35	NA	
# Outreaches	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	42	76	54	77	249	NA	
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%	

"The Core 4" Arrive Together Collaboration

Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023						2024						FY24		
Topic/Issue Requesting Follow up															Co-Responder		
	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	Baseline	NA	NA	NA	NA	NA	NA	0	2	9	3	4	6	24	NA	
Hours Co-Responding	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	1.25	7	1.92	3.5	5.42	19.09	NA	
Number of homeless outreaches	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	0	0	0	3	7	10	NA	
Number of referrals received for follow up	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	8	26	25	31	49	139	NA	
Co-Response Outcomes																	
Arrest	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	1	0	0	0	0	1	NA	
Involuntary Transport to Hospital	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	1	10	7	5	3	26	NA	
Voluntary Transport to Hospital	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	4	7	10	15	25	61	NA	
Resolved without Incident	Monthly	Baseline	NA	NA	NA	NA	NA	NA	0	2	17	11	13	21	64	NA	
Outcomes																	

Declined linkages or future follow up	Monthly	Baseline	NA	NA	NA	NA	NA	NA	NA	0	0	0	0	2	0	2	NA
Linked to MHA services	Monthly	Baseline	NA	NA	NA	NA	NA	NA	NA	0	2	1	2	2	2	9	NA
Linked to non-MHA mental health services	Monthly	Baseline	NA	NA	NA	NA	NA	NA	NA	0	0	0	4	3	0	7	NA
Linked to other services	Monthly	Baseline	NA	NA	NA	NA	NA	NA	NA	0	0	2	1	7	3	13	NA
Co-Responder Outreach																	
# People outreached to	Monthly	Baseline	NA	NA	NA	NA	NA	NA	NA	0	6	16	24	25	14	85	NA
Duration outreaches (hours)	Monthly	Baseline	NA	NA	NA	NA	NA	NA	NA	0	3.42	6	9	10.12	5.97	34.51	NA
# Outreaches	Monthly	Baseline	NA	NA	NA	NA	NA	NA	NA	0	9	22	37	34	28	130	NA
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%
MHA-AGENCY-WIDE																	
Mental Health Association																	
MASTER UTILIZATION REVIEW/QUALITY ASSURANCE TRACKING CALENDAR																	
Year: 2023-2024			2023									2024					
Topic/Issue Requesting Follow up																	
	Monitoring	Threshold	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS		
Indicators:																	
Staff Voluntary Turnover	Monthly	≤30%	2%	5%	3%	4%	4%	3%	1%	4%	3%	2%	2%	1%	3%		
Staff Satisfaction	Annually	↑satisfaction	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	95%	1% ↓	
		↑response	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	190	134% ↑	
90 day New Hire Survey Satisfaction	Quarterly	5% Satisfaction	NA	96%	NA	NA	80%	NA	NA	90%	NA	NA	93%	90%			
Voluntary Resignations Only	Monthly		3	9	7	7	8	7	2	9	6	5	4	3	5.8		
Community Provider Survey	Annually	80%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	97%	97%		
Safety First Calls	Monthly	<20	4	3	1	2	5	1	0	5	1	2	2	2	28		
Suggestions	Monthly	NA	0	0	1	0	0	0	0	0	0	1	0	0	2		
Complaints	Monthly	0	1	0	1	1	0	1	0	0	0	0	0	0	4		
Grievances	Monthly	0	0	0	0	0	0	0	0	0	0	1	0	0	1		
Corporate Compliance	Quarterly	Completed	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	Complete		
External Financial Audit	Annually	Completed	NA	NA	NA	NA	100%	NA	NA	NA	NA	NA	NA	NA	Complete		
Psychiatrist Peer Review	Quarterly	Completed	100%	NA	NA	100%	NA	NA	100%	NA	NA	100%	NA	NA	Complete		
Medication Errors	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Adverse Reactions to Medications	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

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

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

FY2023: 4.0% average monthly turnover rate

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

FY2023: 96% satisfaction and response rate of 37%

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

FY2023: 99% satisfaction rate

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

FY2023: over 13,000 consumers received services from MHA

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

FY2023: 58% was the lowest number achieved

Annually: voluntary staff turnover
≤ 25%

3.0% average monthly turnover rate

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

*95% satisfaction and response
rate of 80%*

83% satisfaction and increased response
rate: annual:

97% satisfaction rate

MHA will provide services to 5000
consumers annually

*Over 30,000 consumers received services
from MHA*

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

58% was the lowest number achieved

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

CULTURAL COMPETENCY

Consumer Satisfaction: 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

FY2023: 0 cultural competency grievances reported; 97% satisfaction rate

Effectiveness: MHA staff provide services to all consumers and family members regardless of their ages, cultures, races, ethnicities, and/or religion. In order to provide these serves, MHA Quality Assurance Coordinator reviews the demographic profile of service areas to ensure MHAEM reflects the communities it serves. Cultural Competency, Diversity and Inclusion Committee Chair reviews and updates the staff language bank quarterly

FY2023: 100% of demographics profiles of the service area reviewed; language lists were reviewed, updated and distributed quarterly

Efficiency: 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. With these trainings and annual cultural competence events, staff become more culturally sensitive/competent when providing services to consumers and family members

FY2023: 100% of staff received Cultural Diversity training; 100% of staff received educational information via email from Cultural Competence Committee quarterly.

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

FY2023: 100% of agency literature, brochures and forms were reviewed and were found relevant

Annually: MHA will receive less than 2 cultural competence grievances

0 cultural competence grievances reported

Annually: 95% satisfaction rate on consumer and family survey

90% satisfaction rate

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

100% reviewed

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

Language list were reviewed, updated and distributed quarterly

Annually: 100% of staff will receive Cultural Diversity training

100% of staff received Cultural Diversity training

Quarterly: Cultural Competency, Diversity and Inclusion Committee will distribute educational information to 100% of staff

100% of staff received educational information via email from the Cultural Competency, Diversity and Inclusion Committee quarterly

Annually: MHA will hold a Cultural Competence event to educate staff about different cultures

MHA held a hybrid training for staff on LGBTQ+ population and celebrated its 16th Annual Multicultural Potluck

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

100% of agency literature, brochures and forms were reviewed and were found relevant

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

CENTER FOR BEHAVIORAL HEALTH

Access: Wait for service and wait for assignment are indicators of standards of professionalism and operations. Thresholds of performance are ≤5 business days between initial call and intake and between intake and assignment to service. *FY2023: 3.9 days wait for intake; 0 day wait for assignment*

Effectiveness: CBH uses the DASS-21 Depression, Anxiety and Stress Scale designed to measure emotional status of depression, anxiety and stress.
FY2023: 90% of clients showed an average of 20% decrease in overall symptoms 6 months into treatment

Client Satisfaction: Annually, CBH conducts a survey of clients' satisfaction with responsiveness, services rendered, privacy, accessibility, perceived effectiveness of services.
FY2023: 95% satisfaction rate

Efficiency: CBH utilizes a cancellation policy for all clients. After two missed appointments without providing 24-hour notice, the case is closed. CBH monitors productivity rate for clinicians and Medical Director.
FY2023: 93% productivity

≤5 business days

3.1 days wait for intake; 0 day wait for assignment

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

85% of clients showed an average of 20% decrease in overall symptoms 6 months into treatment

80% satisfaction: annually
100% satisfaction rate

90% Productivity: annually
93% productivity reported

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

FY2023: Essex/Morris: 100% of consumers were seen within 72 hours of discharge

Passaic: 100% of consumers were seen within 72 hours of discharge

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

FY2023: Essex/Morris: 1% recidivism to all hospitals; 2% to state and county hospital; 3% to community hospitals; 7% to short term care facilities Passaic: 2% recidivism to all hospitals; 1% to state and county hospital; 1% to community hospitals; 2% to short term care facilities

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

FY2023: Essex/Morris: 64 consumers from the active caseload were employed Passaic: 37 consumers from the active caseload were employed

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

FY2023: Essex/Morris: overall satisfaction was 97% Passaic: overall satisfaction was 96%

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

FY2023: Essex/Morris: 100% required continued stay; 100% Justified continued stay. Passaic: 100% required continued stay; 100% Justified continued stay

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

≤20% annually: monthly monitoring, annual aggregate
Essex/Morris: 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

15% of case load employed: yearly
Essex/Morris: 36% of consumers from the active caseload were employed
Passaic: 18% of consumers from the active caseload were employed

80% satisfaction: annually
Essex/Morris: overall satisfaction was 99%
Passaic: overall satisfaction was 98%

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

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

HEALTH HOME (CARE COORDINATION)

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

FY2023: BMI- average of 25% within normal range; vitamin D- average of 39% within normal range; glucose level-average of 60% within normal range; blood pressure-avg. of 67% within normal range

Efficiency: 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.

FY2023: 213 visits were made to MHA's Prospect Primary Care on-site. 94% of consumers throughout the agency have identified a medical provider

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

FY2023: 0 business days

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

FY2023: 99% satisfaction rate

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

BMI- average of 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

Care Coordination will increase physician visits by 20%

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

≤5 business days: monthly
0 business days

80% overall satisfaction rate: annually
99% satisfaction rate

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

PROSPECT HOUSE (PH)

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

FY2023: Medical staff on-site 5 days per week

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

FY2023: 12% of members gained employment

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

FY2023: 85% of charts were in compliance

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

FY2023: 90% of members participated in a Comprehensive Intake Assessment within 14 days of acceptance into the program

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

FY2023: 98% of consumers were satisfied with Prospect House services

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

Medical staff on-site 5 days per week

≥15%: quarterly

10% of members gained employment

≥80% chart compliance: monitored monthly

85% of charts were in compliance

Initial psychiatric evaluations completed with 14 days: 90%

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

80% satisfaction: annually

95% of consumers were satisfied with Prospect House services

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

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Outcomes

SUPPORTED EMPLOYMENT SERVICES (SES)

Efficiency: Expected timeframe of job placement is 50% of clients within four (4) months of entry into the program.
FY2023: 15% of consumers were placed into employment within the targeted period

50% in 4 months: quarterly 2%
of consumers were placed into employment within the targeted period of time

Efficiency: 4718 units of service are expected; staff productivity will continue to be monitored.
FY2023: 57% of units of service were achieved

4718 units of service are expected;
100% quarterly:
63% of units of service were achieved

Effectiveness: An outcome of successful placement and job support is measured by retained employment of three (3) months or more.
FY2023: 21% of consumers placed retained employment for 3 months or more

60% retention: quarterly:
20% of consumers placed successfully retained employment

Effectiveness: Client-oriented programs strive to place individuals in occupations of their choice.
FY2023: 100% of consumers placed were placed in occupations of their choice

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

Client Satisfaction: Annually, satisfaction with services, responsiveness of staff, and preparation for employment are surveyed.
FY2023: 94% of consumers were satisfied services, responsiveness of staff and preparation for employment

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

Employer Satisfaction: Annually, employers where clients are placed are surveyed for satisfaction on the collaboration with SES staff.
FY2023: 100% satisfaction rate

80% satisfaction: annually
100% satisfaction rate

Access: Wait for Service: referrals are received from the Division of Vocational Rehabilitation Services. The target wait for intake is 10 days; and admission to the program is within 2 days.
FY2023: 27 new consumers were registered and referred. The average time for intake was 0 business days and enrollment into SE was 1 business day

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

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Outcomes

COLLABORATIVE JUSTICE SERVICES (CJS)

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

FY2023: *Essex: 63 consumers were successfully linked to community services as outlined in their Individualized Service Plan. Morris: 37 linkages to mental health and social organizations.*

Effectiveness: Recidivism to jail within 30 days. Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 30 days.

FY2023: *Essex: 2 consumers returned to jail within 30 days throughout the fiscal year.*

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

Effectiveness: Recidivism to jail within 60 days. Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 60 days.

FY2023: *Essex: 1 consumer returned to jail within 60 days throughout the fiscal year*

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

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

FY2023: *Essex: Consumers decreased incarceration days by 4,279*

Morris: Consumers decreased incarceration days by 3,825

Client Satisfaction: Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers.

FY2023: *Essex: 100% Satisfaction rate*

Morris: 100% Satisfaction rate

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

FY2023: *Essex: The average wait for service for intake and/or admission was 3 business days.*

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

75 clients linked to community providers: monthly

Essex: 103 consumers were successfully linked to community services as outlined in their Individualized Service Plan

Morris: 106 linkages to mental health and social organizations.

Less than 25 clients: monthly

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

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

Less than 50 clients: monthly

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

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

Decrease incarceration days by 1000:

Essex: Consumers decreased incarceration days by 22,293

Morris: Consumers decreased incarceration days by 1,642

80% satisfaction: annually

Essex: 100% Satisfaction rate

Morris: 100% Satisfaction rate

Less than 5 days: monthly

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

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

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PROGRAMS AND INDICATORS

VETERAN AND FAMILY SUPPORT

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

FY2023: 227.5 hours of mental health counseling were provided

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

FY2023: 3 education groups were facilitated

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

FY2023: 46 support groups were facilitated

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

FY2023: 125 units of case management were provided

Client Satisfaction: Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers.

FY2023: 100% satisfaction rate

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

FY2023: The average wait for service for intake and/or admission was 3 business days

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

12 Education Groups
9 education groups were facilitated

35 Support Groups
37 support groups were facilitated

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

80% Satisfaction: annually
100% satisfaction rate

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

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Outcomes

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

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

FY2023: CJR: 196 consumers were successfully linked to community services as outlined in their Individualized Service Plan

MMHD: 157 linkages to mental health and social organizations

Effectiveness: Recidivism to jail within 30 days. Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 30 days.

FY2023: CJR: 3 consumers returned to jail within 30 days throughout the fiscal year

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

Effectiveness: Recidivism to jail within 60 days. Successful linkages to community providers, in addition to successful integration to community living and needed social supports will result in lower rates of recidivism with incarceration within 60 days.

FY2023: CJR: 1 consumer returned to jail within 60 days throughout the fiscal year

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

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

FY2023: MMHD: Consumers decreased incarceration days by 7,475

CJR: 10 total case dismissals

Client Satisfaction: Clients completed a survey that rates satisfaction with staff responsiveness, availability and linkages. This survey also measures the efforts made with different providers

FY2023: CJR: 100% satisfaction rate

MMHD: 100% satisfaction rate

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

FY2023: CJR: the average wait for service for intake and/or admission was 0 days

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

75 clients liked to community providers: monthly

CJR: 129 consumers were successfully linked to community services as outlined in their Individualized Service Plan

MMHD: 263 linkages to mental health and social organizations

Less than 25 clients: monthly

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

MMHD: 0 consumer returned to jail within 30 days throughout the fiscal year

Less than 25 clients: monthly

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

MMHD: 0 consumer returned to jail within 30 days throughout the fiscal year

MMHD Decrease incarceration days by 1000:

MMHD: Consumers decreased incarceration days by 8,395

CJR will facilitate case 10 case dismissals:

CJR: 16 total case dismissals

80% satisfaction rate: annual

CJR: 100% satisfaction rate

MMHD: 100% satisfaction rate

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

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

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

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COMMUNITY SUPPORT SERVICES (CSS)

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

FY2023: 12% employment rate

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

FY2023: 2% recidivism rate to County/State hospitals, 4% recidivism to Short Term Care Facilities

Effectiveness: Residential Stability: The main goal of a supportive housing program is to stabilize the residential circumstances of a vulnerable population. McKinney-Vento funded programs measure residential stability as one of three major goals. Effective services provided and appropriate housing opportunities correlate with tenant retention rates.

FY2023: 99% of individuals remained in housing for 12 months

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

FY2023: 90% of charts were complaint

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

FY2023: 100% consumer satisfaction

≥10% employment: quarterly monitoring
11% employment rate

≤ 20% recidivism rate to psychiatric hospitals: monitored monthly
1% recidivism rate to County/State hospitals
2% recidivism rate to Short Term Care Facilities

≥80% of tenants will maintain their housing for 12 months monitored through movement statistics: monitored monthly
98% of individuals remained in housing for 12 months

≥80% chart compliance: monitored monthly
90% of charts were compliant

≥80% client satisfaction: monitored yearly
98% consumer satisfaction

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INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

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

FY2023: Essex: 89% felt IFSS services were accessible

Sussex: 95% felt IFSS services were accessible

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

FY2023: Essex: <2 wait for service; <5 days wait for intake;

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

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

FY2023: Essex: 11% reduction in levels of stress/burden reported by families;

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

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

FY2023: Essex: 100% overall satisfaction

Sussex: 100% overall satisfaction

Measured: annually

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

Essex: 100% felt IFSS services were accessible

Sussex: 91% felt IFSS services were accessible

Measured: quarterly

Baseline: ≤ 5 business days

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

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

Measured: semi-annually through pre and post-tests

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

Essex: IFSS families reported 17% reduction in levels of stress/burden.

Sussex: IFSS families reported 11% reduction in levels of stress/burden

Measured: Annually

Baseline: threshold of achieving 90% satisfaction among respondents

Essex: 100% overall satisfaction

Sussex: 100% overall satisfaction

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PROGRAMS AND INDICATORS

RISKIN CHILDREN’S CENTER (RCC)

Access: Wait for service and wait for assignment are measures of efficiency, required by NJDMHAS. They are indicators of standards of professionalism and operations. Thresholds of performance are <5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services.

FY2023: 2.6 days wait for service, 0 days wait for assignment

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

FY2023: 89% of all participants showed decreases in aggressive behavior, anxiety, depression, attention problems, delinquent behavior, social problems, somatic complaints and thought problems 6 months into treatment

Client Satisfaction: RCC conducts a survey of satisfaction annually with the youth who are receiving services and their parents/guardians. This survey measures overall satisfaction with the therapist, services, and the child and adolescent psychiatrist. It also measures whether they felt they were treated with respect, whether the child made progress and whether the therapist included the parent in treatment and whether the child felt listened to by their therapist.

FY2023: 100% satisfaction rate

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

FY2023: 95% of consumer records are compliant with agency standards

<5 business days between the initial call and the intake appointment and <5 days between the intake and assignment to services. *3.7 day wait for service, 0 day wait for assignment*

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

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

80% satisfaction rate: annually
100% satisfaction rate

≥80% chart compliance: monitored monthly

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

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ASSISTED OUTPATIENT TREATMENT (AOT)

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

FY2023: Essex: Screening: 0 referral; STCF: 48 referrals; LTC: 11 referrals

FY2023: Morris: Screening: 0 referral; STCF: 16 referrals; LTC: 6 referrals

FY2023: Sussex: Screening: 1 referral; STCF: 14 referrals; LTC: 3 referrals

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

FY2023: Essex: 87% of charts were compliant

FY2023: Morris: 89% of charts were compliant

FY2023: Sussex: 97% of charts were compliant

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

FY2023: Essex: 18 clients enrolled went to a local ER for screening, 0 client enrolled were admitted to Long Term Care, 0 client enrolled was arrested, 1 client enrolled was incarcerated, 2 clients enrolled were voluntarily hospitalized, 4 clients enrolled were homeless

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

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

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

FY2023: Essex: 89% satisfactory rate; Morris: 92% satisfactory rate; Sussex: 100% satisfactory rate

Measured: Monthly

Measured Monthly

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

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

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

Essex: Screening: 0 referral; STCF: 48 referrals; LTC: 7 referrals

Morris: Screening: 0 referral; STCF: 2 referrals; LTC: 8 referrals

Sussex: Screening: 1 referral; STCF: 9 referrals; LTC: 1 referral

Measured: Quarterly

≥80% chart compliance

Essex: 100% of the charts were compliant

Morris: 100% of charts were compliant

Sussex: 100% of charts were compliant

Measured: Monthly

Measured Monthly

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

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

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

Essex: 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 clients 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 clients enrolled was homeless

Measured: Annually

≥85%

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

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COMMUNITY ADVOCACY PROGRAM/SOCIAL CLUB

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

FY2023: There were 1356 groups held.

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

FY2023: 1-day wait for service

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

FY2023: 100% satisfaction rate

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

FY2023: 100% satisfaction rate

Measured: Annually
566 groups are expected
There were 2244 groups held

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

Measured: Annually
90% consumer satisfaction rate with groups
100% satisfaction rate

Measured: Annually
90% satisfaction among respondents
100% satisfaction rate

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COMMUNITY EDUCATION PROGRAM

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

FY2023: There were 25 trainings held.

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

FY2023: 1 day wait for service

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

FY2023: 100% of Participants received their certification

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

FY2023: 98% satisfaction among respondents

Measured: Annually
4 groups are expected
There were 30 trainings held

Measured: Quarterly
≤ 2 business days.
1 day wait for service

Measured: Annually
90% Completion Rate
100% of participants received their certification

Measured: Annually
90% satisfaction among respondents
100% satisfaction among respondents

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SUICIDE PREVENTION SERVICES

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

FY2023: 204 presentations

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

FY2023: 1 business day

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

FY2023: 96% gained knowledge of the topic

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

FY 2023: 98% satisfaction among respondents

24 presentations: Measured
Annually
4 presentations

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

85% of participants will gain
knowledge of the topic: Monitored
Quarterly
*90% of participates gained
knowledge on the topic*

85% overall satisfaction among
respondents: Measured Semi-
Annually
*97% satisfaction among
respondents*

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WELLNESS HUB

Access: Wait for service is a measure of efficiency and indicates stands of professionalism and operations. Access to MHA's programs are monitored by the time taken to see a first or subsequent appointment once referral is 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

FY2023: 100% of consumers were able to access a mental health professional at time of walk in to the Wellness HUB

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

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

FY2023: 1% of consumers seen were sent for psychiatric screening for a higher level of care

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

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

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

FY2023: 100% satisfaction rate

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

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

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

99% of consumers were offered access to a psychiatric provider within 24 hours of walking in for treatment

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

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

90% of goal attainment at discharge: Monthly

98% of Wellness HUB consumer's goals were achieved at discharge.

80% overall satisfaction rate: Annually

100% satisfaction rate

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

THRESHOLD: CALENDAR

Outcomes

PROGRAMS AND INDICATORS

SUBSTANCE USE RECOVERY AND EMPOWERMENT

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

FY2023: 0 days wait for intake from the time of referral

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

FY2023: 100% of clients achieved service plans goals and objectives on a quarterly basis

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

FY2023: 88% satisfaction rate

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

FY2023: 50% client engagement

Wait for assignment is less than 3 days

0 days wait for intake from the time of referral

Measurable goals achieved: quarterly

86% of clients achieved service plans goals and objectives on a quarterly basis

80% satisfaction rate: annually
100% satisfaction rate

50% client engagement: weekly
42% client engagement

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

PROGRAMS AND INDICATORS

THRESHOLD: CALENDAR

Outcomes

NJ Statewide Student Support Services (NJ4S) Program

Accessibility: NJ4S ensures easy access of programs for all participants by having numerous services available. Whether these services focus on community education, prevention programming in schools or brief counseling. Using multimedia platforms, the community is made aware of what programs and presentations are offered. Services are tailored to the needs of the organization/school that is hosting the service. This includes not only the topic being discussed, but also the location and the delivery of the training. For instance, through Zoom, and YouTube. The number of groups held annually provide indication of the accessibility for the community to attend these presentations.

FY2023: Baseline

Efficiency: The NJ4S program 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 an application is received to first contact. Request for information is made through email or through the Department of Children and Families online portal.

FY2023: Baseline

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

FY2023: Baseline

Satisfaction: The NJ4S Data Analysis directly receives and analyzes response-data from surveys collected from each presentation.

FY 2023: Baseline

200 presentations: Annually

Tier 1 presentation: 199

Tier 2 presentation: 42

Total: 241 presentations

90% of requests for information will be returned in 2 business days:
Monitored Quarterly

< 1 business day

85% of participants will gain knowledge of the topic: Monitored Quarterly

85% gained knowledge among 2942 survey respondents

85% overall satisfaction among respondents: Measured Semi-Annually

86% satisfaction among 2821 survey respondents

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.
PERFORMANCE INDICATORS: FY 2024

PLAN FOR OUTCOME MEASURES

July 1, 2023 – June 30, 2024

PROGRAMS AND INDICATORS

THRESHOLD: CALENDAR

Outcomes

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

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

FY2023: Essex: PATH outreached 511 homeless or at imminent risk of homelessness consumers.

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

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

FY2023: Essex: 223 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

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

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

FY2023: Essex: 54 Consumers were successfully linked to Temporary Housing (shelter).

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

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

FY2023: Essex:48 Consumers successfully linked to safe, affordable, permanent housing

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

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

FY2023: Essex: overall consumer satisfaction was 96%

Morris: overall consumer satisfaction was 100%

Essex: 500 Outreaches: Yearly

Essex: 568 consumers were outreached

Morris: PATH outreached 203 homeless or at imminent risk of homelessness consumers

Essex: 200 Individuals to be served: Yearly

Essex: 258 consumers were served

Morris: 100 homeless consumers were enrolled in the PATH Program and were provided linkages to needed resources

Essex: 35 Consumers linked to Temporary Housing: Yearly

Essex: 41 consumers linked

Morris: 27 Consumers were successfully linked to Temporary Housing (Shelter)

Essex: 40 Consumers linked to Permanent Housing: Yearly

Essex: 65 consumers linked

Morris: 16 Consumers were successfully linked to safe, affordable permanent housing

Essex: 80% Satisfaction Rate: Yearly

Essex: overall consumer satisfaction was 100%

Morris: overall consumer satisfaction was 100%

INCIDENT ANALYSIS

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

While providing these outstanding services, MHA reported 60 incidents throughout the agency during FY2024, in comparison to last year's 70 incidents (not including positive Covid-19 cases), a 14% decrease from the previous year. Of these 60 incidents, 30 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 consumer death, suicide attempt, overdose, serious injury, alleged sexual/physical abuse and operational. Please note that the agency served over 30,000 individuals this year.

In fiscal year 2024, there were no completed suicides throughout the agency. There were 4 suicide attempts off-premises which is a 20% decrease from fiscal year 2023. These suicide attempts were reported by the following programs: Assisted Outpatient Services – Essex, Morris and Sussex and The Riskin Children's Center. QAC reviewed the suicide attempts and found no identifiable trends or marked opportunities for improvement in the course of treatment. In each event, best practices were followed.

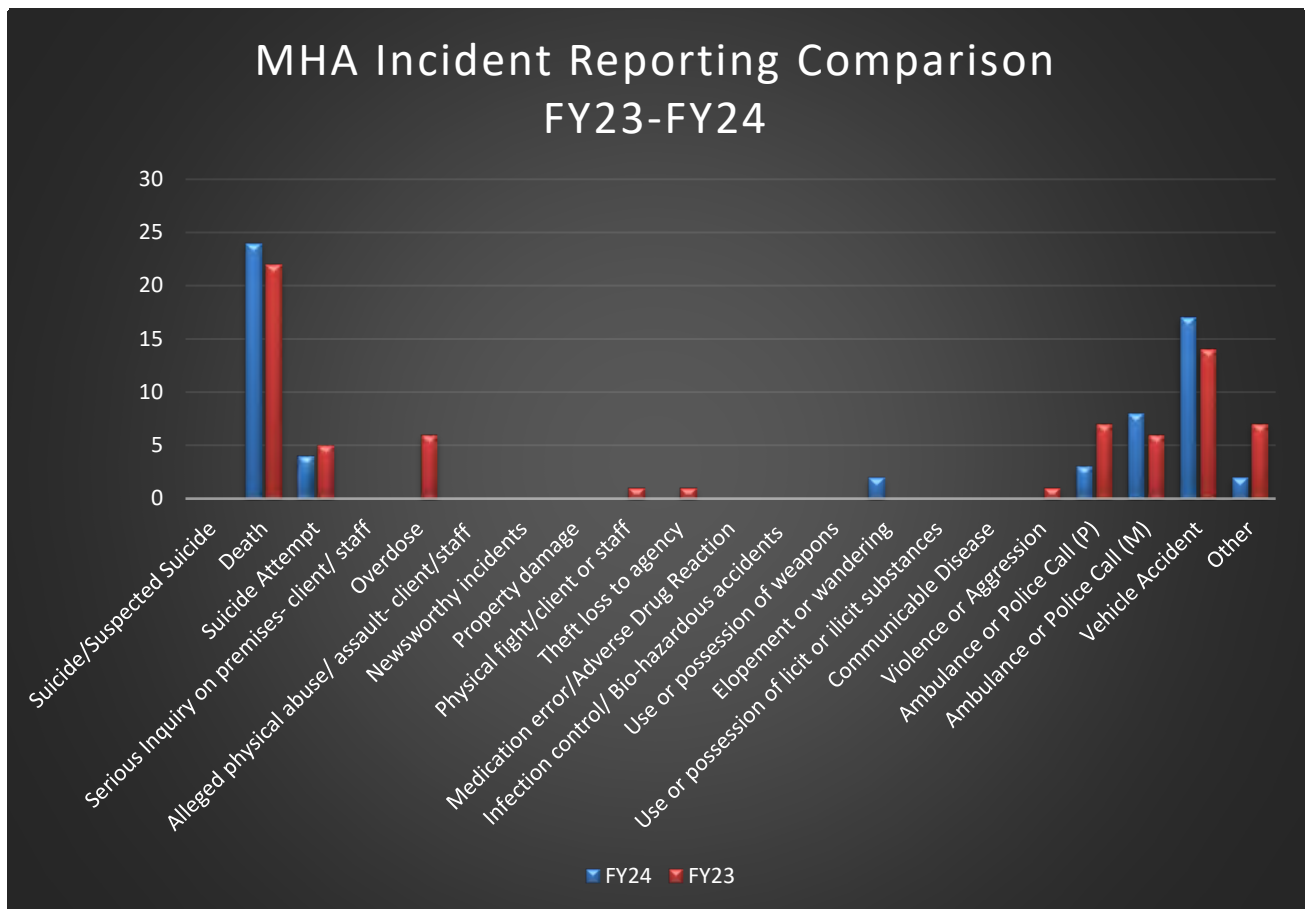
There were 24 deaths, all off-premise, in fiscal year 2024 which is a 9% increase from 22 reported in fiscal year 2023. Consumer deaths were reported in the following programs: Integrated Case Management Services - Essex, Passaic and Morris, Prospect House, Community Support Services - Essex and Morris, and Projects for Assistance in Transition from Homelessness - Essex and Criminal Justice Services- Essex and Criminal Just Services Expansion-Morris.

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

In fiscal year 2024, there were 3 psychiatric and 8 medical ambulance or police response incidents reported. Ambulance or police response incidents were reported in the following programs:

Collaborative Justice Services- Morris, Prospect House, and Integrated Case Management Services- Morris, Assisted Outpatient Treatment- Morris, Center for Behavioral Health and Community Support Services- Essex.

QAC reviewed all incidents and after actions plans. In each incident, best practices were followed, no identifiable trends or marked opportunities for improvement in the course of treatment. With that, QAC will continue to monitor for such trends and adherence to protocols and act accordingly. Refer to FY23/FY24 Incident Report Comparison Graph for details.



**Mental Health Association
FY 24 Incident Reporting**

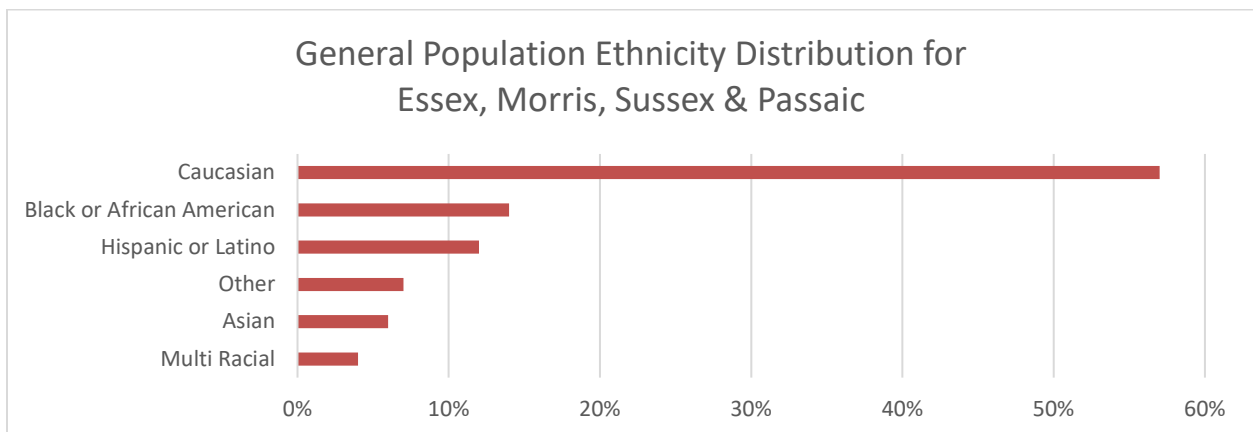
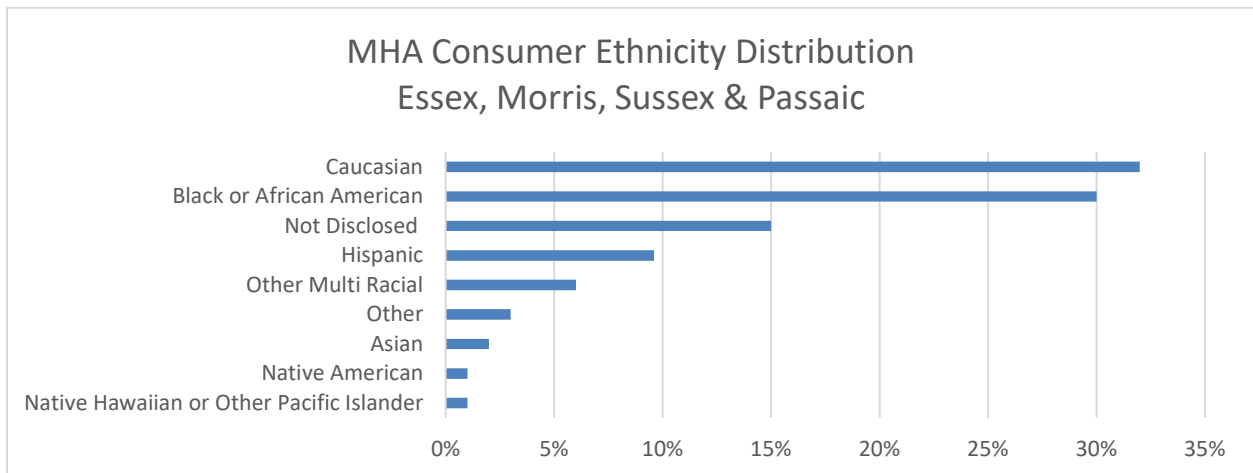
Type of Incident	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Total
1. Suicide/Suspected Suicide	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Death	1	3	2	1	2	0	4	3	2	1	3	2	24
3. Suicide Attempt	1	0	1	0	0	0	0	0	1	0	0	1	4
4. Serious Inquiry on premises- client/ staff	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Overdose	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Alleged physical abuse/ assault- client/staff	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Newsworthy incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Property damage	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Physical fight/client or staff	0	0	0	0	0	0	0	0	0	0	0	0	0
10.Theft loss to agency	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medication error/Adverse Drug Reaction	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Infection control/ Bio-hazardous accidents	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Use or possession of weapons	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Elopement or wandering	0	0	0	1	0	0	0	0	1	0	0	0	2
15. Use or possession of licit or illicit substances	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Communicable Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Violence or Aggression	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Ambulance or Police Call (P)	0	0	0	0	0	0	2	0	0	0	0	1	3
19. Ambulance or Police Call (M)	0	0	2	1	0	0	3	0	1	0	0	1	8
20. Vehicle Accident	1	1	1	3	0	0	4	3	2	0	2	0	17
21. Other	0	0	1	0	0	0	0	0	0	0	1	0	2
Total	3	4	7	6	2	0	13	6	7	1	6	5	60

CULTURAL COMPETENCY

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

Personnel: The Committee consists of 24 MHA employees representing each program and varied level positions. This committee includes people from diverse racial, ethnic, and cultural backgrounds and consists of both males and females.

Demographic Data:



Linguistic and Communication Support: To ensure the delivery of culturally competent services to all people within these diverse counties, MHA seeks to hire staff in every program that closely reflects the demographics of the community. During FY2024, the list of interpreter staff was comprised of 60 employees fluent in 18 different languages and dialects which included 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 all languages and updates and disperses this list quarterly within the agency. The language list also provides details on accessing other interpreting resources including the “AT&T Language Line Personal Interpreter” which provides translation services for over 200 languages.

The Committee continues to ensure that all agency literature, promotional brochures and agency forms are culturally relevant and readily available to consumers and referral sources including consumer forms that are translated into Spanish and Haitian Creole. (Bill of Rights, Privacy Practices, Grievance Procedures, Financial Agreement, Orientation Guide and Summer Heat and Sun Risk).

Trainings and Resource Allocation: All MHA employees attend cultural competency training as part of their professional development through Relias Training (web-based). MHA also makes an effort to address staff and community needs as it relates to culture through education and mental health services.

The Committee sends monthly awareness email blasts focused on Diversity Awareness topics each month. These have included *International Day of the World’s Indigenous People, German American Heritage Month, Hispanic Heritage Month, Diwali, The Impact of Historical Trauma for Native Americans, International Holocaust Remembrance, Women’s History Month, International Women’s Day, Asian-American/Pacific Islanders Month, Juneteenth, African-American History, World Mental Health Month, Irish American Heritage, Nirvana Day, Jewish-American Heritage/Rosha Shannah, Ramadan, LGBT Pride Month, Polish American Heritage Month, Indigenous People Month, Native American Heritage, Hanukkah, International Human Rights Day, Haiti Independence Day, Makar Sankranti, Lunar New Year, National Minority Mental Health Awareness Month, 32nd Anniversary of the Americans with Disabilities Act, Yom Kippur, Italian-American Heritage Month, Spirit Day, Remembrance, Susan B. Anthony, St. Patrick’s Day, Harriet Tubman’s Birthday, and Cinco de Mayo*. These emails provide staff with resources and information about upcoming events specific for that month. Committee members are also encouraged to attend relevant trainings pertaining to competency practices and then share and discuss materials learned within their individual programs.

During FY2024, all MHA staff were invited to participate in person or virtually in The Trevor Ally Training presented by The Trevor Project. This training provided a basic framework for understanding the LGBTQ+ community and the unique challenges they often face. Through activities, discussion and resources the training:

- Creates dialogue regarding what it means to be an ally
- Provides an overview of terminology used in the LGBTQ+ community

- Looks at the process of “coming out” as an LGBTQ+ person
- Informs participants of the challenges faced by LGBTQ+ folks
- Encourages participants to explore their own biases, build their knowledge and understanding, and develop empathy through an intersectional lens

Quality Monitoring:

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

Advocacy Events: The committee coordinated the return of The Annual Cultural Potluck in April 2024 at each agency campus. For this event, MHA staff prepared traditional food and drinks from a culture of their choice and voted for the best dish in three (3) categories.

The committee also spearheaded an agency discussion which culminated in the MHA’s anti-racism & inclusion statement to be positioned next to the agency’ mission statement on the business website.

Cultural Competency Survey: The annual Cultural Competency Survey conducted by the agency was distributed to all employees. The purpose of the survey is to identify the agency’s ability to work effectively in cross-cultural situations. Social determinants of health are assessed as well, such as availability of community-based resources, socioeconomic conditions, exposure to trauma and community inclusion of different cultures. The survey assesses the agency’s ability to integrate behaviors, attitudes, policies and practices while working in a culturally diverse population. The survey was electronically distributed to all MHA employees and addressed specific questions regarding the effectiveness of cultural competency practices in the agency and provided respondents the opportunity to offer suggestions for improvements.

The survey consisted of 14 questions, was available to all staff and had 78 responses. Below is some feedback received from the survey:

- 94% of respondents felt as if MHA’s mission statement, philosophy, vision and goals reflect an explicit commitment to diversity-
- 94% of respondents felt as if MHA reinforces ethnic/cultural competence as organizational culture.
- 90% of respondents felt as if cultural awareness and competence is integrated into services-
- 92% of respondents felt as if MHA staff reflects the ethnic and cultural characteristics of consumer and community served-
- 83% of respondents felt that MHA provides services in the preferred language of the consumer.

- 86% of respondents are aware that translators are available to assist with translation, which is a 1% increase from FY2023.
- 91% of respondents felt that staff was sensitive to the role that religious beliefs may have and incorporates these beliefs into treatment.
- 96% of respondents felt that family is defined differently by different cultures and roles in families may vary significantly among different cultures.
- 95% of respondents felt as if they received training and understand and appreciate the various socioeconomics of individuals being served.
- 91% of respondents felt that MHA provides ongoing and effective continuing education that addresses all relevant ethnic/cultural individuals served.

The survey identified training needs and requests through an open-ended question format which included focus on LGBTQIA+ cultural competency and sensitivity in the workplace and those trainings to be available in multiple platforms i.e. in- person, live webinars and video presentations. The survey also revealed that not all staff were aware of or how to access tools available related to providing culturally competent services. The committee will continue to strive to ensure all staff receive timely and accurate communications evolving from The Cultural Competency, Diversity and Inclusion meetings.

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

Cultural Competency Committee Plan:

- The Committee will meet quarterly and report to QA monthly.
- The Committee will continue to recruit members to represent all the programs and ethnicities within the agency.
- The Committee will ensure that the MHA's language bank is updated quarterly.
- The MHA will continue to actively recruit bi-lingual staff.
- The composition of the MHA employees will continue to be representative of the community served.
- The Committee will continue to integrate information regarding the impact of trauma and racism on the different ethnic groups served through the use of presentations using Zoom or other platforms during the upcoming fiscal year.
- The Committee and agency staff will continue to participate in racism, diversity, and inclusion trainings offered throughout the year to strengthen our ability to empathize with and serve consumers.

- The Committee will continue to send out monthly e-blasts regarding cultural events occurring that month and present information on trauma/racism and its impact on the various ethnicities that we serve.
- The Committee will identify areas of policy, practice and attitudes that may serve as barriers for persons of different cultures to access and/or receive appropriate services. The committee will make recommendations to the appropriate person(s). Articles and Relias Learning trainings will continue to be made available for staff to increase awareness of different cultural practices and the impact of trauma and racism.
- The Committee will work with the Trauma Committee, as needed, when discussing race and trauma.
- The Committee will continue to host the agency's Annual Cultural Potluck and continue to disperse resources and participate in advocacy/awareness events.
- The agency will administer the annual survey, which focuses on cultural competency issues. All employees of the MHA will be encouraged to participate in the survey.
- All MHA sites will host quarterly cultural competency in-service presentations to assist staff in becoming better at identifying and working with the population that we serve.

Health and Safety

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

Healthy & Safe Work Environment

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

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

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

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

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

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

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

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

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

Vehicle Safety

At the time of this report, MHA has a total of 109 vehicles that are insured by the Selective Insurance Company. During FY2024, there were 17 vehicle accidents. This is an increase in vehicle accidents compared to 14 in FY2023. We attribute the increase to having more vehicles on the road and increase in new staff. On a monthly basis, we distribute Health & Safety newsletters which focus on topics relevant to the time of year. For example, in the winter we focus on safe driving during inclement weather and summer we focus on pedestrian's safety with more people walking or riding bikes. Every year, we issue a School Bus/School Zone Safety edition of the newsletter to remind everyone to be vigilant and aware in school zones. We continue to ensure any newly purchased vehicles are equipped with safety technology such as lane assist, backup cameras and sensors to alert or stop the vehicle if sudden braking in front of our drivers.

We continue to utilize the vehicle GPS/OBD (on-board diagnostics system) and forward-facing cameras in some vehicles. Both technology resources are valuable assets to the agency and staff report feeling safer knowing we have the technology to monitor them. We also receive real time alerts for a check engine lights and maintenance service recommendation.

In addition to the GPS units, MHA has Safety First ("How's My Driving?") decals assigned to all agency vehicles, a program proven to reduce motor vehicle accidents. Safety First is a preventative measure to safeguard our drivers, as well as other motorists, from harm caused by unsafe driving habits and behaviors. MHA utilizes this management tool to assist staff in continuing safe driving. The program allows other drivers to report how the staff are driving to provide real time feedback to improve safety of the staff and clients. During FY2024, we have seen an increase in Safety First reports, which we attribute to an increase in hiring new staff, reduction in telehealth and adding more vehicles to the fleet.

As an additional safety measure, staff are required to complete defensive driving trainings, annually through Relias learning system. As well as, all agency van drivers being required to take a defensive driving class every three years. MHA employees continue to comply with the guidelines of the Transportation Safety Manual, which includes safety instructions and precautions and accident reporting procedures.

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

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

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

Health and Safety Plan

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

HOME HEALTH (CARE COORDINATION)

The goal of the Home Health services at the Mental Health Association (MHA) 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-focused model of care that respects and promotes independence and responsibility.

MHA is dedicated to improving our consumers overall health by ensuring they receive individualized care for their health needs. MHA staff continues to support each consumer in choosing physical and behavioral health service providers, as well as assisting 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 a consumer chooses to utilize a health care provider outside of MHA, staff continues to assist with coordinating services and identifying their strengths and needs. For those without a primary care provider, individuals served under our agency are offered a yearly physical at Prospect Primary Healthcare regardless of insurance coverage or income. MHA staff continues to model and teach skills to help individuals advocate their needs to their health care providers. All individuals are provided with Medical Provider Communication forms, which can be filled out with the assistance of MHA staff prior to medical appointments to help promote continuity and quality of care. MHA 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 the 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 budgeting, 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 FY2024, 758 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.

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. Health Home staff collaborates with community providers to bring essential medical screening and treatment events to MHA consumers to improve access to care. MHA collaborates with Zufall Community Healthcare to bring health screenings and services to MHA's sites, including blood pressure clinics, influenza and COVID-19 vaccination clinics, and mobile dental clinics. MHA also works with EDGE NJ to bring mobile rapid HIV testing, Hep C screening, and PrEP counseling to our sites. These health events are available to all consumers throughout the agency as well as for staff to utilize. By the end of the FY2024, 168 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 4 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.

MHA staff across all programs remain flexible to meet the needs of the individuals served. This includes scheduling appointments at convenient and comfortable times and places for the individual. In the event of a staff member's planned or unplanned absence, another team member takes over responsibilities to ensure services continue without interruption. On-call services are available 24/7, including holidays and weekends, for support and crisis intervention, provided via telephone, face-to-face contact, and collateral contacts with caregivers and other service providers.

All programs continue to conduct Comprehensive Intake Assessments to determine the necessary coordination of services. Staff gather information such as past medical and behavioral health history, family health history, past hospitalizations, current medication use, treatment profiles, current or previous substance use, and any current health concerns or needs. Suicide Risk Assessments are completed with each individual to identify life-threatening crises and the need for appropriate intervention. Chronic disease status, including conditions such as asthma, cardiovascular disease, pulmonary disease, diabetes, hypertension, and obesity, is also assessed. Individuals in all agency programs collaborate with MHA staff to create a person-centered plan that addresses needs in both physical and behavioral health. This plan is developed by the individual, and all staff involved in the individual's care have access to it to ensure continuity of care. Staff assist individuals in identifying appropriate services and scheduling appointments based on the needs identified. Individuals diagnosed with severe and persistent mental disorders often have shorter lifespans due to untreated, preventable chronic conditions. Prospect Primary Healthcare monitors Body Mass Index (BMI), vitamin D levels, glucose levels, and blood pressure readings for individuals in this program, who are considered high-risk. As of the end of FY2024, Prospect Primary reported a BMI average of 29% within the normal range, vitamin D average of 66% within the normal range, glucose level average of 58% within the normal range, and blood pressure average of 68% within the normal range.

MHA staff recognize the importance of ongoing staff education to better serve individuals in our programs and community. All staff receive verbal and written educational materials and guidance on using this information to assist individuals with their health needs. Each program site has a binder labeled "Health Home," containing written educational documents on prevalent disease processes and commonly used medications within the population served by MHA. These documents are also available digitally on a shared network for staff to use for personal or consumer education. All MHA staff also receive annual psychopharmacology and summer heat and sun risk training to stay informed about current psychotropic medications and to educate consumers about these medications. MHA staff can also contact nursing staff from the Health Home program to request individualized health education based on specific staff or department needs.

Each program offers all individuals the opportunity to complete a Consumer Satisfaction Survey. The surveys are completed in order to measure an individual's satisfaction in areas of personal treatment, physical environment, consumer/staff interactions and overall quality of services. All results are analyzed and reviewed.

INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

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

Services are designed to assist adults in their recovery by helping them gain access to needed medical, social, educational, housing and other services and resources. These services are consumer-centered and provided predominantly off-site in the consumer's natural environment ("in-vivo").

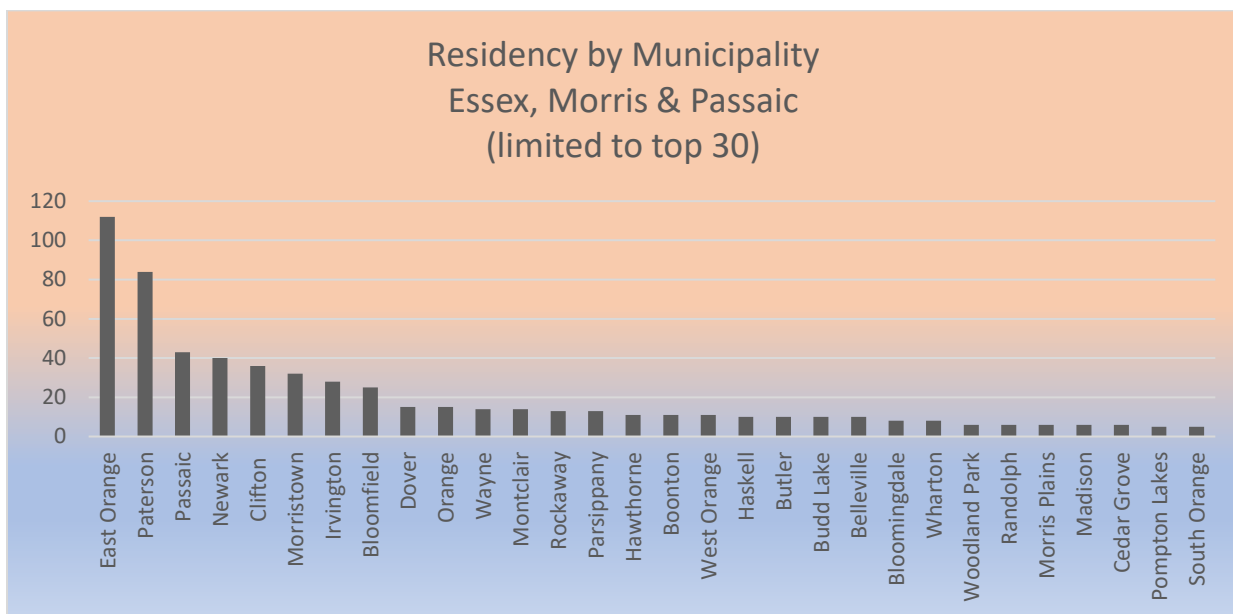
Personnel: ICMS is made up of 3 teams serving the counties of Essex, Morris and Passaic while based out of a satellite office in their corresponding county. Program staffing consists of 2 Program Directors, 3 Program Coordinators, 6 Senior Case Managers, 2 Case Manager-Co-Occurring, 20 Case Managers, and 4 administrative staff. This impressive group shares over 200 years of outreach experience, collectively, and remains culturally diverse and representative of the persons served. ICMS is staffed with bi-lingual Case Managers who are fluent in Spanish, Kru, Yiddish/Hebrew, Georgian and Haitian Creole. Multiple staff are currently enrolled in continuing education courses as well as pursuing additional licensing for both professional and personal growth.

Caseload: ICMS serves adult individuals diagnosed with a serious and persistent mental illness, specifically under two primary disorders - the psychotic disorders (Schizophrenia, Schizoaffective and Delusional), and the mood disorders (Bipolar and Major Depressive). Case management services are initially offered for 12 months to individuals referred from a state or county hospital, and six months for all others. A consumer's length of program stay is reassessed during service planning and can be extended if there is a justified need. The current average length of stay is 1.4 years. As of June 30, 2024, the ICMS ending caseload was 679 consumers.

- Admissions/Referrals are received from a variety of sources including state and county hospitals, Short Term Care Facilities (STCF), voluntary psychiatric inpatient units, community treatment providers, families and consumers themselves. ICMS served 316 enrolled individuals in the community hospitals.
- Discharge/"Graduation" occurs primarily once a client has achieved their individualized set goals and are linked accordingly. Other reasons for discharge may include moving out of the county, being referred to more appropriate services such as PACT, CSS, and other mental health residential services, requiring continued hospitalization for more than six months, declination of services or inability to establish contact. All ICMS discharges must be approved by DMHAS, which are submitted on a web-based portal. For this reporting year, ICMS discharged 348 consumers.

- Units of service are defined as a continuous face-to-face contact with an enrolled consumer or on behalf of an enrolled consumer, which lasts 15 minutes, not including travel time. For this reporting year, ICMS total units of service include both face-to-face contact and telecommunication contact and was a remarkable 80,959 units, which is 20,240 hours of contact.
- Risk category refers to the three levels of case management involvement, based upon assessed risk of hospitalization, functional level and willingness and/or ability to access needed services. The three risk categories are: high-risk or intensive case management; at-risk or supportive case management; and low-risk or maintenance level case management. This risk assessment is completed routinely along with a consumer’s service plan and services are tailored accordingly.

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



The current ICMS census ranges from age 18 to 85, the average age being 42. Gender identity was 66% female, 31% male and 3% transgender male. Self-reported races of consumers enrolled are as follows: White/Caucasian (48%), Black or African-American (33%); Black or African-American & White (7%); Asian (2%); American-Indian or Alaskan Native (1%); other (5%); other multi-racial (2%); declined to specify (1%); unknown (1%). The primary spoken language of consumers is predominately English; however, ICMS is able to serve all clients with assistance from bi-lingual staff, family and use of a paid translation service, when needed. Consumer languages spoken are as follows: English (88%); Spanish (10%); Creole (1%); French, Russian, Polish, Portuguese, Arabic and other (1%).

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

- Hospitalization Recidivism (*effectiveness*)

**Benchmark ≤ 20% Annually	Essex	Morris	Passaic
Total Hospital Recidivism	7%	4%	4%
State/County Hospitalizations	2%	1%	<1%
Short Term Care Facility Hospitalizations (STCF)	2%	1%	<1%
Voluntary Hospitalizations	3%	2%	4%

- 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 FY2024, Passaic ICMS identified an average of 18% of the active caseload as employed, Essex ICMS identified 12%, and Morris ICMS identified 7%.

- Contact within 72 hours (*access*)

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

**Benchmark ≥80%	Essex	Morris	Passaic
County/State discharges seen within 72 hours	100%	99.6%	100%

Consumer Satisfaction Survey: In May 2024, ICMS consumers were given the opportunity to participate in a consumer satisfaction survey. The confidential survey included a total of nine questions formatted in a five-point Likert scale, demographic collection and optional comment area. The survey was prepared in both English and Spanish and offered in a paper format as well as a web-based link (SurveyMonkey). with an overall satisfaction score of 98.3%.

ICMS Highlights: MHA was able to purchase and provide over 75 winter coats to ICMS consumers as well as hats and gloves, if needed. This assistance has been provided yearly with

the understanding that some consumers may not have the means or ability to attain such basic but necessary items to get through a winter known to New Jersey. Food donations were received and distributed to consumers and families as well as “wellness” boxes that included a variety of items promoting wellness and self-care. PPE gear and products were readily available and provided to consumers, families and staff to ensure the safety and protection of all during ongoing face-to-face contacts.

Clients were able to participate in agency run social events such as, “Operation Holiday,” “Gifts for the Season,” and “Holiday Express Virtual Concert.” These events/donors were able to gift our consumers and families with various items such as clothes, personal care products and toys.

In June 2024, MHA was able to hold the annual Consumer Picnic at two locations, Eagle Rock Reservation in Essex and Hedden Park in Morris. ICMS consumers from all three counties were able to attend the picnic and enjoy the beautiful weather, good food, and great company amongst their peers.

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

Training: All staff are trained annually in the core areas of case management required by DMHAS and provided by the Rutgers UBHC Technical Assistance Center as well as through Relias web-based learning. These core trainings include Motivational Strategies for Implementing EBPs and Cognitive Behavioral Strategies: Shaping Behavior from the Inside Out, Person-Centered Strategies for Successful Engagement, Considering the Causes of Aggression, The Challenge of Documentation, Suicide and Risk Assessment, Addictive Behavior and Substance Use, and Practical Applications for Being Trauma Informed. All staff attended a mandatory live or virtual training for Medication/Sun Risk Education and Community Workplace Violence. In addition, ICMS staff had the opportunity to continue participation in the virtual educational training sessions provided through the Department of Labor grant that MHA staff are required to maintain a valid CPR status, which is offered at no cost to employees.

Systems Advocacy Activities

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

- ***Essex, Morris and Passaic Systems Review Committees (SRC)*** - This monthly meeting is convened by the Mental Health Administrator and Screening Center of the respective county. The purpose of these meetings is to identify countywide gaps in services and breakdowns in services between providers and/or mental health treatment systems. The Committees provide education and advocacy to the community, mental health providers, consumers of mental health services and their families, and provides advocacy on the needs of the mental health system in the county.

- ***Essex Children Systems Review Committee (CSRC)*** - ICMS participates in these monthly meetings convened by the Mental Health Administrator of Essex County. The purpose of these meetings is to identify countywide gaps of clients transitioning or aging out of services of Department of Child Protection and Permanency and identify breakdowns in services between providers and/or mental health treatment systems. The Committee provides education and advocacy to mental health providers, consumers of mental health services and their families on systems in the county.
- ***ICMS Statewide Quarterly Meeting (NRQM)*** – This leadership meeting is scheduled on a quarterly or as needed basis by the DMHAS ICMS Coordinator to discuss any system issues, identify service gaps, and for DMHAS to provide support and guidance to the ICMS programs statewide.
- ***Essex, Morris and Passaic Professional Advisory Committee (PAC), Mentally Ill Chemical Abuser/MICA Task Force Meeting*** - ICMS/Agency leadership participates in a monthly meeting with the counties Drug and Alcohol Task Force to develop ways in which community providers can serve individuals with mental health, addictions, and co-occurring mental health and addiction disorders in a unified manner.
- ***ICMS Statewide Practice Meeting*** - This meeting is convened by NJAMHAA with a priority goal of promoting leadership support, communication, collaboration and information sharing (i.e., program management, operations, data tracking, FFS, nuances of each ICMS program) in order to develop uniformity and ensure quality service delivery across NJ.
- ***Passaic County Behavioral Health/Opioid Task Force*** – The Task Force was established by the Passaic County Collective Impact Council to undertake a process of designing and implementing an organized system of services for individuals and families, including strategies for enhancing prevention, early intervention, and aftercare services, in addition to crisis-based services. Monthly virtual meetings are attended by the Passaic ICMS Director.
- ***Passaic County Crisis Intervention Training Board*** - The task force was established by Passaic County in order to provide training to police officers in Crisis Intervention Training.
- ***Passaic County Overdose Fatality Review Team (OFRT) Committee*** - The Passaic County OFRT meets monthly and through the decedent cases we receive, review factors, trends, gaps, and barriers that cause or play a role with fatal overdoses. From there we identify any and all gaps or barriers to services, promote and engage in cross sector coordination and collaboration, engage in thorough discussions, and develop then provide recommendations and implementations for change that will support the team’s ultimate goal in reducing fatal overdoses in Passaic County and saving lives. ICMS Director participates in Resource Subcommittee.

Prospect House

Prospect House (PH), is the Mental Health Association's highly regarded psycho-rehabilitation program founded in 1956. This adult day treatment program/partial care program assist individuals 18 and older in successfully managing their mental illness and significantly lowering their risk for re-hospitalization by catering to a person's individualized mental health, emotional, physical, and social needs. PH aims to empower individuals to identify life goals by providing the necessary environment and interventions. An individual's quality of life and functioning will be enhanced with hope by increasing independence through the ability to self-manage their psychiatric illness. The team at PH recognize the capacity of every individual to grow and learn. As individuals heal reintegration into the community is achieved through social and vocational skills training. MHA PH strives to reduce and eventually eliminate stigma associated with psychiatric diagnosis, making ongoing family and community education crucial for success with the PH population.

Prospect House is open for service Monday through Friday from 8:30am until 5:00pm. Individuals/members are assisted with creating unique daily schedule of their choice that include group therapy, co-occurring and substance use groups, illness management and recovery (IMR), pre-vocational training, art therapy, gaming, coding, and horticulture groups. These activities are intended to engage individuals in their treatment and effectively achieve their goals toward recovery. The purpose of Partial Care services is to assist individuals with severe and persistent mental illness in achieving community integration through valued living, learning, working and social roles and to prevent hospitalization and relapse. This is reached at PH through the development of an individualized recovery plan, case management, psychoeducation, pre-vocational services, group counseling and psychiatric services.

Prospect House services include multi-disciplinary team of mental health professionals including a psychiatrist, APN, RN, master's level clinicians, and bachelor's level case managers. On-site primary care services provide routine medical follow-up including blood work and drug screening if required. PH continued to provide members with long-acting injectable medications, medication monitoring appointments, and individual and group direct service hours. During FY2024, the Medical Director, APN and RN conducted 2,096 medication monitoring appointments, 73 initial psychiatric evaluations (245 updated psychiatric evaluations), and provided 568 injectable medications appointments.

Prospect House team's mission remains to diligently provide effort, educate, ensure positive regard, and empathy to members at program. PH Team provided direct care services through treatment planning, goal setting, socialization in the community, health maintenance, recovery and substance use education, transportation, self-service laundry, gym facilities, facility cleaning service, provider service regardless of ability to pay, and referral and linkage to community services. In FY2024, the PH Team achieved the goal of increasing the on-site attendance census. PH's daily on-site census averaged approximately 90-106 persons a day and continues to be on the rise.

Personnel: Prospect House services are provided by the following personnel: *Administrative PH Team*; one Director, one Administrative Coordinator, one FT Billing Clerk, one PT Billing clerk, six Van Drivers (two full-time, four part-time), one FT Security Guard, one FT administrator coordinator; *Direct Care PH Team*; one Program Coordinator, one Intake Coordinator, eight Case Managers; *Medical PH Team*; one Psychiatrist, one Advanced Practice Nurse (APN), and one Registered Nurse (RN). PH Team is culturally diverse and represents the members served. Prospect House has two PH Team fluent in Creole and one PH Team fluent in Spanish. Members of the medical PH Team are fluent in Spanish and Yoruba, enabling them to assist in treating the diverse caseload.

Caseload: During this reporting year, Prospect House has serviced 222 members with severe and persistent mental illness including 69 new admissions. PH serviced a range between 90-106 members each day; within FY2024, PH serviced members representing every town or city in Essex County, with the majority being residents of Newark, East Orange, Irvington, West Orange, and Montclair. The majority of members attending Prospect House have been diagnosed with Schizophrenia, Schizoaffective Disorder and Bipolar Disorders; Co-Occurring (Mental Health and Substance Abuse) services were also provided, with 25 new individual admissions in FY2024 in need of this specialized treatment. Prospect House receives most referrals from hospitals (long and short-term), other outpatient programs, and self-referrals, with the majority of members having a recent psychiatric inpatient hospitalization.

Demographics: During FY2024, Prospect House serviced a diverse population of members in-person. The youngest consumer serviced was age 20, and the eldest consumer was age 80. To address this varied age group, Prospect House has two PH Team Members assigned to work with the senior population in the ‘Senior Unit’ and PH Team has developed a special group for the young adults to specifically address the concerns of a younger individual diagnosed with severe and persistent mental illness. The self-reported races of the members serviced are as follows; 70.70% African-American, 23.9% White, 4.6% mixed race, and 0.9% Asian. Individuals served by Prospect House are 54.1% female, 43.2% male, 0.5% identified as transgender, and 2.3% refused to identify.

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

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

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

Consumer Satisfaction Survey: MHA is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey and

“Suggestion Boxes” placed in the lobby of each program site. All active PH members were encouraged to complete the annual survey via in-person or online. They were informed that their answers were anonymous and confidential. 43 surveys were completed and returned to PH. It should be noted that the only surveys returned were completed onsite and do not capture members that were in-patient.

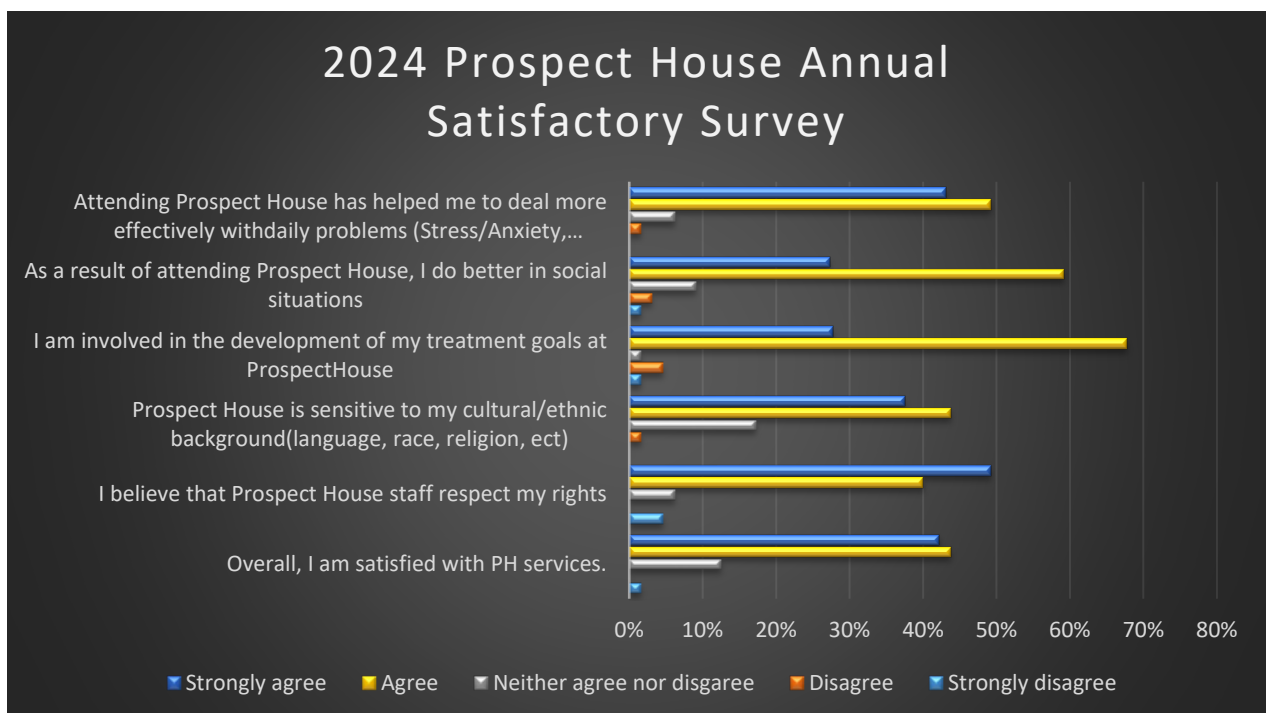
- **Gender**

- Members responded: 24 male (57.14%), 18 female (42.86%), zero reported as transgender male (0 %), and zero reported as transgender female (0%).

- **Ethnicity**

- 27 members identified as African-American (64.29.72%), nine members reported as Caucasian (21.43%), three consumers reported as Asian (7.14%), one member reported as Hispanic (2.38 %), one consumer reported as Native Hawaiian or another Pacific Islander (2.38%), four preferred not to say (0%), and one reported Other (2.38%) as their ethnicity.

- Members reported being 95.35% overall satisfied with Prospect House services, 100 % were satisfied with the relationship with their assigned case manager and 95.35 % were satisfied that Prospect House has helped in dealing with daily problems more effectively. See graph below for more detail.



PH FY2024 Highlights:

During FY2024 Prospect assisted in creating unique daily schedules that included substance use groups, art therapy, gym, gaming, coding, and horticulture groups.

PH collaborated with Clarity Labs service provider with this collaboration PH members are able to complete weekly blood work onsite.

This year members attended the MHA annual boat trip located in Brielle, New Jersey aboard the “River Queen,” the annual MHA Picnic located at Eagle Rock Reservation, various holiday events, and local outings in the community.

Other Highlights:

- PH successfully worked with Medicaid Managed Care Plans to bill for partial care treatment including United Healthcare, Amerigroup, Horizon Blue Cross Blue Shield, and Wellcare.
- PH continued to participate in quarterly Medicaid audits with noted improvement in areas of documentation, service for individuals at PH, and staff engagement.
- PH home improvements this year included new flooring in the senior unit, new chairs throughout the facility, flower and vegetable garden, hand-painted murals by PH members, and new outdoor grill equipment.
- PH individuals created a board of members “Members of the Community” where members meet weekly to discuss concerns and suggestions for the improvement of PH.
- PH Members of the community successfully hosted member-participated events that included in-service for Women’s Heart Health Month, Black History Month, and Juneteenth cook out/talent show.
- Eight-five percent of PH members and team are Narcan trained
- Ten PH members were selected to be CPR trained in FY2024
- PH continues to participate in the Transitional Employment program encouraging and providing the opportunity for members willing and able to return to the workforce.

COLLABORATIVE JUSTICE SERVICES (CJS)

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

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

Personnel: CJS continues to benefit from staff retention. At the Essex campus, there are three Forensic Case Managers (FCM), one Administrative Assistant, and a Program Director (PD). All staff work within the jail and community. Staff complete intakes and develop discharge plans for eligible consumers incarcerated at Essex County Correctional Facility, released from municipal courts, county jails, or NJ State Prisons, referred from community providers, and/or are at risk of incarceration. At the Morris campus, there is one Program Director, and one Forensic Case Manager. Staff work within the jail and the community completing intakes and developing discharge plans for eligible consumers incarcerated in Morris County Correctional Facility. CJS staffing is culturally diverse and is representative of the persons served.

Caseload: As of June 30, 2024, CJS Essex had 40 active cases. Referrals were made by Essex County Correctional Facility (ECCF) Mental Health and Medical Departments, Essex County Office of Public Defenders, Essex County Probation, and Essex County Prosecutor's Office. Referrals were also made by various criminal justice personnel and community providers such as the Essex County Correctional Facility Social Service Dept., Justice Involved Services programs, state prisons, self-referrals, family members, and within our own organization. During FY 2024, referrals were made through the Morris County Prosecutor's Office, Morris County Correctional Facility, the Morris County Public Defender's Office, Community Connections, community referrals, and Morris County Probation Services.

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

- (a) Schizophrenia;
- (b) Schizoaffective Disorder;
- (c) Bipolar Disorder;
- (d) Major Depression;

(e) Other Psychotic Disorders.

Performance Outcomes: Performance outcomes were measured and monitored through MHAEM's Quality Assurance Committee (QA). For FY2024, Essex CJS QA grid monitored consumers' recidivism to the jail within 30 and 90 days. The threshold indicates that less than twenty-five (25) consumers would not return to jail during this time frame and two (2) consumers were re-incarcerated within 30 and 90 days of their release. CJS QA grid also monitored consumers' recidivism to the jail within 60 days and 120 days. The threshold indicates that less than fifty (50) consumers would not return to jail during this time frame and only two (2) consumers were re-incarcerated within 60 and 120 days of their release.

In the Morris location, consumer's recidivism to jail within 30, 60, 90, and 120 days was monitored monthly. The threshold indicates that fewer than five consumers would return within 30 and 90 days, and less than ten consumers would return to jail within 60 and 120 days. During FY 2024, zero (0) consumers returned to jail within 30 days, zero (0) consumers returned within 60 days, zero (0) consumers returned within 90 days, and zero (0) consumers returned within 120 days.

This year, CJS Essex successfully diverted one (1) consumer from a state prison sentence. As a result of the jail diversions, a total of 2,343 days were reduced in our consumers' prison sentence and 19,950 days were reduced in our consumers' county sentence. CJS continues to monitor the cost-effectiveness for county costs. In FY2024, the program saved approximately \$2,952,600 in county costs, and \$346,764 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.

This year, CJS Morris was successful in working collaboratively with Morris County Correctional Facility as well as the Morris County Prosecutor's Office and the Morris County Public Defender's Office to link one (1) client to the Morris County Prosecutors Mental Health Program. As a result, staff successfully diverted consumers from a criminal sentence by approximately 1,642 prison days. For FY 2024, the program saved approximately \$243,016 in state costs.

Consumer Satisfaction Survey:

Essex

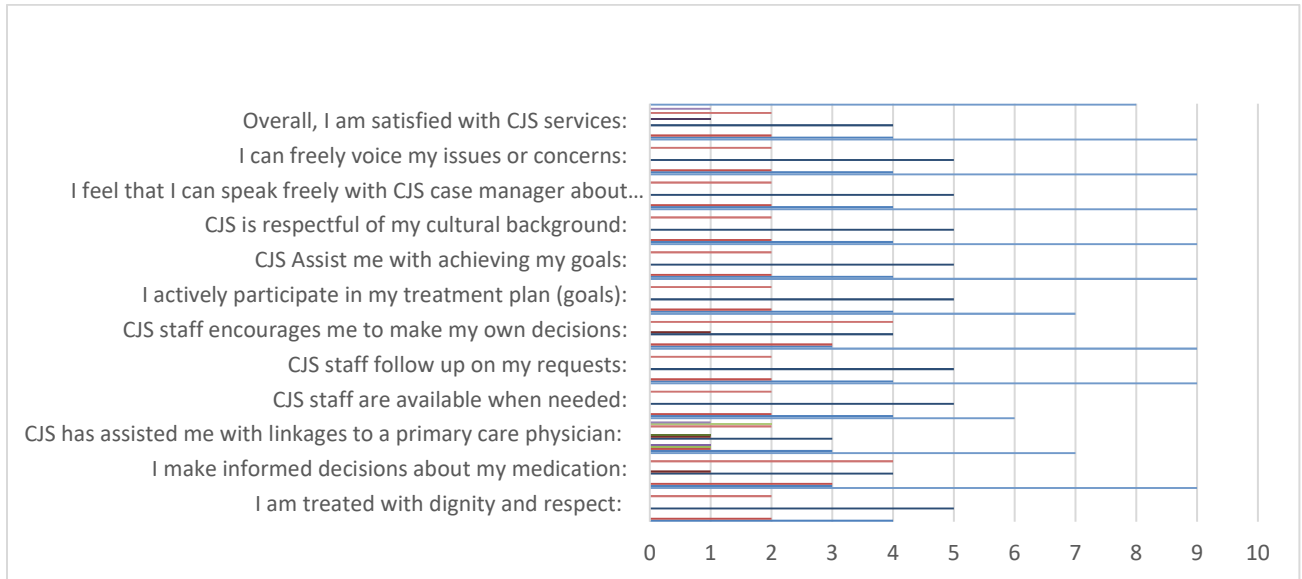
In Essex County, surveys were distributed and tallied to measure satisfaction. All consumers were informed that answers would remain confidential. Consumers were provided with a sealed envelope to protect anonymity and informed of several ways to return the surveys.

Approximately forty-two (42) surveys were delivered to consumers (hand-delivered, mailed and/or left at residence). Out of forty-two (42), seventeen (17) consumers responded. For the fiscal year, one hundred (100%) percent agreed that they were overall satisfied with CJS services.

Gender: Of the seventeen (17) consumers that responded to the survey; thirteen (13) were male (76%) and four (4) were female (24%).

Ethnicity: Of these seventeen (17) consumers, nine (9) identify as African-American (53%), zero (0) identify as Caucasian (0%), and five (5) identify as Hispanic (29%).

Age: The exact age of the consumers was collected. Of the seventeen (17) consumers, one (1) identified as being between 18-24 years of age (6%), seven (7) as 25-35 years of age (41%), four (4) as 35-44 years of age (24%), four (4) as 45-54 years of age (24%), and one (1) as 55-64 years of age (6%).



Morris

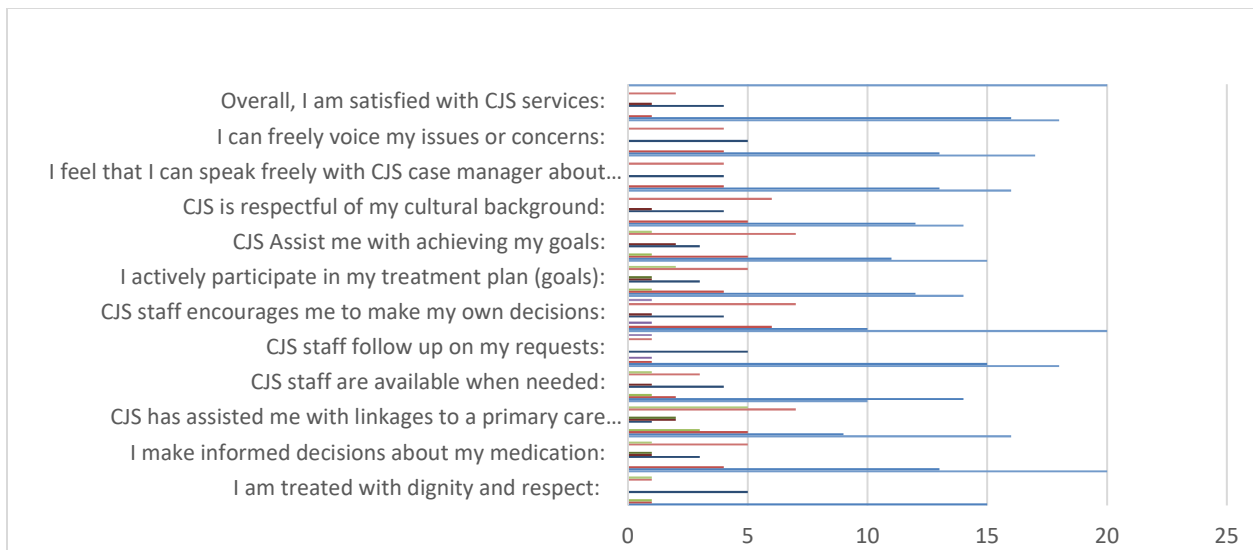
In Morris County, there were surveys distributed and tallied to measure satisfaction. All consumers were informed that answers would remain confidential. Consumers were provided with a sealed envelope to protect anonymity and informed of several ways on how to return the surveys.

Approximately ten (10) surveys were delivered to consumers (hand-delivered, mailed and/or left at residence). Out of the ten surveys, five (5) consumers responded. For the fiscal year, one hundred (100%) percent agreed that they were overall satisfied with CJS services.

Gender: Of the five (5) consumers that responded to the survey; four (4) were male (80%) and one (1) was gender non-conforming (20%).

Ethnicity: Of these five (5) consumers, two (2) consumers identified as Caucasian (40%), and three (3) as African American (60%).

Age: The exact age of the consumers was collected. Of the five (5) consumers, one (1) identified as being between 35-44 years old (20%), and four (4) as 45-54 years old (80%).



Highlights:

Essex

During FY2024, CJS staff were able to successfully link clients to 103 community resources.

CJS had a total of five (5) consumers in the Essex County Prosecutor’s Office Mental Health Diversion Program.

In May 2024, CJS Director toured Silver Lakes Hospital where Essex County Correctional Facility has 62 beds assigned to them for individuals needing stabilization.

In May 2024 CJS Director provided training on Trauma and Self-Care to Essex County during Mental Health Awareness Month.

CJS consumers, in collaboration with all other MHA adult programs, attended a Thanksgiving Dinner, the annual holiday party at Bloomfield Elks Lodge, and attended the annual consumer picnic at Eagle Rock Reservation in June.

CJS participated in the annual Consumer Achievement Awards ceremony held at Sandwiches Unlimited, acknowledging the success and progress of program clients. CJS had one consumer nominated to receive this year’s award.

CJS was able to successfully link four (4) consumers to DMV services via MHA onsite mobile DMV clinic.

During FY2024, Program Director alongside the Essex County Prosecutor’s Office provided four hours of Crisis Intervention Team (CIT) Training to approximately 125 law enforcement officers.

CJS staff attend the Civilian New Hire Training along with the Quarterly Civilian Training at Essex County Correctional Facility.

CJS Program Director participated in MHA’s first annual Resource Day at Raymour & Flanigan in Rockaway, NJ.

CJS collaborated with Division of Family Assistance and Benefits (DFAB) on having their mobile outreach workers come to the Essex County campus to assist individuals with applying for SNAP (known as food stamps) or Work First NJ (known as cash assistance). During FY 24, 22 individuals were successfully linked.

CJS Program Director assisted West Orange Co-Response program in training West Orange Police Officers on De-Escalation.

In May 2024, CJS Program Director attended a county wide informational presentation on the Mental Health Initiative.

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

Morris

During FY 2024, CJS staff were able to successfully link clients to 106 community linkages.

During FY2024, Program Director and Morris County Prosecutors Office provided 160 hours of Crisis Intervention Team (CIT) training to approximately 131 law enforcement officers.

In May 2024, Program Director participated in a roundtable discussion with Congresswoman Mikie Sherrill on improving mental healthcare in criminal justice settings and upon re-entry.

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

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

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

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

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

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

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

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

Upcoming Year Recommendations:

Essex

- CJS will continue to enhance clinical documentation through internal focus audits and by attending in-services.
- CJS Essex staff will work on increasing the total number of contacts with consumers, their families and service providers.
- Staff will continue to collaborate with Essex County Correctional Facility, Office of Public Defenders, Essex County Probation, and other community providers to increase referrals.
- Staff will continue to work on reducing gaps in the service system with increased linkages and smooth transitioning of services for the consumers reintegrating into the community.
- Program Director will continue partnerships and collaborations with courts and local police municipalities with the hopes of increasing the number of consumers referred for diversion by law enforcement and/or the court before arrest or at the time of initial detention/first appearance hearings.
- CJS Essex will work collaboratively with the Essex County Prosecutor's Office to provide CIT training to local law enforcement.
- CJS Essex will continue to conduct trainings and presentations as needed to those wanting to learn the role of CJS Essex, as well as to local law enforcement.
- CJS Essex will attend any relevant trainings to increase their knowledge in best practice measures.
- CJS Essex will continue to work collaboratively with the Essex County Prosecutor's Office to provide CIT training to local law enforcement.

Morris

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

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

The Morris Mental Health Diversion (MMHD), under the umbrella of the CJS team, promotes recovery by engaging individuals, assessing their readiness for change, and linking them to mental health treatment, financial, housing, and other essential services. The team also provides advocacy and supportive counseling. The team partners with the Morris County Prosecutor's Office, Morris County Sheriff's Office, and Morris County Courts to divert eligible individuals away from the criminal justice system towards appropriate case management and mental health services as early as possible following an interaction with law enforcement. Individuals suspected or identified of suffering from a mental illness that caused or impacted the criminal behavior that led to criminal charges being filed might be eligible for the Morris County Prosecutor's Office (MCPO) Mental Health Diversion Program. Through this program with pre-trial intervention, and depending on the consumer's willingness to participate, their level of compliance, and other factors, pre-trial services may divert consumers from state prison, county jail, and/or a conviction. The objectives of the MMHD program is to reduce recidivism, help divert defendants from having or adding to a criminal history and/or serving a custodial sentence, and assist enrolled consumers in connecting to services that help them achieve their wellness and recovery goals.

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

Personnel: At MMHD, there is one Program Director, one Administrative Assistant, one Peer Support specialist, two Forensic Case Managers (FCMs), and two Forensic Clinicians (LCSW/LPC). Staff work both within the jail and the community, completing intakes and developing discharge plans for eligible consumers incarcerated in Morris County Correctional Facility. MMHD staffing is culturally diverse and is representative of the persons served.

At CJR, there is one Program Director, one Peer Support Specialist, one Navigator Case Coordinator, and two Clinicians (LCSW/LPC). Staff work within the jail and the community completing screenings, intakes, and treatment for eligible consumers who are approved for pre-

trial release from Essex County Correctional Facility. CJR staffing is culturally diverse and is representative of the persons served.

Caseload: As of June 30, 2024, MMHD had 27 active cases. During FY2024, referrals for MMHD were made through the Morris County Prosecutor's Office, the Morris County Public Defender's Office, and Morris County Sheriff's Department (Community Connections).

As of June 30, 2024, CJR had 31 active cases. During FY2024, referrals for CJR were made through Essex County Correctional Facility, Essex County Public Defender's Office, Essex County Pre-Trial Services, and Central Judicial Processing Court.

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

- 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 who have a positive mental health screening, and who are criminally charged adult residents of Essex County on pre-trial release with 3rd and 4th degree charges.

Performance Outcomes: Performance outcomes were measured and monitored through MHAEM's Quality Assurance Committee (QA). MMHD consumer recidivism to jail within 30, 60, 90, and 120 days was monitored monthly. The threshold indicated that less than five consumers would return within 30 and 90 days, and less than ten consumers would return to jail within 60 and 120 days. During FY 2024, zero (0) consumer returned to jail within 30 days, zero (0) consumers returned within 60 days, zero (0) consumers returned within 90 days, and zero (0) consumer returned within 120 days.

This year, MMHD was successful in working collaboratively with the Morris County Prosecutor's Office to successfully admit five (5) clients into the Morris County Prosecutors Mental Health Diversion Program. As a result, staff successfully diverted consumers from a criminal sentence by approximately 8,395 prison days. For FY 2024, the program saved approximately \$1,242,460 in state costs. (Please note the approximate cost to house an inmate daily is \$148.00).

CJR's performance outcomes were measured, as well as monitored through MHAEM's Quality Assurance Committee (QA). CJR consumer's recidivism to jail within 30, 60, 90, and 120 days were monitored monthly. During FY 2024, two (2) consumers returned to jail within 30 days, zero (0) consumers returned within 60 days, zero (0) consumers returned within 90 days, and one (1) consumer returned within 120 days.

CJR was successful in working collaboratively with Essex County Superior Court, Municipal Courts and Essex County Public Defender's Office to facilitate sixteen (16) case dismissals and fifty-seven (57) downgraded cases to Municipal Court. The cases dismissed represents 18% of our census and cases downgraded represents 64% of our census. In addition, fifteen (15) individuals have not received a positive legal outcome yet which represents 17 % of our census. These performance outcomes represent the possible legal benefit of enrolling in CJR.

Consumer Satisfaction Survey:

MMHD

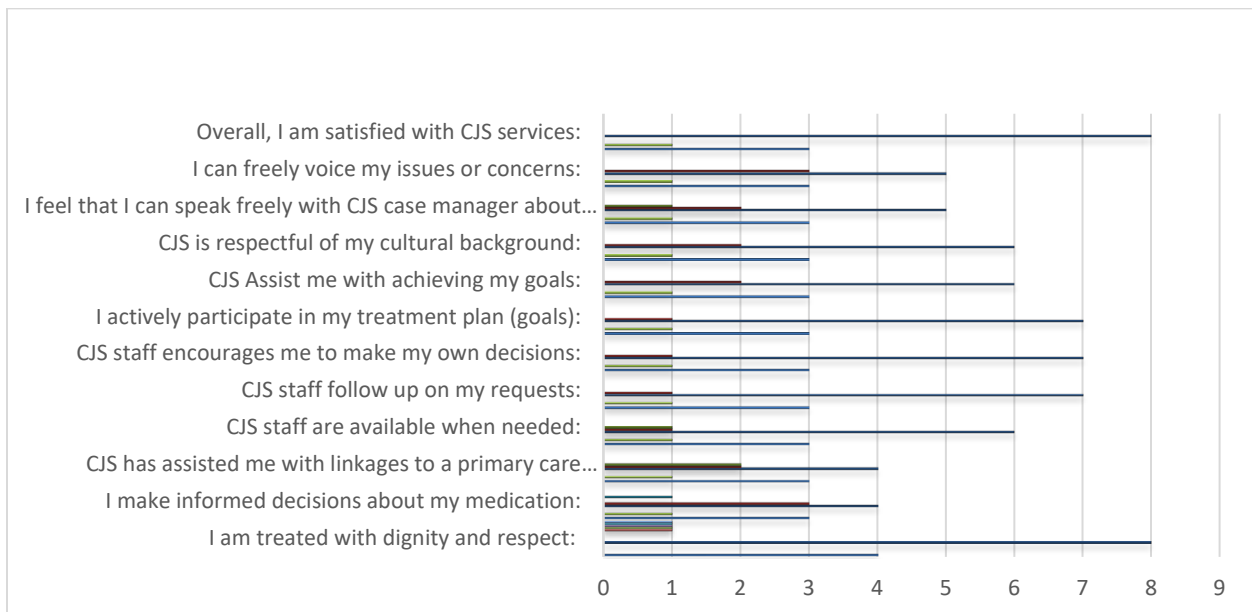
In Morris County, there were surveys distributed and tallied to measure satisfaction. All consumers were informed that answers would remain confidential. Consumers were provided with a sealed envelope to protect anonymity and informed of several ways on how to return the surveys:

Approximately fifteen (15) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the fifteen surveys, eight (8) consumers responded. For the fiscal year, one hundred (100%) percent strongly agreed that they were overall satisfied with MMHD services.

Gender: Of the eight (8) consumers that responded to the survey; two (2) were female (29%), five (5) was male (71%), and one (1) preferred not to answer.

Ethnicity: Of these eight (8) consumers, one (1) consumer identified as African American (12%), five (5) identified as Caucasian (63%), and one (1) identified as other (25%), and one (1) preferred not to answer.

Age: The exact age of the consumers was collected. Of the eight (8) consumers, two (2) identified as being between 25-34 years old (25%), two (2) as 35-44 years old (25%), two (2) as 45-54 years old (25%), one (1) as 55-64 years old (12.5%), and one (1) as 65 and older (12.5%).



CJR

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

Approximately seventeen (17) surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the seventeen surveys, four (4) consumers responded. For the fiscal year, one hundred (100%) percent strongly agreed that they were overall satisfied with CJR services.

Gender: Of the four (4) consumers that responded to the survey; three (3) were male (75%), one (1) was female (25%).

Ethnicity: Of these four (4) consumers, three (3) consumers identified as African American (75%) and one (1) consumer identified as White/Caucasian.

Age: The exact age of the consumers was collected. Of the four (4) consumers, two (2) identified as being between 25-34 (50%), and two (2) identified as being between 55-64 years old (50%).

Highlights

MMHD

During FY24, MMHD staff were able to successfully link clients to 263 community linkages.

During FY24, Program Director and Morris County Prosecutors Office provided 160 hours of Crisis Intervention Team (CIT) training to approximately 131 law enforcement officers.

In May 2024, Program Director participated in a roundtable discussion with Congresswoman Mikie Sherrill on improving mental healthcare in criminal justice settings and upon re-entry.

During FY24, two consumers successfully graduated from the Morris County Prosecutors Mental Health Diversion Program, resulting in a full dismissal of their criminal charges.

During FY24, four (4) consumers successfully completed the MMHD's Anger Management Series.

During FY24, there were 5 new admissions into the Morris County Prosecutors Mental Health Diversion Program, and 6 new admissions to mental health probation.

During FY24, the program was able to utilize existing MMHD funding to expand into Sussex County to provide services for the Sussex County Prosecutors Mental Health Diversion Program, and successfully admitted one consumer during the fiscal year.

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

MMHD was able to participate in the Annual Consumer Achievement Awards ceremony, held at the Morris campus, acknowledging the success and progress of program clients.

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

CJR

During FY 2024, CJR staff pre-screened 668 individuals utilizing the social determinants of health tool at Essex County Correctional Facility and completed 109 clinical assessments.

During FY 2024, CJR staff were able to successfully linked consumers to 99 community linkages.

During FY 2024, CJR in partnership with Superior Court of Essex County and Municipal Court of Essex County completed the process of getting Mental Health Municipal Diversion approved by the New Jersey Supreme Court in June 2024. Court Diversion is expected to start September 2024.

During FY 2024, Program Director met bi-monthly with Administrative Office of the Courts and Department of Mental Health and Addictions Services to collaborate together with other Jail Diversion Pilots.

During FY 2024, CJR continued the peer group for our consumers to increase coping skills and socialization.

In February 2024, Program Director presented to MHA's peer line workers on Cultural Humility.

In May 2024, Program Director presented to Legal Services of Northwest Jersey and Essex County Probation on Trauma, Mindfulness and Self Care.

In May 2024, Program Director presented to West Orange Police Department on mental health in partnership with West Orange Co-Response Program.

In June 2024, Program Director met with Essex County Judges along with Essex County Correctional to start an official collaboration with Silver Lakes Hospital in effort to prevent individuals with mental illness from languishing in jail without proper mental health support.

In June 2024, Program Director was able to become an Adult Mental Health First Aid Instructor.

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

CJR was able to participate in the Annual Consumer Achievement Awards ceremony, held at the Sandwiches Unlimited, acknowledging the success and progress of program consumers.

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

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

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

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

Upcoming Year Recommendations:

MMHD

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

CJR

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

Veteran and Family Support

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

Personnel: One (1) Full-Time Clinician (LCSW, LPC)

Caseload: As of June 30, 2024, Veteran and Family Support had a caseload of 29 cases. During FY2024, referrals for Veteran and Family Support were made from self-referral, Morris County Prosecutor's Office, and from the Morris County website.

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

Performance Outcomes: Performance outcomes were measured 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 monitored. The threshold indicates that 400 hours of mental health counseling, 72 units of case management, 12 educational groups, and 35 support groups were monitored monthly. During FY2024, 301.5 hours of mental health counseling were provided, 47 units of case management provided, 9 education groups were facilitated, and 37 support groups were also facilitated.

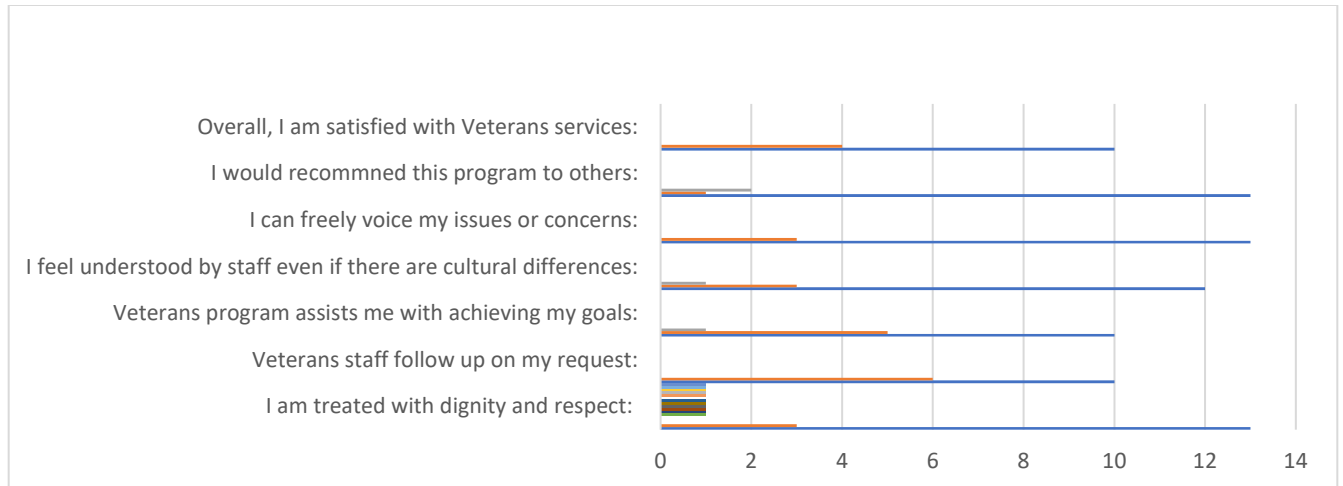
Consumer Satisfaction Survey: Within the program, surveys were distributed and tallied to measure satisfaction. All consumers were informed that their answers would remain confidential. Consumers were provided with a sealed envelope to protect anonymity and informed of several ways to return the surveys:

Approximately 17 surveys were delivered to consumers (hand delivered, mailed and/or left at residence). Out of the 17 surveys delivered, 16 individuals responded, resulting in a 94% percent response rate.

Gender: Of the 16 consumers that responded to the survey; 15 were male (100%) and one (1) preferred not to say.

Ethnicity: Of these 16 consumers, 12 consumers identified as Caucasian (80%), two (2) identified as African America (13%), one (1) specified as other (7%), and one (1) preferred not to say.

Age: The exact age of the consumers was collected. Of the 16 consumers, one (1) identified as being between 18-24 years old (6%), one (1) identified as being between 25-34 years old (6%), two (2) identified as being between 35-44 years old (13%), two (2) identified as being between 55-64 years old (13%), and ten (10) as 65 years old and older (62%).



Highlights:

In November 2023, staff hosted the 2nd annual “Coffee with a Veteran” event at the Morris Campus.

During FY2024, the Veteran and Family Support program hosted “Guitar for Vets”, a program designed to help veterans cope with PTSD through music.

In October 2023, Veteran and Family Support staff participated in the annual Stand Down event.

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

In FY2024, Program Director became a registered Star Behavioral Health Provider (SBHP). The mission of SBHP is to address the behavioral health needs of service members, veterans and their families. As a member of the registry, service members, their families, and referring professionals can access trained providers.

In October 2023, staff participated in the Picatinny Resilience Fair, where services were offered to Picatinny Arsenal staff members.

In November 2023, staff participated in a Veterans Resource Day at County College of Morris,

In February 2024, staff facilitated a Trauma-Informed Veteran Care Training to the Morris County Office of Veterans Services.

During FY2024, Program Director provided education regarding veterans’ services during the Crisis Intervention Team (CIT) training to approximately 131 law enforcement officers.

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

Additional trainings attended by staff included: Military Culture and Deployment Ethics and Overview of Military Service-Related Behavioral Health Challenges.

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

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

Upcoming Year Recommendations

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

CENTER FOR BEHAVIORAL HEALTH (CBH)

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

Personnel: The program operates under the direction of the full-time Program Director, part-time Medical Director/Psychiatrist, part-time Advanced Nurse Practitioner (APN), administrative support, one full-time therapist and six part-time therapists. Throughout the year, CBH also works with graduate social work and counseling interns who provide clinical services under the supervision of the Director and other staff. This fiscal year, the program housed nine interns in the fields of social work, art therapy, and clinical mental health counseling.

Service Provision: CBH provided services to 187 individuals during FY2024 with a total of 9,349 contacts. This includes 70 new clients. CBH reached 130% of the targeted number of contacts overall. CBH continues to maintain a small group of clients who see a panel therapist in the community; however, this accounts for only 2% of contacts and continues to be phased out.

On June 30, 2024, the census of CBH was 127 with an average monthly census of 123. The clients range in age from 18 to 77. The clients identify as the following for gender: 69% female, 28% male, and 3% transgender. The self-reported ethnicities of the clients enrolled with CBH are as follows: 21% Hispanic/Latino and 79% non-Hispanic/Latino. More specifically, the self-reported races of clients enrolled with CBH are as follows: 56% White/Caucasian, 35% African-American, 5% Asian, and 4% identifying as multi-racial.

CBH consumers are insured through Medicaid (46%), Medicare (25%), uninsured and enrolled in NJMHAPP (27%), and other (2%).

CBH in the community highlights:

- CBH has partnered with Bloomfield College of Montclair State University to provide on-site clinical services to students on campus. MHA Therapists provide weekly individual counseling and group therapy at the College to increase access to in-person mental health services.
 - A federal grant funds these services to ensure cost or insurance is not a barrier.
 - Grant funds are active for FY2324 and FY2425.
- CBH has collaborated with the Bloomfield Township's Health Department, serving as the Mental Health representative for their current community needs assessments.
 - MHA has also provided in-person and virtual presentations for township residents on mental health education and resources.
- In partnership with Aging in Montclair, CBH hosted a presentation and discussion regarding technology scams aimed at seniors. A retired NYPD Lieutenant in the financial services sector presented to a group of about 45 seniors at the Montclair Public Library.

- Staff from CBH collaborated with members of Caldwell University in October 2023 to conduct another successful National Depression Screening Day, where 65 students and faculty were screened for anxiety, depression, traumatic stress reactions, and suicidal thoughts.

CBH Service Provision Highlights:

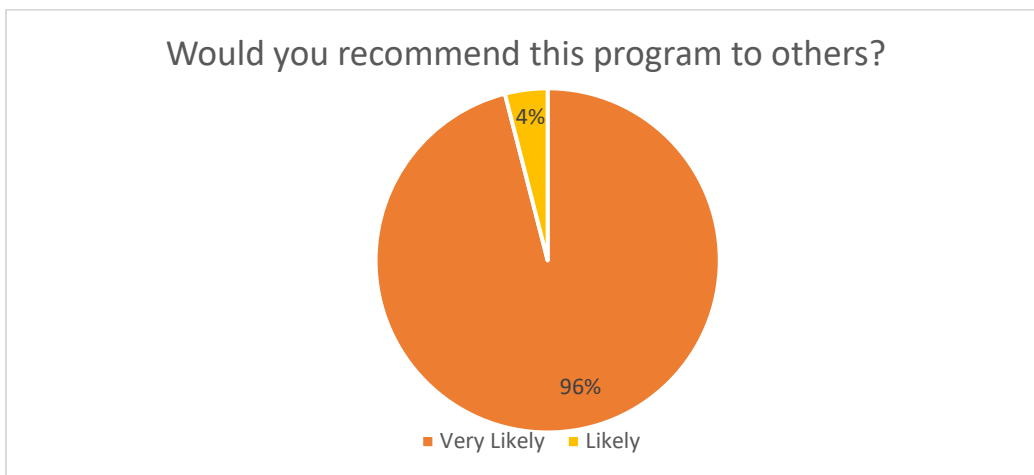
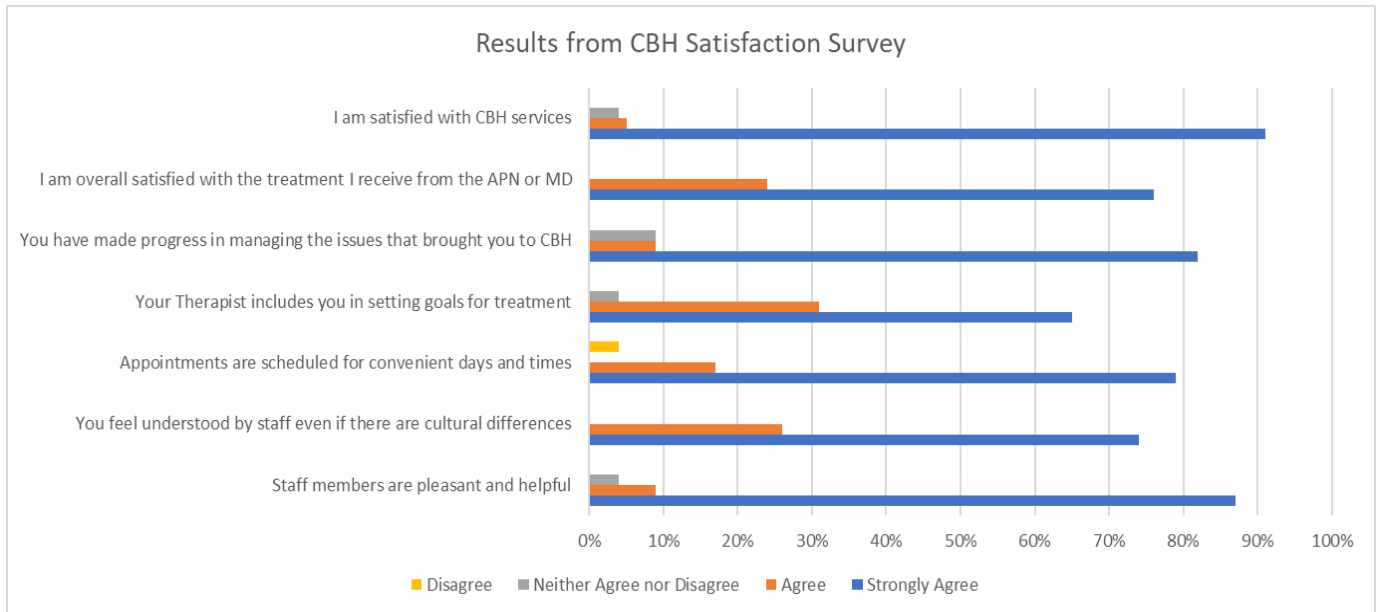
- CBH census increased by 15% compared to the previous year, allowing more clients to be seen.
- The group therapy program further expanded to include two sessions of Comfort Zone each week – one virtual and one in person – to ensure there was a standing group for all. Comfort Zone is the department’s long-standing weekly drop-in support group for those with a mood disorder, facilitated by a licensed clinician.
- Two other short-term groups occurred throughout the year: one focused on young adults (“Adulthood”) and the second being a social skills/socialization group
- CBH staff continue to provide a multitude of different modalities of therapy including art therapy, evidence-based techniques like CBT and DBT, interpersonal psychotherapy, somatic processing, Trauma-focused CBT, and elements of EMDR.
 - Spanish speaking clinical services are available.
- With the retirement of a long-time psychiatrist, the department was able to recruit and hire an adult psychiatrist board-certified in mental health and addictions, further enhancing the department’s ability to treat co-occurring conditions.
- CBH continues to offer services both via telehealth and in-person.
 - 46% of all services were provided on-site, which is far above industry average for in-person services
 - All new clients are assessed for their clinical appropriateness for telehealth to ensure that all clinical considerations are met before offering telehealth.
- 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.

Performance Indicators: The performance indicators measuring efficiency in CBH are the “wait for an intake appointment” and the “wait for assignment to a therapist.” This fiscal year, the average wait for an intake appointment was 3.1 business days and the average wait for assignment to a therapist was zero days, as the client was assigned to a therapist at intake. Both measures are below industry benchmarks.

CBH continues to use the DASS-21 (Depression, Anxiety, and Stress Scale) to obtain a clinical measure of a consumer’s functioning in those three areas. The inventory is completed at the initial intake appointment and repeated six months into treatment. Thus far, 85% of individuals surveyed

showed an improvement in negative symptomatology when the inventory was distributed six months after admission.

The results of this year’s client satisfaction survey indicate a continued high level of satisfaction among CBH clients. This past year, electronic surveys were distributed to all clients via text, mail, and/or in-person, depending on client preference. Out of the 110 surveys sent out, there was a 24% response rate. As seen from the results below, there is a strong sense of satisfaction with services (100%) though there is a low response rate.



Some of the comments received by clients from the survey:

“My therapy has allowed me to reflect on my life, relationships, and work in productive ways”

“I appreciate the non-judgmental and empathetic environment that therapy provides”

“I feel better about myself”

Many people commented their relationships have improved, they feel better, and they have returned to work or school.

Fiscal Year 2025: For almost 70 years, CBH has been able to provide high-quality outpatient mental health services to the low-income adult population of Essex County. This remains the focus and mission of the department. By further maximizing slots and efficiency, CBH will continue to grow the census and be able to provide more services to more clients. While maintaining the department’s existing weekly drop-in support groups, CBH will add group therapy programming where appropriate. CBH continues to be a leader at emphasizing the benefit of in-person services and continues to offer and recommend in-person services to all. At the same time, CBH continues to provide telehealth to many who prefer this modality.

With existing partnerships already established, CBH will continue to outreach and collaborate with more community partners to provide more community programming and services. CBH is well poised to continue to be a leader in community mental health.

The Riskin Children’s Center (RCC)

The Riskin Children’s Center (RCC) is a comprehensive outpatient mental health service for youth ages 6 to 18. The Center was created in September of 2011 after a generous gift from Dr. Sylvia Riskin. RCC provides individual therapy, family therapy, psychiatric evaluation, medication management, and consultations. At RCC, the mission is to provide high quality mental health services to children, adolescents, and their families, many of whom are insured by Medicaid or have limited financial means to pay for private practice care.

Personnel: RCC operates under the direction of the full-time Program Director, with administrative support, a 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.

Service Provision: This fiscal year, RCC provided mental health services to 53 individuals, 28 of whom were new to the department. Overall, RCC provided 795 units of service. Predominantly, RCC works with families who have Medicaid or are uninsured. For those who are uninsured, RCC offers services on a sliding-scale fee basis. RCC consumers are insured through Medicaid (96%) and self-pay (4%).

On June 30, 2023, the census of RCC was 25. Clients range in age from 6 to 18. The clients identify as the following for gender: 65% female, 30% male, and 5% transgender. The self-reported ethnicities of the clients enrolled with RCC are as follows: 48% Hispanic/Latino and 52% non-Hispanic/Latino. More specifically, the self-reported races of the consumers enrolled with RCC are: 59% White/Caucasian, 23% African-American, and 18% identifying as multi-racial.

Highlights of RCC:

- Expanded involvement of RCC in the community
 - Staff facilitated “Breathe In, Breathe Out”, a stress management workshop at Planned Parenthood of Metropolitan New Jersey’s Teen Life Conference on March 15, 2024 with over 35 teens attending
 - RCC staff and interns also presented on mental health symptoms and treatment at Planned Parenthood events in the Spring
 - Staff facilitated an art therapy workshop focusing on Mindfulness at Montclair State University for teenagers in a pre-college summer program with over 20 youth attending.
 - Staff presented on mental health symptoms and treatment for 25 parents and educators at Bloomfield Township’s Back to School webinar
- RCC continues to offer services both via telehealth and in-person.
 - All new clients are assessed for their clinical appropriateness for telehealth to ensure that all clinical considerations are met before there is a decision made about the method of service delivery.
 - This fiscal year, 66% of all services at RCC were provided in-person, with the remaining 34% provided via telehealth.

- Group therapy program expanded with a focus of providing time limited in person groups focused around a particular topic
 - RCC held its first therapy group for those ages 9-12 entitled, “Mindful Warriors”, in July and August 2023. Mindful Warriors focused on anxiety reduction and increasing the ability to cope with anxiety.
 - RCC offered an arts-based workshop for those aged 12-14 to explore identity and self-expression.
 - Medicaid was billed for any client who had this insurance; a low-cost fee for the entire group set up for anyone without insurance.

Performance Indicators: The performance indicator, which measures efficiency in RCC, is the “wait for service.” This fiscal year, the “wait for an intake appointment” was 3.7 business days, and there was a zero-day wait for assignment to a therapist, as this occurred at intake.

To measure effectiveness with our clinical interventions, RCC uses a variety of validated evidence-based outcome measures. RCC has used the DASS-21 (Depression, Anxiety, and Stress Scale) for youth, 12 and older, in order to obtain a clinical measure of a client’s functioning in those three areas. The inventory is completed at the initial intake appointment and repeated six months into treatment. At this point, there has been an 85% overall improvement in symptoms.

This year’s parent/consumer satisfaction survey showed a 100% overall satisfaction rate. However, there was a very low response rate. We sent out 20 electronic surveys with 5 clients completing the survey, leading to a 25% response rate. See below for a sampling of responses.

I am happy with my therapist	100%
I would recommend my therapist to a friend if they needed help	100%
I feel I have made progress towards their treatment goals	100%
I would talk to someone else at RCC in the future if I needed to	100%
I am satisfied with my psychiatric care	100%
Overall, I am satisfied with RCC services.	100%
I feel my therapist treats me with respect	80%

Fiscal Year 2025: During this time, many other providers have chosen to remain telehealth. In contrast, RCC is upholding the long legacy of in-person services. With a new youth-focused LCSW clinician on staff, RCC is well poised to increase slots and be able to provide more services to youth in need. Group therapy will resume in the Fall/Winter to ensure that this valuable adjunct therapy can be offered to any youth who may benefit.

The continuation of RCC's partnerships with Planned Parenthood and other community partners will further expand RCC's footprint in the community. Waitlists for youth seeking mental health services remain long and limited. Many service providers continue to only provide telehealth and/or short-term services. With an expansion of RCC's capacity expected for this fiscal year, RCC will continue to provide high-quality mental health services for youth, including psychiatry. Today's youth face a multitude of mental health challenges and with less stigma associated with seeking mental health care, RCC is here to support and help.

Community Support Services (CSS)

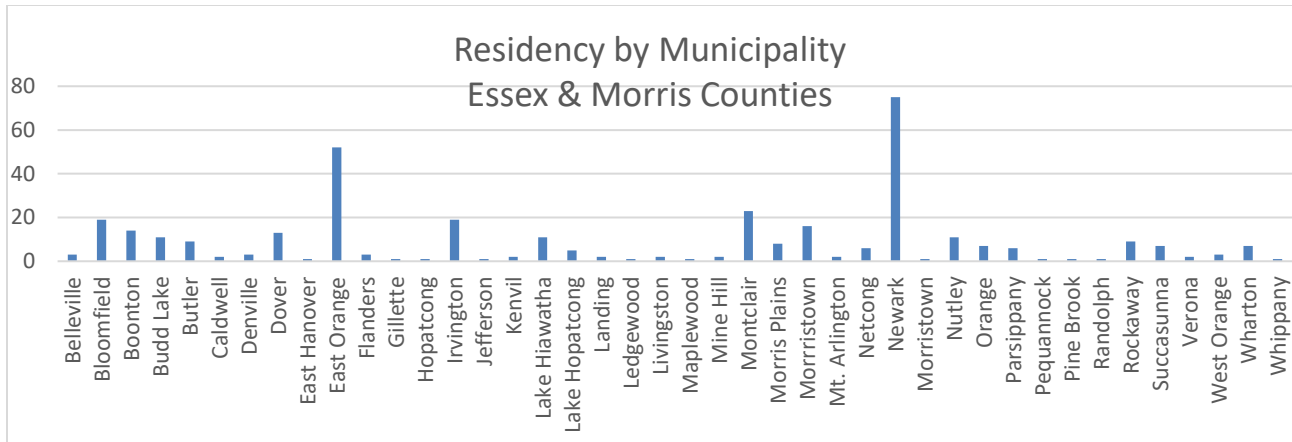
The mission of Community Support Services (CSS) is to increase accessibility to quality affordable housing in Essex and Morris counties for adults (18 +) diagnosed with a serious and persistent mental illness and to provide comprehensive, high quality mental health services.

The goal of CSS is to assist individuals who are currently hospitalized, homeless, or living in sub-standard housing gain access to adequate, affordable housing. Since its inception in 2006, CSS has been able to identify and develop housing opportunities (2 residences in Bloomfield, 1 in Nutley, and 1 in Montclair) along with creating relationships with landlords in the community in order to secure “lease-based” housing for our consumers. CSS also offers flexible support services that are based on wellness and recovery principles. CSS works collaboratively to build on each individual’s capacities, resiliencies and talents in order to develop an individualized and strengths-based rehabilitation plan which promotes successful reintegration into the community while resuming or engaging in new life roles (e.g., tenant, partner, caregiver, friend, student, and employee). It is the belief of the program that with support and access to a safe, affordable living environment, an individual in recovery will be able to live in the community and achieve a higher quality of life.

Caseload: Community Support Services has successfully placed over 365 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 85 individuals who have their own residence but needed additional care to ensure their stability in the community.

Demographics: As of June 30, 2024, the active caseload for Community Support Services was 331. On this date, there were 172 males (48%), 152 females (42%), 1 transgender male to female (0.3%), and 4 transgender female to male (1%). The self-reported ethnicities of the consumers enrolled with CSS are as follows: 21 Hispanic/Latino (6%); 329 non-Hispanic/Latino (91%), and 12 individuals who did not choose to disclose (5%). The self-reported races of the consumers enrolled with CSS are as follows: 8 Asian (2%); 2 Black or African-American & White (0.6%); 160 Black or African-American (44%), 4 multi-racial (1%); 2 Native Hawaiian or Other Pacific Islander (0.6%); 8 Other (2%); 166 White (45%); 9 who did not choose to disclose (3%).

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



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

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

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

Community Support Services performance indicators measure the rate of recidivism to the County/State hospitals and recidivism rate to the Short Term Care Facilities on a monthly basis. During this fiscal year, the overall recidivism rate to the County/State hospitals was 0% and the recidivism rate for Short Term Care Facilities was 2.5%. 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 10% of our consumers to secure and/or maintain involvement with employment, vocational programs or schools.

Health and Wellness continues to be one of the primary areas of focus within the CSS program. CSS offers each individual a nursing assessment. The nurse meets with the consumers in the

community to ensure these assessments take place. The threshold is to have 90% of individuals receive a nursing assessment. During this fiscal year, 100% of CSS participants were offered initial nursing assessment and subsequent follow up assessments with either the CSS nurse or with Prospect House Primary Healthcare.

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

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

Consumer Satisfaction Surveys: MHA is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey. One hundred and ten individuals served completed consumer surveys this year. The overall satisfaction rate was 95%. Below are the findings from the Community Support Services Consumer Satisfaction Survey:

Question #	Question	Percentage
1	I am treated with dignity and respect.	95%
2	I make informed decisions.	89%
4	CSS staff are available when needed.	93%
5	CSS staff follow up on my request.	92%
6	CSS staff encourages me to make my own decisions.	89%
7	I actively participate in my treatment plan (goals).	90%
8	CSS assists me with achieving my goals.	86%
9	CSS is respectful of my cultural background.	84%
10	I can freely voice my issues or concerns with CSS staff.	93%
12	Overall, I am satisfied with CSS services.	95%

CSS Highlights: CSS Morris officially became a Housing Authority and was awarded funds through the Morris County Continuum of Care Committee to provide rental assistance to 5 chronically homeless individuals and provide supportive services.

CSS expanded as a Housing Authority and assumed the Safe Haven Permanent Supportive Housing project from Homeless Solutions in Morris County. This program provides rental subsidies to 12 consumers, offering case management services as well. Six of the 12 consumers were long standing CSS consumers and expressed to be happy to have their Housing Authority managed by MHA as well. The Safe Haven program was audited by HUD 4 months after assuming the program and scored a 94% and commended for doing an exceptional job, especially as a new Housing Authority.

CNL (Certificate of Needs and Licensing) conducted an inspection at 2 CSS properties in Bloomfield and passed with flying colors.

CSS was able to find alternative housing for 30 consumers after funding was cut for a County sponsored program that would have otherwise left 30 individuals street homeless.

During the holidays, 6 CSS consumers experienced a roof collapse the day after Christmas. CSS was able to relocate all consumers to emergency placement and provide emergency moves to each tenant to ensure they were placed in homes that were stable and safe. All 6 tenants were able to find new apartments within 2 months.

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.

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

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

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

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

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

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

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

All CSS staff, through Relias Learning, were trained on various topics which included but were not limited to HIPAA for Healthcare Professionals, Corporate Compliance and Ethics, Cultural Diversity, Co-Occurring Disorders, Coordinating Primary Care Needs of People with Serious and Persistent Mental Illness, Illness Management and Recovery, Nutrition and Exercise for Clients with Mental Illness, Incorporating Recovery Principles and Practices into Mental Health Treatment, Case Management, Crisis Management, Overview of Suicide Prevention and Psychiatric Rehabilitation. In addition, CSS staff are trained in WRAP (Wellness and Recovery Action Plan), Motivational Interviewing, Safety in the Community and CPR.

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

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

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

- Comprehensive Emergency Assistance System (CEAS)
- Community Assistance Services (CAS)
- Essex and Morris County Residential Meeting (which is a sub-committee to the System Review Committee (SRC))
- Community Assessment Team (CAT)
- Landlord Support Program (LSP)
- Morris County Data Quality Committee
- Supportive Housing Association (SHA)

SUPPORTED EMPLOYMENT SERVICES (SES)

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

Personnel: SES is staffed by three full-time employees, which includes the Master's Level Program Coordinator and two Employment Specialists who have a minimum educational requirement of a BA or BS in a related social service field. SES staff is culturally diverse and represents the local community which MHA serves in Essex County. At times in FY2024, SES operated with two full-time Employment Specialists.

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

Caseload: Between July 1, 2023 and June 30, 2024, SES served 127 clients. There were 83 new clients referred and 47 admitted from various sources such as: self-referrals, Jail Diversion, MHA PATH, Collaborative Justice Services (CJS), Criminal Justice Reform (CJR), Assisted Outpatient Treatment (AOT), Prospect House (PH), Integrated Case Management Services (ICMS), Northwest Essex Community Healthcare (NWECH), Community Support Services (CSS), Greystone Park Psychiatric Hospital, Ancora Psychiatric Hospital, Trenton Psychiatric Hospital, Community Psychiatric Institute, Family Connections, Rutgers Behavioral Health, Care Plus Behavioral Health, Center for Behavioral Health, and Roots at Crossroad Counseling Center.

Demographics: The majority of the clients served are African-American with a smaller population of Caucasian, Asian, and Hispanic. Although serving all of Essex County, the majority of the clients served are from the East Orange and Newark areas. Other demographic locations include Belleville, Bloomfield, Cedar Grove, Irvington, Orange, Maplewood, Montclair, Nutley, West Orange, South Orange, Livingston, Verona, Caldwell, West Caldwell and Roseland.

Performance Outcomes: The target number of clients to be served was 130; SES served 127 and achieved 98% of our goal. Other target outcomes include: SES placed 55 clients into full-time employment (92%), placed 61 clients in part-time employment (610%), and 13 clients were replaced on a job (38%). At the end of this fiscal year, SES caseload was 80.

The unemployment rate in NJ is 4.6% as of June 2024. The unemployment rate in Essex County is 6.1% which is one of the four highest in the state. The overall unemployment rate for black workers is 6.3%. SES placed 2% of our clients into employment within 120 days of their entry into the program. One hundred percent (100%) of the clients were placed in an occupation of their choice. At the end of the year, 20% of clients retained employment for three months or more. Employment Specialists worked diligently to motivate clients and made multiple outreaches to

ensure a smooth transition. Staff engaged clients to participate in Job Readiness activities, which focused on multiple areas including interviewing skills, work ethics, problem solving and positive communication. The target wait for intake was three business days and admission to the program was within one day. Individual service plans were established with the clients input and were reviewed monthly and quarterly. Progress was also reviewed as necessary to help the individuals meet their objectives. The staff/client ratio was 1:35, respectively. In the upcoming fiscal year, staff will continue to secure every opportunity, coordinate team efforts and resources to increase the service delivery to clients, and focus on documenting all areas of job development and client contact to meet the identified goals.

Consumer Satisfaction Survey: MHA is continuously refining services based on consumer input. This is received through various methods, including the annual Consumer Satisfaction Survey to ensure that each individual has an opportunity to provide feedback and a chance to have his/her voice heard. The Consumer Satisfaction Survey was made available to all consumers by SurveyMonkey, sent by email, and in-person. Of the surveys distributed, there were 17 returned responses. There was an overall 94% satisfaction with SES services.

Training:

Specialized training workshops for staff continued throughout the year:

- WRAP
- Psychopharmacology
- Effective Job Coaching
- Motivational Interviewing
- Safety in the Community
- Illness Management and Recovery Model
- Cultural Competence
- Overview of Supported Employment
- Crisis Management

Highlights:

- Individuals were employed in competitive jobs as, Dietary Aides, Dishwashers, Retail Workers, Home Health Aide, Certified Nurse Aide, Janitorial, Housekeeping, Package Handlers, Direct Support Professional, Substitute Teacher, Case Manager, Transportation/Bus Aide, Office Assistants, and Security Officers.
- SES continued to oversee the in-house Transitional Employment program and provide training and ongoing support to consumers who work as receptionists and building maintenance within MHA to strengthen their resumes and work skills.
- Employment Specialists continue to provide ongoing support for the Peer-to-Peer Warm Line Peer Support Specialists.
- On June 6, 2024 SES hosted a mobile Dress for Success in-house event where 16 women were identified and referred for the services. On the day of the event, 9 consumers were able to attend. They were able to obtain clothing attire to wear to work such as dress suits, pantsuits, dresses, blouses, slacks, etc. After that date, Employment Specialists were also able to provide the remaining clothing from the event to the women who were not able to attend on that day.
- One consumer was provided with aid to complete her fingerprinting requirement for a job she obtained

- MHA has staff who are Certified Application Counselors to assist those without health insurance to apply for coverage.
- SES continued to be an internship site for Rutgers School of Health Professional's Psychiatric Rehabilitation Program.
- SES continued to collaborate with Gourmet Dining Services, which provides services to Seton Hall and has employed 3 consumers in the past.
- SES continues to collaborate with the HR Department at CareWell Health to take advantage of employment opportunities within their hospital network, when possible.

Advocacy:

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

Recommendations for FY2025:

- SES will continue to collaborate with community providers to secure work opportunities through word-of-mouth or resources within their organizations/agencies.
- SES will continue to work on improved employment outcomes and reduce gaps in the service system with increased linkages and smooth transitioning of services for consumers.
- SES will continue to re-engage consumers for in-person services over FY2024, as deemed able.

Family Resource Center (FRC)

The FRC includes the following programs and services:

- I. IFSS - Intensive Family Support Services – Essex and Sussex County**
- II. “Thursdays” - Family Respite Consumer Drop-In Center**
- III. Project F.E.R.S.T. – Family Emergency Room Support Team**
- IV. Information and Referral Services**

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

Description: Intensive Family Support Services are designed to provide support, education, advocacy, and respite to family members who are coping with the mental illness of a loved one. Throughout the last year, IFSS services were delivered in a hybrid fashion, providing an option for families to come in-person or receive services through virtual platforms. Through individual supportive counseling sessions, psychoeducational workshops, family support groups, respite services, and telephone consultations, families learn skills to help them cope with the associated stress of caring for a loved one with mental illness.

Location and Hours of Operation:

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

IFSS Sussex - Services are provided at 83 Spring Street, Suite 302B in Newton, during the hours of 9:00AM to 5:00PM, Monday through Friday, with flexibility for evening appointments when requested. Families are able to reach their Family Support Counselor after hours through MHA’s on-call procedure.

Personnel:

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

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

Essex Program Highlights: During FY2024, IFSS facilitated 107 family support group sessions. In addition, 29 psychoeducational workshops, 48 consumer respite sessions, and 30 respite sessions for family caregivers were conducted to counteract stress related to their loved one’s illness.

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-monthly Wednesday evening session, a monthly evening meeting of adult siblings of people with mental illness, and a twice-monthly Family and Consumer Connection (FCC) group. The FCC group is a structured, problem-solving group attended by both family members

and mental health consumers to increase understanding about mental illness, improve socialization, teach coping skills, and foster connection.

Family Support Counselors started a Housing Advocacy Committee to help empower the voices of the family members who have concerns related to affordable, safe housing for their loved ones. This committee was comprised of family members and IFSS staff and worked toward advocating for improved housing for individuals living with mental illness.

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

Arts-Based Respite Workshop Series: The IFSS art therapist, together with graduate interns from Caldwell University, provided art therapy-based groups. These groups focused on respite for family members of people with serious mental illness (SMI), covering topics of stress relief and self-care, identity, the role of caregiver, and navigating family members. These groups are intended to provide education, relief, connection, and an opportunity for self-expression. This year, the IFSS team partnered with Aging in Montclair to implement two Photo Voice groups, which led to an exhibit at the Montclair Library that featured 14 original photographs and personal statements on the topic of aging, caregiving, and life values.

“Finding Your Voice. Empowering Family Caregivers” an interactive workshop to heighten awareness of breathing, body mechanics of voice, and obstacles to communication, with the goal to empower family caregivers was provided to the families of IFSS by actor and owner of “Gifts in Good Company, LLC”, Natasha Gallop.

IFSS Essex Coordinator Renee Folzenlogen was awarded the NAMI NJ Exemplary Provider Award ‘for demonstrating passion, empathy, patience, and cultural competence when serving individuals with lived experience of mental illness and their family members.’

Sussex Program Highlights: IFSS Sussex facilitated 71 family support group sessions and 25 psychoeducational program sessions during the FY2024. These were programs designed to teach families and/or the community about diagnosis, treatment options, available services, and coping skills they can utilize when caring for a loved one. Psychoeducational series for IFSS Sussex focused on providing information on available resources such as treatment providers, and psychiatric screening centers, as well as ways to increase problem-solving skills.

This year, IFSS Sussex emphasized respite care and hosted 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 fiscal year 2024, IFSS Sussex provided 13 respite events.

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

IFSS Sussex was instrumental in the MHA movie screening of *Rose*, which follows two sisters, one of whom is diagnosed with schizophrenia, on their journey to Paris. The screening of the movie was followed by a panel discussion which included IFSS Sussex coordinator Annette Hoffman. The panel spoke to the impact a loved one's illness has on the family relationship, answered questions from the audience, and provided psychoeducation on schizophrenia.

Performance Outcomes: IFSS Essex: The IFSS Essex program produced 3,027 units of service, which is 130% of its overall targeted program commitment for the 2024 fiscal year. Multiple Family Support Groups (164%) significantly exceeded contracted thresholds. Psychoeducational sessions, conducted both in-person and through virtual platforms, were also higher than expected (164%). Some IFSS families returned to in-person consultations, with many opting to continue virtual telehealth support. Combined, these exceeded targeted goals at 147%. "Thursdays" drop-in social group for consumers along with other respite activities combined to bring IFSS out-of-home respite above the projection for the year (217%). Collateral also surpassed its target goal this year (153%). IFSS Essex was able to serve 252 families this fiscal year.

Performance Outcomes: IFSS Sussex: IFSS Sussex produced 2,001 units of service, which is 116% of its overall targeted program commitment for the FY2024. The program provided levels of service exceeding program commitment specifically in multiple areas: total families served (189%), off-site visits (155%), collateral contacts (110%), multifamily support groups (145%), psychoeducational sessions (134%), supportive phone calls (108%), and face-to-face out of home respite (156%). IFSS Sussex was able to serve 142 families this fiscal year.

Performance Indicators: IFSS Essex:

Accessibility: IFSS continued to offer all services remotely or in person which allowed for continuity of support. In this past fiscal year, 100% of families indicated that IFSS staff were available when needed.

Efficiency: IFSS utilized "Wait for Service" as a key performance indicator of efficiency. In this past fiscal year, the average time elapsed from IFSS referral to first contact was 2 business days. The average time from this contact to intake was less than 5 business days.

Effectiveness: IFSS measures the effectiveness of its services by recording changes in a family's perceived level of concern and stress over a six-month time frame. IFSS used a statewide uniform method of calculation with a NJDMHAS approved instrument called the Family Concerns Survey. After analyzing pre and post survey scores, IFSS families indicated an 14% reduction in stress for this fiscal year as a result of receiving family support services.

Technical Data: Monthly chart audits of all active IFSS families were implemented with an annual compliance rate of 90%.

Satisfaction Data: IFSS Essex: Satisfaction with the IFSS program was measured by the NJDMHAS-approved instrument that was sent out to approximately 100 families in May of 2023. With a 24% return rate, 24 questionnaires were returned to MHA's QA Coordinator, who aggregated the raw data for further analysis. The data showed that 75% of respondents were parents, 33% were siblings, and 4% responded with other relationship but did not identify the nature of the relationship. Families reported a 100% overall satisfaction rate.

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

"It has helped me to learn new skills to deal with family issues more effectively. It has provided invaluable insight and education into how to be a more supportive parent even under very difficult circumstances."

"My son and I are both functioning. Because of you, my son has returned to work and is functioning."

"Made me feel less alone and reduced the stigma that comes with being a parent of a child with mental illness (even if that child is an adult.)"

Performance Indicators: IFSS Sussex

Accessibility: According to families who responded to our satisfaction survey, IFSS Sussex has shown an accessibility rate of 91% as indicated by the responses to the question, "Was it easy to find out about this program?"

Efficiency: The "Wait for Service" measurement is a state and agency-generated indicator based on high standards of professional practice that indicate efficiency. IFSS Sussex exceeded the program's expectation for wait for service which was measured at less than 1 day wait for service and 2 days wait for intake.

Effectiveness: Effectiveness is measured by the IFSS Family Concerns Scale. This measures effectiveness and impact of services on family stress. An average of a 11% reduction in levels of stress/burden was reported by families in the past year. Given the increased level of stressors experienced by individuals with mental illness and their family caregivers, this rate remains significant.

Satisfaction Data: IFSS Sussex: IFSS Sussex sent a 24-item survey, standardized and mandated by NJDMHAS for IFSS programs, to approximately 80 families in May of 2022. With a 15% return rate, 12 questionnaires were returned to MHA's QA Coordinator, who aggregated the raw data for further analysis. The data showed that 75% of respondents were parents, 8% were a spouse, partner, or significant other, 8% were siblings, and 8% identified other as their relationship. The overall satisfaction level of IFSS Sussex families was determined to be 100%.

Below are a few comments from IFSS Sussex responders:

"I've taken anger out of my emotions when dealing with my daughter. The LEAP method helps keep a better line of communication."

“The support, concern and resources are very helpful in assisting families in a variety of situations and are not sure where to turn for help.”

“The staff is more than caring, kind and supportive not only when we are in crisis but the in-between also.”

II. Family Respite Services “Thursdays” Consumer Drop-In Center 2023-2024

Description: For the last 24 years, IFSS Essex has facilitated “Thursdays”, a consumer drop-in center that has met every Thursday for 2.25 hours from 6:30PM to 8:45PM. Through this service, families were provided with 2.25 hours of out-of-home respite and relief from caring for their loved ones with a mental illness. IFSS families have been comforted in the knowledge that their loved one has been able to get out of the house and make positive social connections with their peers, both critical to wellness and recovery.

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

Highlights and Data: Since the end of the public health emergency, “Thursdays” has moved back to its original mission of providing a safe space where individuals living with mental illness can create social connections. “Thursdays” has seen an increase in participation; at least 15 individuals attend each week. Throughout the year, “Thursdays” has provided invaluable activities that incorporate the whole person. Some of these activities include:

- Chair Yoga taught by a certified Yoga instructor through the Montclair YMCA
- Screening of the movie Rose which follows two sisters, one living with schizophrenia, on their journey to Paris.
- Brain games such as word search or puzzles.

III. Project F.ER.S.T. – Family Emergency Room Support Team 2023-2024

Description: Acute Care Family Support (ACFSP) otherwise known as “Project F.ER.S.T.” is the NJDMHAS-contracted service component that provides in-person support, education and advocacy to families while they are in local acute care hospital emergency rooms accompanying their loved ones through the psychiatric screening process. As one of the few community-based acute care family support programs in the state, Project F.ER.S.T. has unique challenges with regard to receiving referrals from all of the Essex County acute care hospitals, which include three psychiatric screening centers. The success of Project F.ER.S.T. relies upon a commitment to maintain relationships with screeners and acute care hospital workers, as these relationships provide Project F.ER.S.T. with the majority of its referrals. As a result, Essex County families benefit from receiving emotional support and education regarding hospital procedures and commitment laws while their loved one is experiencing a mental health crisis.

Personnel: One full-time Acute Family Support Counselor

Highlights: Although there has been limited family presence in the hospital emergency departments, Project F.ER.S.T. connected with and worked collaboratively with hospital staff via phone to reach families in need. Staff provided supportive counseling, education and linkage to

ongoing services via telehealth, continuing to adapt to this new and successful model of service. Over the course of the fiscal year, Project F.ER.S.T. served 67 families and provided 147 follow-up contacts to families.

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

Performance Outcomes:

Efficiency: Efficiency is established by tracking how quickly staff responded to a referral. Using the Wait for Service annual data, an efficient response time is less than 48 hours. Project F.ER.S.T. data shows that 100% of Project F.ER.S.T. services were provided efficiently, responding to families within 1 day from when referrals were received.

Satisfaction: In order to ensure that the highest level of quality services for families are maintained, a questionnaire is provided annually to families who received services. During this past fiscal year, 12 surveys were returned. Upon return of the completed questionnaires, the data was aggregated and analyzed. A weighted average was calculated from the responses for each question.

According to the survey responses:

- 85% of the respondents agree or strongly agree that they would recommend Project F.ER.S.T. and that they were satisfied with the services they received.
- 83% strongly agreed that they were treated with respect by the Project F.ER.S.T. Counselor.
- 83% of families reported they coped more effectively with their loved one's hospitalizations as a result of receiving Project F.ER.S.T. services.
- 83% felt supported and listened to by the Project F.ER.S.T. Counselor.

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

“This service is vital and when I meet someone that is in my situation, I always say how essential it is to have my family support counselor.”

“I am more informed about certain situation, medical care and behavioral health. This makes it easier to cope or understand my love ones during difficult times.”

“The project helps me to stay focused on my goal that is to get the needed support for my family member & to remain calm under my circumstances.”

III. Information and Referral Services 2023-2024

Description: The Information and Referral (I&R) service component continues to remain a major gateway to those individuals in the general public seeking mental health services or information. Known as I&R, this component involves responding to phone service requests that come into the

Montclair, Parsippany, and Newton offices. It also involves responding to requests for mental health services from individuals who walk in off the street, communicate through e-mail, or make inquiries on the agency's website. These agency requests for information and referrals are handled by the staff, graduate students, and volunteers from the different programs at each agency location.

Data Highlights: The continued use of the electronic health record to collect data, allowed multiple MHA sites (Montclair, Parsippany, and Newton) to collect and aggregate data in a timelier manner. During FY2024, a total of 852 I&R documented requests were received across the agency.

ASSISTED OUTPATIENT TREATMENT (AOT)

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

Personnel:

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

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

Caseload:

Essex

As of June 30, 2024, there were 39 active cases. During FY 2024, 55 referrals were enrolled into the AOT program; 87% of the referrals were made through Short Term Care Facilities (STCF) and/or private hospitals via conversion or amended hearings; 13% were made through conversion hearings at long-term care facilities, i.e., Essex County Hospital Center (ECHC) and/or state hospitals. There were no referrals enrolled through the designated screening centers.

Sussex

As of June 30, 2024 there were 14 active cases. During FY2024, 20 referrals were enrolled into the AOT program; 45% of the enrollee referrals were made through STCF via conversion hearings; 45% were made through conversion hearings at other hospitals; 5% were state hospital referrals and 5% of the referrals were made through the designated screening facility.

Morris

As of June 30, 2024, there were 17 active cases. During FY2024, 25 referrals were enrolled into the AOT program; 8% of the enrolled referrals were made through STCF via conversion hearings; 52% were made through conversion hearings at other hospitals, and 32% were state hospital referrals; 8% of the enrolled referrals were made through cross-county transfer. There were no referrals made through the designated screening centers.

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

- **Gender:** At the end of the fiscal year, the self-reported gender for individuals served in AOT Essex was 45% female, 51% male, and 4% transgender; the self-reported gender for individuals served in Sussex was 50% male and 50% female; and the self-reported gender for individuals served in Morris was 35% female and 65% male.

- **Ethnicity:** During Fiscal Year 2024, AOT Essex provided services to individuals who self-reported the following races and ethnicities: 52% African-Americans, 9% Hispanics, 22% Caucasians, 13%-unknown and 4% individuals who identified as multiracial. AOT Sussex provided services to individuals who self-reported the following races and ethnicities: 77% Caucasian, 6% African-American, 5% unknown, 3% Asian, 3% American Indian or Alaskan Native, 3% Hispanic, 3% other-identifying individuals. AOT Morris provided services to individuals who self-reported the following races and ethnicities: 64% Caucasian, 13% Hispanic, 10% African-American, 5% multiracial, 3% Asian individuals, with the remaining 5% identifying with other or unknown ethnicity.
- **Age:** AOT Essex provided services to 33% of individuals between the ages of 18-29, 23% between the ages of 30-39, 17% between the ages of 40-49, 12% between the ages of 50-59, and 15% above the age of 60. AOT Sussex provided services to 19% of individuals ages 20-29, 32% between the ages of 30-39, 16% between the ages of 40-49, 23% between the ages of 50-59, and 10% aged 60 or older. AOT Morris provided services to 28% of individuals ages 20-29, 26% between the ages of 30-39, 10% between the ages of 40-49, 18% between the ages of 50-59, and 18% aged 60 or older.

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

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. This year, AOT collectively received 1 referral from local screening centers, 59 STCF referrals and 16 LTC referrals.

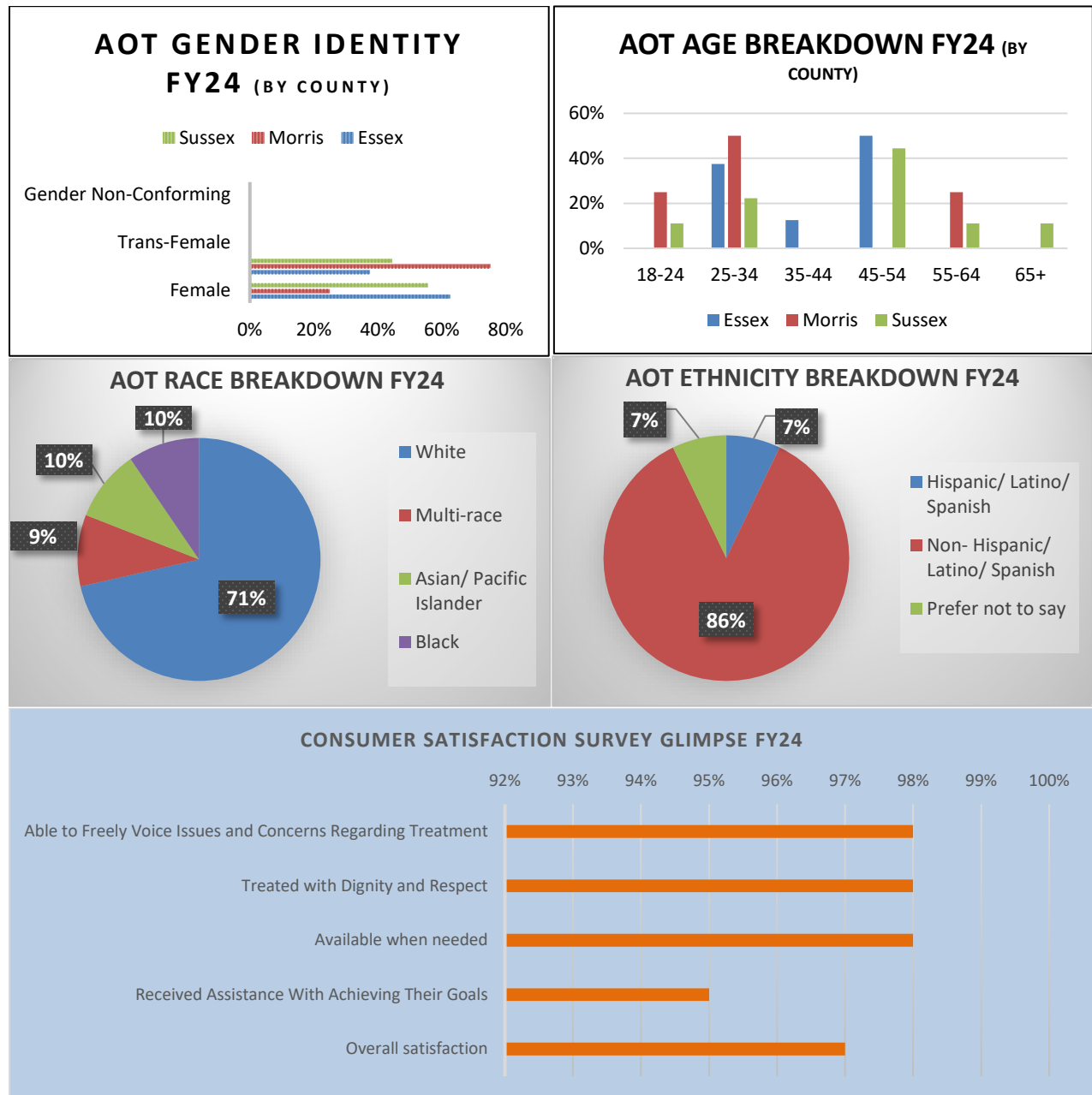
The use of the AWARDS clinical database allows for efficient and orderly clinical record keeping. With multiple report modules, we are able to better track staff interventions and crises. in FY24, AOT was 100% in compliance with chart auditing.

Lastly, AOT measures the recidivism rates to ensure quality of services and outcomes via court ordered treatment on a monthly basis and prove effectiveness; 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. The individual county benchmarks are as follows:

Essex: < 6 ER Admissions; < 3 Voluntary Admissions; < 2 Involuntary Admissions; < 3 LTC Admissions; < 3 Arrested; < 3 Incarcerated; < 3 Homeless ♦ **Morris:** ≤ 4 ER Admissions; ≤ 2 Voluntary Admissions; ≤ 2 Involuntary Admissions; ≤ 2 LTC Admissions; ≤ 2 Arrested; ≤ 2 Incarcerated; ≤ 2 Homeless ♦ **Sussex:** ≤ 3 ER Admissions; ≤ 1 Voluntary Admissions; ≤ 1 Involuntary Admissions; ≤ 2 LTC Admissions; ≤ 1 Arrested; ≤ 1 Incarcerated; ≤ 1 Homeless. AOT met all benchmark expectations in all counties.

Consumer Satisfaction Survey: 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 director for review.

Approximately 63 surveys were delivered to consumers in Essex, Sussex and Morris counties. This accounts for a response rate of 23%, 69% and 40% respectively. Refer to graphs for overview of results:



AOT Highlights:

Essex

- During the past fiscal year, 21 consumers were able to successfully accomplish their goals, with the least amount of intervention from AOT, and graduate from the program.
- AOT provided individual psychoeducation for consumers transitioning or approaching graduation from AOT with a focus on raising consumers’ self-awareness regarding their emotions, identifying and establishing social supports outside of AOT, and education on the importance of medication adherence.

- AOT successfully worked with the courts and public defenders to reinstate in person court hearings quickly, post pandemic.
- AOT continued to collaborate with and educate staff at all Essex County Screening Centers, six Short Term Care Facilities, Essex County Hospital Center (ECHC), state psychiatric institutions and private hospitals.
- AOT consumers, in collaboration with all other MHA adult programs, participated in a picnic at Eagle Rock Reservation and a holiday party.

Morris/Sussex

- During the past fiscal year, 7 consumers from Morris County, and 7 consumers from Sussex County were able to successfully accomplish their goals and graduate from the program.
- AOT strengthened its professional relationship with Newton Medical Center's Short Term Care Facility and Screening Center.
- Sussex County AOT was able to reach its target of serving an active caseload of 20 consumers concurrently.
- AOT met with the Morristown Medical Center Department of Psychiatry and educated psychiatrists and nurse practitioners on the program.
- AOT collaborated with Intensive Family Support Services to provide a training to the Social Work Department at Ramapo Ridge Behavioral Health.
- AOT consumers, along with all other MHA adult programs, attended several holiday parties and a picnic at Hedden Park.

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

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

Essex

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

Morris

- **Acute Care Systems Review Committee** is a monthly meeting convened by the Director of Inpatient Behavioral Health and Psychiatric Emergency Services at Saint Clare's Health. 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.

Sussex

- **Systems Review Committee** is a monthly meeting convened by the Director of the Screening Center at Newton Medical Center. 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.

Upcoming Year Recommendations:

Essex, Morris & Sussex

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

Projects for Assistance in Transition from Homelessness (PATH)

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

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

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

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

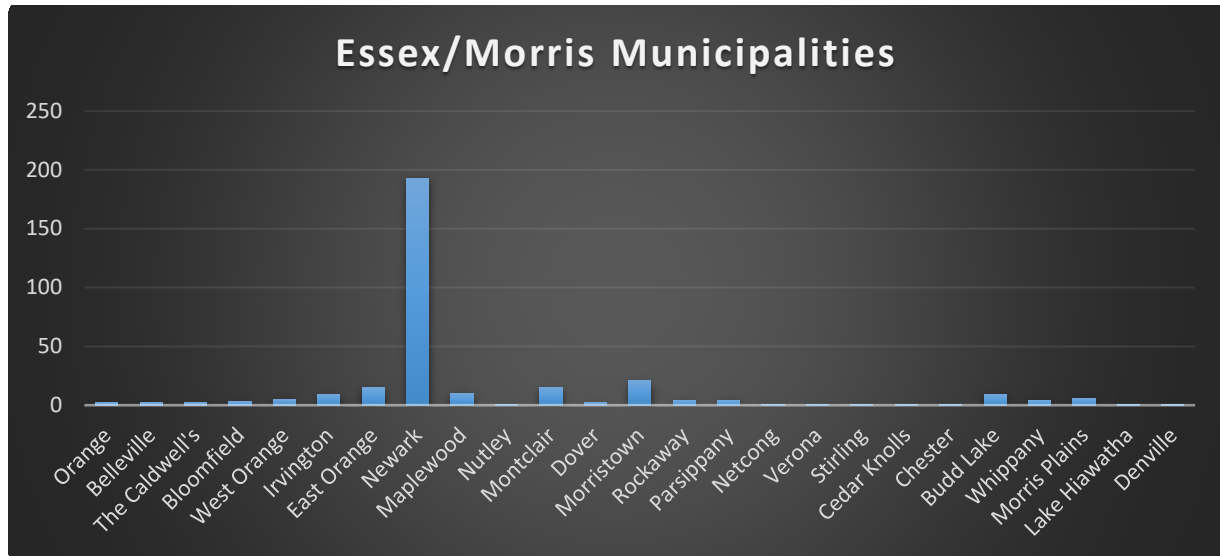
Caseload: Since July 1, 2023, PATH outreached 771 homeless individuals and those at imminent risk of homelessness across both counties. Of those outreaches, 358 consumers received case management services through the PATH Program. PATH conducts weekly outreaches in the community covering all townships spanning from the farthest corner of Essex County to the farthest point of Morris County wherever homeless are reported. Areas outreached include but are not limited to: Newark International Airport, Newark Penn Station, Morristown and Dover train stations, other local stations, local drop-in centers (including Salvation Army Montclair and New Jersey Community Research Initiative (NJCRI), Edna's Haven, Our Promise, Community Soup Kitchen, Dover Faith Kitchen), as well as other local churches and soup kitchens.

Referrals were received from all local Short Term Care Units (including Newark Beth Israel, East Orange General Hospital, University Hospital, Saint Michael's Medical Center, Morristown Medical Center, Saint Clare's Hospital, Summit Oaks, Bergen Regional, Chilton Hospital, as well as outpatient treatment centers), local police departments (including Montclair, East Orange, West Orange, Orange, Irvington, Maplewood, Caldwell, Verona, Nutley, Essex County Sheriff, NJ Transit Police, NJ/NY Port Authority Police, Morristown Police, Dover, Jefferson, Parsippany, Budd Lake, Netcong, Lake Hiawatha and any other municipalities that identify homeless individuals) as well as other social service providers. Referrals are also obtained through the Coordinated Entry waitlist.

Demographics: As of June 30, 2024, Essex and Morris PATH serviced 358 individuals. Of the individuals serviced, there were 194 males (54%), 162 females (45%), and 2 transgender (1%). The self-reported ethnicities of the consumers were as follows: 31 Hispanic/Latino (9%) and 327 Non-Hispanic/Latino (91%). The self-reported races of the enrolled consumers with PATH are as follows: 5 Multiple Race (2%), 94 Caucasian (26%), 242 African-American (68%), 3 Asian (1%), 1 Native Hawaiian or Other Pacific Islander (1%), 4 American-Indian or Alaska Native (1%), and 1 Middle Eastern (1%).

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

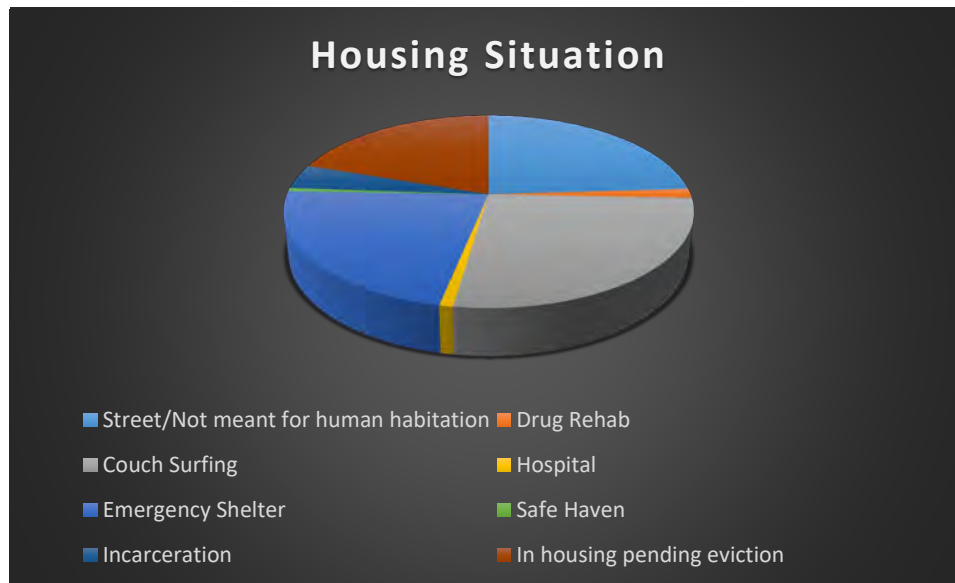
Belleville	2	Morristown	21
Bloomfield	3	Netcong	1
Rockaway	4	Newark	193
Budd Lake	9	Nutley	1
Stirling	1	Orange	2
Califon	1	Parsippany	4
Denville	1	Pine Brook	1
Dover	2	Cedar Knolls	1
East Orange	15	Chester	1
Irvington	9	The Caldwell's	2
Lake Hiawatha	1	Verona	1
Maplewood	10	West Orange	5
Montclair	15	Whippany	4
Morris Plains	6		



Consumers outreached by the PATH Program reported sleeping in the following locations the night before engagement. Street or place not meant for human habitation (186) (24%), Emergency Shelter including motel paid with emergency assistance (173) (22%), Safe Haven (4) (.5%), Drug

Rehab (12) (1.5%), couch surfing (207) (27%), inpatient hospital (7) (1%), incarceration (32) (4%) and housing pending eviction (153) (20%). Others serviced did not wish to provide this information.

Of enrolled consumers, 161 (45%) met the definition of “chronically homeless” set forth by the Department of Housing and Urban Development (HUD), meaning being homeless for one year or more or having experienced four periods of homelessness in the past three years totaling at least 12 months.



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, and one part-time Administrative Assistant. Staff are culturally diverse and represent the consumers served. PATH has one staff member fluent in Spanish.

Morris PATH services are provided by one Master’s Level 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. Staff are culturally diverse and represent the consumers served. In the event a case manager is unavailable for live translation, staff utilize a Language Line, which is capable of translating 200 languages.

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

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

During this fiscal year, Essex and Morris PATH outreached 771 (individuals or 133% of the contract commitment and serviced 358 individuals or 126% of the contract met. During the past fiscal year, PATH successfully linked to the following services: 197 to Community Mental Health, 30 to substance abuse treatment, 133 to financial benefits, 96 to temporary housing, 88 to permanent housing, 56 to medical/dental, and 45 to rehabilitation/habilitation services.

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

Consumer Satisfaction Survey: Approximately 59 satisfaction surveys were completed by consumers enrolled in the PATH Program. Many more surveys were offered but were declined. Consumers surveyed reported an overall 99% satisfaction with services provided by the PATH Program.

Survey Demographics: Of the 59, 45% were female, 53% were male, and 2% Gender Non-Conforming. The average age of respondents was 48 years old; 47% were African-American, 41% were Caucasian, 3% were other mixed race, 5% were Hispanic, and 4% did not wish to provide this information.

PATH Highlights

MHA’s PATH Program has been servicing the homeless in both counties as one entity since August 1, 2017. This year, our most significant accomplishment is sixty-five (65) chronically homeless individuals with severe and persistent mental illness and co-occurring substance abuse disorders have a place to call home.

Essex

- PATH Outreach staff participated in this year’s Essex County Project Homeless Connect. During this event, PATH staff were able to outreach homeless individuals and provide care packages that included toiletries, snacks, and bus tickets.
- PATH Outreach staff participated in the HUD-mandated Point-In-Time Count for the entire County of Essex.
- PATH Director worked closely with local police departments and health departments. Upon request from the police and health departments, PATH Outreach staff would engage homeless individuals throughout Essex County and would link individuals to shelter placement, detox programs, or mental health treatment, when appropriate.
- PATH Director participated in meetings with The City of Newark of the Newark Hope Village II, a unique sheltering community. PATH Outreach staff engaged individuals onsite and provided weekly case management to link individuals to medical services, mental health treatment, financial resources, and additional case management needs.
- PATH Director organized five events with New Jersey Motor Vehicle Commission for their mobile van to come out to the Mental Health Association and provided individuals with NJMVC services, such as driver’s licenses and non-driver state IDs, to community locations.
- PATH Director continued the collaboration with Newark YMCA to obtain three emergency housing rooms to be utilized by PATH consumers as an alternative to shelter placement.

- Homeward Bound continued operations at The Newark International Airport. Homeward Bound is a 24-hour, 7 day a week program contracted by The Port Authority of New York & New Jersey to provide homeless outreach to individuals residing at The Newark International Airport. One hundred and seventy individuals were outreached throughout the year.
- The Homelessness Diversion Program, through the NJ Department of Community Affairs (DCA), was awarded for an additional year. Additional funding was obtained to provide housing problem-solving techniques to quickly establish stable housing options and to reduce the length of time and trauma associated with housing instability or homelessness. Homelessness Diversion successfully diverted over 210 households from shelters and homelessness.

Morris

- PATH Director organized and led the Morris County Project Homeless Connect for the first time after a 4 year break due to the Covid outbreak. The organization consisted of PATH Director recruiting 40 other agencies with numerous departments, services and resources. PATH Director met with the organizations biweekly and together gathered 33 volunteers to help run the event. During Project Homeless Connect 102 attendees signed in and received a wraparound service under one roof from over 35 agencies. During the event 25 Narcan Trainings and Kits were distributed, 50 people were HIV tested and 30 Blood Pressure Screenings and 6 Foot Screenings were provided. Additionally, 60 Blessing Bags were distributed by the Morris County Sheriff's Hope One Initiative and countless donations were received and distributed to consumers in need.
- PATH Director became a HUD mandated Point-In-Time Count Coordinator for Morris County and led the Point-In-Time organization and implementation of the Point-In-Time Count for the entire County of Morris. PATH Outreach staff conducted the count and provided hygiene/food/warm packets for the homeless. The Point in Time Coordinator Committee has now grown into a year around committee that is dedicated to ensuring a correct count by educating and engaging the community with the goal of ending homelessness.
- PATH Director became a Code Blue Provider Participant with the Office of Temporary Assistance and The Office of Emergency Management in Morris County.
- PATH Director became a part of the initiative "S.E.R Solutions" (Serving Everyone Regardless) a collaborative program with local nonprofit organizations established by the Mayor James P. Dodd and Councilman Sergio Rodriguez of the Town Of Dover . This initiative aims to enhance the quality of life in our community by providing crucial assistance, resources, and follow-up to those in need especially the homeless population in Dover.
- PATH Director re-established a working relationship with Homeless Solutions which includes monthly case conferencing meetings to ensure case collaboration for temporary homeless consumers with the goal to expedite permanent housing.
- PATH Director continued to strengthen relations with the Department of Consumer Affairs, Morris County Housing Authority, and Morris County COC to reduce the homeless need and to house individuals in the PATH Program.

- PATH Director established active attendance with the COC Morris County Permanent Supportive Housing Case Conferencing, Shelter Workgroup and Diversion and Prevention case conferencing meetings monthly with a goal to obtain Permanent Housing Vouchers for PATH Consumers.
- PATH Morris continued to implement the part time Coordinated Entry Housing Navigator position funded by NJ 211.
- PATH Morris continued to implement the Homeless Outreach Case Management and Step off the Street outreach positions funded by the Morris County Human Service Department. Through these positions PATH Morris was able to outreach additional 126 people and providing over 910 additional units of service during the fiscal year.

Advocacy:

Essex

- PATH Director is first Vice Chair for the Essex County Continuum of Care (CoC)/Comprehensive Emergency Assistance System (CEAS).
- Voting member for the Essex County CoC/CEAS.
- Member of the Outreach Committee for the Essex County CoC/CEAS. Through this committee, PATH Outreach staff participated in organized outreaches with 10+ agencies to provide regular outreach and develop a list of the county's chronically homeless to assure they are prioritized for housing.
- Member of the CoC/CEAS's Coordinate Entry Committee - this is a subcommittee of the CoC/CEAS and is used to develop a HUD mandated Coordinated Entry (No Wrong Door) into the homeless service system.
- Member of the CoC/CEAS's Housing and Homeless Prevention Committee - this is a subcommittee of the CoC/CEAS and is used to develop strategies to house and maintain housing for individuals.
- DMHAS Systems Review Committee (SRC) - PATH actively participates in monthly meetings. The purpose of the committee is to identify countywide gaps in service delivery. Within this committee, PATH Director was selected to chair the High Recidivism Committee to advocate and plan for improved treatment for the high utilizers of the acute mental health system.
- Quarterly DMHAS's PATH Coordinators' Meeting.
- PATH Director participates in Newark's Street Outreach Collaborative to create policies and procedures for Street Outreach and Engagement in The City of Newark which include topics of data collection, case conferencing, and service coordination.
- PATH Director advocated to become a Coordinated Entry "hub" for the county to ensure individuals experiencing homelessness could have immediate, easy access to the permanent supportive housing waitlist.
- PATH Director participates in Fourth Ward Councilor, David Cummings' collaborative meeting to end homelessness in Montclair.

Morris

- PATH collaborates monthly with other providers as part of Community Assistance Services (CAS) and attends CAS quarterly.
- PATH Director actively participates in multiple committees within Morris County Continuum of Care (CoC). Some of these include Morris County Permanent Supportive Housing Case Conferencing, Shelter Workgroup and Diversion and Prevention case

conferencing meetings monthly to advocate and achieve better housing outcomes for PATH Consumers.

- PATH Director attended the Statewide Public Housing Authorities-COC Partnership Conference to End Homelessness which highlighted ways to advocate for collaboration and voucher flexibility advocacy.

Edna's Haven Resource Center (Morris)

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

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

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

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

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

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

Personnel: The staff at Edna's Haven includes the PATH Morris Director (Master's Level), one part-time staff (Bachelor's Level), one Resource Navigator (Bachelor's Level) dedicated to Coordinated Entry and volunteers who help provide Edna's Haven services. The MHA staff are culturally diverse and represent the consumers served. One Spanish-speaking case manager is available on an as-needed basis to assist the resource center staff with communicating with the Spanish-speaking population. In the event the case manager is unavailable, the resource center staff utilize a Language Line, which is capable of translating 200 languages.

Performance Outcomes: Edna's Haven participates in the agency-wide Quality Assurance Committee (QA), which conducts monthly meetings and collects data on the utilization and quality of services provided by each MHA program. During this fiscal year, Edna's Haven served 141 individuals, providing them with numerous resources, linkages and services.

Consumer Satisfaction Survey: MHA is continuously refining services based on consumer input, which is received through various methods, including the Annual Consumer Satisfaction Survey. This fiscal year, Edna's Haven has returned to full in-person functioning after last year's modifications to some of our services due to the COVID-19 pandemic. The 2024 Consumer Satisfaction Surveys were distributed and all highlights were noted of outcomes.

Edna's Haven Highlights:

- Edna's Haven implemented a new flyer and went live on the MHA website for Edna's Haven weekly schedule of events.
- Director became a part of the initiative "S.E.R. Solutions" (Serving Everyone Regardless) a collaborative program with local nonprofit organizations established by the Mayor James P. Dodd and Councilman Sergio Rodriguez of the Town Of Dover. This initiative aims to enhance the quality of life in our community by providing crucial assistance, resources, and follow-up to those in need, especially the homeless population in Dover. This initiative utilizes Edna's Haven as a resource towards its goal.
- Edna's Haven hosted quarterly HIV and Hep C testing with the Atlantic Health Care Group.
- Edna's Haven re-established relationships with local organizations such as Zufall and Hope House who are attending Edna's Haven quarterly to bring in resources and education for individuals on site.
- Edna's Haven hosted CARES substance and support group on Fridays.
- Edna's Haven hosted pizza Tuesdays.

Self-Help, Advocacy and Education

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

- I. Community Education - Mental Health First Aid
- II. Hope One
- III. Social Club
- IV. Community Companion
- V. Mental Health Resource Network
- VI. Mental Health Faith Liaison Program
- VII. Self-Help Programs
 - a. Exercise Group
 - b. Community Rides
 - c. Advocacy
- VIII. Elizabeth T. Dorl Educational Assistance Fund
- IX. Peer Support to Greystone

I. Community Education – Mental Health First Aid

Description: Mental Health First Aid (MHFA) is a nationally recognized program that trains individuals to recognize signs of mental distress and offer appropriate assistance. Certification to become a MHFA trainer is offered through the National Council on Mental Wellbeing through an 8-hour course. MHA has several staff certified in both adult and youth MHFA and is able to offer trainings to churches, companies, community organizations, or any other group interested in learning more about how to recognize signs of mental distress and how to provide effectively intervene interventions. In addition, MHA provides community education programs to alleviate the stigma of mental illness.

Personnel: The department is staffed by one Master’s Level Program Director (who also coordinates MHFA for the agency), one Master’s Level Coordinator, one Associate Level Case Manager and four part-time drivers. All three full time department staff are certified Adult and Youth MHFA Instructor. There are an additional 10 MHA employees from other departments who are also Adult MHFA Certified Instructors and 9 who are Youth Mental Health First Aid Certified Instructors.

Data and Highlights: Throughout this fiscal year, MHA conducted 30 separate 8-hour Mental Health First Aid classes in the Adult or Youth Module and trained over 420 individuals as Mental Health First Aiders. In addition to providing resources and services, MHA provided trainings and presentations to approximately 13,000 attendees, from The Rotary, RYLA, NJ Sharing Network, YMCA, corporations, homeless shelters, schools, houses of worship, healthcare agencies, police officers, public library staff, community providers, senior programs, support groups, rehabilitation programs, MOCHA, County College of Morris, Vision Loss Alliance, LEAD Morris and Women in Business of the MCCC. MHA also participated in community festivals, fairs and family events in the fiscal year which included events at various clubs, 5K run/walks, Stomp Out Sigma Free, Mental Health Walks, Table of Hope, People’s Picnic Table, Stigma Free Walk, Mental Health

Matters, Community Day, Connecting Dover Fest, Resource Day, National Night Out, Pride Day, Happy Wellness Expo, Canal Day, Family Night Out, and Overdose Awareness Day.

Self-Help, Advocacy and Education participated in presentations and trainings for the community, organizations, houses of worship, businesses, etc., including live and virtual panel discussions, presentations, webinars and trainings that addressed a variety of topics and issues. Some of the titles and topics were: Overview of Mental Illness, De-escalation Techniques, Recognizing Crisis Situations, Suicide the Truth, Warning Signs, Self-Care, Mental Health Matters, Let's Talk About Mental Health, Resources that Can Help Save a Life, Cultural Humility, Homelessness and Mental Illness, Mental Health and Senior and How to Cope with Loss.

This fiscal year, the People's Picnic Project completed and installed its final 3 contracted tables. The People's Picnic Project is a collaborative social art project and public 'event/happening' created (by artist 'Uncle Riley' and social cause organization, ŪMEWE), to inspire optimism and community connection. It was conceived to brighten communities while raising awareness of and funding for mental health associations and organizations. The project consists of International Optimism Yellow (INTO-yellow) wooden picnic tables placed throughout the community, to serve as both a visible marker for mental health awareness and a 'tool' to inspire positive conversations of hope, resilience and optimism. ŪMEWE partnered with the Mental Health Association of Essex and Morris (MHA) and Team De-Stig of Thrive Morris' Health & Wellness Committee of the Morris County Chamber of Commerce (MCCC) to foster The People's Picnic Project to help raise awareness of and funding for MHA. The first table was placed at the MHA headquarters in Montclair, NJ and the second one in Central Park of Morris County in Morris Plains, NJ (the former location of Greystone Park Psychiatric Hospital).

During the fiscal year, the 3 picnic tables were painted and are housed in Boonton, Jefferson High School and Pequannock High School. Thirty-three tables resulted from this project and housed throughout Morris County.

Outcome: 100% of Mental Health First Aid participants report overall satisfaction with the training.

II. Hope One

Description: Hope One is a mobile outreach vehicle that travels around Morris County offering access to mental health, addiction and recovery services. The Morris County Sheriff's Office partnered with the Center for Addiction Recovery Education and Success (CARES), the Morris County Department of Human Services, and the Mental Health Association in this combined effort to combat the opioid epidemic and help individuals struggling to maintain their mental health. Hope One is able to provide clients immediate access to services and treatment facilities, putting them on the road to recovery and wellness. In addition, NARCAN training, Narcan, and harm reduction kits are provided at no cost to family members and friends of those suffering from opiate addiction.

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

Data and Highlights: Hope One continues to make significant strides in combating the opioid epidemic throughout Morris County and the State of New Jersey. This fiscal year, the truck has made 1476 stops and 10,072 community contacts. From the truck, nine people went to rehab/recovery services, 136 people received mental health services, 2,315 people were NARCAN trained and several hundred more received other services, were given brochures, gift cards, toiletries, and food. In addition to those services, Hope One provides PAARI (Police Assisted Addiction and Recovery Initiative) which gives law enforcement support, resources and assistance for individuals who are struggling with addiction and mental health issues. Twenty five police departments participate in PARRI within Morris County. Hope One has assisted eight other counties/cities in NJ (Atlantic, Burlington, Cape May, Hunterdon, Monmouth, Newark, Passaic and Warren) to launch their own Hope One Van.

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

In 2021, the Hope Hub was launched as an extension of Hope One. The primary goal of the Hope Hub is to provide services to the “at-risk” population. These individuals are without support and may need additional substance use disorder treatment and mental health services. To date, 475 individuals have been enrolled in Hope Hub.

The Hope One team provided education, linkage, and meals to the community at local food pantries, soup kitchens, and churches. Hope One goes out into the community 5-6 days a week to provide services, education and trainings to the community.

III. Social Club

Description: Social Club provides low to no-cost activities for individuals experiencing homelessness, are at risk of hospitalization, or have a history of hospitalizations, and are residents of Dover, Morristown, Boonton and surrounding areas. The Club allows individuals to meet people, make friends, and take part in social events. It promotes health and wellness and provides a social support network for mental health consumers. The program operates every Tuesday evening and Saturday afternoon. There are central meeting spots to pick up individuals and additional pickups are available.

Personnel: Four part-time Drivers, one Master’s Level Coordinator, and one Master’s Level Director.

Data and Highlights: This fiscal year, The Club held 97 group sessions and 1,092 consumers were served.

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

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

IV. Community Companion

Description: The Community Companion Program provides one-to-one companionship and assistance in daily living for people with mental illness. The goal of the program is to increase socialization and general wellness. Volunteers visit the client at least two hours a week, participating in mutually agreeable activities. Together they find new socialization opportunities and share in a supportive friendship. Volunteers commit to being paired with consumers for three months. They can then decide if they would like to extend the pairing or be paired with someone else.

Personnel: Three Volunteers.

Data and Highlights: This fiscal year, three consumers were paired with two volunteers, and over 200 meet-up hours were completed. Companions of the program work with their matched consumers providing companionship/support weekly via face-to-face meetings and telephone conversations.

V. Mental Health Resource Network

Description: Mental Health Resource Network consists of over 45 houses of worship throughout the counties that partnered with MHA to provide support and resources to consumers served.

Data Highlights: Throughout the year, houses of worship provide resources to consumers that they may not be able to afford. Some examples of items provided are: air conditioners, microwaves, furniture, cleaning supplies, bedding, pots, pans, bookcases, coats, gloves, food, clothing, shoes, and vacuums. St. Andrews Lutheran Church donated feminine hygiene products for consumers and their daughters. Church of God in Christ, located in Morristown, provided 25 consumers with gift cards to purchase items for the holidays. The Presbyterian Church of Chatham Township provided consumers with gift cards, toiletries, bedding, and household items for the holidays. Pine Brook Jewish Center filled the PATH pantry with food on three separate occasions, which helped our consumers enormously throughout the fiscal year. In addition, Pine Brook Jewish Center, Community Church of Mountain Lakes, and First Presbyterian Church of New Vernon hosted or provided dinner socials for clients.

Self-Help, Advocacy and Education worked with several houses of worship from the Mental Health Association Faith Resource Network to help meet the food needs of our consumers. Donations stocked our food pantry with non-perishable food, toiletries, socks, feminine hygiene products, etc. Rotary 7475 and Notre Dame of Mount Carmel Church continues to provide prepared lunches on Hope One's homeless outreach days. Pine Brook Jewish Center hosted a Carnival themed brunch full of games and fun. Parishioners have donated over \$7,000 to Self-Help, Advocacy and Education to meet other needs of our consumers, i.e., shopping cart, fans, air conditioner, shoes, etc.

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

- Riverdale Home Depot provided discounted tables for People's Picnic Project.
- Holiday Express hosted a holiday dinner with live entertainment for 150 consumers. .
- Operation Holiday provided over 1000 gifts for consumers and their children.
- Habitat Restore provided furniture and/or household items.

- Salvation Army

VI. Mental Health Faith Liaison Program

Description: Clergy are on the front lines in addressing mental health in the community but often feel ill-equipped to address the issues that come before them. In response to requests from area clergy members for added support in addressing the mental health challenges that arise among their congregants, the Mental Health Faith Liaison Program was created. The program includes three components:

1. **Direct Clinical Support** – Once a faith leader identifies a mental health challenge in their congregation, they can refer the congregant to MHA through a written referral. Depending on the need, the MHA will send a licensed therapist, addiction specialist, or geriatric care manager to meet with the congregant for up to 10 free sessions. These sessions are meant to diagnose the problem and provide a clear pathway to resolution.
2. **Information and Referral** – Offering information and referral to clergy, individuals, and families to mental health programs and a variety of community resources.
3. **Education About Mental Health Issues:**
 - a. **Mental Health First Aid** - an 8-hour training that teaches people to recognize the symptoms of a mental health issue and utilize appropriate strategies to intervene.
 - b. **Speakers, Roundtables and Presentations** - designed to meet the needs of your group or congregation. Some topics include stress management, addiction, mental health, suicide, etc.
 - c. **Mental Health Faith Resource Network** - an opportunity for congregations to provide material support to the consumers of the MHA.

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

Data and Highlights: This fiscal year, MHA provided over 25 presentations and groups, and thirty Mental Health First Aid training. In total, there were over 3,000 attendees during the presentations and groups which focused on mental health education, self-care, health relationships, services and resources, grief, and suicide awareness. Thirty people were trained in Mental Health First Aid from a house of worship (420 total this fiscal year). Funding for clinical services ended, however, three consultants volunteered their services to the program to assist five individuals. Other referrals from 19 houses of worship were linked to programs within the agency or in the community.

VII. Self-Help Programs

Description: Consumer Advocacy Program provides opportunities for mental health consumers discharged from psychiatric hospitals to have companionship, socialization, personal wellness and mobility as a way to help them integrate into the community. Several self-help groups are facilitated allowing people with mental illness to develop skills necessary for independence and to have normal, healthy lives that include socialization and recreation. Groups and activities include pet therapy, art therapy, and monthly presentations lead by a medical professional.

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

Data and Highlights: Consumers were excited to resume in-person activities again and look forward to participating each week. This fiscal year we introduce a boxing class that was well-received and loved by the consumers. According to the annual consumer survey, 100% of consumers believe their overall health and well-being has improved as a result of the CAP Self-Help & Wellness activities.

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

- a. **Exercise Group** focuses on physical wellness through exercise. This fiscal year, 69 sessions were held with participation by 270 consumers.
- b. **Community Rides** facilitates independent living for people who have been discharged from psychiatric hospitals by helping them to meet their basic needs in the community. This year, 660 hours of trips were provided to 358 consumers.
- c. **Advocacy**, commonly known as CAP, is a self-help and consumer advocacy group. Eighty-two CAP consumers were active and vocal in helping to create a mental health system that is more responsive to their needs.

VIII. Elizabeth T. Dorl Educational Assistance Fund

Description: MHA recognizes that a large percentage of people living with mental illness develop their illness during their young adulthood, a time when many are seeking to further their education or begin their careers. The onset of mental illness can be such a detriment to those afflicted, that many are never again in a position to fulfill educational and vocational goals and dreams.

Data and Highlights: The MHA Educational Fund allows eligible consumers of mental health services to receive an Educational Certificate valued up to \$1,000. First Presbyterian Church of New Vernon provided over \$3000 towards the scholarship fund. In FY2024, this fund allowed MHA to assist five consumers in funding educational pursuits such as professional certification classes, educational classes to obtain GED, a trade, driver’s license, and/or a college degree.

IX. Peer Support to Greystone

Description: The Peer Support to Greystone program provides mental health consumers, who have successfully transitioned from the hospital into the community, the opportunity to speak to those currently hospitalized to share experiences and provide hope.

Data and Highlights: Due to the pandemic, visits to Greystone Park Psychiatric Hospital had been suspended until further notice. As of July 2023, services resumed, allowing over 300 patients from Greystone Park Psychiatric Hospital to take part in an MHA discussion/group.

Suicide Prevention Services

We recognize that suicide is a serious public health problem and that more can be done to prevent suicide. Each year, more than 700,000 individuals across the entire world die by suicide. In the United States, suicide deaths have increased at an alarming pace. Suicide is the second leading cause of death among young people. In 2022, 49,476 Americans died by suicide. Here in New Jersey, 769 individuals died by suicide in 2022. In New Jersey, suicide is the third leading cause of death among 10–24-year-olds. As an organization whose mission is to provide services that will help improve mental health, the Mental Health Association (MHA) continues to address this issue.

Research has proven that when increased resources are targeted at this suicide problem, it makes a difference and lives are saved. In pursuit of shining a light on suicide prevention, increasing mental health literacy, and instilling hope in the community, the Suicide Prevention team facilitates numerous presentations, workshops, and groups. These suicide prevention workshops were taught in-person and through multimedia outlets (i.e., Zoom, Microsoft Teams, and Webex) in Essex, Passaic, Morris, and Sussex Counties to many people ranging from 3rd graders to older adults.

Description: The goal of the Suicide Prevention Services (SPS) is to spread awareness on suicide prevention by offering educational presentations designed for schools, communities, and specialized groups such as law enforcement, first responders, and college professionals. In addition, SPS has spread awareness through two youth suicide prevention websites:

StopTeenSuicide.mhainspire.org provides information on warning signs and practical ways to speak to a young person who has suicidal thoughts. Furthermore, it features testimonials from young people who have attempted suicide and from those family and friends who have been impacted by those who have died by suicide.

YouAreNotAlone.mhainspire.org provides guidance, comfort and hope to young people struggling with suicidal ideations, coping strategies, and important resources in the event they are in a crisis.

Personnel: 1 Master’s Level Director, 1 Master’s Level Community Educator

Data and Highlights: The Suicide Prevention Services program has two suicide prevention websites. By the end of June 2024, the two teen suicide prevention landing pages have received **3,721 Pageviews**. Broken-down by page:

- stopteensuicide.mhainspire.org – **2,369 Pageviews**
- youarenotalone.mhainspire.org – **1,352 Pageviews**

The Gizmo program was delivered to over 100 students at Fernbrook Elementary School in Randolph, NJ and Cleveland Elementary School in Newark, NJ. *Gizmo’s Pawesome Guide to Mental Health* takes an upstream approach to support the mental health and wellness of 3rd and 4th graders. The Guide seeks to introduce mental health and wellness, and how to care for one’s mental health. It introduces the characteristics of trusted adults, who may be one, how to practice talking with a trusted adult, and promotes proactive communication. It gives youth the opportunity to create a personal mental health plan (of action) that they can use daily and in

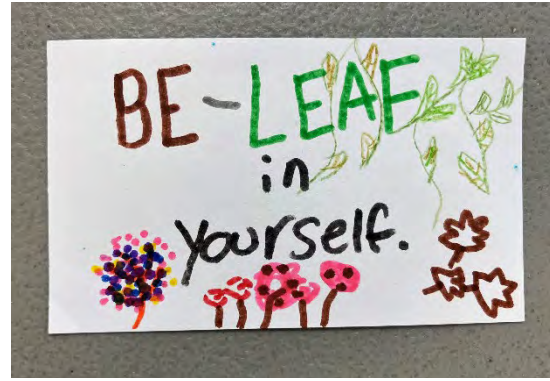
a time of need that can help them avert crisis.

The Signs of Suicide (SOS) Program was delivered to over 100 students at Fairview Camp in Newton, NJ, Newark Public Library, and East Side High School in Paterson, NJ. Signs of Suicide (SOS) teaches students how to identify signs of depression and suicide in themselves and their peers, while training school professionals, parents, and community members to recognize at-risk students and take appropriate action.

Since July of 2023, the Suicide Prevention team has taught 74 presentations to over 2,805 individuals which included police officers, the military community, adults in treatment for substance use, youth, teens with disabilities, faith-based communities, parents, teachers, support staff, community members, business professionals, and older adults. Presentations were given to the following communities: Morris County Crisis Intervention Training (CIT), Picatinny Arsenal, Silver Lake Hospital, Youth at Lakeland Hills YMCA and Sussex County YMCA, Notre Dame of Mt. Carmel Church, Grace Lutheran Church, Hope Institute, Beulah Grove Baptist Church, Sussex County Technical School, Montclair NAACP, Roxbury Library, Presbyterian Church of Chatham Township, Saint Clare's Hospital, Spiritual and Health-Based Leaders who work with Franciscan Friars, and Lawyers at Legal Services of Northwest Jersey.

This year, the Suicide Prevention team used an interactive, strength-based approach that includes mindfulness and art-based activities to support the mental health presentations, workshops, and group topics being taught to the community. 49 out of 74 presentations, workshops and groups included the integration of mindfulness and art-based activities. The Suicide Prevention team has training in embodied modalities (i.e., trauma-informed yoga and art therapy), which can be effective with connecting with all ages, especially youth. This is also a protective factor of mental health. Using embodied modalities: (1) helps to process, understand, and communicate complicated thoughts and emotions, (2) provides a constructive outlet for challenging emotions, (3) encourages self-expression and regulation, (4) engages the senses, feelings, and physical action, (5) helps one learn about different perspectives, and (6) can help nurture confidence and identity.

Using the Caring Partners of Morris & Sussex grant, the Suicide Prevention team engaged with over 100 youth in meaningful ways by (1) hosting Wellness Ninjas groups for middle and high school students, and (2) setting up resource tables with interactive activities at both YMCAs in Morris and Sussex Counties as well as some Morris County libraries. Groups consisted of (1) light movement in the form of gentle stretches (i.e., mountain, tree, and warrior pose), (2) breathing exercises (i.e., 4-square breathing, 4-7-8 breath, and alternate nostril breathing), and (3) art-based activities. The movement and breathing exercises helped youth learn practical ways to decrease stress and anxiety. Some of the art-based activities included: making personal affirmation cards (see images below), feelings transformation collage, and handmade rational and irrational thought boxes.



Mental Health Players

Description: Mental Health Players educate audiences through interactive role-plays to address important issues such as employment issues, staff conflicts, aging, drug/alcohol use, parent/child conflicts, and mental illness. Role-playing is an effective way to engage audiences and encourage interaction where lectures and other traditional methods of education can leave audiences cool and unresponsive. Performances last approximately 45 minutes, consist of 2 role-plays, and can be scheduled during the day or evening.

Personnel: 40 Volunteers, 1 Master's Level Director, 1 Master's Level Community Educator

Data and Highlights: Due to lack of requests from the community, there were no performances by the Mental Health Players in the 2023-2024 fiscal year. The Suicide Prevention team will assess how to proceed with this educational service.

Peer-to-Peer Support Line

Description: Peer-to-Peer Support Line is a warm line that is staffed by mental health consumers for people with mental illness. The hope and goal of this service is to provide telephone peer support to mental health consumers in lieu of costly and intrusive emergency psychiatric services. Per the sub grant requirement, the Line is expected to provide 1,460 Peer Line Service hours to a minimum of 160 unduplicated clients during the year. All Peer-to-Peer Support Line staff complete an individualized training program prior to working on the Line. The Line operates 7 days a week, 365 days a year from 5pm-10pm and 5 weekdays a week from 11am-2pm. Callers can call using three separate lines in the evening and one during the weekday to receive peer counseling support services by trained staff.

Personnel: 19 Peer Line Staff, 1 Master's Level Director, 1 Master's Level Community Educator

Data and Highlights: The Peer-to-Peer Support Line provided hope, encouragement and resources to 233 people during 6,078 hours of calls to the Peer-to-Peer Support Line. Although most of these calls came from New Jersey, some came from out of the state (i.e., California, Connecticut, Florida, Hawaii, Kansas, Maryland, Massachusetts, New York, North Carolina, Ohio, Pennsylvania, Texas, and Virginia).

Outcome: 95% of callers report their satisfaction with Peer-to-Peer Support Line.

Outcome: 86% of Peer Line workers report satisfaction working the Peer-to-Peer Support Line.

Teen Connect Support Line

Description: Teen Connect Support Line is a warm line staffed by young people for young people. The target population to be served is youth ages 13-24 years old. Teen Connect staff provide coverage on 2 lines (1 call, 1 text) Monday – Friday from 5pm-10pm. Youth support is not common in the United States with minimal lines in the nation that focus on employing teens to answer calls by other teens. Youths have a special ability to understand and empathize with callers because they are of the same age group. Many adolescents experiencing challenges (i.e., anxiety, depression, grief, anger, loneliness, etc.) find it easier to share their angst and dread on a hotline with people their age, rather than their parents or other authority figures. It can be easier for a teenager to reach out to a peer first, even if the next step is to speak with a trusted adult.

Personnel: 10 Teen Line Staff, 1 Master’s Level Director, 1 Master’s Level Community Educator

Data and Highlights: In the 2023-2024 fiscal year, the Teen Connect Line has provided hope, encouragement and resources to 32 young people during 2,575 hours of calls and texts to the Teen Connect Line.

School-Based Counseling Services

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

I. East Orange School-Based Counseling 2023-2024

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

Personnel: This program utilizes the services of one part-time Licensed Clinical Social Worker, working with one or two graduate social work or counseling interns.

Highlights: During FY2024, 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 graduate-level counseling interns, served over 60 middle and high school students. Below are some examples of how students utilized their time with the MHA mental health clinicians:

- Future planning for after high school graduation
- Gaining resources to assist with homelessness
- Processing trauma and learning healthy coping mechanisms
- Exploring gender identity

II. Montclair Child Development Center - Mental Health Consulting 2023-2024

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

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

Highlights: The MHA counselor participated in an evidenced-based training called “Bee Hive”. This training provides valuable information that can be used in head start programs by mental health professionals. The counselor continued to provide in-person support to children and teachers at each location during the past fiscal year. Resources, such as the Perinatal Health Equity Initiative, were provided to children and their families to help decrease gaps in services. Children were offered individual sessions and techniques, such as mindfulness, play therapy,

emotional regulation, and self-expression to help them understand and regulate their behaviors. The MHA counselor also completed parent and family outreaches and educational series that effectively engaged families in the services offered at MCDC. The counselor provided education to teachers, offering guidance on ways to support the children in the program.

Outcome Data: Over the 2023-2024 school year, 700 hours of classroom support to children and teachers and 100 hours of parent support was provided.

III. MHA Collaboration with NJPAC - New Jersey Performing Arts Center Project 2023-2024

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

Personnel: Part-time Licensed Clinical Social Worker

Highlights: During FY2024, the MHA Licensed Clinical Social Worker provided over 420 hours of Professional and Personal Development Sessions, Direct Services, and Support Groups.

Examples of Professional and Personal Development Sessions:

- Education on neurodiverse students.
- Classroom management: How to address behaviors in the classroom setting.

Examples of Support Groups:

- Parent support group discussing topics such as raising artistic teens, social media use, and racism.
- Coffee Talk, where NJPAC parents are given an opportunity to connect with each other and discuss issues that are affecting their children.

Examples of Direct Services:

- Individual sessions with youth that focused on:
 - Emotional regulation
 - Struggles with socialization
 - Concerns at home
 - Pressure around grades and school performance

Wellness HUB- Early Intervention Support Services (EISS)

Program Description: It is the mission of the Wellness HUB, an Early Intervention Support Services (EISS) Program, to provide the highest quality of mental health services to any adult age 18 or older who resides, works or attends school or prefers to participate in treatment in Sussex County and are experiencing exacerbated symptoms of mental illness. The Wellness HUB is designed as a “living room” model to provide the most comfortability to the visitors, their friends and family when in a crisis. Individuals can “walk in” throughout the extended office hours, that surpass normal off hours set by traditional outpatient clinics. The Wellness Hub functions as a mental health urgent care clinic that offers immediate access to crisis intervention services without having to rely on hospital emergency departments, in turn providing immediate access to outreach, assessment, medication monitoring, therapy and support.

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

Types of Services Offered

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

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

Personnel: The Wellness HUB operates with a team of clinical and case management staff under the direction of a Program Director and Program Coordinator. The clinical team includes a 1 part-time Psychiatrist, 2 part-time Advance Practice Nurses (APN), and 2 licensed therapists. The Case Management team includes 2 Case Managers and 2 Peer Support Specialists, with lived mental health and substance use experience. The teams work closely together to ensure that all persons’

needs are met. An administrative assistant is staffed to provide support to the ‘living room visitors’ and required clerical needs.

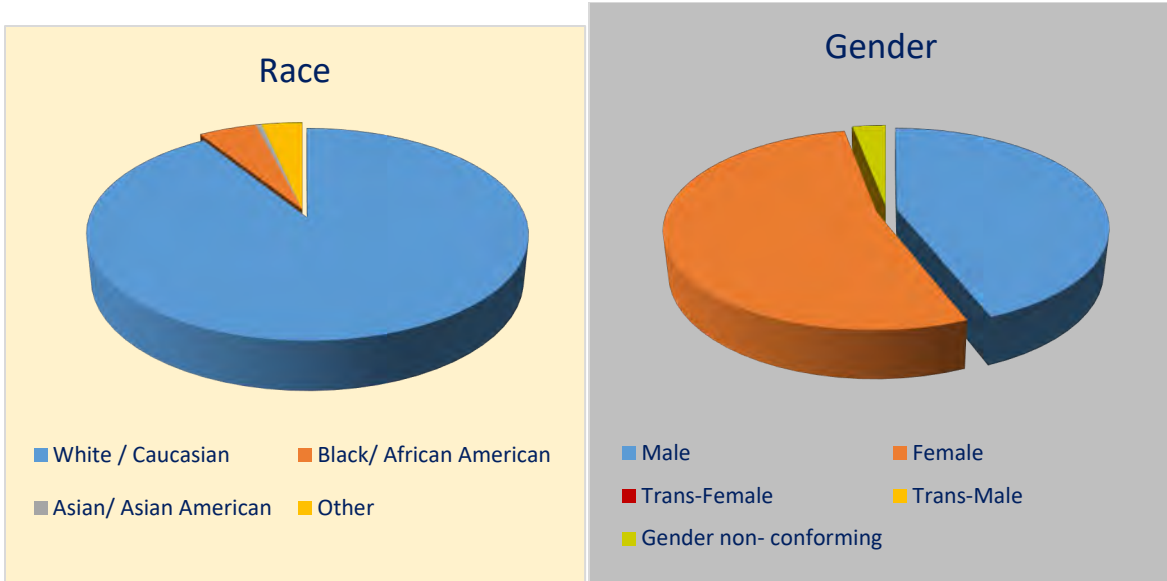
During this fiscal year, the Wellness HUB was awarded an additional \$199,935.00 to expand the team with a Peer Recovery Coach and a Licensed Drug and Alcohol Counselor (LCADC). This funding was secured through the Substance Use, Prevention, Treatment and Recovery services block grant.

Consumer Demographics: Of the 975 individuals served at the Wellness HUB in FY2024, 608 consumers were provided emergency psychiatric evaluation, medication management, crisis counseling, and case management for a period of 30 days or more. This is an increase of 68% of people treated from FY2023. Individuals who “walk in” for care—but are not officially enrolled in treatment for various reasons are assisted with walk in case management, crisis care and immediate linkage appropriate community services.

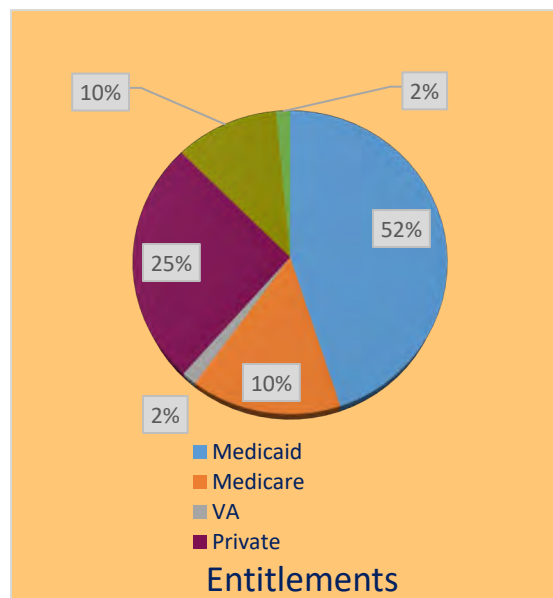
The Wellness HUB is located in Newton, NJ, in the rural county of Sussex. Rural communities historically deal with a number of barriers to receiving treatment. This includes a vast lack of resources, lack of employment opportunities and housing resources, as well as, no access to transportation services. In regards to treatment, the County of Sussex has one hospital with limited outpatient mental health, Acute Partial/Intensive Outpatient, and one community partial care provider. Waitlists for outpatient treatment for those covered by Medicaid can be as long as 90 days; the Wellness HUB is able to assist those awaiting their needed treatment and bridge the gap of care.

Of the 608 individuals treated at the Wellness HUB, 90% reported as White/Caucasian, 7% Black/African American, 2% Asian, and 1% identified as “other”. Ethnicity breakdown included 84% non-Hispanic and 16% Hispanic/Latin (o)(a)(x), and of those identifying as Hispanic, 7 consumers were also Spanish speaking only. The gender identify breakdown was 46% Male, 53% Female, and 1% Gender Non-Conforming.

Of those served in FY 2024, 21% (129) were 18-24 years old, 27% (167) were in between 25 and 34, 32% (194) between 35 and 54, 19% and (118) were 55 years old and older. The outliers include 25 consumer 18 and 19 years old and 28 consumers were 70 years old or older. Our youngest consumer being 18 years old and oldest was 94.

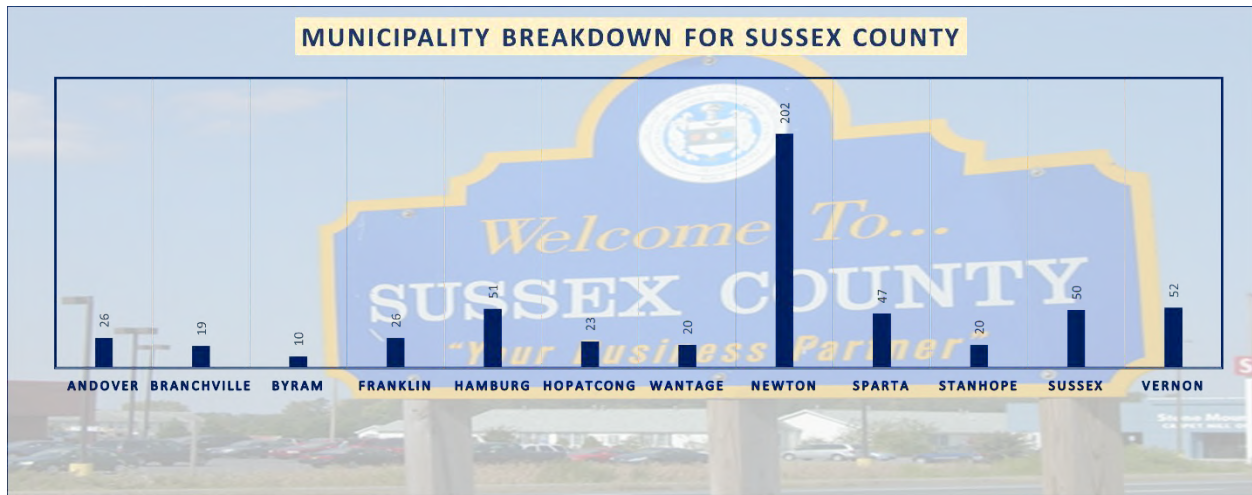
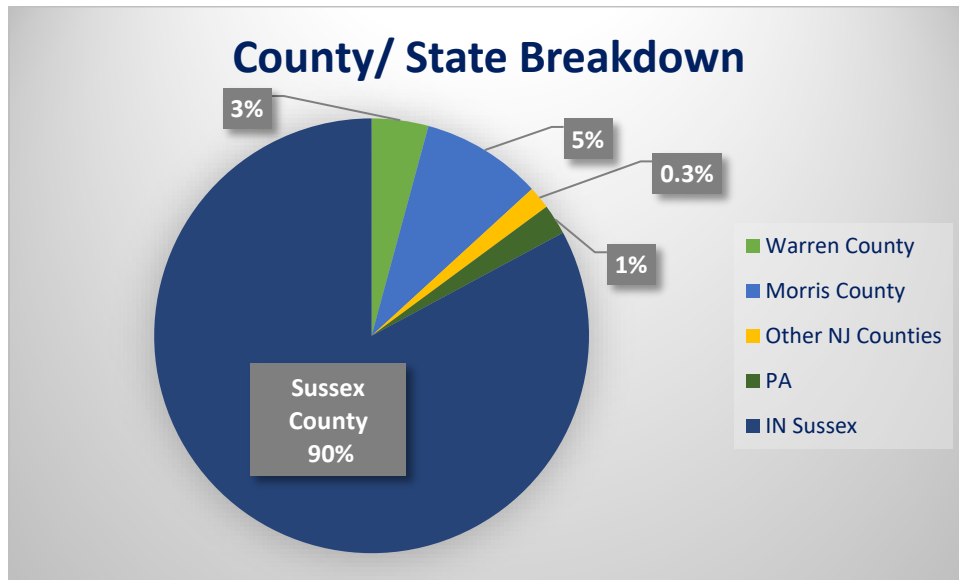


The Wellness HUB is a grant funded program that is contracted to treat all individuals regardless of their ability to pay. We have found, in the past year, a significant number of people that do not have insurance coverage, are not eligible for Medicaid due to income limits but report the inability to pay for their own insurance coverage. Treatment options for the uninsured person with lack of funds to self-pay are sparse especially in rural communities which results in extended length of stays at the Hub. Insurance coverage for the consumers served include; Medicaid 52% (320), Private Insurance 25% (156), Medicare 10% (64), Uninsured 10% (65), Veterans Healthcare Coverage (3), and Out of State Medicaid (5).



In our second year of operation, the Wellness HUB more than doubled the census treated at the HUB and were able to immediately link and additional 369 persons in need of mental health care. No person is turned away from the HUB regardless of their insurance coverage, ability to pay, immigration status or county/state of residency.

Of the 608 individuals enrolled for treatment at the Wellness HUB, 546 individuals or 90% of those resided in Sussex County. The other individuals seen resided in surrounding Morris County, Warren County, other NJ counties, and out of state in Pennsylvania and New York respectively.



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

Wellness HUB’s performance indicators measure overall consumer satisfaction, access to immediate care and quality of care. During this fiscal year, 100% of consumers surveyed were satisfied with their treatment at the Wellness HUB and 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 avoid the need for psychiatric screening at

the hospital for a higher level of care or need for inpatient psychiatric care. In FY2024, only 1% of persons walking in for care were referred to the local hospital to evaluate for a higher level of care.

Consumer Satisfaction Survey: MHA is continuously refining services based on input from individuals served. This is received through various methods, including the annual Consumer Satisfaction Survey. Fourteen Wellness HUB consumers were surveyed during our survey period. Of the consumers surveyed, 100% of consumers were Strongly Agree or Agree that they were satisfied with services at the HUB; 100% of consumers felt initial services were received in a timely manner; 100% of consumers felt HUB staff were respectful of their cultural background; 100% of consumer felt appointments were scheduled for convenient times and days; 100% of consumers felt their therapist included them in setting goals for their treatment; 100% of consumers felt their case manager was available to assist them with needed linkages and referrals; 100% of consumers felt the treatment team worked collaboratively to provide the best treatment; 92% of consumers felt they have made progress in dealing with their identified problems; 100% of consumer would recommend this service to another.

Those surveyed responded to two open ended questions as follows;

How has the Wellness HUB improved your life?

- “It gave me an opportunity for quality treatment with Medicaid”
- “I have hope”
- “It was the stepping stones I needed to start improving my mental health”
- “It helped me understand how feeling is not negative”
- “It gave me an outlet”
- “Good, positive insight pushing me to keep going”
- “When I was in bad shape it helped me get back on track”

Additional Comments-

- “This is what more communities need”
- “Thank you for helping me through my lowest points”
- “Everyone is so nice and calming. I never feel judged or criticized. I am happy I came here for help”
- “The HUB has treated me like I should be treated”

Highlights: In our second year of operation, we more than doubled the consumers we were able to help and increase by 68%. This is an indication of the overwhelming need in the county for zero barrier, quality mental health care.

- Successful audit from the New Jersey Certificate of Need and Licensing to become a fully licensed Outpatient Mental Health Clinic.
- All staff were provided Narcan training.
- Wellness HUB applied for and was awarded an additional \$199,935.00 to hire a substance use team consisting of a Peer Recovery Coach and a Licensed Drug and Alcohol Counselor

(LCADC). This funding was secured through the Substance Use, Prevention, Treatment and Recovery services block grant.

- Wellness HUB Director presented as a panel of experts on trauma informed care and providing service in a trauma informed environment at Sussex County Community College.
- Wellness HUB participated in various wellness events for the community such as health fairs and back to school nights.
- Wellness HUB Staff participated in Sussex Vo-Tech's Game of Life to provide mental health resources to a group of students.
- Participated in Center for Prevention and Counseling's Overdose Awareness Night and Changing the Face of Addiction walk.

Substance Use Recovery and Empowerment (SURE)

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

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

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

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

Focus: SURE utilizes a multi-dimensional counseling approach to assist clients with maintaining community involvement while maximizing biopsychosocial functioning and enhancing self-efficacy. Treatment is provided during individual and group sessions as indicated in each person's treatment plan. Education is provided through lectures, workshops, seminars, and the media to broaden the knowledge of those served. The focus of treatment consists of the following: Gaining insight into personal issues and solving problems; Development of specific skills; Interpersonal processes that work on relationships, communication, etc.; Support (AA, NA, SMART Recovery, etc.); Psychoeducation; Substance Use Education and Prevention; Relapse Prevention; Coping skills; Process Groups; Self-Care; Future Planning; Life Skills; Identification of Triggers; Motivational Interviewing; Family Therapy; Spiritual Growth; Didactic; Dual-diagnosis; Health Education.

Personnel: The SURE Program is staffed by one Licensed Clinical Alcohol and Drug Counselor (LCADC) Director, one Licensed Social Work Co-Occurring Counselor, and graduate-level interns.

Service Provision: The SURE Program scheduled 65 substance abuse intake assessments and admitted 42 consumers into the SURE program during the fiscal year. Of the 42 consumers, 18 were admitted into ASAM 2.1 level of care and 24 were admitted into ASAM 1.0 level of care.

SURE consumers are insured through Medicaid (70%), Medicare (3%), Private Insurance (13%), and RCI-FFS (3%). SURE also has funding through Morris County that covers individuals that

who are uninsured to increase access to treatment. Throughout the fiscal year, 7% of individuals served were able to access this funding and participate in SURE services.

Demographics: The SURE Program can provide services to individuals residing in Morris, Sussex, Essex and Passaic Counties. During FY2024, SURE provided services to residents of Morris County (70%), Essex County (22%), and Passaic County (7%).

Age: The SURE Program served consumers ages 19 to 74 years old.

Gender: The SURE Program served 19% Female, 79% Male, 2% of individuals that did not want to identify their gender.

Ethnicity: The SURE Program served 79% White or Caucasian, 17% Black or African American, and 3% prefer not to say.

Referral: The SURE Program Director continues to collaborate with the community to ensure individuals in need are aware of and have access to substance use and co-occurring services. Of the 42 admitted SURE consumers, 20% were internal referrals and 80% were external referrals.

Training: The SURE staff completed the following trainings through Relias Learning to gain knowledge and skills to better assist consumers who are accepted into the SURE Program: Assessing Racial Trauma in Behavioral Health; Application of HIPPA in Behavioral Health; Best Practices for Documenting the Treatment Planning Process; Care and Case Management; CDC Tuberculosis Fact Sheet; Community-Based Interventions to Reduce Suicide Risk; CPR & First Aid; Cultural Competence; Ethics and Corporate Compliance; Fire Safety; Infection Control; Introduction to Co-Occurring Disorders; Maintaining Professional Boundaries; Natural Disasters and Workplace Emergencies, an Overview; Personal Safety for Social Service Professionals; Preventing and De-escalating Crisis Situations; Preventing, Identifying, and Responding to Abuse and Neglect; Psychopharmacology; Recognizing and Responding to a Person in Crisis; Strategies for Behavioral Health Professionals to Manage Chronic Stress; Strategies for Treating and Preventing Chronic Relapse; Supporting Client Rights for Paraprofessionals in Behavioral Health; Trauma Informed Care.

Systems Advocacy Activities:

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

- *Morris County Recovery Court Team Meeting* - This monthly meeting is organized by the Morris County Recovery Court Team, i.e., Recovery Court Judge, Prosecutors, Public Defenders, Probation Officers, Substance Abuse Evaluators, and Treatment Providers. The purpose of these meetings is to review cases and ensure all participants are getting the appropriate care and management while being on Recovery Court.

- *Recovery Recognition Breakfast* - This monthly meeting is organized by CARES-Prevention is Key. The purpose of these meetings is a morning of education, support, and celebration. Each session, the community providers gather to discuss community needs, share updates and recent events, and recognize CARES-Prevention is Key volunteer of the month.

Consumer Satisfaction Survey: In May 2024, SURE consumers were given the opportunity to participate in a Consumer Satisfaction Survey. The confidential survey included a total of nine questions formatted in a five-point Likert scale, demographic collection, and optional comment area. The survey was prepared in both English and Spanish and offered in a paper format as well as a web-based link (SurveyMonkey). There was a 100% response rate with an overall satisfaction score of 100%. Below are some of the responses to the question “How has SURE improved your life?”

- “The SURE program has kept me sober and helped me change my outlook on several things in my life.”
- “It has kept me sober.”
- “I have improved my decision making.”

Highlights:

- SURE Program continued their Affiliation Agreement with Intoxicated Drivers Resource Center in Morris County.
- SURE Program continued their contract with the Substance Use Disorder (SUD) Fee-For-Service (FFS) Initiatives Network for State Fiscal Year (SFY) 2024.
- SURE Director attended the New Jersey Prevention Network annual conference which was held in Atlantic City during May of 2024.
- SURE program hosted its first graduate level intern in May of 2024.

Co-Response Initiative

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 provide expertise in de-escalation techniques, crisis intervention, and assessment of mental health needs, while law enforcement officers ensure the safety and security of the situation. Overall, co-response represents a proactive and compassionate approach to addressing mental health crises, emphasizing collaboration, empathy, and the prioritization of individual well-being.

Morris

The ARRIVE (Alternative Responses to Reduce Instances of Violence & Escalation) Together program, initially introduced by the New Jersey State Police, recognizes the importance of addressing mental health concerns with compassion, understanding, and specialized expertise.

Beginning in March 2024, a partnership with the Mental Health Association of Essex & Morris County; the police departments (Madison, Morristown, Morris Township, Morris Plains, Roxbury, Montville, Denville, Parsippany) deploy the Close in Time/Follow-up response program. With 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 that relate to a behavioral health crisis in separate vehicles. This response may be simultaneous or there may be a short delay in the mental health specialist's arrival, but generally within 30 minutes of the law enforcement encounter. The mental health specialist's 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 services as deemed appropriate. The program operates Monday through Friday, 7 AM to 11 PM. The mental health specialist is stationed at each of the police departments on a daily rotating basis.

Morris co-responders responded to mental health-related and crisis calls in the community. Upon receiving calls from dispatch, MHA reported to the designated scene/incident. Throughout the fiscal year, MHA was able to provide practical support to officers responding to mental health-related crises, as well as follow up support. As a result of this collaboration, all parties were able to ensure that the individual received the appropriate level of care in order to promote treatment and recovery and prevent involvement in the criminal justice system. Since March 2024, Morris co-response provided follow up support and co-response to 342 incidents in all eight (8) police departments. As a result of these efforts, the following outcomes were measured:

- 156 of 342 co-response incidents/follow ups were transported to the hospital.
- 40 involuntary hospital transports

- 116 voluntary hospital transports
- 58 linkages (i.e., mental health services, substance services, community resources) were made in the community as a result of follow-up.

Essex

West Orange: Beginning September 1, 2020, MHA began a collaboration with the West Orange Police Department to develop a pilot program focused on community co-responding, training to law enforcement, and body camera after-action review. In FY2021, WOPD was awarded the Connect and Protect grant through the Bureau of Justice Assistance (BJA) to allow MHA to provide full-time Co-Response, Monday through Friday from 7 AM to 11 PM. The Co-Responders are stationed at the WOPD Community Services Unit (CSU) substation, where they work very closely with the CSU WOPD officers.

In FY2024, MHA was able to provide 24 trainings to WOPD to further enhance understanding and knowledge of mental illness. Topics included mental health (signs, symptoms, de-escalation techniques, and crisis assessment), suicide prevention and awareness, law enforcement and suicide awareness, co-occurring disorders and substance use and abuse, mental health and racism/cultural awareness, and family perspective on mental health.

Throughout the course of FY2024, MHA and WOPD worked together to review body camera video footage bi-monthly. These efforts aimed to assess and provide feedback and recommendations for areas of improvement when responding to mental health-related calls, in addition to offering recognition and highlighting effective strategies and dispositions demonstrated through law enforcement interactions with community members. MHA was able to review 77 incidents throughout the fiscal year. Assessment of videos determined the following outcomes: six recommendations were made for performance improvement purposes, while 77 incidents had no further recommendations at the time.

MHA Co-Responders responded to mental health related and crisis calls in the community. Upon receiving calls from dispatch, MHA reported to the designated scene/incident. Throughout the fiscal year, MHA was able to provide practical support to officers responding to mental health-related crises. As a result of this collaboration, all parties were able to ensure that the individual received the appropriate level of care in order to promote treatment and recovery and prevent involvement in the criminal justice system. During FY2024, MHA co-responded to 148 incidents in West Orange. As a result of these efforts, the following outcomes were measured:

- 24 trainings were provided to WOPD
- 82 of 148 Co-Responses required transport to the hospital.
- 25 involuntary hospital transports
- 57 voluntary hospital transports
- 63 Co-Responses were resolved at scene
- 59 linkages (i.e., mental health services, substance services, community resources) were made in the community as a result of follow up.

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

South Orange: In June of FY2024, MHA started a Co-Response Program with South Orange Police Department. The program consists of 1 FT Clinical Co-Responder to provide co-response from Monday to Friday, 10 AM to 6 PM. Although the program has only recently started, in the month of June, MHA co-responded to four incidents in South Orange. Of these, two individuals were transported voluntarily to the hospital, two incidents were resolved at the scene, and two individuals accepted linkages.

Middlesex

MHA implemented Co-Response in partnership with Perth Amboy Police Department (PAPD) 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 PAPD. The program consists of two staff coverage Monday through Friday 7 AM to 11 PM. During FY2024, MHA co-responded to 184 incidents in Perth Amboy. As a result of these efforts, the following outcomes were measured:

- 9 trainings were provided to PAPD
- 83 of 184 Co-Responses required transport to the hospital.
- 8 involuntary hospital transports
- 75 voluntary hospital transports
- 94 were resolved at scene
- 51 linkages (i.e., mental health services, substance services, community resources) were made in the community as a result of follow-up.

New Jersey Statewide Student Support Services (NJ4S)

Program Overview: In response to the growing youth mental health and substance use epidemic, the New Jersey Department of Children and Families (DCF) launched the New Jersey Statewide Student Support Services Program (NJ4S) to improve student mental health through a three-tiered support model: Universal Prevention, Evidenced-Based Prevention, and Assessment and Brief Clinical Intervention. The Mental Health Association (MHA) was selected to implement the program in Morris and Sussex Counties, collaborating with schools, families, and community partners to support youth mental health. NJ4S is low-barrier, easily accessible “hub and spoke” program where services are provided, but not limited to, schools, libraries, community centers, and family support organizations.

Location and Hours of Operation: NJ4S is located at 1160 Parsippany Blvd in Parsippany. Office hours are 9 AM to 5 PM; however, services are flexible and are provided according to the needs of the participants.

Personnel: The 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 1 Administrative Assistant.

Performance Outcomes:

- **Tier 1 services, Universal Prevention:** During fiscal year 2024 NJ4S provided 199 universal prevention services, reaching 15,013 people, including students, parents/caregivers, school faculty, and community members. 90% of the services were local and the remaining 10% were statewide. 87% of the services were in-person, 11% virtual, and 1% was through an online resource. The top five delivered topics were on mental health, bullying & violence prevention, family well-being, positive relationships, and social media, respectively.
- **Tier 2 Services, Evidenced-Based Prevention:** NJ4S received 47 applications from 23 schools (11 from Morris County and 12 from Sussex County) for evidenced-based prevention services. 51% of applications were from high-need schools and 49% of applications were from moderate-need schools. A total of 1,958 people were served through Tier 2 services, including students, school faculty, and parents/caregivers. Tier 2 services requested were substance use prevention, suicide prevention, bullying & violence prevention, and classroom management.
- **Tier 3 Services, Assessment and Brief Clinical Intervention:** NJ4S received 77 applications for Tier 3 services from 14 schools (7 schools from each county- Morris & Sussex). NJ4S served 81 students from 6th to 12th grade through individual sessions and groups sessions. 94% of applications received were from high-need schools, 3% from moderate-need schools, and 3% from low-need schools. The reasons for services requests were mental health, absenteeism, classroom management, and social connections.

A total of 102 community referrals were made to 31 external agencies for additional services including: behavioral health, financial management/self-efficacy, legal assistance, medical/dental

services, mental health, parenting support/education, substance use, and support groups. Some of the community agencies NJ4S referred to were Atlantic Health Care's Behavioral Health Assessment Center, PerformCare, Zufall Health Center, The Center for Prevention and Counseling, and Saint Clare's Behavioral Health.

Program Highlights:

- During FY24, NJ4S reached over 17,000 people. Additionally, NJ4S exceeded the Department of Children & Families school engagement requirement. Due to the work of NJ4S staff, 68% of overall eligible schools are active in the state portal, Connex, and 60% of these schools submitted at least one application requesting service. Moreover, 67% of eligible high-need schools are active in portal, and 58% of the high-need school districts have submitted at least one application.
- NJ4S presented at 5 National Nights Out, 7 back-to-school fairs, and provided multiple professional development trainings for school personal and staff. NJ4S provided the first training at Roxbury High School on Mental wellness to school nurses on August 8th, 2023, prior to the start of the 2023-2024 school year. In response to the NJ4S community needs assessment, the prevention staff are certified in 14 different evidenced-based curricula: Routes to resilience, WhyTry, Safe Dates, Be Proud Be Responsible, SS Grin, Question Persuade Refer, Teen Outreach program, Youth Mental Health First Aid, Adult Mental Health First Aid, Edge-Sexual Health, Lion's Quest, Botvin Life Skills, Girls Social Connection Groups-Circle, Boys Council, Kevin Love Fund Social Emotional Learning.
- NJ4S launched a podcast titled, "The Protective Factor: Conversations that Inspire Hope and healing" which is available on YouTube and podcast platforms. Five episodes were recorded in the program's first year and covered topics such as how to talk to your child about trauma, and resiliency.
- NJ4S partnered with New Jersey State Interscholastic Athletic Association (NJSIAA) to ensure coaches, student athletes, and their families were educated on the programming offered and how to access services. NJ4S Marketing Specialist worked with NJSIAA to create an eye-catching banner that was provided to schools. Participating schools were entered into a raffle, and images of students, athletic directors, and coaches hanging the banner were posted to NJ4S social media. Two winning schools received a donation to their athletic departments and 28 NJ4S/NJSIAA banners were hung in school gymnasiums and sports fields.
- Other highlights include creating a Tier 2/3 infographic flyer that was sent to all NJ4S-enrolled schools, NJ4S radio advertisements to run on local stations, "NJ4S Breakfast & Learn" with school representatives, and hosting a "Parent-to-Parent Group" to provide support to parents/caregivers. NJ4S also hosted two high school interns for six weeks; interns reported to the NJ4S program instead of attending school and participated in the youth sub-committee through the Hub Advisory Board, assisted with creating program materials, and captured important data.

Advisory Board: An instrumental part of NJ4S, the Hub Advisory Board, consists of 43 active members from local treatment providers, community organizations, school personal,

parents/caregivers, and youth. During fiscal year 2024, 11 advisory board meetings were held to discuss the needs of the community and ways NJ4S could respond to those needs. Four sub-committees were formed through the Advisory Board - Youth, Parent/Caregiver, Data, and Community Relations - which increased community engagement and service selection.

Marketing And Promotion: Marketing and promotion was an essential aspect to the implementation of the NJ4S program. Throughout the year, NJ4S promoted its programming on the following social media platforms: Facebook, Instagram, and YouTube. Through the use of these platforms, NJ4S posted 269 times, had 36,528 impressions, and 447 views.

MENTAL HEALTH ASSOCIATION OF ESSEX AND MORRIS, INC.

Program Contact Information

Arrive Together

1160 Parsippany Blvd.
Parsippany, NJ 07054
973-334-3496
Townships: Morristown, Morris Township, Morris Plains,
Madison, Parsippany, Denville, Montville, Roxbury

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
973-842-4127
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

New Jersey Statewide Student Support Services (NJ4S)

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

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

Prospect House (PH)

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

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

Prospect Primary Healthcare

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

Riskin Children's Center (RCC)

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

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

Substance Use Recovery and Empowerment (SURE)

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

Suicide Prevention Services (SPS)

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

Supported Employment Services (SES)

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

Veteran and Family Support Services (VFS)

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

Wellness Hub/Early Intervention Support Services (EISS)

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