



OCEAN COUNTY DEPARTMENT OF HUMAN SERVICES

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Ocean County
Mental Health Plan Update
2009

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PREFACE

The mental health of Ocean County citizens is dependent upon many determinants. One of these is the formal mental health system of care - a complex combination of services and agencies that are inter-linked and dependent upon one another. It is community-based and integrated across the life span and across service locations. More emphasis is being placed on promotion, prevention and advocacy.

Mission

The mission of the Ocean County Mental Health Board is to provide leadership for the development of a mental health system that creates opportunities for people to pursue the life of their choice. The Ocean County Mental Health Board provides administrative leadership and ensures the coordination of a community based mental health system of care that is accessible, comprehensive, consumer centered, focused on wellness and recovery.

Vision

Our vision of mental health services of Ocean County is one in which consumers and communities can attain their optimal level of mental health. A continuum of programs and services will be available for mental health promotion to acute care. They will be unified, coordinated, flexible, offered and geared to the needs and desires of the consumer.

Values

Consumer Driven and Community Focused

We value a consumer-focused, community-based approach to planning and decision-making. Service and the processes that create and sustain them will be inclusive and accepting of all people. Consumers and communities are the central focus at the core of our system.

Equitable Access

Our community-based mental health services will be distinguished by the equitable access it offers.

Evidence-Based Best Practices

Those responsible for our system are accountable to ensure that an evidence-based approach is used to introduce and sustain the best practices. Our outcomes-oriented system will be driven by demonstrated improvement in the mental health of the population.

An Integrated Systems Approach

We value a comprehensive continuum of well-coordinated services and supports. Mental Health is integral to an overall vision of population health. Toward that end, it will be integrated with other health system components that address the determinants of health.

MENTAL HEALTH BOARD OVERVIEW

Like all county mental health boards, the Ocean County Mental Health Board was established under the provisions of New Jersey Community Mental Health Services Act of 1957. The primary thrust of that legislation was to require the state of New Jersey to provide financial assistance to non-profit mental health agencies. In order for agencies in a given county to receive state funding, that county was required to create a board, comprised of volunteer citizens to “provide public leadership of the county in the development of mental health services”.

One of the Board’s major responsibilities is that of planning. Every three years the Board writes (or updates) a mental health plan which outlines what populations and service gaps need to be addressed. The Mental Health Board’s Professional Advisory Committee (PAC), which is comprised of mental health professionals and agency directors from throughout the County, advises the Board on this and other matters.

Another key role of the Mental Health Board involves funding. This function can be broken down into two parts: County funds and State funds. In a strict sense the Board does not actually administer money to mental health agencies, but it does provide oversight and critical input regarding contractual agreements and service provisions affecting Ocean County Consumers. In the case of County funds, recommendations are made to the Freeholders who then administer the money. In terms of state funds, the Board provides recommendations to the Division of Mental Health Services regarding contractual agreements serving Ocean County residents.

The Mental Health Board is the coordinator and monitor of the mental health services in the County. This could involve mediating issues between agencies or ensuring that a given agency provides the services it is under contract to provide. The Board may also help to resolve issues between County agencies and the Division of Mental Health Services; comment on certificates on need, or respond to client complaints.

The Mental Health Board has seven (7) to twelve (12) members, who are appointed by the Board of Chosen Freeholders to a three year term which begins on July 1. Members can be reappointed to an additional three year term, but, must then leave the Board for at least two years before being appointed again.

There are currently seven (7) standing committees of the Mental Health Board: Professional Advisory Committee; Emergency Response Committee; Jail Diversion Committee; Bylaws Committee; Nominating Committee; MICA Task Force; and Budget and Program Review Committee. There are two affiliated Committees reporting to the Mental Health Board: System’s Review Committee; and Children’s InterAgency Coordinating Council. Special committees are convened on an as needed basis to address specific topics.

The Mental Health Board works closely with the State of New Jersey and the County of Ocean regarding service delivery systems that affect the mental health system of care as well as the mental health of Ocean County residents through participation on various community Boards and Committees including but limited to: the Human Services Advisory Council; Providers Advisory Committee on Alcoholism & Drug Abuse System Review Committee; New Jersey Mental Health Administrator’s Association; Mental Health Awareness/Stigma Council; Office of Emergency Management Emergency Operations Committee; and Ocean County Health Department’s Bio-Terrorism Advisory Committee.

MENTAL HEALTH BOARD ORGANIZATION

Ocean County Mental Health Board Members

Ellen Oakley, Chairperson	Steve Deschaines	J. Michael Jones
Rev. Barbara Miles, Vice Chairperson	John Baum	Theodore Rabens
Michael Roche, Secretary	DSG Denis Campbell	Regina Sessoms
	Pamela Greco	Rev. Peter Hartney
	Rabbi Andrew Green	

Ocean County Mental Health Board Committees

Professional Advisory Committee (PAC)

Clifford Van Nest, Chairperson

Emergency Response Committee (ERC)

Patricia Greeley, Chairperson

MICA/ Co-Occurring Disorders Task Force

Evelyn Sullivan, Chairperson

Children's InterAgency Coordinating Council (CIACC)

Gail Howell, Chairperson

Systems Review Committee (SRC)

James Romer, Chairperson

Jail Diversion Task Force (JD)

Michael Roche, Chairperson

County Representatives

Board of Chosen Freeholders

Gerry P. Little, Liaison to Mental Health
Joseph H. Vicari
John C. Bartlett, Jr.
John P. Kelly
James F. Lacey

County Administrator

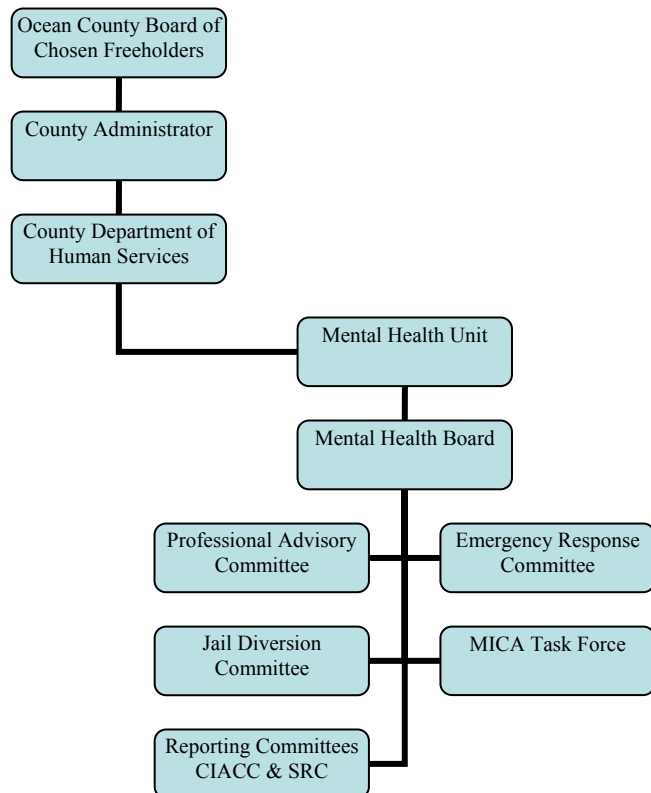
Alan W. Avery, Jr.

Ocean County Department of Human Services (OCDHS)

Jill S. Perez, Director
Tracy Maksel, Assistant Director

OCDHS Mental Health Unit

Jill S. Perez, Mental Health Administrator
Tracy Maksel, Mental Health Coordinator
Jamie Hart, CIACC Coordinator
Suellen Semevolos, Adm. Clerk Typist
Jessica Davis, Senior Clerk Typist



UPDATE SUMMARY

Overview

The Planning Committee of the Ocean County Mental Health Board's Professional Advisory Committee (PAC) was charged with the task of completing a Mental Health Plan Update for 2009. The PAC developed a Planning Team to take the lead in developing and carrying out the planning process. Utilizing a Planning Calendar, the Team engaged key stakeholders in a series of planning activities which began in April of 2008 and concluded in March of 2009. An online Planning Portal (www.co.ocean.nj.us/ocdhs/mhb/index.html) was also created to ensure a transparent, open and public planning process.

Update Process

The PAC launched the Plan Update process by developing a Mental Health Needs Assessment survey to solicit community feedback regarding the current mental health service delivery system. The Needs Assessment survey asked respondents to evaluate the accessibility of mental health services, possible barriers to receiving services, and areas of improvement the PAC might focus on during the plan update process. Over 600 survey responses were received. The data collected through the Assessment was utilized during the planning process as a tool to help determine planning priorities. The Needs Assessment survey tool and a Needs Assessment Data Analysis Report can be found under Attachments.

The PAC also hosted a series of three (3) planning forums entitled Mental Health Planning Stakeholder meetings. The purpose of the meetings was to identify and understand what currently exists in Ocean County in terms of early intervention, treatment and community support services; what the strengths, weaknesses, and "wish list" are for the system of care in Ocean County; to establish priorities in each area of early intervention, treatment and community support services; and ultimately identify three (3) overall mental health priorities for the PAC to focus upon over the next three (3) years.

Although mental health was the focus of the planning meetings, participants from all services, programs, organizations, and population groups were invited to attend to make the information reported as all-inclusive as possible. Individuals with mental illness look to access services throughout the social and human service spectrum of provisions and it was critical to embrace a broad review of need and service delivery. Planning participants and their agencies or areas of expertise are listed under each Stakeholder Meeting summary.

A positive approach was taken during each planning meeting and the group was asked to look at successes and challenges in delivering mental health services in Ocean County. Participants encouraged each other to reflect upon what works well and to strategize regarding areas needing improvement. The goal was to recognize current efficiencies and develop innovative ways to integrate best practices into areas needing adjustment.

A summary of the Stakeholder Meeting process and outcomes was presented to the PAC in January of 2009. PAC members engaged in a targeted planning session to develop Action and Implementation Steps that would positively impact the Planning Priorities identified by the Stakeholders. A detailed summary of the Planning Priorities, including Action and Implementation Steps is provided under the Planning Activities section.

UPDATE SUMMARY

Conclusions

Ocean County’s \$18 million dollar mental health system faces capacity issues in meeting the needs of NJ’s fastest growing county. The significant issues of Ocean County’s exponential population growth and the State Division of Mental Health Services’ State Hospital Census Reduction Initiative, mandated through Administrative Order 1:91, were frequently acknowledged as systemic challenges. Discussions also repeatedly highlighted the need for providers to re-engineer service delivery strategies to meet unprecedented demands for services in unpredictable economic times.

The top Planning Priorities developed are sensitive to, and are a result of, key systemic demands identified during the planning process. The Planning Priorities in the chart below are not ranked in hierarchical order as each is intimately interconnected to the other on varying levels. Implementation and Action Planning Steps were developed by the PAC to positively impact the Planning Priorities. It must be noted that the Steps identified are realistic and require little to no funding to accomplish.

Identified Need (no particular order)	Implementation/Action Planning Steps
<p>Education and Awareness Including existing service delivery system; cross-training in community; and a comprehensive resource directory</p>	<p>Provider to Provider Education <i>Create or enhance provider to provider cross training through presentations, program tours, and a program to program shadowing initiative for staff.</i></p> <p>Provider to Consumer Education and Awareness <i>Create or enhance opportunities through discharge planning, treatment and self help centers to better educate consumers and family members on existing services.</i></p> <p>Professional Advisory Committee to Community Education <i>Create specific tools to bring targeted information to the community through the development of a service delivery resource map (resource mapping) and a collaborative protocol for outreach programming.</i></p>
<p>Access to services Including alternatives to traditional mental health services; diversions from PESS; and increased housing opportunities</p>	<p>Planning to Improve Access to Services <i>Utilize PAC and other existing groups to genuinely review and discuss service delivery data/trends (beyond acute care System’s Review) that impact mental health in our community.</i></p> <p>Multi-organizational Collaboration to Improve Access to Services <i>Organizations MUST improve communication amongst one another, especially line staff in multiple agencies, regarding program specifications (i.e. eligibility criteria, processes for applying for services and service spectrum).</i></p> <p>Re-Engineering to Improve Access to Services <i>Providers WILL continue to seek opportunities for improvements in existing service delivery strategies, especially efficiencies.</i></p>
<p>Collaboration and communication Including a centralized database of shared information</p>	<p>Comprehensive Information Source <i>Seek out a single robust database application to generate a comprehensive online/web based resource guide for agency and public use.</i></p> <p>Community Agency Collaboration <i>Formalize existing collaboration between community agencies by developing: a multi-agency release of information form for consumers; Memorandums of Understanding and/or Affiliation Agreements detailing processes and protocols amongst agencies; quarterly interagency line staff meetings.</i></p> <p>Communication Between Providers and the Community <i>Increase communication between the community and providers through outreach, presentations, community forums and online interactive tools.</i></p>

UPDATE SUMMARY

In February of 2009 the PAC Planning Team proposed the development of an eight (8) member Project Team comprised of mental health providers and consumers or consumer advocates to establish criteria for task specific programming in response to the Plan Update Prioritization and Implementation Summary. This Project Team is charged with addressing the following specific Implementation and Action Planning Steps:

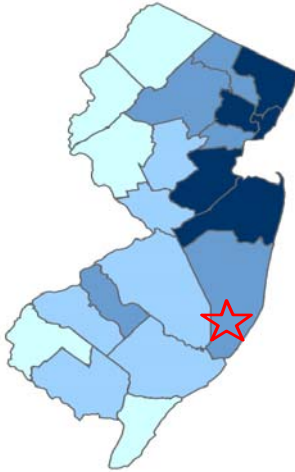
- Developing a quarterly provider to provider cross training calendar;
- Initiating a resource mapping project;
- Researching database applications for resource and referral;
- Enhancing PAC's outreach mechanism for community education and awareness;
- Initiating preliminary discussions with providers to create program shadowing opportunities and inter-agency line-staff meetings;
- Researching and developing a multi-agency release of information form;
- Researching and recommending dynamic interactive tools that will increase community utilization of online resources.

Also in response to the Plan Update, PAC meetings will be reorganized to focus upon measuring and assessing Action and Implementation Steps carried out by the PAC. The PAC will transition to an eight (8) month meeting calendar with four (4) meeting dates dedicated to cross-training and/or education and awareness programming. The remaining four (4) meetings will specifically require reports from the Project Team, as well as Agency Updates inclusive of utilization data, collaboration updates and significant efficiency updates from non-acute PAC participants. The System's Review Committee (SRC) will be asked to provide a quarterly summary of acute care service trends.

PAC updates will be reported to the County's Mental Health Board on a monthly basis. Furthermore, a yearly Plan Update Implementation summary will be provided to the Mental Health Board highlighting activities undertaken, accomplishments achieved and further action planning required in an effort to gauge Plan Update implementation success.

OCEAN COUNTY'S POPULATION

New Jersey Counties
TOTAL POPULATION, 2005



- 580,932 and higher
- 450,744 to 580,931
- 153,192 to 450,743
- 153,191 and lower
- No data available

Ocean County has been the sixth most populous county in the state of New Jersey in recent years. With 562,335 residents in 2007 according to the US Census Bureau, Ocean continues to grow. Ocean was the fastest growing county in 2006 (9.3%) and second fastest in 2007 (10%), contributing nearly 17% of New Jersey's total growth in the current decade. NJ Department of Labor statistics indicate that an additional 4% increase is projected for Ocean County between 2007 and 2009 (NJDOL, 2007).

Due to population increase, the demand for all services has, likewise, increased. Ocean County strives to keep up with the needs of its residents; a group that is expanding at record speeds. Funding formulas need to be sensitive to population growth in order to adequately serve Ocean County.

Ocean's Population Compared to the State			
	Ocean	NJ	Ocean % of NJ
2000	510,916	8,414,350	6.1%
2007	562,335	8,724,560	6.4%
Change	51,419	310,210	16.6%

County Population 2007		Rank
Bergen	904,037	1
Middlesex	786,971	2
Essex	786,147	3
Monmouth	635,285	4
Hudson	601,146	5
<i>Ocean</i>	<i>562,335</i>	<i>6</i>
Union	531,088	7
Camden	517,001	8
Passaic	497,093	9
Morris	493,160	10
Burlington	450,627	11
Mercer	367,605	12
Somerset	324,186	13
Gloucester	282,031	14
Atlantic	271,620	15
Cumberland	154,823	16
Sussex	153,384	17
Sussex	153,384	17
Hunterdon	130,783	18
Warren	110,919	19
Cape May	97,724	20
Salem	66,595	21

County Population Change, 2000—2007	% Change
Gloucester	10.7%
<i>Ocean</i>	<i>10.1%</i>
Somerset	9.0%
Warren	8.3%
Atlantic	7.6%
Hunterdon	7.2%
Burlington	6.4%
Sussex	6.4%
Cumberland	5.7%
Middlesex	4.9%
Morris	4.9%
Mercer	4.8%
Salem	3.6%
Monmouth	3.2%
Bergen	2.3%
Passaic	1.6%
Union	1.6%
Camden	1.6%
Essex	-0.9%
Hudson	-1.3%
Cape May	-4.5%

NATIONAL MENTAL HEALTH TRENDS

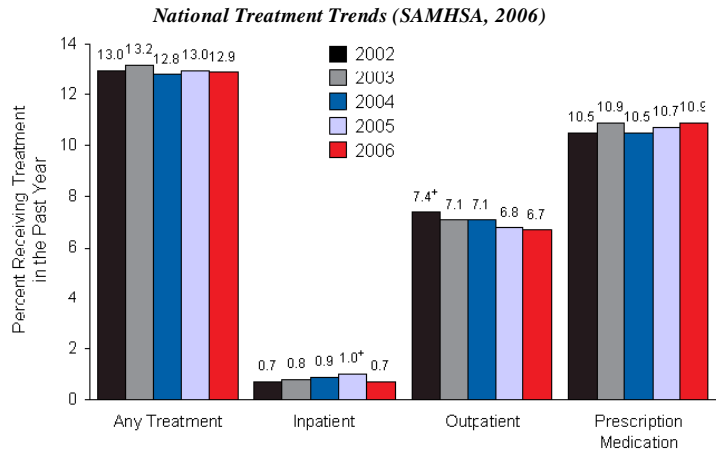
According to the United States Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health, there were an estimated 24.9 million adults living with Serious Psychological Distress (SPD) in 2006. Furthermore, 15.8 million adults had reported at least one Major Depressive Episode (MDE) in 2006. This represents 18.5% of all adults in this country. Overall, 30.4 million adults reported having at least one MDE in their lifetime.

Among the 24.9 million adults living with SPD, 10.9 million (44%) received treatment. Specifically, 39% received a prescription medication, 27.2% received outpatient treatment, and 3.9% received inpatient treatment (SAMHSA, 2006).

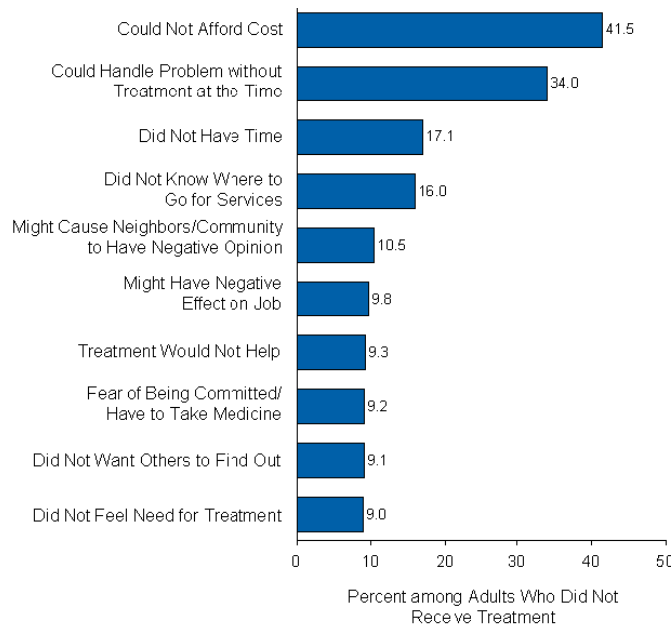
Prevalence of MDE was higher among unemployed persons (11.6%) than among persons employed full time (6.6%), part time (7.6%) and persons not in the labor force (7.8%). Of those reporting MDE 69% received treatment for depression.

Women who had MDE were more likely than men to receive treatment for depression (73.7% vs. 60.8%) and approximately half of adults with no insurance (49.6%) received treatment for depression compared with higher rates for those with insurance: 71.1% private insurance, 79.9% Medicaid or CHIP, and 86.8% other health insurance (SAMHSA, 2006).

While 28.3 million adults in 2006 reported they received treatment for mental health problems, there were 10.5 million adults who reported an unmet need for mental health treatment or counseling. Among those reporting an unmet need for treatment or counseling who did not receive treatment, several barriers to treatment were reported. These included an inability to afford treatment (41.5%), believing at



Reasons for Not Receiving Treatment in the Past Year

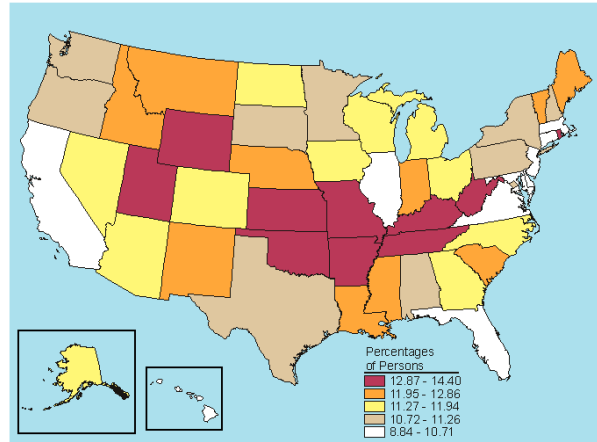


the time that the problem could be handled without treatment (34%), not having the time to go for treatment (17.1%), and not knowing where to go for services (16%).

Stigma related responses were also reported as barriers to seeking treatment, including perceptions that treatment might cause negative opinions (10.5%), that treatment might negatively affect employment (9.8%), and that individuals did not want others to find out about their treatment or mental illness (9.1%) (SAMHSA, 2006).

STATE MENTAL HEALTH TRENDS

Based on a United States map showing serious psychological distress in persons aged 18 to 25, by State (percentages, annual averages based on 2005 and 2006 SAMHSA data), New Jersey ranks within the lowest category of States with 8.84%-10.71% of New Jerseyans reporting Serious Psychological Distress and Depression.



The New Jersey Department of Health and Senior Services reports in their Healthy New Jersey 2010 summary that while measuring the quality of New Jerseyan's health, a measure of health-related quality of life is the number of days during a month when individuals are able, due to good physical and mental health, to perform their usual activities. New Jersey adults as a whole report a high number of "ability days" per month, 28.2 out of thirty.

The NJDMHS Wellness and Recovery Action Plan suggests that approximately 358,302 people with serious mental illness are living in NJ (5.4% of the adult state population). New Jersey ranks 8th in the nation, spending \$139.91 dollars per capita on total mental health expenditures. Furthermore, between 1997 and 2006, state hospital population has remained essentially flat (0.17%) despite the overall population growth – indicating a net decrease in overall state hospital census. Admissions into all five state psychiatric hospitals have steadily decreased over the last 10 years from a total of 3630 admissions in 1997 to 3311 in 2007, a decrease of 319 or 8.79%.

New Jersey Division of Mental Health Services State Psychiatric Hospital Census Data indicates of the 1,234 admissions to Ancora State Psychiatric Hospital in 2008, 263 were Ocean County consumers. And of the 90 consumers currently on Conditional Extension Pending Placement (CEPP¹) status, approximately 69 are Ocean County consumers.

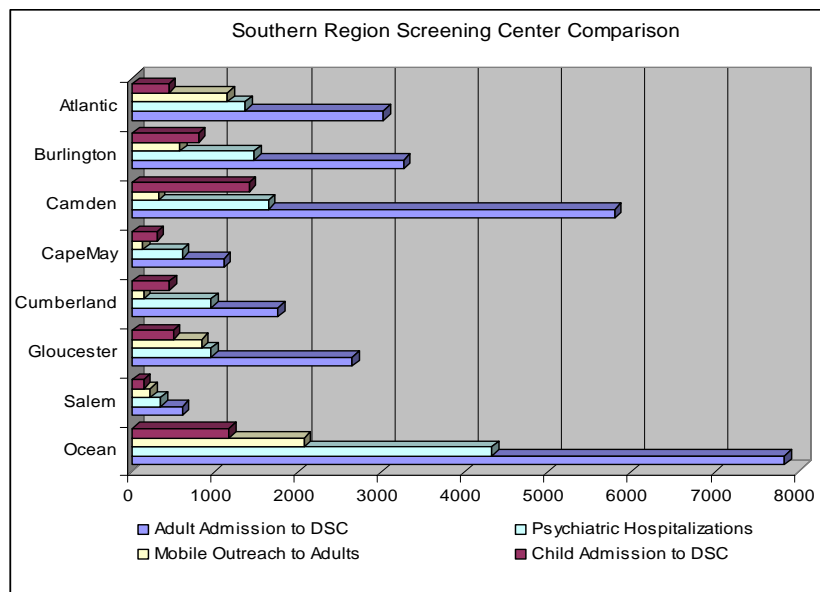
The number of adult consumers served in the community by state funded programs increased from 251,190 in 2004 to 261,826 in 2006, or 4.24%. The units of service that were provided to consumers in community programs increased from 3,863,768 in 2004 to 5,399,974 in 2006, or 39.76%. Consumers are also accessing more non-emergency care, than emergency care, 234, 157 in 2007 compared to 165, 271 in 2000 - an increase of 41.68% (DMHS, 2007).

Since 2005, DMHS has received approximately \$56 million of new funding for community services. Support services have been funded for 1,033 consumers accessing new housing opportunities. Housing opportunities stem from rental subsidies funded primarily by DMHS, and also the Department of Community Affairs, Housing and Urban Development and/or local public housing authorities (DMHS, 2007).

¹ CEPP denotes a legal status in which a patient no longer meets civil commitment criteria but cannot be discharged as there is no appropriate placement immediately available.

COUNTY MENTAL HEALTH TRENDS

According to a Behavioral Risk Factor Surveillance Survey (BRFSS) conducted through the Ocean County Health Department in 2007, 76% of Ocean County residents report that they feel their mental health is “generally good”, while 10.3% of respondents indicate their mental health was “not good” for 15-30 days prior to taking the survey. This percentage is slightly better than both National and State BRFSS benchmarks (OCHD, 2007).



While Ocean County residents may indicate their mental health is “generally good”, data gathered through the Adult System’s Review Committee suggests high volume demands. Currently the County’s Designated Screening Center averages 800 psychiatric screenings per month and remains one of the busiest Screening Centers in the State. Moreover, Ocean County’s Community Mental Health Centers report high volume demands as efforts continue to combat waiting lists for Intensive Outpatient Services, to ease capacity issues for Crisis Diversion, and to meet escalating supportive

housing demands amongst currently engaged consumers and consumers pending discharge from State Psychiatric Hospitals (SRC, 2008).

And as Ocean’s agencies serve many vulnerable citizens in need, veterans and seniors have been recognized as two emergent at-risk populations in Ocean County.

Ocean County serves as home to the largest population (approximately 68,000) of veterans in the State of New Jersey (Census, 2007). This number does not reflect the anticipated number of returning veterans from Iraq and Afghanistan. The National Institute for Mental Health provides data showing 26% of war veterans as having a diagnosable mental illness with up to 42% of National Guard and Army Reserve troops requiring mental health treatment. These numbers are high, and compounded by reports that relatively few veterans, less than 10%, actually get the care they need. As a result, male veterans in the general population are twice as likely as their civilian peers to die by suicide (Heinssen, 2008).

Ocean County also serves as home to over 150,000 older Americans, 26% of Ocean’s total population (Senior Services, 2006). The National Institute of Mental Health claims older Americans are disproportionately likely to die by suicide with 14.3 of every 100,000 people age 65 and older committing suicide in 2004 - higher than the rate of about 11 per 100,000 in the general population.

As this Plan Update seeks to highlight early intervention, treatment and community support services in the current Mental Health Service Delivery continuum, Ocean County agencies face an uncertain future as our Nation braces for impending economic hardship. The future will hold opportunities for our community to reengineer service delivery strategies to meet the needs of a dynamic population during complex economic times.

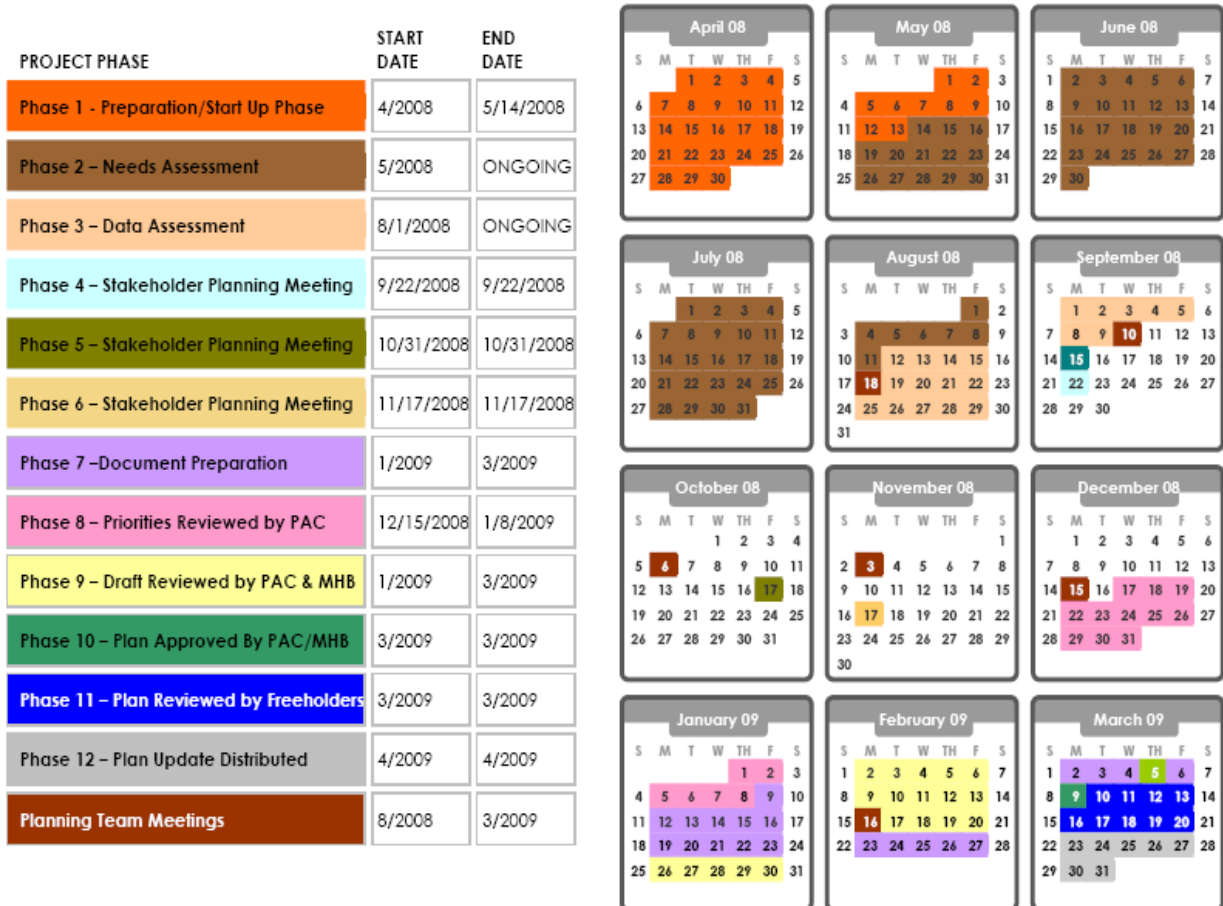
PLANNING ACTIVITIES

Phase 1 – Preparation and Start Up

The Ocean County PAC began the planning process in April of 2008 by identifying a PAC Planning Team comprised of: Cliff Van Nest, PAC Chair; Michael Blatt, Preferred Behavioral Health of NJ; Jarrett Lynn, Ocean Mental Health Services, Inc.; Michael Roche, NAMI/Mental Health Board; Joann Bonnett, Mental Health Association of Ocean County; Dr. Charles Langan, Ocean Mental Health Services, Inc.; and Stacey Lubrecht, Resources for Human Development.

The first task of the Planning Team was to develop a Planning Calendar to serve as guide for the 2008-2009 Plan Update process. Twelve phases over a twelve month period were identified for the planning process, detailed in the Timeline below.

MENTAL HEALTH PLAN UPDATE TIMELINE 2008-2009



PLANNING ACTIVITIES

Phase 2 – Needs Assessment

A Mental Health Needs Assessment survey tool was circulated to members of the Mental Health Board and all of the Board's subcommittees, members of the Human Services Advisory Council, members of the Workforce Investment Board, members of the Children's InterAgency Coordinating Council, members of the Advisory Commission on the Status of Women and members of the Commission for Individuals with Disabilities. The surveys were distributed at regularly scheduled meetings and were made available online during the months of May, June and July of 2008.

Twelve community agencies and organizations volunteered to serve as Survey Distribution and Drop-Off Sites to encourage greater community participation in the Needs Assessment process. The Distribution and Drop Off Sites were: Ocean County Department of Human Services, Toms River; Mental Health Association of Ocean County, Lakewood; The Center for Behavioral Health, Lakewood; Preferred Behavioral Health of NJ, Lakewood; Ocean County Board of Social Services, Toms River, Lakewood and Manahawkin; Ocean County Connections, Ocean County Mall; Counseling and Referral Services of Ocean, Brick and Toms River; Family Support Organization, Toms River; Ocean Mental Health Services, Bayville and Manahawkin; Saint Barnabas Behavioral Health Services, Toms River; St. Francis Counseling Services, Brant Beach; and Ocean Partnership for Children, Brick.

Phase 3 – Data Assessment

The County Department of Human Services contracted with SurveyMonkey to engage in online, web-based, survey distribution and data collection. Once all responses were received, Human Service staff utilized Survey Monkey data reports to create a Data Assessment for use as a tool during the scheduled planning activities. The full Needs Assessment Data Analysis Report is provided in Attachment 6 for review.

Key descriptive statistics show of 648 survey participants, 64.8% identified themselves as being consumers of mental health services. The second most frequent survey participant is affiliated with a community agency/provider (26.8%). Two thirds of respondents reside in the five largest towns in the county: Toms River, Brick, Lakewood, Jackson and Berkeley (respectively). Most (93%) consumer respondents identified their health insurance status (365 of the 389). Comparing the number of responses to the number of participants who answered this question, it is clear that a substantial group holds more than one type of coverage. Nearly half indicated that they receive Medicaid. Medicare covers 35.1% of this sample. Only 13.2% are privately insured.

Of the consumers who responded, 16.6% are or were uninsured at the time that they accessed mental health services, which is slightly below the statewide average of 19% uninsured in NJ (under the age of 65; according to ACNJ). Of note, New Jersey has a rate of uninsured individuals greater than the national average of 15.8% (Census, 2007).

PLANNING ACTIVITIES

The top five most accessible services reported are Peer Support, Case Management, PESS, Inpatient and Outpatient. This aligns with the findings of services that are most frequently utilized and cited as always available. However, this is in contradiction to anecdotal information about waiting lists for PESS and Outpatient. The top five least accessible services are Child Care, Affordable Housing, Jail Diversion, Dental Care and Respite Care. Child Care, Jail Diversion and Respite are among the least utilized of the sample. So, as infrequently as these services have been sought, they are not as responsive as other services listed.

Participants were asked to rate a list of barriers to seeking or receiving mental health services. The top five barriers are Long Waits for Outpatient, Uninformed/Underinformed, Long Waits at PESS, Long Waits for Psychiatry, and Stigma. A common theme immediately arises that there are long waits for “core” mental health services (outpatient, PESS, psychiatry). Stigma is another significant barrier cited by the sample, followed by two indicators of affordability: Copays/deductibles are too expensive and Lack of Insurance.

Participants were asked to rate the importance of long standing identified areas of improvement/service gaps. It can be inferred that these issues were well chosen because 70% or more of the sample agreed that these areas warrant at least some importance (combining the responses of “Very Important,” “Important” and “Somewhat Important”). The most important issue is Outpatient Service Accessibility, which was indicated by about 88% of the sample as important (“Very,” “Important,” or “Somewhat”). Supportive Housing and Residential Units/Programming is a close second, with about 81% agreement. The least important issue is Aging In Services, with more than a quarter of the participants stating this is not a significant or important issue.

PLANNING ACTIVITIES

Phase 4 – Stakeholder Meeting #1

Stakeholder Meeting 1, held September 22, 2008, served as the introductory meeting to the planning process. A Planning Overview highlighted the Planning Calendar and provided details regarding all scheduled planning activities. Discussion questions focused upon general mental health service delivery and a quantitative data review of Ocean County and its mental health system was completed. Data Teams reviewed separate sets of data to capture significant information critical in understanding Ocean County, its residents, and mental health service delivery. This Meeting set the stage for subsequent planning meetings.

Stakeholder Meeting Attendance

Name	Agency	Name	Agency
Suellen Semevolos	OC Department of Human Services - Mental Health	Lynda Barrood-Silva	Meridian Health Care System
Sandra McDonnell	NJ Department of Children & Families	Tracy Maksel	OC Department of Human Services – Mental Health
Joy Reinhart	NJ Division of Mental Health Services	Ryan Reilly	OC Department of Human Services – Office for Individuals with Disabilities
Jamie Hart	OC Department of Human Services – Children’s InterAgency Coordinating Council	Kathy Jaworski	OC Department of Human Services – Human Services Advisory Council
Bill Sette	Preferred Behavioral Health of NJ	Kelly Mitchell	OC Department of Human Services – Women’s Commission
Stacy Lubrecht	Resources for Human Development - RIST	Michael Blatt	Preferred Behavioral Health of NJ
Pat Lathom	OC Board of Social Services	Rick DeGironimo	Ocean Partnership for Children
Anna Kline	Preferred Behavioral Health of NJ - ICMS	Kelly Trangone	Contact of Ocean County
Karen Irwin	Hampton Hospital	Michele DeNoia	Southern Ocean County Hospital
Cynthia Vetrano	Ancora Psychiatric Hospital	Kimberly Ewell	Triple C Housing – Seashell House
Michelle Gaito	OC Department of Corrections/Jail	Ramona DeFonza	Community Health Law Project – Ocean
Sharon Lerner	Ocean Mental Health Services, Inc. - PACT	Jim Romer	Kimball/Psychiatric Emergency Screening Services
Julie Kovaleski	Resources for Human Development - RIST	Barbara Barr	OC Juvenile Services
Karen White	Hampton Hospital	Barbara Teichmann	St. Pauls Lutheran Church
Michael Roche	NAMI-OC, OC Mental Health Board	Chuck Langan	Ocean Mental Health Services, Inc.
Jackie Rohan	OC Office of Senior Services	Joann Bonnett	Mental Health Association of NJ – Ocean
Cliff Van Nest	OC Professional Advisory Committee	DSG Denis Campbell	Jackson Police Department/OC Mental Health Board
Jarrett Lynn	Ocean Mental Health Services, Inc.	Sarah Gelbwachs	Lakewood Community Services Corporation
Eric Muniz	NJ Judiciary/Municipal Courts	Keith Klements	OC Office of Emergency Management
Jackie Ducker	OC Office of Emergency Management		

PLANNING ACTIVITIES

Stakeholder Meeting 1 Data Team Summary Report

Needs Assessment Review	<ul style="list-style-type: none"> • The survey results/data is limited as those who participated are already linked with services and the sample is skewed representing northern county residents • Even though PESS is considered accessible, the wait time is identified as a significant barrier • The only 24/7 services are PESS and Mobile, which may be why they are considered accessible...this further supports a need for early intervention/pre-screening alternatives
Children’s Behavioral Health Needs Assessment	<ul style="list-style-type: none"> • Ocean is 5th in the State of NJ for CCIS use • 3rd in State for out of state placement utilization as an option • 5th in the percentage of out of state placements
Acute Care Review	<ul style="list-style-type: none"> • Ocean’s hospitalization rate is 15% higher than counties in the Ancora admission region • The volume of screenings, hospitalizations and subsequent need for services is concerning • Ocean’s population growth will continue to strain the acute care system’s infrastructure, accessibility and effectiveness • There are still 84 Ocean County consumers on CEPP status at Ancora
Community Health Improvement Plan	<ul style="list-style-type: none"> • BRFSS data used to develop the CHIP is skewed, as the sample represents mostly individuals 55+ • Stigma, access to care, education on existing services are identified as areas of improvement for the mental health system • Ocean County has a lower rate of depression in comparison to the NJ average
County/State/ Federal Demographics	<ul style="list-style-type: none"> • County exponentially growing compared to the rate of growth in the State and in other Counties • Higher usage of services in Ocean County then other Counties/State • Growing number of individuals falling in the “working poor” category in the County and State
Wellness & Recovery	<ul style="list-style-type: none"> • Collaboration with outpatient programs and consumer advocates should be cultivated to develop WRAPs for outpatient consumers • Collaboration with key stakeholders is necessary to educate the public/community regarding mental health, services and early intervention – with special attention/focus on special populations (i.e. minorities, high risk, etc.) • Consumer involvement with Ocean County’s Stigma Committee/activities should be enhanced...with attention given to what consumers would want/need from the Stigma website (stigmahurts.com)

PLANNING ACTIVITIES

Stakeholder Meeting 1 Discussion Points

What are the characteristics of a winning team?	<ul style="list-style-type: none"> • Respect for one another • Flexibility • Compromise • Listening skills • Diversity of ideas • Trust • Participate equally • Open mindedness • Attendance/Showing up • Learning • Honesty • Setting goals and committing to them • Perseverance • Shared mission • Pursuit of knowledge 	<ul style="list-style-type: none"> • Inclusion of consumers • Accomplishing goals • Enthusiasm • Determination • Collaboration • Acceptance of differing opinions • Consensus building • Passion • Understanding role(s) • Taking ownership • Monitoring progress toward outcomes • Accountability • Optimism • Having realistic expectations • Recognizing limitations
What stands out from the Data Team Reports?	<ul style="list-style-type: none"> • Need for in-home treatment • Need for crisis diversion • We're embracing wellness and recovery • We do emergency response as an early intervention & community support • Need staff training/development • Should focus on aging in/out • We are identifying key issues • We do collaborate but could do more 	<ul style="list-style-type: none"> • Increase Mobile Responses • Educate more in the community • Look at special populations closely • Signs of aging vs. mental illness • We do Anti-Stigma, can do more • Need to address access • Enforce contractual obligations • Integrate WRAP • Need to understand boundaries • Need to promote more training
What are our strengths, weaknesses and wish list for improvement?	<p>Strengths</p> <ul style="list-style-type: none"> • Collaboration • Stigma work • Wellness and Recovery Integration • Use Crisis Diversion • Looking at Aging In/Out • Communication • Can be innovative • Active Representatives • Able to Think Beyond \$\$ <p>Weaknesses</p> <ul style="list-style-type: none"> • Updating an old system • Don't have homeless shelter • Wait times for outpatient services • Wait times for screening/disposition • Lack of local specialized treatment beds (children/DD/MI) 	<p>Wish List</p> <ul style="list-style-type: none"> • Homeless shelter • Alternatives to Partial Care • Children's Short Term Care Beds • Special programming for consumers with special needs • More consumer employment opportunities • More consumer participation in service delivery/oversight • More affordable housing • More specialized/supportive housing • Reduced wait times for critical services
What were issues you encountered today? How can we improve our planning process?	<p>Issues Uncovered</p> <ul style="list-style-type: none"> • Too Little Time to Look at the Data • Not everyone engaged in answering questions/giving responses <p>Recommendations</p> <ul style="list-style-type: none"> • Have everyone fill out cards to answer planning questions/include responses in the plan. • Have the opportunity to look at the data before the meeting. • Know what team you are on before the meeting. • Look for ways to increase consumer participation. 	

PLANNING ACTIVITIES

Phase 5 – Stakeholder Meeting #2

Stakeholder Meeting 2, held on October 31, 2008, engaged participants in qualitative discussions regarding our mental health system’s early intervention, treatment and community support services. Each participant contributed to a list of strengths, weaknesses, and a wish list for improvement. Data Teams analyzed and integrated individual responses into categories and themes.

Stakeholder Meeting 2 Attendance

Name	Agency	Name	Agency
Suellen Semevolos	OC Department of Human Services - Mental Health	Lynda Barrood-Silva	Meridian Health Care System
Sandra McDonnell	NJ Department of Children & Families	Tracy Maksud	OC Department of Human Services – Mental Health
Joy Reinhart	NJ Division of Mental Health Services	Ryan Reilly	OC Department of Human Services – Office for Individuals with Disabilities
Jamie Hart	OC Department of Human Services – Children’s InterAgency Coordinating Council	Kathy Jaworski	OC Department of Human Services – Human Services Advisory Council
Jessica Davis	Ocean County Department of Human Services - CIACC	Pat Leahey	OC Department of Human Services – Workforce Investment Board
Stacy Lubrecht	Resources for Human Development - RIST	Michael Blatt	Preferred Behavioral Health of NJ
Pat Lathom	OC Board of Social Services	Rick DeGironimo	Ocean Partnership for Children
Anna Kline	Preferred Behavioral Health of NJ - ICMS	Kelly Trangone	Contact of Ocean County
Karen Irwin	Hampton Hospital	Michele DeNoia	Southern Ocean County Hospital
Sharon Lerner	Ocean Mental Health Services, Inc. - PACT	Kimberly Ewell	Triple C Housing – Seashell House
Julie Kovalski	Resources for Human Development - RIST	Ramona DeFonza	Community Health Law Project – Ocean
Karen White	Hampton Hospital	Jim Romer	Kimball/Psychiatric Emergency Screening Services
Jackie Rohan	OC Office of Senior Services	Barbara Barr	OC Juvenile Services
Steve DeLuca	NJ Department of Human Services - DDD	Barbara Teichmann	St. Pauls Lutheran Church
Jarrett Lynn	Ocean Mental Health Services, Inc.	DSG Denis Campbell	Jackson Police Department/OC Mental Health Board
Michael Jones	NAMI-Ocean County	Sarah Gelbwachs	Lakewood Community Services Corporation
Mary Gibson	Ocean County Health Department	Travis Martin	New Future Dreams
Carol Griffith	Little Egg Harbor School District		

PLANNING ACTIVITIES

Stakeholder Meeting 2 Discussion Points

Question 1 – are we missing opportunities for cross collaboration to enhance our treatment services?

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| <ul style="list-style-type: none"> • Working with other agencies more efficiently/effectively on key process/protocol issues or barriers • Identifying consistent liaisons to navigate amongst/between agencies or systems • Assessing/creating policies or changes to policy to enhance inter-agency communication and process | <ul style="list-style-type: none"> • Continuing education/cross training regarding key services, agencies, process, policy, etc. • Mapping out the services available and how consumers access and move through the system of care • Mental Health and DDD issues • Cross collaboration in/amongst the agencies • Efficient information sharing, specific to consumer case/files amongst agencies |
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Question 2 – can we identify any innovative practices throughout the treatment community, even in neighboring counties, concerning early intervention? If so, what practices might we replicate?

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| <ul style="list-style-type: none"> • Database interface for agencies to share client information to enhance treatment for adults (replicate children’s system) • Database interface between adult/children system of care • Extreme use of PESS as a liability insurance measure (i.e. schools, RHCs, nursing homes, etc.) • Consumer Support early intervention • Have the funding follow the consumer, not the service directly (flex-funds) | <ul style="list-style-type: none"> • Organizations best practices • Pro-Active to make information available • Aging In/Out initiative • Off site diversion to screening • Police/Dispatcher training for jail diversion for SPMI • Family supports that are front line • Engagement practices • Veterans Administration service delivery/best practice for crisis screening • Collaboration for perinatal |
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Question 3 – is there a regional or statewide trend that is likely to affect/impact the county’s service delivery system for individuals with severe and persistent mental illness?

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| <ul style="list-style-type: none"> • Veterans arriving from abroad • Lack of availability of doctors • Special needs populations • Staffing/retention • Census reduction • Veterans not identifying mental health issues early on – having problems later • Lack of available workforce | <ul style="list-style-type: none"> • Economy • Lack of trained professionals and education programs to produce a viable workforce • More collaboration for special needs children • Rethink the needs of children • Wellness/Recovery • 211 System Regionalization • Cycles – demands on system – system silos |
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What stands out about our data themes (similarities, outliers)?

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| <ul style="list-style-type: none"> • Same issues being identified • Overlapping issues across strengths, weaknesses and wish lists (i.e. collaboration, access and knowledge sharing/education) | <ul style="list-style-type: none"> • Lack of rehabs and detox centers • Identifying commitment as a strength of agencies/treatment community • Broad themes |
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PLANNING ACTIVITIES

Stakeholder Meeting 2 Data Team Summary Report

Early Intervention	Treatment	Community Support
<p>Strengths Emergency Response; Collaboration; Access; Education; Awareness; Outreach</p> <p>Weaknesses Access; Education; Resources</p> <p>Wish List Education and Awareness; Access Issues; Alternative Early Intervention Options</p>	<p>Strengths Service Delivery Partnership; Broad Spectrum of Services; Dedicated Workforce</p> <p>Weaknesses Wait Times; Affordable Psychiatrists; Alternatives to Partial Care; Knowledge; Acute Substance Abuse Services; Emergency/Crisis Units</p> <p>Wish List Inpatient Treatment Resources; Services for Special Populations; Alternative Programming/Treatment; Workforce Development</p>	<p>Strengths Collaboration; Consumer Driven; Funded Agencies; Committed Providers; Natural/Other</p> <p>Weaknesses Access to Services; Lack of Involvement/Community Coordination; Housing & Employment; Knowledge Base</p> <p>Wish List Services; Education; Information Sharing; Special Populations; Housing</p>

PLANNING ACTIVITIES

Phase 6 – Stakeholder Meeting #3

Stakeholder Meeting 3, held November 17, 2008, focused on the prioritization of mental health Planning Priorities. Data Teams reviewed summaries from Meeting 1 and 2 and developed priorities for early intervention, treatment and community support services. Utilizing the Data Team’s priorities, the larger group engaged in a consensus building activity uncovering three Planning Priorities for the PAC to address.

Stakeholder Meeting 3 Attendance

Name	Agency	Name	Agency
Suellen Semevolos	OC Department of Human Services - Mental Health	Lynda Barrood-Silva	Meridian Health Care System
Sandra McDonnell	NJ Department of Children & Families	Tracy Maksel	OC Department of Human Services – Mental Health
Joy Reinhart	NJ Division of Mental Health Services	Ryan Reilly	OC Department of Human Services – Office for Individuals with Disabilities
Jamie Hart	OC Department of Human Services – Children’s InterAgency Coordinating Council	Kathy Jaworski	OC Department of Human Services – Human Services Advisory Council
Jessica Davis	Ocean County Department of Human Services - CIACC	Pat Leahey	OC Department of Human Services – Workforce Investment Board
Michelle Gaito	Ocean County Department of Corrections	Michael Blatt	Preferred Behavioral Health of NJ
Pat Lathom	OC Board of Social Services	Rick DeGironimo	Ocean Partnership for Children
Anna Kline	Preferred Behavioral Health of NJ - ICMS	Kelly Trangone	Contact of Ocean County
Karen Irwin	Hampton Hospital	Michele DeNoia	Southern Ocean County Hospital
Sharon Lerner	Ocean Mental Health Services, Inc. - PACT	Kimberly Ewell	Triple C Housing – Seashell House
Julie Kovaleski	Resources for Human Development - RIST	Ramona DeFonza	Community Health Law Project – Ocean
Karen White	Hampton Hospital	Jim Romer	Kimball/Psychiatric Emergency Screening Services
Jackie Rohan	OC Office of Senior Services	Cynthia Butler	New Future Dreams
Steve DeLuca	NJ Department of Human Services - DDD	Barbara Teichmann	St. Pauls Lutheran Church
Jarrett Lynn	Ocean Mental Health Services, Inc.	DSG Denis Campbell	Jackson Police Department/OC Mental Health Board
Michael Jones	NAMI-Ocean County	Sarah Gelbwachs	Lakewood Community Services Corporation
Mary Gibson	Ocean County Health Department	Travis Martin	New Future Dreams
Faith Liguori	Joan Valentine House	Cynthia Vetrano	Ancora Psychiatric Hospital
Tara Grimley	Ocean County Health Department	Joann Bonnett	Mental Health Association of Ocean
Mukesh Roy	Ocean County Health Department		

PLANNING ACTIVITIES

Stakeholder Meeting 3 Discussion Points

<p>Question 1 – Which early intervention services in our County do you think are being under-utilized? Are any over-utilized (waiting lists).</p>	<p>Underutilized</p> <ul style="list-style-type: none"> • Parenting seminars/programs • Stress management seminars/programs • Participating with other agencies • Community education programming • Anti-Stigma programming • Faith based opportunities • Statewide Clinical Consultation and Training (SCCAT) Programs • Self Help Centers • Mobile Response (PESS) • 211 • Jail Diversion • Licensed social workers in schools not performing screenings • Employee Assistance Programs <p>Overutilization</p> <ul style="list-style-type: none"> • Psychiatric Emergency Screening Services • Hospital ERs
<p>Question 2 – Which treatment services in our County do you think are being under-utilized? Are any over-utilized?</p>	<p>Underutilized</p> <ul style="list-style-type: none"> • ICMS type case management services • Not enough Medicaid/Medicare providers • Not enough psychiatrists • Not enough child psychiatrists <p>Overutilization</p> <ul style="list-style-type: none"> • Ancora • Short Term Care beds
<p>Question 3 – Which community services do you interact with the most in addressing the needs of individuals who are mentally ill?</p>	<ul style="list-style-type: none"> • Community Mental Health Centers • Partial care programs • Personal Assistance Services Program • Legal Services • Inpatient Psychiatric Hospitals • Designated Screening Center • Intensive Family Support Services • Concrete Information Services • General community service agencies • County welfare agency • Food banks • Family/Consumer Advocate groups

PLANNING ACTIVITIES

Stakeholder Meeting 3 Data Team Reports

Data Team #1: Early Intervention Priorities

(Rick DeGironimo, Jamie Hart, Jim Romer, Joann Bonnett, Michele DeNoia, Jackie Rohan, Tara Grimley, Mike Roche, Facilitator)

Identified Need (highest first)	Population(s)	Risk Factors	Geographic Area with Need	Rationale for Ranking
1. Education, Awareness and Training <ul style="list-style-type: none"> • Access to information • Comprehensive resource directory 	All County Residents Providers Staff	All Risk Factors	All of Ocean County with special focus on underserved areas (i.e. Southern ocean county)	Frequency of Responses, Compelling need for OC residents to have access.
2. Alternatives to PESS <ul style="list-style-type: none"> • Wellness and recovery programming 	All of Ocean County	All Risk Factors	All of Ocean County	Frequency of Responses, ER Volume and Safety, More aggressive for wellness and recovery

Data Team #2: Treatment Priorities

(Travis Martin, Ryan Reilly, Lynda Barrod-Silva, Kim Ewell, Karen Irwin, Denis Campbell, Sharon Lerner, Bill Sette, Jarrett Lynn - Facilitator)

Identified Need (highest first)	Population(s)	Risk Factors	Geographic Area with Need	Rationale for Ranking
1. Reengineer of services/service delivery and processes in the existing service continuum <ul style="list-style-type: none"> • adequately fill gaps in service access/timeliness • cultivate alternatives to traditional care • improve existing services/delivery of services 	All individuals with Mental Illness	All	Countywide	General impact on Community
2. Improve knowledge, education and communication regarding services <ul style="list-style-type: none"> • fill gaps in community awareness • educate consumers, providers and community regarding existing service continuum 	All populations including providers	N/A	Countywide	This will serve to improve access to services
3. Education, Awareness and Training <ul style="list-style-type: none"> • Access to information • Comprehensive resource directory 	All County Residents Providers Staff	All Risk Factors	All of Ocean County with special focus on underserved areas (i.e. Southern ocean county)	Frequency of Responses, Compelling need for OC residents to have access.
4. Alternatives to PESS <ul style="list-style-type: none"> • Wellness and recovery programming 	All of Ocean County	All Risk Factors	All of Ocean County	Frequency of Responses, ER Volume and Safety, More aggressive for wellness and recovery

PLANNING ACTIVITIES

Data Team #3: Community Support Services Priorities (Anna Kline, Kelly Trangone, Joy Reinhart, Mukesh Roy, Barbara Teichman, Sara Gelbwachs, Pat Lathom, Kathy Jaworski, Michelle Gaito, Cindy Butler, Cliff Van Nest – Facilitator)				
Identified Need (highest first)	Population(s)	Risk Factors	Geographic Area with Need	Rationale for Ranking
1. Housing	All	All populations with special needs	Countywide	Frequency/Severity
2. Timely access to services	All	All	Countywide	Frequency/Severity
3. Education and awareness	All	All populations with special needs	Countywide	Frequency/Feasibility
Data Team #4: Community/Provider Collaboration and Communication Priorities (Faith Liguori, Steve Deluca, Ramona DeFonza, Sandra McDonnell, Mary Gibson, Mike Jones, Cynthia Vetrano, Michael Blatt – Facilitator)				
Identified Need (highest first)	Population(s)	Risk Factors	Geographic Area with Need	Rationale for Ranking
1. Centralized and Comprehensive Database	All	All	All	Frequency/Feasibility
2. Collaborative – Education and Training of community resources	All	All	All	Frequency/Feasibility
3. Create opportunities for inter-agency collaborative planning and training	All	All	All	Frequency/Feasibility

Stakeholder Meeting 3 Planning Priorities

Identified Need (no particular order)	Population Affected	Risk Factors	Geographic Need
Education and Awareness <ul style="list-style-type: none"> • Including existing service delivery system • Including cross-training in community • Including comprehensive resource directory 	All	All	All of Ocean County
Access to Services <ul style="list-style-type: none"> • Including alternatives to traditional mental health services/programming • Including diversions from PESS • Including housing 	All	All	All of Ocean County
Community/Provider Collaboration and Communication <ul style="list-style-type: none"> • Including centralized database of shared information 	All	All	All of Ocean County

PLANNING ACTIVITIES

Phase 7 and 8 – PAC Priority Planning

On January 8, 2009, PAC reviewed a summary of planning activities and outcomes. Each attendee at the PAC Planning Meeting identified three strategic action and implementation steps that would positively impact the Planning Priorities documented. The PAC Planning Team collectively organized the information into categories and themes.

PAC Planning Attendance

Name	Agency	Name	Agency
Suellen Semevolos	OC Department of Human Services	Tracy Maksel	OC Department of Human Services
Joy Reinhart	NJ Division of Mental Health Services	Ryan Reilly	OC Department of Human Services
Jamie Hart	OC Department of Human Services	Michael Blatt	Preferred Behavioral Health of NJ
Pat Lathom	OC Board of Social Services	Rick DeGironimo	Ocean Partnership for Children
Jarrett Lynn	Ocean Mental Health Services, Inc.	Kelly Trangone	Contact of Ocean County
Michael Jones	NAMI-Ocean County	Kimberly Ewell	Triple C Housing – Seashell House
Jon Baum	Mental Health Board/LACADA	Jim Romer	Kimball/PESS
Marvin Mojica	Mental Health Association of Ocean	Cynthia Butler	New Future Dreams
Paul Milano	Mental Health Association of Ocean	Joann Bonnett	Mental Health Association of Ocean
Denise Toti	Mental Health Association of Ocean	Cliff Van Nest	PAC Chair
Laura Williams	The Arc of Ocean County	Karen White	Hampton Hospital
Bill Sette	Preferred Behavioral Health of NJ		

PLANNING ACTIVITIES

Stakeholder Prioritization with PAC Action and Implementation Steps

Identified Need (no particular order)	Implementation/Action Planning Steps
<p>Education and Awareness</p> <ul style="list-style-type: none"> • Including existing service delivery system • Including cross-training in community • Including comprehensive resource directory 	<p>Category A: Provider to Provider Education <i>Theme A: Create or enhance provider to provider cross training through presentations, program tours, and a program to program shadowing initiative for staff.</i></p> <p>Category B: Provider to Consumer Education and Awareness <i>Theme B: Create or enhance opportunities through discharge planning, treatment and self help centers to better educate consumers and family members on existing services.</i></p> <p>Category C: Professional Advisory Committee to Community Education <i>Theme C: Create specific tools to bring targeted information to the community through the development of a service delivery resource map (resource mapping) and a collaborative protocol for outreach programming.</i></p>
<p>Access to services</p> <ul style="list-style-type: none"> • Including alternatives to traditional mental health services/programming • Including diversions from PESS • Including housing 	<p>Category A: Planning to Improve Access to Services <i>Theme A: Utilize PAC and other existing groups to genuinely review and discuss service delivery data/trends (beyond acute care System’s Review) that impact mental health in our community.</i></p> <p>Category B: Multi-organizational Collaboration to Improve Access to Services <i>Theme B: Organizations MUST improve communication amongst one another, especially line staff in multiple agencies, regarding program specifications (i.e. eligibility criteria, processes for applying for services and service spectrum).</i></p> <p>Category C: Re-Engineering to Improve Access to Services <i>Theme C: Providers WILL continue to seek opportunities for improvements in existing service delivery strategies, especially efficiencies.</i></p>
<p>Community/Provider collaboration and communication</p> <ul style="list-style-type: none"> • Including centralized database of shared information 	<p>Category A: Comprehensive Information Source <i>Theme A: Seek out a single robust database application to generate a comprehensive online/web based resource guide for agency and public use.</i></p> <p>Category B: Community Agency Collaboration <i>Theme B: Formalize existing collaboration between community agencies by developing: a multi-agency release of information form for consumers; Memorandums of Understanding and/or Affiliation Agreements detailing processes and protocols amongst agencies; quarterly interagency line staff meetings.</i></p> <p>Category C: Communication Between Providers and the Community <i>Theme C: Increase communication between the community and providers through outreach, presentations, community forums and online interactive tools.</i></p>

PLANNING ACTIVITIES

Phase 9, 10 and 11 - Plan Review and Approval

Interpretations and recommendations formulated through the Stakeholder and PAC planning process were compiled into a Mental Health Plan Update Draft for PAC and Mental Health Board review. During January and February of 2009 members of the PAC and the Mental Health Board reviewed the Mental Health Plan Update Draft and provided recommendations to the PAC Planning Team in preparation for the final March 2009 Plan Update presentation to the PAC and Mental Health Board. On March 5, 2009 the PAC formally approved the final Plan Update determining its readiness for Mental Health Board approval.

At the March 9, 2009 Mental Health Board meeting, Board members were presented with the final Mental Health Plan Update. The Board unanimously approved the Plan Update. The Plan Update was then submitted to the Ocean County Board of Chosen Freeholders in March for review and endorsement. Upon Ocean County Freeholder Board endorsement, the Plan Update shall be forwarded to the New Jersey Division of Mental Health Services.

Phase 12 - Plan Distribution

In order to sustain the Mental Health Board's efforts to remain environmentally friendly, the Board has made the Ocean County Mental Health Plan Update for 2009 available electronically. Members of the public have access to the Plan Update online through the Ocean County Department of Human Services website (www.co.ocean.nj.us/ocdhs). Furthermore, CD-ROMS containing the Plan Update are available upon request through the County Mental Health Administrator's office. Hard copies of the Plan Update are available for those needing special accommodations through the County Mental Health Administrator's office.

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ATTACHMENTS

<u>Attachment #</u>	<u>Attachment Title</u>
1	Service Inventory Matrix
2	County Funded Mental Health Areas
3	County Funded Services 2009
4	Funded Mental Health Services in Ocean County 2008-2009
5	Needs Assessment Survey Tool
6	Needs Assessment Data Analysis Report
7	PAC Members
8	Freeholder Resolution

ATTACHMENT 1: SERVICE INVENTORY MATRIX

EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Kimball Medical Center			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Psychiatric Emergency Screening Services <ul style="list-style-type: none"> • Kimball – Lakewood • Community Medical Center – Toms River • Southern Ocean County Hospital – Manahawkin • Ocean Medical Center – Brick Collaboration 	County residents who are: <ul style="list-style-type: none"> • Adults Experiencing Mental Illness • Children & Adolescents Experiencing Emotional Disorders • Senior Adults Experiencing Mental Illness 	Adult Services <ul style="list-style-type: none"> • 24/7 crisis intervention services • Clinical assessment • Mobile outreach for crisis intervention • Crisis telephone services • Holding beds to provide crisis stabilization • Psychiatric evaluation • Referral • Follow-up • Community Outreach/Education • Telepsychiatry 	NJ DMHS Ocean County Department of Human Services/Mental Health Board
Jail Diversion Services <ul style="list-style-type: none"> • Countywide 	Severe and persistent mentally ill County residents with minor, non-violent, offenses at risk of arrest/booking.	Pre/Post Booking Jail Diversion services for the severe and persistent mentally ill which includes <ul style="list-style-type: none"> • Assessment • Linkage • Referral • Community outreach/education 	NJ DMHS
Disaster Mental Health Intervention/Traumatic Loss Coalition Services	Community Experiencing Traumatic Loss	Trauma Intervention <ul style="list-style-type: none"> • Psychological first aid • Crisis counseling • Education 	UMDNJ Ocean County Department of Human Services/Mental Health Board

EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean Mental Health Services, Inc.			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Theraplay 122 Lien Street, Toms River	Children of ages 2-6 and their families. 65 Families	Assessment, Individual, Group, and Family services are provided, incorporating play therapy.	United Way of Ocean County and other select funding

ATTACHMENT 1: SERVICE INVENTORY MATRIX

EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Brick Township High School Based Program, 346 Chambersbridge Road Brick, NJ 08723	Brick Township High school students and their families, 1274 served	A full array of behavioral health and social: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training, and recreation.	NJ Div. of Prevention and Community Partnerships
Veteran's Memorial Middle School Based Program, 105 Hendrickson Ave, Brick, NJ 08724	Veteran's Memorial Middle school students and their families, 1481 served	A full array of behavioral health and social: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training, and recreation.	NJ Div. of Prevention and Community Partnerships
White House Family Success Center 100 Linden Avenue Lakewood, NJ 08701	Lakewood Families, 250 served	Prevention of abuse and neglect in at-risk families, the goal is to help parents and children enjoy meaningful interaction with each other. Services: parenting classes, case management, parent children events, nursing consultation, interpretation, referrals and linkages.	NJ Div. of Prevention and Community Partnerships
Healthy Families 100 Linden Avenue Lakewood, NJ 08701	Ocean County Families, 89 served (home visitation)	Prevents abuse and neglect of children under 5 by providing early risk identification and intervention to families at risk. Promotes positive child development for their infants and young children. ensure that families receive appropriate health and supportive services; as well as identify and build on family strengths and support parents as the primary care givers and nurturers of their children	NJ Div. of Prevention and Community Partnerships
Adolescent Pregnancy Prevention 885 Somerset Avenue Lakewood, NJ 08701	Lakewood High School students, 160 served	Family Planning, pregnancy testing, counseling, case management and referrals.	NJ Div. of Prevention and Community Partnerships

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EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services			
Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered
Lakewood School Based Program 885 Somerset Avenue Lakewood, NJ 08701	High school students and their families, 1786 served	A full array of behavioral health and social services: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training, and recreation.	NJ Div. of Prevention and Community Partnerships
Family Friendly Center Oak Street Lakewood, NJ 08701	Grammar school children and their families, 100 serviced	After school program is for children 6-13, 3:00 p.m. to 5:30 p.m. Provides guidance and an array of activities designed to help facilitate social adjustment, support developmental needs while keeping them away from the elements of the streets that can adversely impact their positive growth and development.	NJ Div. of Prevention and Community Partnerships
Brick Memorial School Based Program 2001 Lanes Mill Road Brick, NJ 08724	Brick Memorial High school students and their families, 1786 Served	A full array of behavioral health and social: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training, and recreation.	NJ Div. of Prevention and Community Partnerships
The Children Protection Substance Abuse Initiative (CPSAI)/Lakewood and Toms River	Adults and their families 6,200 Served	The CPSAI program provides comprehensive bio-psychosocial assessments to determine appropriate levels of substance abuse treatment. This program provides substance abuse assessors at each Department of Youth and Family services in five different counties.	State

EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: CONTACT of Ocean			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
CONTACT of Ocean County, 2-1-1 Services offered in Ocean County.	We serve all populations. We received 34,763 calls last year (2007).	We provide trained listeners who respond to a variety of human needs 24 hrs a day. We offer free confidential crisis intervention, information on available resources, and referral to community services.	Federal Block Grants, State, County, Foundations, Private Individuals, Fundraising, United Way.

ATTACHMENT 1: SERVICE INVENTORY MATRIX

EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean County Office of Senior Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Mental Health: Jewish Family Services Senior Guidance APS	Over 60 years of age 87 clients 208 clients	Services designed to evaluate older persons need for mental health intervention, determine the type of intervention needed and provide appropriate intervention or treatment	Federal, State, County
Caregiver Mental Health CMC Support Group, Geriatric Education/Support (KMC) Jewish Family Services	Those caring for those 60 and above 100 clients	Evaluation, Intervention and Support for caregivers dealing with the challenges of their caregiving experience.	Federal, State, County
Caregiver Counseling Jewish Family Services Lakewood Community Services Inc. Ocean County Office of Senior Services Caregiver Options Counseling	572	Services designed to assist caregivers by advising them or providing them with specific information so they can make appropriate decisions and/or choices concerning needed services	Federal, State, County

EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Triple C Housing			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Triple C Housing, Inc Point Pleasant Beach, NJ	Serves individuals diagnosed with a mental illness/special needs, with priority given to reduce the hospital census at Ancora Hospital. Total capacity of 9.	Supportive housing and community support services provided in a multi-family dwelling. The project based rental assistance provides subsidies for qualified individuals. The wrap around support services comprise, but are not limited to, the following areas: <ul style="list-style-type: none"> • Case management: brokerage and linkages with mainstream resources and natural supports • WRAP and support planning • Medication education, management and monitoring • IMR groups • IDDT groups • Family groups 	State – Division of Mental Health Services State – DCA (rental subsidies)

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EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean Partnership for Children			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Ocean Partnership for Children, Inc. 1610 Route 88 – Suite 303 Brick, NJ 08724 ** All of Ocean County**	Children and youth ages 4 through 21 with a primary mental health diagnosis and their families	We provide care management and service planning for children with serious emotional, behavioral, and mental health challenges and their families. Care management involves intensive case management using the wraparound model and children system of care values. <ul style="list-style-type: none"> ▪ An individualized Service Plan ▪ Customized supports in the community ▪ Flexible Services ▪ Individual and Family Choice 	Ocean Partnership is funded through the New Jersey Division of Children Behavioral Health Services. About 2/3 of our total budget is Medicaid fee for service.

EARLY INTERVENTION RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean County Board of Social Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Adult Protective Services Without regard to income Bldg. 4	Adults age 18 & over; 695 cases	CM services to vulnerable adults who are at the risk of abuse, neglect and/or exploitation and are unable to protect themselves.	State, County
General Assistance Program Financial Guidelines Bldg. 3	Adults age 18 & over	Time-limited cash assistance and services	State
Food Stamps Financial Guidelines Bldg. 3	Adults age 18 & over	Food stamps	Federal
Personal Assistance Services Program Without regard to income Bldg. 4	Adults age 18 & over Physically disabled 35	Attendant services to physically disabled adults which allow them to transition to work, school or a volunteer position.	State, County
Persons Living with Disabilities Without regard to income. Bldg. 4	Adults age 18 & over 67	Case management	State

ATTACHMENT 1: SERVICE INVENTORY MATRIX

TREATMENT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean Mental Health Services, Inc.			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Outpatient Services <i>160 Route 9, Bayville 81 Nautilus Drive, Manahawkin</i>	Adults and Children <i>2500</i>	Therapy and psychiatric services are provided. This service is available to any members of the community.	DMHS County of Ocean
Adult Partial Care – Project Anchor <i>733 Route 9, Beachwood</i>	Adults Suffering from Chronic Mental Illness <i>130</i>	Assessment, Group, and Individual treatment and case management are provided five days per week.	DMHS
Adult Partial Care – Project Recovery <i>160 Route 9, Bayville</i>	Adults Suffering from Chronic Mental Illness co-occurring with substance addiction. <i>130</i>	Assessment, Group, and Individual treatment and case management are provided five days per week.	DMHS
“Connections” Therapeutic Foster Care Homes <i>Private Homes in Ocean and Monmouth Counties</i>	Children of ages 7-17 with severe emotional disturbances <i>28</i>	Therapeutic Foster Care is provided to the target population by direct DYFS referral only.	DYFS
“Harmony” Family Preservation Services <i>In-Community Service</i>	Ocean County Families <i>50</i>	Specialized counseling is provided to families in crisis and at risk of at least one child being placed out of home by DYFS. Referral is directly from DYFS only.	DFYS
“Directions” Intensive Counseling Program <i>In-Community Service</i>	Adjudicated and/or Court Involved Youth <i>41</i>	Assessment, counseling, and linkage to other community resources are provided to the target population. Referral is made by court or law enforcement to the Multidisciplinary team.	Ocean County Youth Services Commission
“Turnaround” Youth Substance Abuse Program <i>160 Route 9, Bayville</i>	11-17 Year-Old Youth <i>110</i>	11-17 year-old individuals in the early stages of substance use are provided assessment, individual, and group counseling. The service is open to the entire community.	County of Ocean
“Bayside” Youth Partial Care Program <i>160 Route 9, Bayville</i>	11-17 Year-Old Emotionally Disturbed Youth <i>30</i>	Group and Individual therapies are provided five days per week in the afternoon. This service is available to all members of the community.	DCBHS Ocean County Youth Services Commission
“Homestead” Psychiatric Community Residence for Youth <i>Toms River</i>	11-17 Year-Old Severely Emotionally Disturbed Youth <i>14</i>	This is psychiatric residence with 24/7 staffing. Residents also attend a therapeutic school and youth partial care program.	DBCHS

ATTACHMENT 1: SERVICE INVENTORY MATRIX

TREATMENT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean Mental Health Services, Inc.			
Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered
Child and Family Services (CAFS) <i>In-Community Service</i>	Children and Families 84	Intensive therapy services are provided in-home in order to prevent family decompensation. Available by direct DYFS referral only.	DYFS
Family Focus <i>122 Lien Street, Toms River</i>	Children and Families 20	Intensive therapy services are provided order to prevent family decompensation. Available by direct DYFS referral only.	DYFS
Program for Assertive Community Treatment (PACT) <i>In-Community Service</i>	Adults Suffering from Serious Mental Illness with Multiple State Hospitalizations 145	A team of mental health professionals help individuals to live in the community without relapse or rehospitalization.	DMHS
Adult Residential Services <i>Various Locations</i>	Adults Suffering from Chronic Mental Illness 40	Multiple group homes, houses, and apartments are distributed throughout the county with various levels of supervision and services.	DMHS

ATTACHMENT 1: SERVICE INVENTORY MATRIX

TREATMENT RESOURCES/SERVICES			
PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Adult Out –Patient Services 700 Airport Road, Lakewood, NJ 1500 Route 88, Brick, NJ	Individuals 18 years of age and older in need of mental health services. Served 4,232 individuals in FY 2008	Individual, family and couples therapy, group therapy and psychoeducation. Psychiatric evaluation and medication monitoring services available.	State, County, and United Way
Senior Guidance Program 1500 Route 88, Brick, NJ	Adults aged 60 and over, needing individual therapy and/or phase-of -life support. Served 208 individuals in FY 2007	Individual therapy, home visits, and support. Psychiatric evaluation and medication monitoring services available.	State, County
Family Support Services 700 Airport Road, Lakewood, NJ	Children 18 years of age and younger and families needing mental health services. Served 57 families in FY 2008.	Individual and family therapy, parenting support services and groups and psychoeducation. Psychiatric evaluation and medication monitoring services available.	State, DYFS
Post Partum Mood Disorder 700 Airport Road, Lakewood, NJ 1500 Route 88, Brick, NJ	Individuals experiencing depression related to prenatal and postnatal pregnancy. Served 81 women and family.	Individual therapy and group therapy. Psychiatric evaluation and medication monitoring services available.	State
Step Down Partial Care Program 725 Airport Road Lakewood, NJ	Adults 18 years and older suffering from mental illness requiring transitional support. Served 66 individuals in FY 2008	A structured part time, evening program which offers specialized individual and group interventions. Psychiatric evaluation and medication monitoring services available.	State
SAIL 999 Airport Road Lakewood, NJ 08701	Severely emotionally disturbed youth 13 - 18 who are at risk for out-of-home placement.	Partial care hospitalization 5 hours a day, 5 days a week: psychiatric evaluations, med monitoring, meals, transportation, individual, group and family counseling.	Ocean County Youth Service Commission, NJ State Div. of Child Behavioral Health, DYFS, County
Prime Time Partial Care Program 725 Airport Road Lakewood, NJ	Adults 18 years and older suffering from mental illness requiring extended treatment. Served 124 individuals in FY 2008	A comprehensive day program that utilizes activity-oriented therapies in a milieu setting. Psychiatric evaluation and medication monitoring services available.	State
DARE/ 700 Airport Road Lakewood	Adult 107 Served	Providing integrated treatment to meet the complex needs of clients with co-occurring disorders.	County Health Dept./State
Intensive Outpatient Program/700 Airport Road /Lakewood/Barneget	Adult 362 Served	Provides nine hours a week of group therapy and specialized individual services to address substance abuse dependence.	County Health Dept.

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TREATMENT RESOURCES/SERVICES			
PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services			
Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered
Women Achieving Recovery Now (WARN)/ Lakewood/Barnegat	Adult Women 154 Served	Outpatient substance abuse including individual, group, co-occurring services and provides transportation and child-care services with women involved with Division of Youth and Family Services.	State/DAS
Men in Support of Recovery (MISTR)/ Lakewood and Barnegat	Adult Men 30 Served	Men involved with Division of Youth and Family Services and are deemed to need substance abuse treatment. This program is gender specific.	State/DAS
Drug Court Services/ Lakewood and Barnegat	Adults 75 Served	Services clients deemed by the court to need varied levels of care of substance abuse services.	State/County
Federal Probation/Lakewood	Adult 20 Served	Provide Substance Abuse Services to federal offenders and their families	Federal
RIPTIDE 999 Airport Road Lakewood, NJ 08701	Adolescents in need of substance abuse treatment (Level II.I)	Intensive Out Patient treatment: assessments, urine screening, individual and group counseling, and a school component.	County Health Dept.
Mobile Response and Stabilization 1000 Washington Street Toms River, NJ 08753	Families with a child in crisis that may result in the child needing to be place from his home. The severity of the crisis cannot warrant psychiatric hospitalization or an arrest by the police department	In home crisis intervention 24 hours a day, 7 days a week. Stabilization services for 72 hours, treatment services and other supportive services for up to 8 weeks.	NJ State Div. of Child Behavioral Health
COAST Currently 700 Airport Road, Soon to be 999 Airport Road, Lakewood Also, at 848 West Bay Ave, Barnegat 155 Sunset Ave, Toms River	Adolescents referred by family court/probation 13-18 in need of substance abuse evaluation and treatment.	Evaluation, group, referrals, linkages to a higher level of care if needed.	Ocean County Youth Service Commission
Family Nurturing In-home	DYFS children at risk of out of home placement.	In-home therapy	DYFS

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TREATMENT RESOURCES/SERVICES			
PROVIDER AGENCY: Hampton Hospital			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Hampton Behavioral Health Center 650 Rancocas Road Westampton, NJ 08060 (800) 603-6767	Adults, Dually Diagnosed Adults, Older Adults, and Adolescents (age 12+). Served 424 Ocean County residents in 2007.	Provides inpatient, partial hospitalization, and intensive outpatient behavioral health services to the target population. Specialized programming within each unit customizes treatment for each patient to effectively meet their needs.	Funds are received through insurance including all 3 rd party insurance, Medicaid, Medicare, etc.

TREATMENT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean County Board of Social Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Persons with HIV/AIDS Program Without regard to income Bldg 4	Adults age 18 & older 109 – Case mgt only	Case management & transportation services	State
Safe Housing & Transportation Without regard to income Bldg 4	Adults age 60 & older 69	Escorted transportation/ Invalid Coach Moderate home repairs	County
Temporary Assistance for Needy Families (TANF)/Work Firs New Jersey-Financial guidelines Bldg. 3	Adults 18 & older with minor children	Cash assistance Work-related activities	State
New Jersey Care for the Aged, Blind & Disabled Financial guidelines Bldg. 5	Adults age 65 & older or recipients of SSD 1911	Medicaid benefits	Federal, State
New Jersey Family Care Financial guidelines Bldg. 5	Pregnant women, children & some parents & caregivers 8671	Subsidized health insurance program	Federal, State
Medically Needy Financial guidelines Bldg. 5	Adults 65 & older, blind, disabled, pregnant, needy child under 21 yrs. old 285	Limited medical benefits	Federal, State, County

ATTACHMENT 1: SERVICE INVENTORY MATRIX

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean Mental Health Services, Inc.			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Compass Program <i>Schools in Ocean County</i>	Ocean County Children and Adolescents N/A	Compass is an education, information, and referral program linking the children of Ocean County to community resources. A website is maintained as well.	County of Ocean
Youth Case Management <i>In-Community Service</i>	Ocean County Youth 1000	Case Management Services are provided to children and adolescents in need of multiple services. YCM is accessed through the CSA, Value Options.	DCBHS
“Family Matters” Transportation Program <i>All of Ocean County</i>	Ocean County Families N/A	Transportation to therapeutic services is available within the Ocean County.	Ocean Partnership for Children
Crisis Diversion <i>In-Community Service</i>	Adults 240	Adults are referred by the Psychiatric Emergency Screening Service (PESS) as an alternative to hospitalization. Intensive case management and linkage to services are provided.	DMHS
Supportive Housing <i>In-Community Service</i>	Adults 120	Case Managers help mentally ill adults to work maintain housing as well as provide clinical, vocational, and crisis intervention in order to help individuals live independently in the community.	DMHS
Project for Assistance to Transition from Homelessness (PATH) <i>In-Community Service</i>	Homeless Adults 40	A broad range of mental health services are provided to homeless adults in addition to assistance in securing housing.	DMHS
Ocean Academy <i>160 Route 9, Bayville</i>	Emotionally Disturbed Children and Adolescents 40	Ocean Academy is a therapeutic school that offers educational services to students diagnosed with psychiatric disorders. Referral is made by school districts in the surrounding area.	Funding is tuition-based.
Intensive Family Support Services <i>Various Locations</i>	Family Members of Mentally Ill Adults and Children 45	Support services, psycho education and respite services are provided to family members and caretakers of persons with chronic mental illness.	DMHS

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COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Intensive Case Management Services 2156 Route 37 West Manchester, NJ	Seriously and persistently mentally ill adults currently hospitalized in a State, County, or Short Term Care Hospital needing community based supportive services to assist in maintaining themselves in the community. Served 550 individuals in FY 2008.	Individual supportive counseling, linkages for housing services, financial benefits and support, case management services. Psychiatric evaluation and medication monitoring services available.	State
Jail Diversion Program 2156 Route 37 West Manchester, NJ	Adults 18 years and older, experiencing mental illness and in jeopardy of facing minor criminal charges. New program in late FY 2008, that served 5 individuals.	Case management, linkages to financial and treatment services. Advocacy on behalf of the individual in the criminal justice system. Psychiatric evaluation and medication monitoring services available.	State
Residential Level A+ Group Home 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital. Served 21 individuals in FY 2008.	A structured communal living environment with 24-hour, 7 day per week supervision. Individual supportive counseling and community linkages. Psychiatric services and medication monitoring available.	State
Residential Level A Apartment Program 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital. Served 5 individuals in FY 2008.	A structured communal living environment with 12-hour, 7 day per week supervision. Individual supportive counseling and community linkages. Psychiatric services and medication monitoring available.	State
Residential Level A Group Home 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital. Served 3 individuals in FY 2008.	A structured communal living environment with 12-hour, 7 day per week supervision. Individual supportive counseling and community linkages. Psychiatric services and medication monitoring available.	State
Residential Level C Apartment Program 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital or other community residential provider . Served 12 individuals in FY 2008.	A shared, non-staffed, independent living environment with individual case management and supportive counseling services. Psychiatric evaluation and medication monitoring available.	State

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COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services			
Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered
Supportive Housing Program 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital, or other community service providers. Served 60 individuals in FY 2008.	A fully independent living environment with individual case management and supportive counseling services. Psychiatric evaluation and medication monitoring available.	State
Projects for Assistance in Transition from Homelessness Program (PATH) 725 Airport Road, Lakewood, NJ	Individuals who are currently unhoused and/or in danger of becoming homeless. Served 39 individuals in FY 2008.	Case management services focused on linkages to financial and housing services. Linkages to all types of treatment services are made. Psychiatric evaluation and medication monitoring available.	State
TANF- Sanction Outreach Program 725 Airport Road, Lakewood, NJ	Individuals referred from the Board of Social Services' Workforce New Jersey Program. New program for FY 2009	Individual outreach and information for community resources; food pantry, transportation, counseling services. Reconnect individuals to Social Services before losing all financial benefits.	State
Preferred Employment Services 725 Airport Road, Lakewood, NJ	Adults 18 years and older, with mental illness seeking to re-enter the workforce. Served 67 individuals in FY 2008	Individual vocational support, vocational skill building group interventions, and on-worksites support. Psychiatric evaluation and medication monitoring services available.	State

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Lakewood Community Services Corporation			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Multi-Cultural Outreach Lakewood	Ocean County Residents with Mental Illness	Outreach to Orthodox Jewish population for culturally sensitive and competent support for individuals with mental illness.	NJ DMHS

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COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean County Office of Senior Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Ocean County Office of Senior Services Information and Assistance With Access Sites and 21 Funded Service Providers Located Throughout Ocean County	Individuals 60years and older, and those caring for individuals 60years and over Primary Site: 10,809 clients Service Providers: over 43,000 additional clients served in 2007. (This includes over 300,000 meals served in 2007)	Designated county governmental agency on aging and is responsible for preparing an Annual Area Plan on Aging and serving as the focal point for matters relating to aging. Administers a comprehensive system comprised of 21 service providers and 50 contracts for Access, Community Support, Home Support and Nutrition Support throughout Ocean County. Planned and structured activities and programs provided to well and functionally impaired older adults in order to facilitate social contact, reduce isolation and improve personal life satisfaction. Nutrition programs are an essential element in the service delivery system and are key to overall good health, both mental and physical.	Federal, State, County
In-Home Education and Support to Caregivers (Through BOSS)	36 families	Home education and support to improve their ability and effectiveness as caregivers, and prolong their ability to provide care for an elderly or adult disabled individual at home.	Federal, State, County
HealthEASE Ocean County HealthEASE was developed under the partnership model. A part-time county coordinator works with other county departments agencies, hospitals, volunteers, peer leaders & senior members of the community to implement a myriad of programs to reach seniors living throughout the county. Programs are at area hospitals, the Ocean County College and area senior communities	Age 60+ 3769 clients attended classes and presentations on healthy aging and the various components of HealthEASE – see summary	HealthEASE began as a grant from NJDHSS, funded by the Robert Wood Johnson Foundation. It continues with the part time coordinator funded by the OC Board of Freeholder. The HealthEASE programs include Health Education, Move Today Exercise Program, NJ Live Long, Live Well Walking Program, Mind-Body Connection, Coordinated Screenings, Wellness Coalition advisory board, & added in '07, Stanford Chronic Disease Self-Management (CDSM).	Initially funded under a state grant from RWJ Foundation, currently funded through the County

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COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean County Office of Senior Services			
Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered
Mind Body Connection As above plus collaborative initiative through Municipal Alliances	Same as above/ Focus for 2009	The HealthEASE Mind-Body Connection is designed to teach adults how to apply proven concepts to positively impact their health and well-being . Among the most common mental health problems in older persons are depression, anxiety disorders, and dementia. Mind and body wellness courses can reduce depression and anxiety by providing individuals with strategies for relaxation, problem solving, the opportunity to talk with someone about problems, and referrals to additional programs/services when appropriate	
Chronic Disease Self-Management As above.	No age limit due to partnership relationships with other agencies who serve all ages (OCHD) 72 clients in 2007	Clients learn self management strategies and techniques, tools that people living with chronic health conditions need to help them selves including healthier ways to live, and the confidence and motivation for the day to day management of chronic conditions	Ocean County Health Dept.

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean Partnership for Children			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Ocean Partnership for Children, Inc. 1610 Route 88 – Suite 303 Brick, NJ 08724 ** All of Ocean County**	Children and youth ages 4 through 21 with a primary mental health diagnosis and their families	We provide care management and service planning for children with serious emotional, behavioral, and mental health challenges and their families. Care management involves intensive case management using the wraparound model and children system of care values. <ul style="list-style-type: none"> • An individualized Service Plan • Customized supports in the community • Flexible Services • Individual and Family Choice 	Ocean Partnership is funded through the New Jersey Division of Children Behavioral Health Services. About 2/3 of our total budget is Medicaid fee for service.

ATTACHMENT 1: SERVICE INVENTORY MATRIX

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Triple C Housing			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Triple C Housing, Inc Point Pleasant Beach, NJ	Serves individuals diagnosed with a mental illness/special needs, with priority given to reduce the hospital census at Ancora Hospital. Total capacity of 9.	Supportive housing and community support services provided in a multi-family dwelling. The project based rental assistance provides subsidies for qualified individuals. The wrap around support services comprise, but are not limited to, the following areas: <ul style="list-style-type: none"> • Case management: brokerage and linkages with mainstream resources and natural supports • WRAP and support planning • Medication education, management and monitoring • Independent Living Skill training • IMR groups • IDDT groups • Supportive Vocational/Employment and Education • Family groups • Transportation support • Budgeting and household management • Tenant/Landlord relations • Recreational/Social activities 	State – Division of Mental Health Services State – DCA (rental subsidies)

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: CONTACT of Ocean			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
CONTACT of Ocean County Services offered in Ocean County.	We serve all populations. We received 34,763 calls last year (2007).	We provide trained listeners who respond to a variety of human needs 24 hrs a day. We offer free confidential crisis intervention, information on available resources, and referral to community services.	Federal Block Grants, State, County, Foundations, Private Individuals, Fundraising, United Way.

ATTACHMENT 1: SERVICE INVENTORY MATRIX

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: NAMI OCEAN COUNTY			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
NAMI-OC monthly Education and Support meetings; Toms River Ocean County Court Cafeteria, 129 Hooper Ave, second floor	Consumers, and family/friends of consumers; 400 persons (duplicated number)	Provide educational speakers and events for family learning mental health and other services plus separate support sessions for consumers and family/friends	NAMI membership
Family To Family Education Program Toms River 1027 Hooper Ave, Bldg 2, 3 rd floor Coming soon: Brick Community Based Outpatient Clinic (Veterans Health Administration)	Family/friends of mental ill person; 35 families (Now teamed with VA and forming classes for families of veterans with SMI)	Provides current information about mental illnesses; current research and treatments to promote recovery; up-to-date information about medications, side effects, and strategies for medication adherence; gaining empathy for a person with mental illness; learning skills for handling crises and relapse; coping with care giver worry, stress, and emotional overload; and guidance on locating and advocating for appropriate supports and services. All instruction and course materials are free to class participants	NAMI fund raising
NAMI Basics Education Program Toms River	Family/friends of children and adolescents living with mental illnesses; 30 families	Provides the parent/caregiver fundamental information necessary to be an effective caregiver. Helps to cope with the traumatic impact that mental illness has on the child and the entire family. Provides tools to assist in making the best decisions possible for the care of the child. Helps the parent/caregiver take the best care possible of the entire family – especially themselves. All instruction and course materials are free to class participants	NAMI fund raising
Annual NAMI consumer picnic; Veterans Park, Berkeley Twp	Consumers residing in ocean county; 300 persons	Provides a day of fun for consumers with games, and great food	NAMI membership and fund raising
In Our Own Voice (IOOV) Community provider and service organizations, religious institutions, high school and college classrooms	Community or service clubs, and human service or legal professional groups 3,100	Provides individuals with serious mental illnesses to give presentations about their illness and recovery. The program is a powerful tool for community education and reducing stigma by putting a human face on an often misunderstood area of human suffering.	NAMI fund raising

ATTACHMENT 1: SERVICE INVENTORY MATRIX

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: NAMI OCEAN COUNTY			
Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered	Program Name & Location of where Service is Offered
<p>Educating the Educators Program</p> <p>Community kindergarten and elementary schools</p>	<p>Educating teachers about mental illness in the classroom</p> <p>500</p>	<p>Developed in partnership with the New Jersey Psychiatric Association and the New Jersey Council of Child and Adolescent Psychiatry to help K-12 educators understand children with biologically-based mental illnesses. ETE is the only NJ program dedicated solely to educating teachers about mental illness in the classroom and presents practical tools to help motivate children with social and emotional disorders. NAMI NJ is registered with the NJ Department of Education as a provider of Professional Development credit hours for ETE.</p>	<p>NAMI fund raising</p>
<p>Every Mind Matters" Program</p> <p>Community elementary, middle, and high schools</p>	<p>A mental health and wellness curriculum for Grades 5-9 and Grades 9-12</p> <p>200</p>	<p>Teaches children the importance of taking care of their mental health, as well as their physical health. EMM explains the meaning of stigma and how we can stamp out stigma related to persons with disabilities and teaches about famous people who have made great contributions to our society, despite their disabilities.</p>	<p>NAMI fund raising</p>
<p>Hearts and Minds Education Program</p> <p>Community provider and service organizations, religious institutions, high school and college classrooms</p>	<p>Consumers of mental health services and families</p> <p>1200</p>	<p>Raises awareness and provides information on: diabetes, diet, exercise, and smoking. The program also includes basic information on addictions, recovery, stigma, and treatment.</p>	<p>NAMI fund raising</p>

ATTACHMENT 1: SERVICE INVENTORY MATRIX

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Kimball Medical Center			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Psychiatric Emergency Screening Services Group Session <ul style="list-style-type: none"> • St. Barnabas Behavioral Health – Toms River 	Consumers of PESS that have been hospitalized for psychiatric care	Half hour group session with PESS consumers who have been admitted to the Short Term Care facility for psychiatric treatment. Group sessions focus on: <ul style="list-style-type: none"> • Screening process • Process of commitment/hospitalization • Grievance procedures • Offers opportunity for consumers to develop amendments to their PESS chart/case file • Offers consumers opportunity to discuss issues of concern 	NJDMHS Ocean County Department of Human Services/Mental Health Board
Disaster Mental Health Intervention/Traumatic Loss Coalition Services	Community Agencies	Trauma intervention training and planning support	UMDNJ Ocean County Department of Human Services/Mental Health Board

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Lakewood Community Services Corporation			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Multi-Cultural Outreach Lakewood	Ocean County Residents with Mental Illness	Outreach to Orthodox Jewish population for culturally sensitive and competent support for individuals with mental illness.	NJ DMHS

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Community Health Law Project			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Community Advocate Program Community Legal Services	Ocean County Residents with Mental Illness	Advocacy and legal services for Ocean County residents	NJ DMHS

ATTACHMENT 1: SERVICE INVENTORY MATRIX

COMMUNITY SUPPORT RESOURCES/SERVICES			
PROVIDER AGENCY: Ocean County Board of Social Services			
Program Name & Location of where Service is Offered	Target Population & # of Individuals Served Last Year	General Summary of Services	Funding Sources (Federal, State, County, Other)
Medicaid Special Financial guidelines Bldg. 5	Children under 21 yrs. of age	Medical benefits	Federal, State
Medical Transportation Financial guidelines South County Office	Medicaid eligible persons	Medical transportation	Federal, State
Medicaid Extension Financial guidelines Bldg. 5	Families	Medicaid benefits	Federal, State
Medicaid Only Financial guidelines Bldg. 5	Adults age 65 & Older, blind, or disabled 3031	Medicaid benefits	Federal, State
Supportive Assistance to Individuals & Families (SAIF) Financial guidelines Bldg. 4	Work First New Jersey recipients 9	Couples intensive case management with a continuation of the service package for those families and individuals who exhausted their five-year time limit on welfare (Work First New Jersey [WFNJ]) and do not meet the criteria for an exemption to the time limit. (Exemptions are given to people who are permanently disabled, sole caretakers of a disabled dependent, chronically unemployable, over age 60, or victims of family violence.)	State
Work First New Jersey Bldg 4	TANF/GA recipients 2007	Case Management aimed to help individuals transition from welfare into sustainable employment. Efforts include job training, educational and work activities programs.	State

ATTACHMENT 2: COUNTY FUNDED MENTAL HEALTH AREAS

The Ocean County Board of Chosen Freeholders, through oversight of the Mental Health Board, provides approximately \$1.8 million to the County's designated Community Mental Health Centers and Screening Center to serve County residents. County mental health funding for Calendar Year 2008 assisted agencies to serve approximately 10,000 individuals.

**Preferred Behavioral Health of NJ - Area 8 ■ Ocean Mental Health Services, Inc. - Areas 7 & 10
 ■ Kimball Medical Center, PESS Unit - Areas 7, 8 & 10**

SERVICE AREA #8

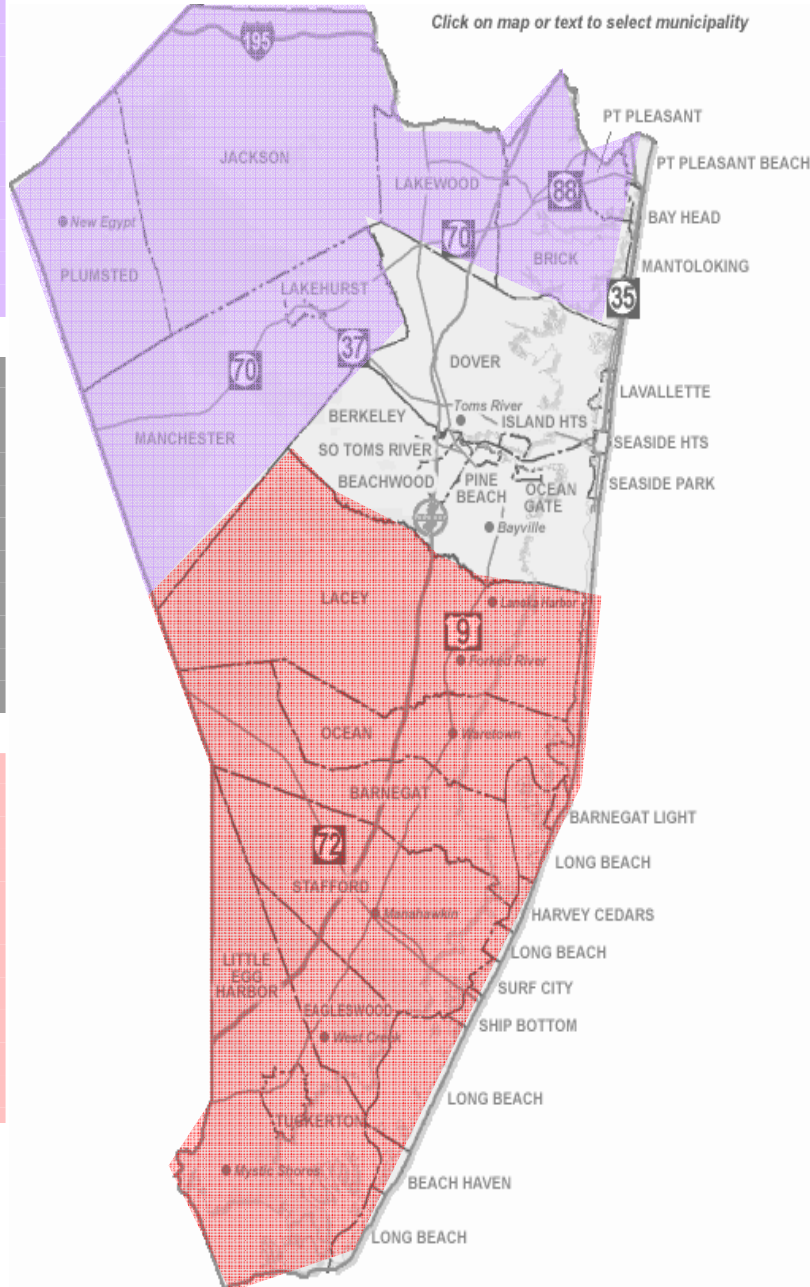
- ◆ Lakewood
- ◆ Lakehurst
- ◆ Jackson
- ◆ Manchester
- ◆ Plumstead (New Egypt)
- ◆ Brick Town
- ◆ Pt. Pleasant
- ◆ Pt. Pleasant Beach
- ◆ Mantaloking

SERVICE AREA #10

- ◆ Beachwood
- ◆ Berkeley Twp. (Bayville)
- ◆ Dover Twp. (Toms River)
- ◆ Island Heights
- ◆ Lavellette
- ◆ Ocean Gate
- ◆ Pine Beach
- ◆ Seaside Heights
- ◆ Seaside Park
- ◆ South Toms River

SERVICE AREA # 7

- ◆ Barnegat
- ◆ Barnegat Light
- ◆ Beach Haven
- ◆ Eagleswood Twp. (West Creek)
- ◆ Harvey Cedars
- ◆ Lacey Twp. (Forked River)
- ◆ Little Egg Harbor
- ◆ Long Beach Twp.
- ◆ Ship Bottom
- ◆ Stafford Twp.



ATTACHMENT 3: COUNTY FUNDED SERVICES 2009

Agency		Preferred Behavioral Health of NJ	
RFQ 1	Continuum of Mental Health Care/Services for Residents of Northern Ocean County <i>(Lakewood, Lakehurst, Jackson, Manchester, Plumsted, Brick, Pt. Pleasant, Pt. Pleasant Beach, Mantoloking, Bay Head)</i>		
	Service	Funding	Service
	Interact Partial Care Program Staff Person	\$33,788	Psychiatric Clinical Nurse Specialist
	MICA Partial Care Program Van Driver	\$10,070	Medication Subsidies
	Outpatient Services	\$287,361	Senior Guidance Program Expansion, Southern County
	Adult Psychiatric Time	\$117,096	
	Child Psychiatric Time	\$37,100	Non-Personnel, Support Services
			County FY 2007 Increase
			Total Funding for Services
			\$651,586

Agency		Ocean Mental Health Services, Inc.	
RFQ 2	Continuum of Mental Health Care/Services for Residents of Southern Ocean County <i>(Barnegat, Barnegat Light, Beach Haven, Beachwood, Berkeley, Toms River, Eagleswood, Harvey Cedars, Island Heights, Lacey, Lavallette, Little Egg Harbor, Long Beach, Ocean Gate, Pine Beach, Seaside Heights, Seaside Park, Ship Bottom, South Toms River, Stafford, Surf City, Tuckerton, Ocean)</i>		
	Service	Funding	Service
	Adolescent Day Treatment	\$24,236	Adult Psychiatric Time
	Outpatient Services	\$291,295	Child Psychiatric Time
	Non-Personnel, Support Services	\$83,251	Psychiatric Licensed Practical Nurse
	Adolescent Early Detection & Prevention	\$70,771	County FY 2007 Increase
			Total Funding for Services
			\$666,679

Agency		Kimball Medical Center's Psychiatric Emergency Screening Service	
RFQ 3	Psychiatric Emergency Screening and Crisis Intervention services for Residents in Ocean County with Acute and Chronic Mental Illness		
	Service	Funding	Service
	Community Crisis Services	\$51,920	Off Site Psychiatric Services
	Screening Services Two (2) Child-Family Clinicians and One (1) Geriatric Screener	\$204,034	Supervisory Retention Incentives
			On-Call Services for Off Site Screenings
			County FY 2007 Increase
			Total Funding for Services
			\$367,845

ATTACHMENT 4: FUNDED MENTAL HEALTH SERVICES IN OCEAN COUNTY
2009

Agency	Service/Program	Target Population	State Funding	Ocean County Funding
Kimball Medical Center – Psychiatric Emergency Screening Services (PESS) 600 River Avenue Lakewood, NJ 08701 732-886-4475 (Administration) 732-886-4474 (PESS Unit)	24/7 Crisis Intervention Services	County Residents Who Are:	\$3,685,110 (1/1 - 12/31)	\$367,845 (7/1 - 6/30)
	Designated County Screener for Psychiatric Services	<ul style="list-style-type: none"> Adults Experiencing Mental Illness 		
	Mobile Outreach Services for Mental Health Crisis Intervention	<ul style="list-style-type: none"> Children & Adolescents Experiencing Emotional Disorders 		
	Holding Beds to Provide Crisis Stabilization	<ul style="list-style-type: none"> Senior Adults Experiencing Mental Illness 		
	Crisis Telephone Services	<ul style="list-style-type: none"> Traumatic Loss Coalition 		
	Psychiatric Evaluation			
	Response to Community Based Traumatic Events			
Preferred Behavioral Health of New Jersey 700 Airport Rd. P.O. Box 2036 Lakewood, N.J. 08701 732-364-4590 (Administration) 732-367-4700 (Intake, Outpatient)	Outpatient	County Residents Experiencing Emotional and/or Mental Health Problems	DMHS \$5,440,450 (7/1- 6/30)	\$651,586 (7/1 - 6/30)
	Residential			
	Senior Guidance Program	Adults age 60+ (Southern Co. Outreach)	DCBHS \$618,076	
	Family Support Program	DYFS Referrals Only		
	Interact (partial care)	Psychiatric Clients age 18-35		
	Prime Time (partial care)	Psychiatric Clients age 35+		
	DARE (partial care)	Adult Psychiatric Clients with Substance Abuse Addictions		
	SAIL (partial care)	Youth with Emotional Disorders		
	Integrated Case Management Services (ICMS)	Adults with Serious & Persistent Mental Illness; Services for a Minimum of 18 month post hospitalization		
	PATH	Homeless Mentally Ill		
	Shore Employment Enterprises	Individuals with Mental Illness, age 18-64 with impaired vocational function		
	Jail Diversion	Pre/Post booking diversion services		
	Preferred Children's Services:			
	Lakewood School Based Program	Lakewood Middle & High School Students		
	Brick School Based Program	Brick High School Students		
Wraparound Services	Children/Adolescents with Emotional Disorders			
Triple "C" 316 Livingston Avenue New Brunswick, NJ 08901 732-745-0920	Supportive Housing	Ocean County residents discharged from Ancora Psychiatric Hospital	\$118,923 (7/1 - 6/30)	
Resources for Human Development 317 Brick Boulevard Brick, NJ 08723 732-920-5000	Residential Intensive Support Services	Ocean County Residents with Mental Illness	\$1,727,608 (7/1 - 6/30)	
	Home to Recovery Supportive Housing			

ATTACHMENT 4: FUNDED MENTAL HEALTH SERVICES IN OCEAN COUNTY
2009

Lakewood Community Services Corporation 900 Forest Avenue Lakewood, NJ 08701 732-901-6001	Outpatient Services	Outreach to Orthodox Jewish population for culturally sensitive and competent support for individuals with mental illness.	\$95,000 (9/1 - 8/31)	
Ocean Mental Health Services, Inc. 160 Route 9 Bayville, N.J. 08721 732-349-5550	Outpatient	County Residents Experiencing Emotional and/or Mental Health Problems	DMHS \$4,700,739 (7/1 - 6/30)	\$666,679 (7/1 - 6/30)
	Residential			
	Programs of Assertive Community Treatment (PACT)	Chronically Ill Adults at Risk of Re-hospitalization	DCBHS \$1,259,631 (7/1 - 6/30)	
	Partial Care	Adults & Adolescents		
	Ocean Academy	Adolescent Day School/Treatment		
	Family Support Program	DYFS Referrals Only		
	Homestead	Residential Treatment for Adolescents		
	Connections	Therapeutic Foster Care for Youth (8-17)		
	Youth Case Management	Youth Psychiatric Hospitalized		
	Turnaround	Substance Abuse Treatment for Adolescents		
	PATH	Homeless Mentally Ill		
	Family Focus	DYFS Children * Adolescents at Risk of Abuse/Neglect/Residential Placement		
	Compass Program	Adolescents – Early Detection & Prevention		
	Wraparound Services	Children/Adolescents with Emotional Disorders		
	Child/Family Team Facilitator			
Intensive Family Support Services	Services to Primary Caregiver of Consumers			
Mental Health Association of Ocean County 681 River Avenue Suite 2-J Lakewood, NJ 08701 732-905-1132	Community Advocate Program	All Ocean County Adult Residents with Mental Illness		
	Brighter Days and Journey to Wellness	Drop In Center with MICA Support		
	POST Program	Systems Advocacy		
Community Health Law Project of New Jersey 44 Washington Street Toms River, NJ 08754 732-349-6714	Community Advocate Program Community Legal Services	Ocean County Residents with Mental Illness that are income eligible	\$162,881 (7/1- 6/30)	
Ocean County Mental Health Board 1027 Hooper Avenue Toms River, N.J. 08754 732-506-5374	Operations of the County Mental Health Board	All Ocean County Residents	\$18,000 (7/1 - 6/30)	\$132,810 (includes staff/operations - excludes Infrastructure and Capital expenses)

ATTACHMENT 5: NEEDS ASSESSMENT SURVEY TOOL

OCEAN COUNTY MENTAL HEALTH PLAN NEEDS ASSESSMENT 2008-2009

- Consumer of Mental Health Services
Please indicate your insurance status (check all that apply):
- | | |
|--|---|
| <input type="checkbox"/> Privately insured | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> NJ Family Care |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other (please specify) |
- Family Member of a Consumer of Mental Health Services
- Community Agency/Provider
- | | |
|--|--|
| <input type="checkbox"/> Developmental Disability Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Addictions Treatment Services | <input type="checkbox"/> Youth/Family Services |
| <input type="checkbox"/> Social/Human Services | <input type="checkbox"/> Children's Behavioral Health Services |
| <input type="checkbox"/> Other (please specify) | |
- School/Education
- Criminal Justice System
- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Adult |
|-----------------------------------|--------------------------------|
- Gender Male Female
- Age _____ Zip _____
- Ethnicity
- | | |
|---|---|
| <input type="checkbox"/> African/African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Latino/Latina | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other (please specify) |

The following services (<i>not listed in priority order</i>) are offered through Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Always available, accessible and responsive	Sometimes available, accessible and responsive	Rarely available, accessible and responsive	Never available, accessible and responsive	Not Applicable (<i>no attempt has been made to access this service</i>)
Peer support services (<i>i.e. self help, Wellness and Recovery Action Planning</i>)					
Opportunities to develop advanced directives					
Safe, affordable housing					
Supportive housing services					
Homeless prevention					
Emergency shelter services					
Supportive employment services					
Educational services (<i>i.e. GED, literacy, educational supports</i>)					
Services for individuals who are dually diagnosed, co-occurring mental health with (<i>i.e. addiction, disability, developmental disability, medically compromised</i>)					

ATTACHMENT 5: NEEDS ASSESSMENT SURVEY TOOL

Transportation services					
Mobile crisis services					
Psychiatric screening services					
Psychiatrist or Advanced Practice Nurse					
Outpatient services					
In home/ In-community services					
Partial care services					
Inpatient services					
Case management and coordination					
Family support services					
Advocacy services					
Legal services					
Jail diversion services					
Child care (non traditional hours)					
Respite care for children/adults					
Primary Medical Care					
Dental Care					
Nutrition/Food					
Medication Assistance					

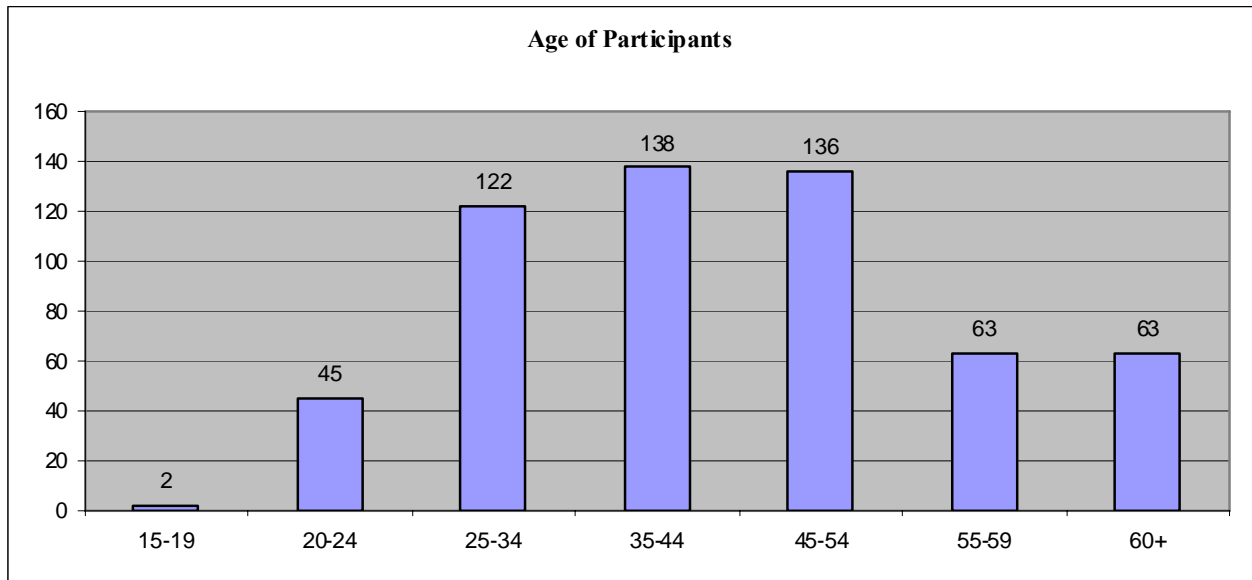
Please rate the importance of the following areas of improvement/service gaps:	Very Important	Important	Somewhat Important	Not Important	Not a Significant Gap
Outpatient Service accessibility (i.e. psychiatric evaluations, medication monitoring appointments, counseling)					
Supportive Housing and Residential units					
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)					
Crisis diversion and diversions from Psychiatric Emergency Screening					
Transitional services for youth aging out of the children's system of care and aging into the adult mental health system					

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Descriptive Statistics

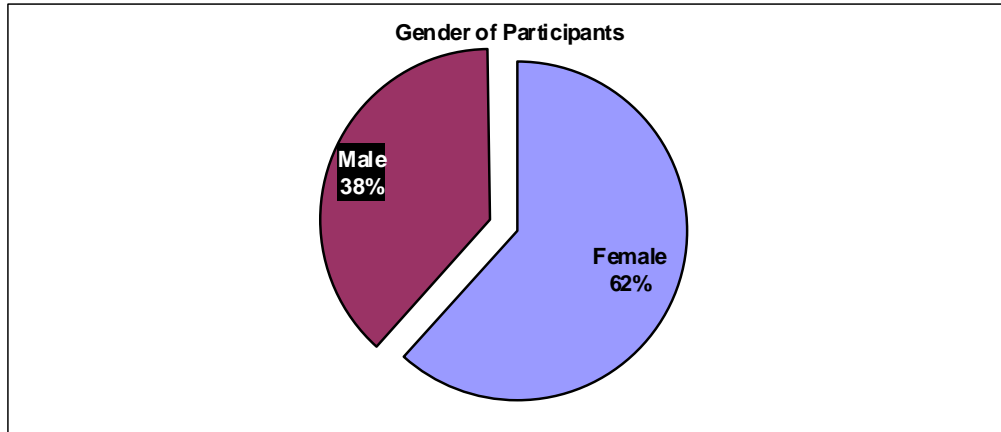
The largest number of survey respondents identified themselves as being consumers of mental health services (64.8%). The second most frequent survey participant is affiliated with a community agency/provider (26.8%). It is important to note that there is overlap, as 648 responses were received from 616 participants; as in the case of a Peer Specialist who is both a consumer and an employee of a program.

Participants' Affiliation		
I represent the following:	Response %	Response #
Consumer of Mental Health Services	64.8%	399
Family Member or Friend of a Consumer of Mental Health Services	8.9%	55
Community Agency/Provider	26.8%	165
School/Education	1.9%	12
Criminal Justice System	1.9%	12
Advocate	0.3%	2
Spiritual Community	0.3%	2
Other	0.2%	1
answered question		616
number of responses		648

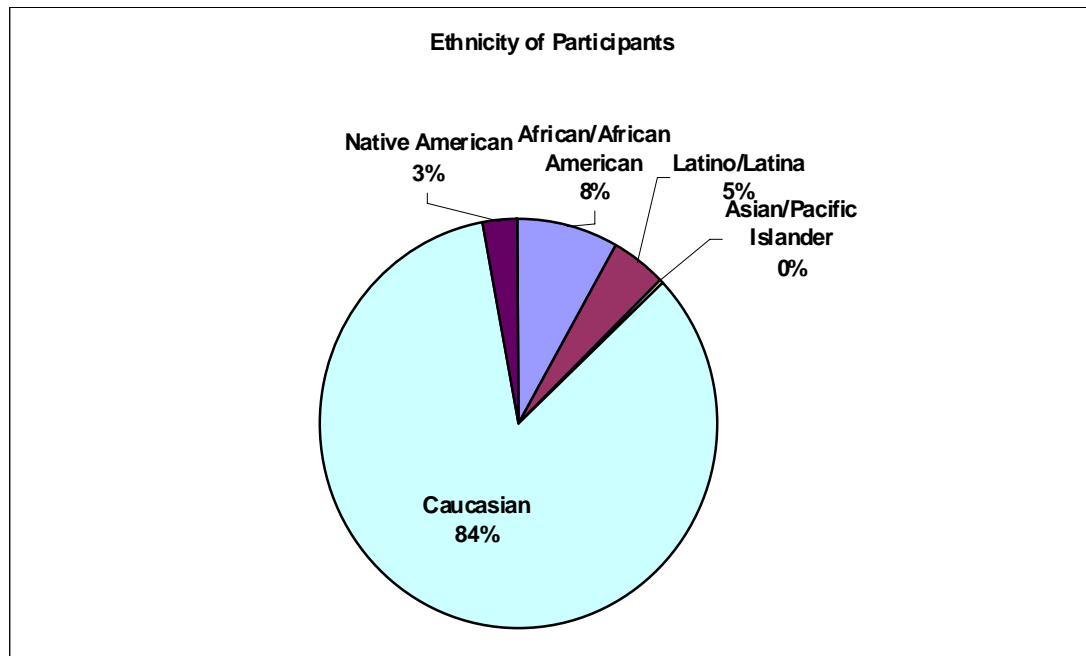


92% gave information about their age. The majority of the survey participants (70%) are adults, between the ages of 25 and 54. Just over 11% of respondents are seniors, which is less than the county proportion of individuals in this age cohort (25%). Under 9% of the sample comes from youth and young adults, presumably due to the recent needs assessment processes conducted by the CIACC, which focus solely on individuals in this age range.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT



Three quarters of the participants gave information on gender, a ratio of nearly 2:1 females to males. 84% of the sample specified their ethnicity. The largest majority cited Caucasian, followed by African/African American, Latino/Latina, and Native American. Less than one percent (0.4%) indicated Asian/Pacific Islander. We are unable to accurately compare these results with the overall county ethnic composition, because that U.S. Census data is categorized differently.



ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Participants' Township of Residence					
Township	% of Total	South #	North #	Yr 2000 Population	Rate/ 1000
Barneгат Light borough	0.3%	1		764	1.31
Barneгат township	1.7%	6		15,270	0.39
Bay Head borough	0.0%		0	1,238	-
Beach Haven borough	0.3%	1		1,278	0.78
Beachwood borough	3.4%		12	10,375	1.16
Berkeley township	5.5%		19	39,991	0.48
Brick township	15.2%		53	76,119	0.70
Dover township	21.6%		75	89,706	0.84
Eagleswood township	0.0%	0		1,441	-
Harvey Cedars borough	0.0%	0		359	-
Island Heights borough	0.3%		1	1,751	0.57
Jackson township	5.7%		20	42,816	0.47
Lacey township	3.4%	12		25,346	0.47
Lakehurst borough	0.3%		1	2,522	0.40
Lakewood township	19.3%		67	60,352	1.11
Lavallette borough	0.3%		1	2,665	0.38
Little Egg Harbor township	0.3%	1		15,945	0.06
Long Beach township	0.9%	3		3,329	0.90
Manchester township	5.2%		18	38,928	0.46
Mantoloking borough	0.0%		0	423	-
Ocean Gate borough	1.1%		4	2,076	1.93
Ocean township	2.3%	8		6,450	1.24
Pine Beach borough	0.6%		2	1,950	1.03
Plumsted township	0.6%		2	7,275	0.27
Point Pleasant Beach borough	1.4%		5	5,314	0.94
Point Pleasant borough	4.3%		15	19,306	0.78
Seaside Heights borough	2.3%		8	3,155	2.54
Seaside Park borough	0.9%		3	2,263	1.33
Ship Bottom borough	0.6%	2		1,384	1.45
South Toms River borough	0.0%		0	3,634	-
Stafford township	1.7%	6		22,532	0.27
Surf City borough	0.0%	0		1,442	-
Tuckerton borough	0.6%	2		3,517	0.57
Totals		41	307	510916	0.68
<i>Percent of Participants from South/North County</i>		12.0%	88.0%		
<i>Year 2000 Population, # in South/North County</i>		99,057	411,859		
<i>Year 2000 Population, % in South/North County</i>		19.4%	80.6%		

Just over half of the survey respondents (56.5%) identified their township of residence. Two thirds of those reside in the five largest towns in the county: Toms River, Brick, Lakewood, Jackson and Berkeley (respectively). Looking at residence by region of the county, 88% of respondents reside in the north and 12% in the south. This is slightly disproportionate considering the general population is closer to 81% north and 19% south. Six towns are not represented in this sample (Bay Head, Eagleswood, Harvey Cedars, Mantoloking, South Toms River and Surf City).

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Participants' Township of Residence by Service Area				
Township	South Service Area #7	Central Svc Area #10	North Service Area #8	2000 Pop
Barnegat Light borough	1			764
Barnegat township	6			15,270
Bay Head borough			0	1,238
Beach Haven borough	1			1,278
Beachwood borough		12		10,375
Berkeley township		19		39,991
Brick township			53	76,119
Dover township		75		89,706
Eagleswood township	0			1,441
Harvey Cedars borough	0			359
Island Heights borough		1		1,751
Jackson township			20	42,816
Lacey township	12			25,346
Lakehurst borough			1	2,522
Lakewood township			67	60,352
Lavallette borough		1		2,665
Little Egg Harbor township	1			15,945
Long Beach township	3			3,329
Manchester township			18	38,928
Mantoloking borough			0	423
Ocean Gate borough		4		2,076
Ocean township	8			6,450
Pine Beach borough		2		1,950
Plumsted township			2	7,275
Point Pleasant Beach borough			5	5,314
Point Pleasant borough			15	19,306
Seaside Heights borough		8		3,155
Seaside Park borough		3		2,263
Ship Bottom borough	2			1,384
South Toms River borough		0		3,634
Stafford township	6			22,532
Surf City borough	0			1,442
Tuckerton borough	2			3,517
Totals	42	125	181	510916
<i>Percent of Participants by Svc Area</i>	<i>12.1%</i>	<i>35.9%</i>	<i>52.0%</i>	
<i>Year '00 Population, # by Svc Area</i>	<i>99,057</i>	<i>157,566</i>	<i>254,293</i>	
<i>Year '00 Population, % by Svc Area</i>	<i>19.4%</i>	<i>30.8%</i>	<i>49.8%</i>	

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Needs Analysis – Total Sample

Services That Have Not Been Accessed by Participants			
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	N/A #	N/A %	% Utilized
Child Care (non-traditional hours)	314	54.2%	45.8%
Respite Care for Children/Adults	304	52.6%	47.4%
Jail Diversion Services	294	51.0%	49.0%
Emergency Shelter Services	221	38.1%	61.9%
Legal Services	214	37.0%	63.0%
Educational Services (i.e. GED, literacy, education support)	196	34.1%	65.9%
Homeless Prevention	197	34.0%	66.0%
In Home/In Community Services	187	32.3%	67.7%
Mobile Crisis Services	184	31.9%	68.1%
Opportunities to Develop Advanced Directives	183	31.8%	68.2%
Advocacy Services	160	31.5%	68.5%
Supportive Employment Services	180	31.2%	68.8%
Primary Medical Care	174	30.3%	69.7%
Supportive Housing Services	170	29.5%	70.5%
Partial Care Services	168	29.1%	70.9%
Dental Care	165	28.5%	71.5%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)	162	28.0%	72.0%
Safe, Affordable Housing	161	27.9%	72.1%
Nutrition/Food	159	27.4%	72.6%
Inpatient Services	156	26.9%	73.1%
Family Support Services	145	25.1%	74.9%
Psychiatrist or Advanced Practice Nurse	136	23.6%	76.4%
Medication Assistance	132	23.1%	76.9%
Psychiatric Screening Services	133	23.0%	77.0%
Transportation Services	129	22.3%	77.7%
Outpatient Services	121	20.9%	79.1%
Case Management and Coordination	118	20.4%	79.6%
Peer Support Services (i.e. self help, wellness & recovery action planning)	117	20.2%	79.8%

Looking at the responses of “not applicable” to the list of services to be rated on availability and accessibility, it can be inferred which have been accessed/utilized by the survey sample. Half or fewer of the respondents have attempted to utilize Child Care (non-traditional hours), Respite care for children/adults, or Jail Diversion services. Three quarters or more have utilized Peer Support Services, Case Management, Outpatient, Transportation, PESS, Medication Assistance, Psychiatry, or Family Support.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Services That Are Considered Always Available by Participants		
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Always #	Always%
Psychiatric Screening Services	244	54.8%
Outpatient Services	224	48.9%
Case Management and Coordination	224	48.6%
Partial Care Services	197	48.2%
Peer Support Services (i.e. self help, wellness & recovery action planning)	221	47.8%
Mobile Crisis Services	185	47.1%
Transportation Services	209	46.5%
Inpatient Services	191	45.0%
Psychiatrist or Advanced Practice Nurse	192	43.5%
Family Support Services	185	42.8%
Medication Assistance	186	42.3%
Nutrition/Food	176	41.8%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)	172	41.3%
Educational Services (i.e. GED, literacy, education support)	155	41.0%
Primary Medical Care	159	39.8%
Advocacy Services	136	39.1%
Supportive Employment Services	152	38.3%
In Home/In Community Services	147	37.5%
Opportunities to Develop Advanced Directives	142	36.1%
Supportive Housing Services	136	33.5%
Homeless Prevention	127	33.2%
Legal Services	117	32.1%
Emergency Shelter Services	115	32.0%
Jail Diversion Services	89	31.4%
Safe, Affordable Housing	130	31.2%
Respite Care for Children/Adults	85	31.0%
Dental Care	128	31.0%
Child Care (non-traditional hours)	78	29.4%

Looking at the responses of “Always available, accessible and responsive,” the only service agreed upon by the majority of survey participants is PESS (54.8%). 45% or more of the sample state that Outpatient Services, Case Management, Partial Care, Peer Support, Mobile Crisis, Transportation and Inpatient Services are always available, accessible and responsive. Note that several of these are also the most frequently utilized services (underlined). The bottom five always accessible services are Child Care, Dental Care, Respite Care, Safe Affordable Housing, and Jail Diversion. Three of the five (Child Care, Respite, and Jail Diversion) are among the least utilized.

By combining responses into two categories of “Always/Sometimes” and “Rarely/Never” and calculating the percent of responses for each service (excluding Not Applicable, who have not attempted to use the service), it can be shown that every service has been available always or sometimes to more than half of those who have attempted to do so.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Services That Are Considered Always or Sometimes Available by Participants		
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Always/ Sometimes %	Rarely/ Never %
Peer Support Services (i.e. self help, wellness & recovery action planning)	87.0%	13.0%
Case Management and Coordination	81.3%	18.7%
Psychiatric Screening Services	81.1%	18.9%
Inpatient Services	80.4%	19.6%
Outpatient Services	80.3%	19.7%
Partial Care Services	79.0%	21.0%
Nutrition/Food	78.9%	21.1%
Family Support Services	77.3%	22.7%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)	76.0%	24.0%
Mobile Crisis Services	75.8%	24.2%
Educational Services (i.e. GED, literacy, education support)	75.7%	24.3%
Psychiatrist or Advanced Practice Nurse	74.8%	25.2%
Advocacy Services	74.1%	25.9%
Primary Medical Care	73.5%	26.5%
Medication Assistance	73.2%	26.8%
Opportunities to Develop Advanced Directives	71.5%	28.5%
Supportive Employment Services	71.3%	28.7%
Transportation Services	70.4%	29.6%
In Home/In Community Services	69.4%	30.6%
Supportive Housing Services	62.6%	37.4%
Homeless Prevention	62.0%	38.0%
Emergency Shelter Services	61.8%	38.2%
Legal Services	61.3%	38.7%
Respite Care for Children/Adults	60.6%	39.4%
Dental Care	59.8%	40.2%
Jail Diversion Services	59.7%	40.3%
Safe, Affordable Housing	55.6%	44.4%
Child Care (non-traditional hours)	53.6%	46.4%

The top five most accessible services are Peer Support, Case Management, PESS, Inpatient and Outpatient. This aligns with the findings of services that are most frequently utilized and cited as always available. However, this is in contradiction to anecdotal information about waiting lists for PESS and Outpatient.

The top five least accessible services are Child Care, Affordable Housing, Jail Diversion, Dental Care and Respite Care. Child Care, Jail Diversion and Respite are among the least utilized of the sample. So, as infrequently as these services have been sought, they are not as responsive as other services listed.

General services and supports are cited as a need by just as many if not more of our survey respondents. 21% of more participants who attempted to access them, rated these services as rarely or never available. Four can be found in the top five least accessible services. While the focus of this assessment is mental health needs and services, it is important to examine the availability of general services and supports because it impacts on an individual's ability/likelihood to seek treatment and their overall well-being.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

General Services and Supports That Are Considered Rarely or Never Available by Participants,	
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Rarely/ Never %
Child Care (non-traditional hours)	46.4%
Safe, Affordable Housing	44.4%
Dental Care	40.2%
Respite Care for Children/Adults	39.4%
Legal Services	38.7%
Emergency Shelter Services	38.2%
Homeless Prevention	38.0%
Transportation Services	29.6%
Primary Medical Care	26.5%
Advocacy Services	25.9%
Educational Services (i.e. GED, literacy, education support)	24.3%
Nutrition/Food	21.1%

The average percent of participants who claim that general services are rarely/never available is 34.4%, versus 25.4% for clinical mental health services (see next table). This may indicate a need for capacity building for general services, and/or for capacity and partnership building so that mental health service consumers can access these services more readily.

Looking solely at mental health services, the least accessible (found to be rarely/never available by 25% or more of those participants who have attempted to seek them) are Jail Diversion, Supportive Housing, In Home, Supportive Employment, Opportunities to Develop Advanced Directives, Medication Assistance, and Psychiatry services. Interesting to note that – with the exception of In Home, Medication Assistance, and Psychiatry services – these are not “core” treatment modalities. Jail Diversion is one of the newest services available in the county and the least utilized by the survey sample.

Mental Health Services and Supports That Are Considered Rarely or Never Available by Participants	
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Rarely/ Never %
Jail Diversion Services	40.3%
Supportive Housing Services	37.4%
In Home/In Community Services	30.6%
Supportive Employment Services	28.7%
Opportunities to Develop Advanced Directives	28.5%
Medication Assistance	26.7%
Psychiatrist or Advanced Practice Nurse	25.2%
Mobile Crisis Services	24.2%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)	24.0%
Family Support Services	22.7%
Partial Care Services	21.0%
Outpatient Services	19.7%
Inpatient Services	19.6%
Psychiatric Screening Services	18.9%
Case Management and Coordination	18.7%
Peer Support Services (i.e. self help, wellness & recovery action planning)	13.0%

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Barriers Analysis – Whole Sample

Issues That Are Considered Often a Barrier by Participants		
Using this table - determine the significance of each barrier/potential barrier below:	Often #	Often %
Lack of Insurance	201	35.3%
Long Wait Times for Psychiatrist or Advanced Practice Nurse	192	33.7%
Long Wait Times for Outpatient Services	183	32.2%
People Needing Services are Uninformed, Underinformed, or Unaware of Available Services and How To Access Them	183	32.2%
Long Wait Times at Psychiatric Screening Service Sites	177	31.1%
Co-pays and/or Deductibles Are Too Expensive	177	31.1%
Medicare/Medicaid Reimbursement Rates	172	30.2%
Lack of Transportation/Long Transportation Time	166	29.2%
Individuals Do Not Meet Eligibility Criteria for Program	152	26.8%
Retention/Recruitment Issues (i.e. wage parity, availability of qualified workforce)	145	25.5%
People Needing Services Feel Ashamed/Embarrassed (Stigma)	143	25.1%
Services are a Long Distance to Home/Work	132	23.2%
Services are Fragmented and Difficult to Navigate	129	22.7%
Limited Hours of Operation/Inflexible Scheduling	120	21.1%
Permanent Address Needed to Apply for/Receive Services	118	20.7%
Language/Cultural Barriers	93	16.3%

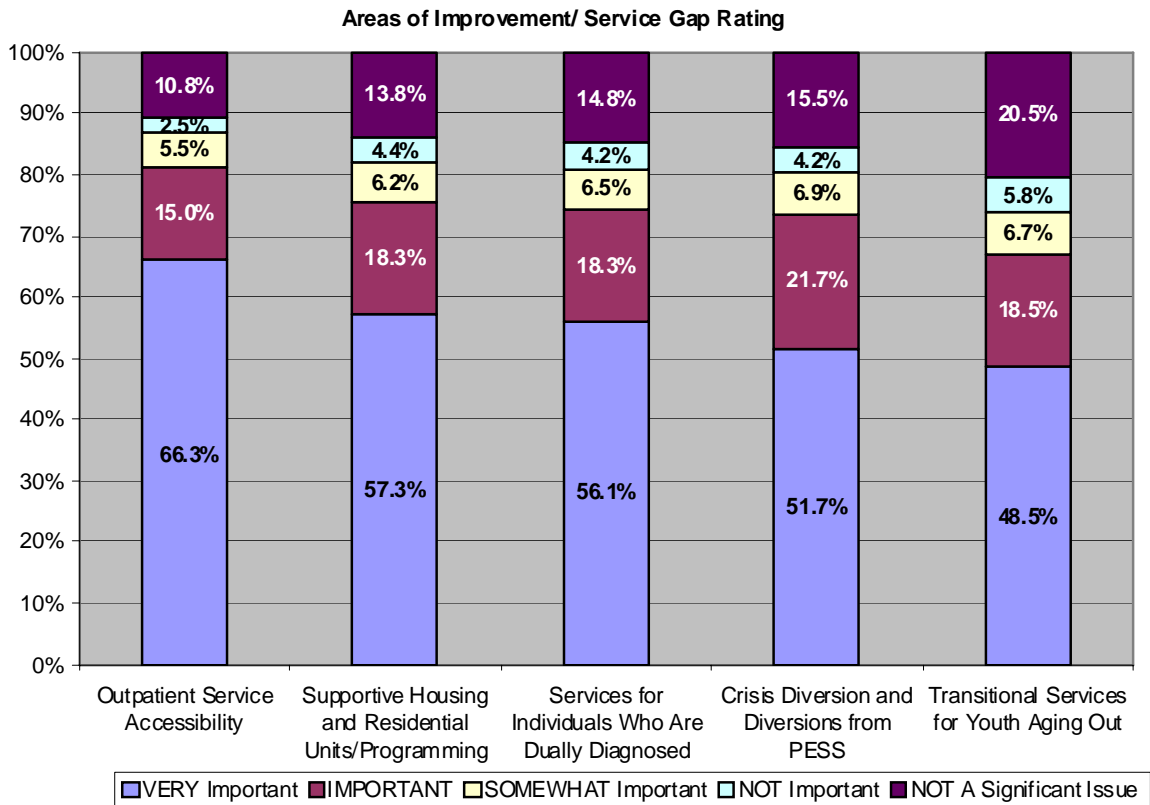
Participants were asked to rate a list of barriers to seeking or receiving mental health services. No one barrier was indicated as often a barrier to the majority of participants. The moderate rate of agreement within the sample prompts an analysis combining responses to two of the three categories “Often” and “Sometimes.”

Issues That Are Considered Often or Sometimes a Barrier by Participants		
Using this table - determine the significance of each barrier/potential barrier below:	Often/ Some- times #	Often/ Some- times %
Long Wait Times for Outpatient Services	369	64.9%
People Needing Services are Uninformed, Underinformed, or Unaware of Available Services and How To Access Them	361	63.4%
Long Wait Times at Psychiatric Screening Service Sites	356	62.6%
Long Wait Times for Psychiatrist or Advanced Practice Nurse	342	60.1%
People Needing Services Feel Ashamed/Embarrassed (Stigma)	339	59.6%
Co-pays and/or Deductibles Are Too Expensive	337	59.2%
Lack of Insurance	329	57.8%
Services are a Long Distance to Home/Work	326	57.3%
Individuals Do Not Meet Eligibility Criteria for Program	325	57.2%
Lack of Transportation/Long Transportation Time	324	56.9%
Limited Hours of Operation/Inflexible Scheduling	315	55.4%
Medicare/Medicaid Reimbursement Rates	308	54.1%
Retention/Recruitment Issues (i.e. wage parity, availability of qualified workforce)	304	53.5%
Services are Fragmented and Difficult to Navigate	301	53.0%
Permanent Address Needed to Apply for/Receive Services	271	47.6%
Language/Cultural Barriers	258	45.3%

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Combining responses reveals that all but two barriers listed are often or sometimes an issue for the majority of participants (exceptions being Permanent Address Required, and Language/Cultural Barriers).

The top five barriers are Long Waits for Outpatient, Uninformed/Underinformed, Long Waits at PESS, Long Waits for Psychiatry, and Stigma. A common theme immediately arises that there are long waits for “core” mental health services (outpatient, PESS, psychiatry). A lack of awareness of services was cited as a need in the last MH Plan. Stigma is another significant barrier cited by the sample, followed by two indicators of affordability: Copays/deductibles are too expensive and Lack of Insurance.

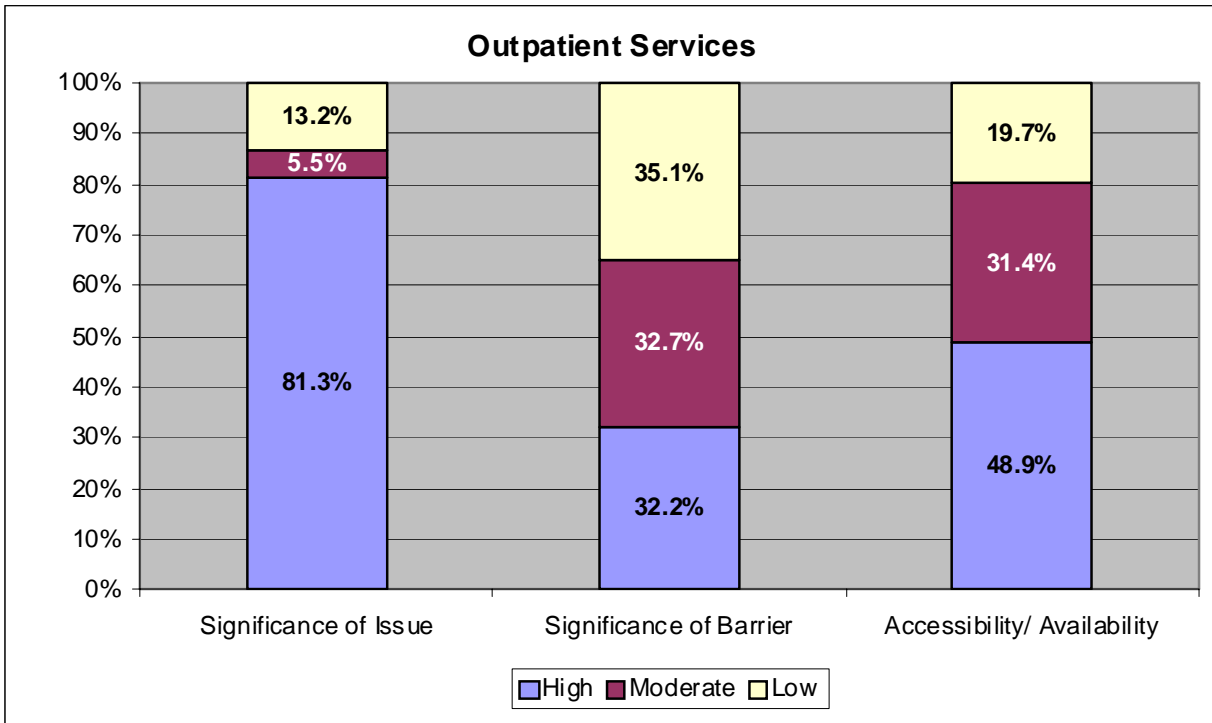


Participants were asked to rate the importance of long standing identified areas of improvement/ service gaps. It can be inferred that these issues were well chosen because 70% or more of the sample agreed that these areas warrant at least some importance (combining the responses of “Very Important,” “Important” and “Somewhat Important”). About half or more of the sample cited all items listed as “Very Important.”

The most important issue is Outpatient Service Accessibility, which was indicated by about 88% of the sample as important (“Very,” “Important,” or “Somewhat”). Supportive Housing and Residential Units/Programming is a close second, with about 81% agreement. The least important issue is Aging In Services, with more than a quarter of the participants stating this is not a significant or important issue.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Single Variable Analysis



Participants were asked to rate outpatient services in this survey in three different ways: how accessible/available the service has been to them, how significant an issue it is in general, and how significant a barrier do outpatient wait lists pose.

One would expect an inverse relationship between the responses to accessibility and significance of issue. Interestingly, although half of the sample never found personal difficulty accessing outpatient (i.e. found it always accessible; one of the most accessible services; 48.9%), 81.3% feel it is a significant issue for the county (i.e. the most significant) and 64.9% find wait lists to be strong deterrents/barriers to seeking help.

A lack of transportation has long been identified as an issue in Ocean County, being a large area with limited public transit services. As stated before, transportation is one of the most frequently utilized services by the sample (one of the fewest number of N/A's).

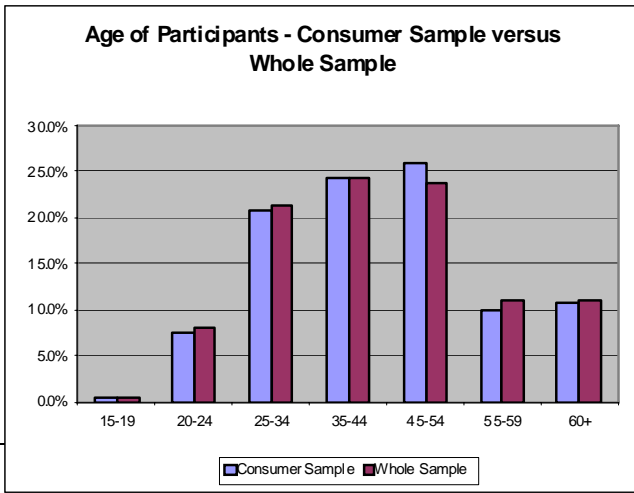
The findings of this survey are only moderately supportive of this phenomenon. Half of this sample finds transportation to be always accessible/available to them when needed (46.5%) and 70% find the accessibility high or moderate. A sizable 43% of the sample do not feel that a lack of transportation, long transportation time, or distant location of services pose a significant barrier to accessing services.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Descriptive Statistics - Consumer Sample

A majority (63%) of survey responders identified themselves as consumers of mental health services. Eleven of them also represent family or friends of consumers. Three consumers indicated their affiliation with service agencies as well.

Consumer Participants' Affiliation		
I represent the following:	Response %	Response #
Consumer of Mental Health Services	100.0%	389
Family Member or Friend of a Consumer of Mental Health Services	2.8%	11
Community Agency/Provider	0.3%	1
School/Education	0.3%	1
Criminal Justice System	0.3%	1
Other	0.0%	0
answered question		389



Of the consumer participants in the survey, 95.6% indicated their age (slightly more than the whole sample with 92.4%). The age breakdown among consumers is similar to the whole sample and is comprised of slightly more older adults aged 55 and older. 70.4% of consumer respondents revealed their age; a lower proportion that seen with the whole sample (74.6%).

Among consumers the gender breakdown is more in line with the county population (55% female and 45% male) as opposed to the whole sample (61% female and 38% male).

Of consumer participants, 86.6% identified their ethnicity. This subset closely mirrors the responses of the 85.1% of the whole sample who identified ethnicity, with just a slight elevation in minority participants.

	Consumers	Whole Sample	Population
Residents of Northern County	93.0%	88.0%	80.6%
Residents of Southern County	7.0%	12.0%	19.4%

Examining participation by region of residence, it can be shown that the consumer sample disproportionately represents the northern area of the county. The whole sample has somewhat more participants from the north as well, but this disparity is larger among only consumers. The implications of this phenomenon on needs and barriers analyses should be taken into account. It is a long held belief that service availability and accessibility is lower in the southern parts of the county. A sample from the northern area may not identify as much of or the same kinds of needs as one from the south.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Insurance Status of Consumer Participants		
If you are a Consumer of Mental Health Services - please indicate your health insurance status:	Response %	Response #
Privately Insured	13.2%	47
Uninsured	16.6%	59
Medicaid	48.6%	173
Medicare	35.1%	125
NJ Family Care	7.9%	28
Other (please specify)	5.3%	19
Respondents who answered/ skipped question		365/ 33
Number of responses		451
Average number of responses per person		1.27

Most (93%) consumer respondents identified their health insurance status (365 of the 389). Comparing the number of responses to the number of participants who answered this question, it is clear that a substantial group holds more than one type of coverage. Nearly half indicated that they receive Medicaid. Medicare covers 35.1% of this sample. Only 13.2% are privately insured.

Of the consumers who responded, 16.6% are or were uninsured at the time that they accessed mental health services, which is slightly below the statewide average of 19% uninsured in NJ (under the age of 65; according to ACNJ). Of note, New Jersey has a rate of uninsured individuals greater than the national average of 15.8% (Census, 2007).

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Needs Analysis – Consumer Sample

Looking at the responses of “not applicable” to the list of services to be rated on availability and accessibility, it can be inferred which have been accessed/utilized by consumers in the survey sample. The results are similar but not the same as those for the total sample. Half or fewer of the respondents have attempted to utilize Child Care (non-traditional hours), Respite care for children/adults, or Jail Diversion services [the same as whole sample]. Three quarters or more have utilized Peer Support Services, Case Management, Outpatient, or Psychiatry. These services were also frequently utilized among the whole sample, although there was greater agreement and four additional services cited as frequently utilized by 75% or more (Transportation, PESS, Medication Assistance or Family Support).

Services That Have Not Been Accessed by Consumer Participants				
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Consumer Sample			Whole Sample
	N/A #	N/A %	% Utilized	% Utilized
Child Care (non-traditional hours)	241	62.1%	37.9%	45.8%
Respite Care for Children/Adults	230	59.3%	40.7%	47.4%
Jail Diversion Services	218	56.2%	43.8%	49.0%
Emergency Shelter Services	178	45.8%	54.2%	61.9%
Legal Services	168	43.2%	56.8%	63.0%
Educational Services (i.e. GED, literacy, education support)	153	39.6%	60.4%	65.9%
Homeless Prevention	153	39.3%	60.7%	66.0%
In Home/In Community Services	148	38.1%	61.9%	67.7%
Mobile Crisis Services	138	35.7%	64.3%	68.1%
Advocacy Services	133	35.1%	64.9%	68.5%
Supportive Housing Services	134	34.6%	65.4%	70.5%
Primary Medical Care	132	34.3%	65.7%	69.7%
Supportive Employment Services	128	33.2%	66.8%	68.8%
Safe, Affordable Housing	128	33.0%	67.0%	72.1%
Dental Care	126	32.5%	67.5%	71.5%
Partial Care Services	121	31.3%	68.7%	70.9%
Opportunities to Develop Advanced Directives	120	31.1%	68.9%	68.2%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medical)	119	30.7%	69.3%	72.0%
Nutrition/Food	118	30.3%	69.7%	72.6%
Inpatient Services	115	29.6%	70.4%	73.1%
Family Support Services	114	29.5%	70.5%	74.9%
Transportation Services	100	25.8%	74.2%	77.7%
Medication Assistance	97	25.4%	74.6%	76.9%
Psychiatric Screening Services	98	25.3%	74.7%	77.0%
Psychiatrist or Advanced Practice Nurse	94	24.3%	75.7%	76.4%
Outpatient Services	91	23.5%	76.5%	79.1%
Case Management and Coordination	85	21.9%	78.1%	79.6%
Peer Support Services (i.e. self help, wellness & recovery action planning)	83	21.4%	78.6%	79.8%

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Services That Are Considered Always or Sometimes Available by Consumer Participants Sorted by Percent Greatest to Least and compared to the Whole Sample				
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Consumer Sample		Whole Sample	
	Always/ Some- time	Rarely/ Never	Always/ Some- time	Rarely/ Never
Peer Support Services (i.e. self help, wellness & recovery action planning)	88.2%	11.8%	87.0%	13.0%
Case Management and Coordination	83.2%	16.8%	81.3%	18.7%
Outpatient Services	82.2%	17.8%	80.3%	19.7%
Inpatient Services	82.1%	17.9%	80.4%	19.6%
Nutrition/Food	79.7%	20.3%	78.9%	21.1%
Psychiatric Screening Services	78.9%	21.1%	81.1%	18.9%
Partial Care Services	78.6%	21.4%	79.0%	21.0%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)	78.4%	21.6%	76.0%	24.0%
Transportation Services	78.4%	21.6%	70.4%	29.6%
Medication Assistance	77.9%	22.1%	73.2%	26.8%
Psychiatrist or Advanced Practice Nurse	77.1%	22.9%	74.8%	25.2%
Family Support Services	76.6%	23.4%	77.3%	22.7%
Primary Medical Care	75.1%	24.9%	73.5%	26.5%
Advocacy Services	74.4%	25.6%	74.1%	25.9%
Educational Services (i.e. GED, literacy, education support)	73.8%	26.2%	75.7%	24.3%
Mobile Crisis Services	73.5%	26.5%	75.8%	24.2%
Opportunities to Develop Advanced Directives	72.6%	27.4%	71.5%	28.5%
Respite Care for Children/Adults	69.0%	31.0%	60.6%	39.4%
In Home/In Community Services	68.3%	31.7%	69.4%	30.6%
Homeless Prevention	68.2%	31.8%	62.0%	38.0%
Supportive Employment Services	68.2%	31.8%	71.3%	28.7%
Dental Care	67.2%	32.8%	59.8%	40.2%
Emergency Shelter Services	66.4%	33.6%	61.8%	38.2%
Child Care (non-traditional hours)	66.0%	34.0%	53.6%	46.4%
Supportive Housing Services	64.0%	36.0%	62.6%	37.4%
Legal Services	63.8%	36.2%	61.3%	38.7%
Safe, Affordable Housing	63.1%	36.9%	55.6%	44.4%
Jail Diversion Services	55.9%	44.1%	59.7%	40.3%

By combining responses into two categories “Always/Sometimes” and “Rarely/Never,” all services are always/sometimes available to more than 50% of consumer respondents.

The top five most accessible services are Peer Support, Case Management, Outpatient, Inpatient, and Nutrition/Food. This aligns with the findings for services that are always available, with the exception of Nutrition/Food rising in rank from 12th to 5th.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

The top five least accessible services are Jail Diversion, Affordable Housing, Legal Services, Supportive Housing, and Child Care. As stated previously, Child Care, and Jail Diversion are among the least utilized of the sample. So, as infrequently as these services have been sought, they are not as responsive as other services listed.

General Services and Supports That Are Considered Rarely or Never Available by Consumer Participants, Sorted by Percent Greatest to Least and compared to the Whole Sample			
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Consumer Sample		Whole Sample
	Rarely/ Never %	Rank	Rarely/ Never %
Safe, Affordable Housing	36.9%	2	44.4%
Legal Services	36.2%	3	38.7%
Child Care (non-traditional hours)	34.0%	5	46.4%
Emergency Shelter Services	33.6%	6	38.2%
Dental Care	32.8%	7	40.2%
Homeless Prevention	31.8%	9	38.0%
Respite Care for Children/Adults	31.0%	11	39.4%
Educational Services (i.e. GED, literacy, education support)	26.2%	14	24.3%
Advocacy Services	25.6%	15	25.9%
Primary Medical Care	24.9%	16	26.5%
Transportation Services	21.6%	20	29.6%
Nutrition/Food	20.3%	24	21.1%
Average	29.6%		34.4%
Mental Health Services and Supports That Are Considered Rarely or Never Available by Consumer Participants Sorted by Percent Greatest to Least and compared to the Whole Sample			
Jail Diversion Services	44.1%	1	40.3%
Supportive Housing Services	36.0%	4	37.4%
Supportive Employment Services	31.8%	8	46.4%
In Home/In Community Services	31.7%	10	30.6%
Opportunities to Develop Advanced Directives	27.4%	12	28.5%
Mobile Crisis Services	26.5%	13	24.2%
Family Support Services	23.4%	17	22.7%
Psychiatrist or Advanced Practice Nurse	22.9%	18	25.2%
Medication Assistance	22.1%	19	26.8%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)	21.6%	21	24.0%
Partial Care Services	21.4%	22	21.0%
Psychiatric Screening Services	21.1%	23	18.9%
Inpatient Services	17.9%	25	19.6%
Outpatient Services	17.8%	26	19.7%
Case Management and Coordination	16.8%	27	18.7%
Peer Support Services (i.e. self help, wellness & recovery action planning)	11.8%	28	13.0%
Average	24.7%		26.6%

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Separating general services and supports from mental health services, it can be seen that 6 of the top ten least accessible services cited by consumers fall into the general category. However, the disparity in the ratings of general versus mental health among consumers is not as great as that in the whole sample (29.6% and 24.7% average for consumers, versus 34.4% and 26.6% for whole sample).

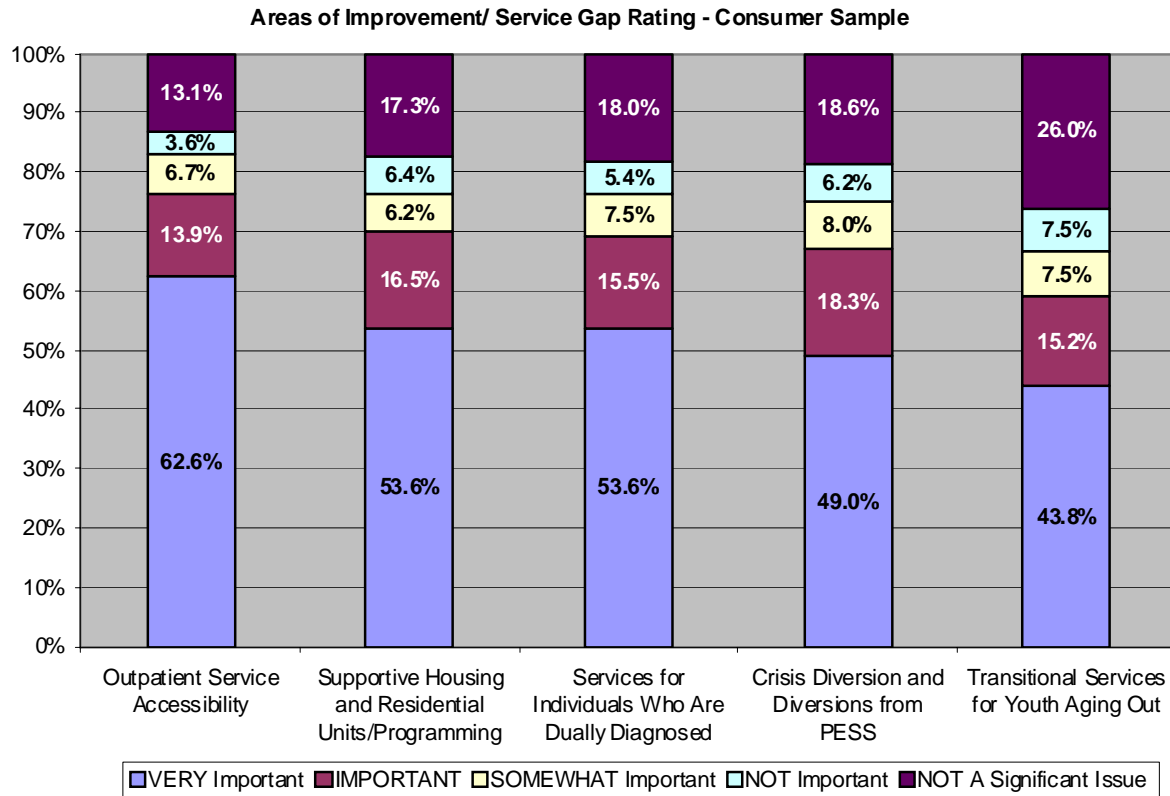
Looking solely at mental health services, the least accessible (found to be rarely/never available by 25% or more of those participants who have attempted to seek them) are Jail Diversion, Supportive Housing, Supportive Employment, In Home, Opportunities to Develop Advanced Directives, and Mobile Crisis. All but the latter were identified by the sample as a whole. With the exception of In Home, these are not “core” treatment modalities (fewer than cited by 25% or more of the whole sample).

Barriers – Consumer Sample

Issues That Are Considered Often or Sometimes a Barrier by Consumer Participants Sorted by Percent Greatest to Least and compared to the Whole Sample			
Using this table - determine the significance of each barrier/potential barrier below:	Consumer Sample		Whole Sample
	Often/ Some- times #	Often/ Some- times %	Often/ Some- times %
Long Wait Times for Outpatient Services	218	56.0%	64.9%
People Needing Services are Uninformed, Underinformed, or Unaware of Available Services and How To Access Them	213	54.8%	63.4%
Long Wait Times at Psychiatric Screening Service Sites	212	54.5%	62.6%
People Needing Services Feel Ashamed/Embarrassed (Stigma)	202	51.9%	59.6%
Co-pays and/or Deductibles Are Too Expensive	196	50.4%	59.2%
Long Wait Times for Psychiatrist or Advanced Practice Nurse	192	49.4%	60.1%
Individuals Do Not Meet Eligibility Criteria for Program	188	48.3%	57.2%
Services are a Long Distance to Home/Work	188	48.3%	57.3%
Limited Hours of Operation/Inflexible Scheduling	184	47.3%	55.4%
Lack of Insurance	181	46.5%	57.8%
Lack of Transportation/Long Transportation Time	178	45.8%	56.9%
Medicare/Medicaid Reimbursement Rates	171	44.0%	54.1%
Services are Fragmented and Difficult to Navigate	169	43.4%	53.0%
Retention/Recruitment Issues (i.e. wage parity, availability of qualified workforce)	165	42.4%	53.5%
Permanent Address Needed to Apply for/Receive Services	151	38.8%	47.6%
Language/Cultural Barriers	133	34.2%	45.3%

Participants were asked to rate a list of barriers to seeking or receiving mental health services. There was an even lower rate of agreement within the consumer sample than the whole when examining responses of “Often” only, which again prompts an analysis combining responses to two of the three categories “Often” and “Sometimes”. Combining responses reveals that five barriers listed are often or sometimes an issue for the majority of participants: Long Waits for Outpatient, Uninformed/Underinformed, Long Waits at PESS, Stigma, Copays/Deductibles are Too Expensive, and Long Waits for Psychiatry. All were also scored high by the whole sample..

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT



Participants were asked to rate the importance of long standing identified areas of improvement/ service gaps. There are not extensive differences between the whole sample and the subset of consumers.

Consumers – as did the whole sample – identified the most important issue as Outpatient Service Accessibility, by about 83% of the sample as important (“Very,” “Important,” or “Somewhat”). Supportive Housing and Residential Units/Programming and Services For Individuals Who Are Dually Diagnosed follow closely, with about 76% agreement. The least important issue is Aging In Services, with one third of the participants stating this is not a significant or important issue.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Descriptive Statistics – Provider Sample

Of those who indicated representing a community agency or provider, the largest majority delivers mental health services (63.5%), followed by social/human services (32.5%). Many individuals deliver more than one of the areas listed (an average of 1.47 responses per participant).

Services Delivered by Provider Participants		
If you represent a Community Agency/Provider - choose your area(s) of service delivery/ administration:	Response %	Response #
Developmental Disability Services	1.6%	2
Addiction Treatment Services	15.9%	20
Social/Human Services	32.5%	41
Mental Health Services	63.5%	80
Youth/Family Services	11.9%	15
Children's Behavioral Health Services	15.1%	19
Other (please specify)	6.3%	8
Respondents who answered/ skipped question		126/ 11
Number of responses		185
Average number of responses per participant		1.47

Needs Analysis – Provider Sample

The top five most accessible services according to the provider sample are: PESS, Peer Support, Mobile Crisis, Supportive Employment, and Outpatient Services. This is slightly different than the top five of the whole sample (Peer Support, Case Management, PESS, Inpatient and Outpatient) and that of the consumer sample (Peer Support, Case Management, Outpatient, Inpatient, and Nutrition/Food).

The four least accessible services – cited by 50% or more of the provider sample – are Child Care, Dental Care, Affordable Housing, and Respite Care. This is the same list as was seen in the whole sample, with the exception of Jail Diversion being rated as much less accessible. Only two services are shared with the consumer list (Affordable Housing, Child Care) and consumers also identified Jail Diversion, Legal Services, and Supportive Housing.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Services That Are Considered Always or Sometimes Available by Provider Participants Sorted by Percent Greatest to Least and compared to the Whole Sample				
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Provider Sample		Whole Sample	
	Always/ Some- time	Rarely/ Never	Always/ Some- time	Rarely/ Never
Psychiatric Screening Services	91.7%	8.3%	81.1%	18.9%
Peer Support Services (i.e. self help, wellness & recovery action planning)	88.6%	11.4%	87.0%	13.0%
Mobile Crisis Services	83.9%	16.1%	75.8%	24.2%
Supportive Employment Services	83.6%	16.4%	71.3%	28.7%
Outpatient Services	83.1%	16.9%	80.3%	19.7%
Case Management and Coordination	83.1%	16.9%	81.3%	18.7%
Partial Care Services	82.9%	17.1%	79.0%	21.0%
Educational Services (i.e. GED, literacy, education support)	82.7%	17.3%	75.7%	24.3%
Inpatient Services	82.7%	17.3%	80.4%	19.6%
Nutrition/Food	82.1%	17.9%	78.9%	21.1%
Family Support Services	80.7%	19.3%	77.3%	22.7%
Advocacy Services	80.0%	20.0%	74.1%	25.9%
Services for individuals who are dually diagnosed, co-occurring mental health with (i.e. addiction, disability, developmental disability, medically compromised)	77.7%	22.3%	76.0%	24.0%
In Home/In Community Services	77.1%	22.9%	69.4%	30.6%
Opportunities to Develop Advanced Directives	73.6%	26.4%	71.5%	28.5%
Psychiatrist or Advanced Practice Nurse	72.6%	27.4%	74.8%	25.2%
Medication Assistance	70.3%	29.7%	73.2%	26.8%
Jail Diversion Services	69.9%	30.1%	59.7%	40.3%
Primary Medical Care	69.7%	30.3%	73.5%	26.5%
Supportive Housing Services	65.5%	34.5%	62.6%	37.4%
Legal Services	61.8%	38.2%	61.3%	38.7%
Transportation Services	57.9%	42.1%	70.4%	29.6%
Emergency Shelter Services	57.3%	42.7%	61.8%	38.2%
Homeless Prevention	55.7%	44.3%	62.0%	38.0%
Respite Care for Children/Adults	50.0%	50.0%	60.6%	39.4%
Safe, Affordable Housing	46.3%	53.7%	55.6%	44.4%
Dental Care	45.6%	54.4%	59.8%	40.2%
Child Care (non-traditional hours)	38.5%	61.5%	53.6%	46.4%

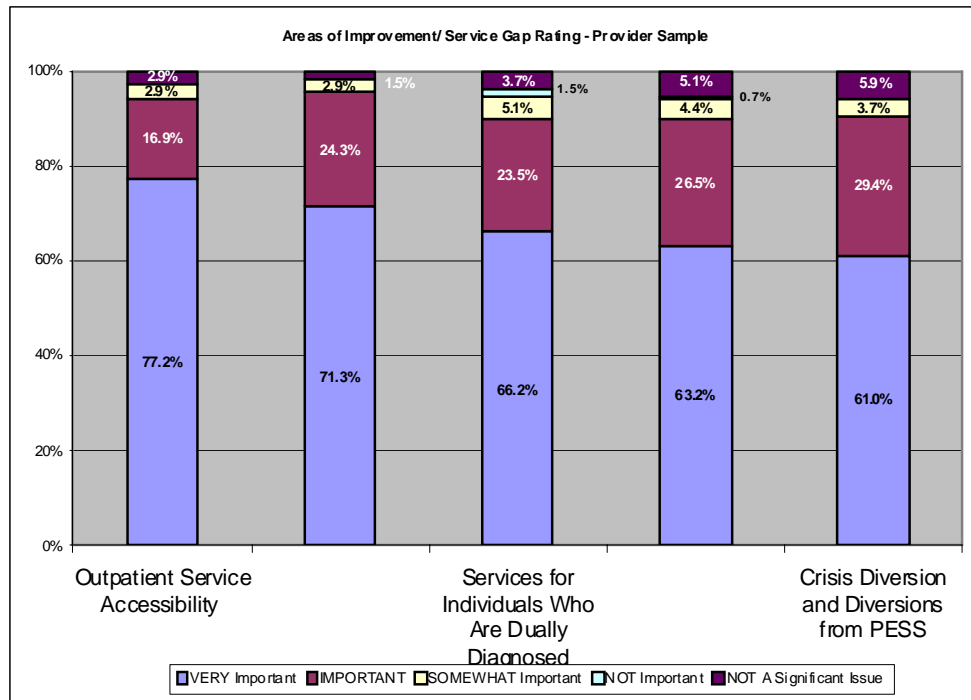
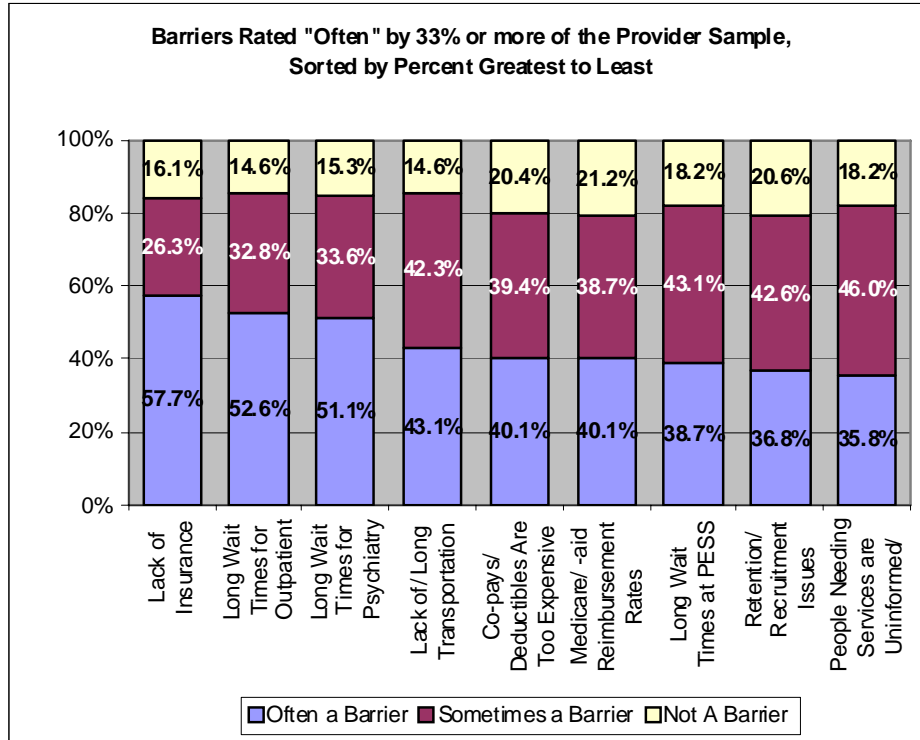
Barrier Analysis – Provider Sample

There was a greater level of agreement among providers on which issues are often barriers to mental health service delivery. A Lack of Insurance was identified by 57.7% of provider participants as often a barrier, and 83.9% as often or sometimes a barrier. Long Waits for Outpatient and Psychiatry were also cited as common barriers by a majority of providers.

The provider sample felt strongly about the importance of all identified areas of improvement/service gaps. 94% or more of the provider sample rated each of these as at least “Somewhat Important.” Again, Outpatient Accessibility is the most important issue, followed by Supportive Housing and Residential Units/Housing.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

A different trend found in the provider sample is that Crisis Diversion was rated as equally significant as Aging Out Services (both with 94.1%). In the whole sample, Crisis Diversion was rated important by 6.5% more participants (than Aging Out).



ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Descriptive Statistics – Family/Friend Sample

Of the 616 survey participants 55, (8.9%), identified themselves as Family or Friend of a Consumer of Mental Health Services.

Needs Analysis – Family/Friends Sample

Services That Are Considered Always or Sometimes Available by Family/ Friend Participants Sorted by Percent Greatest to Least and compared to the Whole Sample				
The following services are offered throughout Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	Family/ Friend Sample		Whole Sample	
	Always/ Some- time	Rarely/ Never	Always/ Some- time	Rarely/ Never
Psychiatric Screening Services	77.1%	22.9%	81.1%	18.9%
Mobile Crisis Services	71.0%	29.0%	75.8%	24.2%
Inpatient Services	70.3%	29.7%	80.4%	19.6%
Peer Support Services	66.7%	33.3%	87.0%	13.0%
Family Support Services	65.8%	34.2%	77.3%	22.7%
Educational Services (i.e. GED, literacy, education support)	65.6%	34.4%	75.7%	24.3%
Case Management and Coordination	64.9%	35.1%	81.3%	18.7%
Primary Medical Care	64.7%	35.3%	73.5%	26.5%
Partial Care Services	64.5%	35.5%	79.0%	21.0%
Nutrition/Food	63.2%	36.8%	78.9%	21.1%
Jail Diversion Services	60.9%	39.1%	59.7%	40.3%
Outpatient Services	60.0%	40.0%	80.3%	19.7%
Psychiatrist or Advanced Practice Nurse	60.0%	40.0%	74.8%	25.2%
Transportation Services	57.6%	42.4%	70.4%	29.6%
Opportunities to Develop Advanced Directives	57.1%	42.9%	71.5%	28.5%
Advocacy Services	55.6%	44.4%	74.1%	25.9%
Medication Assistance	52.6%	47.4%	73.2%	26.8%
Respite Care for Children/Adults	50.0%	50.0%	60.6%	39.4%
Services for individuals who are dually diagnosed, co-occurring mental health with other special needs	48.5%	51.5%	76.0%	24.0%
Dental Care	47.2%	52.8%	59.8%	40.2%
Legal Services	46.9%	53.1%	61.3%	38.7%
Emergency Shelter Services	46.4%	53.6%	61.8%	38.2%
Supportive Employment Services	45.2%	54.8%	71.3%	28.7%
In Home/In Community Services	40.0%	60.0%	69.4%	30.6%
Homeless Prevention	38.7%	61.3%	62.0%	38.0%
Supportive Housing Services	37.5%	62.5%	62.6%	37.4%
Safe, Affordable Housing	29.4%	70.6%	55.6%	44.4%
Child Care (non-traditional hours)	26.1%	73.9%	53.6%	46.4%

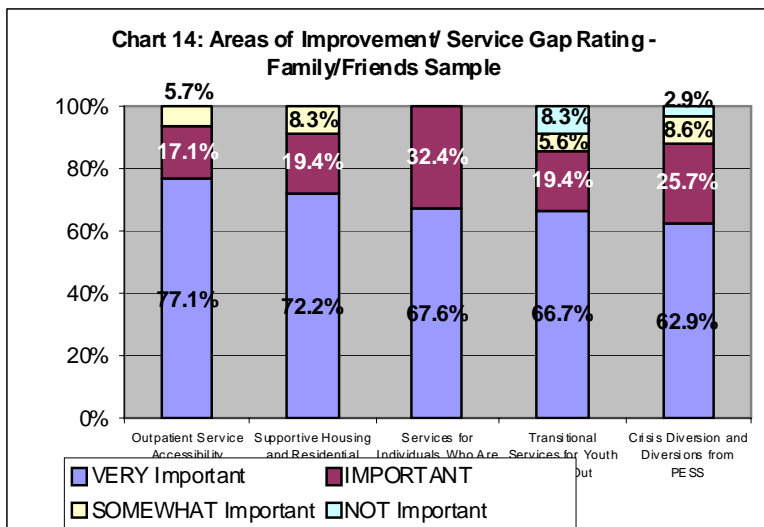
Family/ Friend participants identified PESS, Mobile Crisis, Inpatient, Peer Support and Family Support services as the most accessible, not unlike the whole sample or the other subgroups examined. There are 11 services that are considered rarely/never accessible by the Family/Friend sample, much more than the whole sample or the provider and consumer subsets. A similar list of services is identified by all groups. Family/friends additionally rate Homelessness Prevention, In Home, Supportive Employment, Shelter, and Services for individuals who are dually diagnosed.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

Barriers Analysis – Family/Friends Sample

The most significant barrier cited by the Family/Friend sample is that People are Uninformed/Underinformed. The Family/Friend sample rated Long waits at Outpatient and PESS as somewhat less of a barrier than did the whole sample. Long waits for Psychiatry was identified as a significant issue as well as that Eligibility Criteria and Stigma.

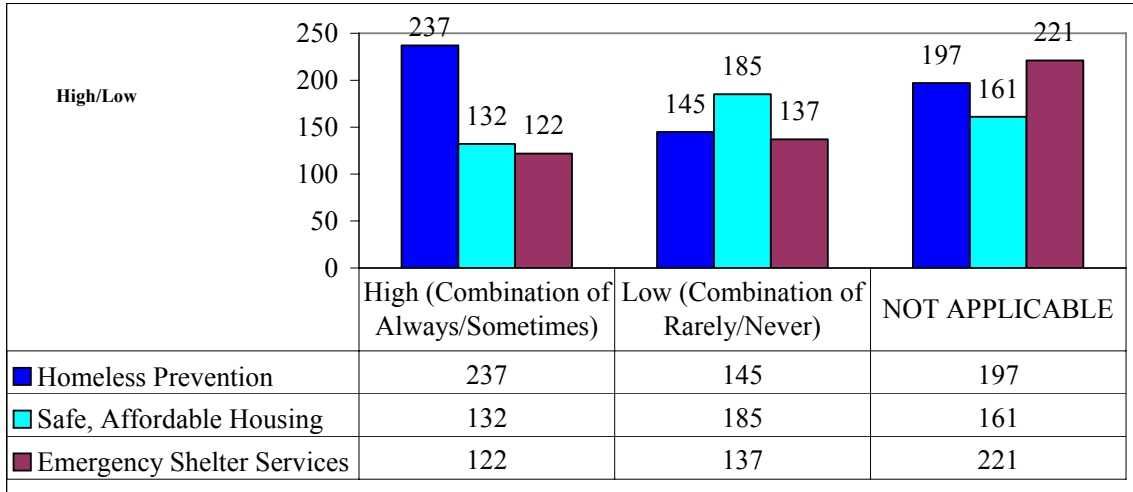
Issues That Are Considered Often or Sometimes a Barrier by Family/Friend Participants Sorted by Percent Greatest to Least and compared to the Whole Sample			
	Family/ Friend Sample		Whole Sample
	Often/ Some- times #	Often/ Some- times %	Often/ Some- times %
<i>Using this table - determine the significance of each barrier/potential barrier below:</i>			
People Needing Services are Uninformed, Underinformed, or Unaware of Available Services and How To Access Them	34	81.0%	63.40%
Long Wait Times for Psychiatrist or Advanced Practice Nurse	33	78.6%	60.10%
Individuals Do Not Meet Eligibility Criteria for Program	31	73.8%	57.20%
Long Wait Times for Outpatient Services	31	73.8%	64.90%
People Needing Services Feel Ashamed/Embarrassed (Stigma)	31	73.8%	59.60%
Co-pays and/or Deductibles Are Too Expensive	29	69.0%	59.20%
Limited Hours of Operation/Inflexible Scheduling	29	69.0%	55.40%
Services are Fragmented and Difficult to Navigate	29	69.0%	53.00%
Long Wait Times at Psychiatric Screening Service Sites	28	66.7%	62.60%
Lack of Insurance	28	66.7%	57.80%
Services are a Long Distance to Home/Work	27	64.3%	57.30%
Lack of Transportation/Long Transportation Time	26	61.9%	56.90%
Retention/Recruitment Issues (i.e. wage parity, availability of qualified workforce)	26	61.9%	53.50%
Permanent Address Needed to Apply for/Receive Services	25	59.5%	47.60%
Medicare/Medicaid Reimbursement Rates	22	52.4%	54.10%
Language/Cultural Barriers	18	42.9%	45.30%



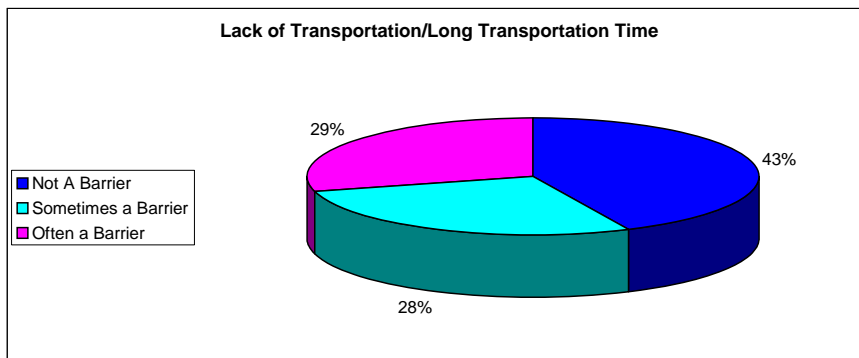
Again, Outpatient Service Accessibility is the most important service gap, followed by Supportive Housing and Services for Individuals who are Dually Diagnosed.

ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

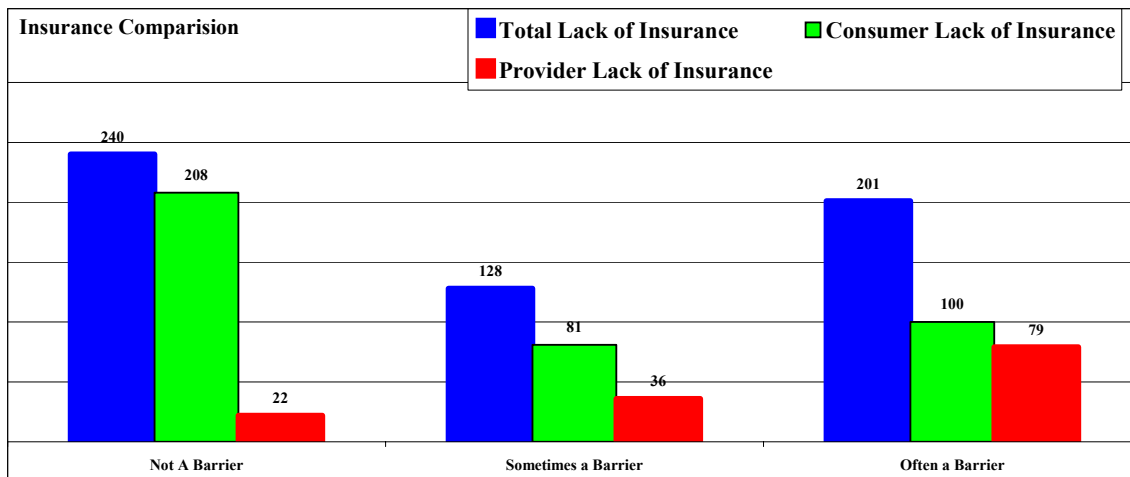
Additional Data Charts- Housing Responses



Additional Data Charts - Transportation Responses



Additional Data Charts – Health Care



ATTACHMENT 7: PROFESSIONAL ADVISORY COMMITTEE MEMBERS

NAME		AFFILIATION
Lisa	Berbig	Ocean Medical Center
Michael	Blatt	Preferred Behavioral Health Of N J
Jo Ann	Bonnett	Mental Health Association Of Ocean County
Shira	Brenner	Lakewood Community Services Corporation
Ramona	De Fonza	Community Health Law Project
Enrico	De Gironimo	Ocean Partnership For Children
Michele	Denoia	Southern Ocean County Hospital
Deedra	Eckhoff	Ocean County Family Support Organization
Roberto	Flecha	Seashore Family Services Of N J
Michelle	Gaito	Ocean County Department Of Corrections
Ni	Gao	University Of Medicine And Dentistry Of N J
Laura	Gendreau	Democracia, U S A
Danny	Goldberg	Jewish Family & Childrens Services
Dr. Bruce	Greenfield	Ocean County Board Of Education
Jamie	Hart	Ocean County Department Of Human Services
Dr. Robert	Hazlett	St. Francis Counseling Service
Richard	Hughes	New Jersey Division Of Developmental Disabilities
Karen	Irwin	Hampton Behavioral Health Hospital
Debra	Johnson	Monmouth Medical Center
Michelle	Kennedy	New Jersey Division Of Youth & Family Services
John	Kulesza	Collaborative Support Programs
Dr. Charles	Langan	Ocean Mental Health Sevices, Inc.
Hindy	Langer	Special Childrens Center
Pat	Lathom	Ocean County Board Of Social Services
Stacy	Lubrecht	Resources For Human Development
Pat	Lubunski	Epiphany House
Jarrett	Lynn	Ocean Mental Health Sevices, Inc.
Travis	Martin	New Future Dreams
Ken	Noone	St. Barnabas Behavioral Health Center
John	O'Neill	Carrier Clinic
Dawn	Pagan	Gateway Day Program
Joy	Reinhart	New Jersey Division Of Mental Health Services
James	Romer	Psychiatric Emergency Screening Services
David	Rudnitsky	New Jersey Division Of Youth & Family Services
Deanna	Sperling	St. Barnabas Ocean County, Pess
Larry	Thompson	Integrated Care Concepts & Consultation, L L C
Kelly	Trangone	CONTACT of Ocean County
Lawrence	Travaglino	Salvation Army - Ocean County Citadel
Julie	Vanore	Preferred Behavioral Health Of N J
Elizabeth	Walsh	Hampton Behavioral Health Hospital
Laura	Williams	ARC of Ocean County

ATTACHMENT 8: FREEHOLDER RESOLUTION

RESOLUTION

April 1, 2009

WHEREAS, the Ocean County Mental Health Board is charged with the responsibility of planning for the Mental Health Service needs of Ocean County residents and

WHEREAS, the Mental Health Board has developed a planning document entitled Ocean County Mental Health Plan Update 2009, which includes an assessment of Community Mental Health needs; and

WHEREAS, after public review, the Mental Health Board approved and endorsed the planning document on March 9, 2009;

NOW, THEREFORE, BE IT RESOLVED that the Ocean County Mental Health Plan Update 2009 is approved and endorsed by the **BOARD OF CHOSEN FREEHOLDERS, of the COUNTY OF OCEAN, STATE OF NEW JERSEY.**

BE IT FURTHER RESOLVED, that certified copies of this Resolution shall be made available to the County Mental Health Board and the County Department of Human Services.

I certify the foregoing to be
True copy of a Resolution
By the Board of Chosen Freeholders
of the County of Ocean on
1st day of April, 2009
Betty Vasil
Betty Vasil
Clerk of the Board