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Department
of
Human Services**

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***OCEAN COUNTY
MENTAL HEALTH
BOARD
MEMBER
HANDBOOK
&
RESOURCE
GUIDE***

FY 2012 EDITION

OCEAN COUNTY MENTAL HEALTH BOARD

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A BRIEF 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 (3) 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. In the case of County funds, recommendations are made to the Freeholders who then administer the money. In terms of Mental Health Services of the Department of Human Services, which actually administers the money.

The Mental Health Board is also 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 7 to 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 a least two years before being appointed again. There are currently four standing committees of the Mental Health Board: Budget/Finance, Planning and Proposal Review, Program Evaluation, and Nominating. Special committees are convened on an as needed basis to address specific topics.

<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u> ◆ Membership Committee for Slate of Officers
◆ Present slate of officers/nominations at MHB meeting ◆ Reappointment Interest Statements	◆ Conflict of Interest Statements ◆ Review DMHS contracts for July 1—June 30FY	<u>JUNE</u> ◆ Send reappointments/new appointments to Clerk of the Board ◆ Vote on slate of officers
<u>JULY</u> ◆ Reorganization ◆ Term expirations fulfilled	<u>AUGUST</u> ◆ Annual member orientation	<u>SEPTEMBER</u> ◆ Submit department budget request
<u>OCTOBER</u> ◆ Review DMHS Contracts for January 1-December 31 FY ◆ County RFQs Released	<u>NOVEMBER</u> ◆ County RFQs Reviewed, recommendations presented	<u>DECEMBER</u> ◆ Holiday Breakfast

State Contracts

Fiscal Year - OMH, PBH, CHLP, RIST, Triple C | **Calendar Year** - PESS & MHANJ | **Mid-Year** - LCSC

County Contracts

January 1 to December 31

(Quarterly payments – 1st two quarters paid in April/ 3rd August-Sept. /4th November)

OCEAN COUNTY MENTAL HEALTH BOARD

2012 MENTAL HEALTH MEETING SCHEDULE

MONTH	MHB	PAC	ERC	SRC (NOT A PUBLIC MEETING)	JIST
JANUARY	1-09-2012	1-05-2012	1-18-2012	1-25-2012	1-25-2012
FEBRUARY	2-27-2012		2-15-2012	2-22-2012	
MARCH	3-12-2012		3-21-2012	3-28-2012	
APRIL	4-09-2012	4-05-2012	4-18-2012	4-25-2012	4-25-2012
MAY	5-14-2012		5-16-2012	5-23-2012	
JUNE	6-11-2012		6-20-2012	6-27-2012	
JULY	7-09-2012	7-05-2012	7-18-2012	7-25-2012	7-25-2012
AUGUST	NO MEETING	NO MEETING	NO MEETING	NO MEETING	NO MEETING
SEPTEMBER	9-10-2012		9-19-2012	9-26-2012	
OCTOBER	10-15-2012	10-04-2012	10-17-2012	10-24-2012	10-24-2012
NOVEMBER	11-19-2012		11-21-2012	11-28-2012	
DECEMBER	NO MEETINGS FOR THE MONTH OF DECEMBER 2012				

Mental Health Board (MHB) - MHB meets 2nd Monday of each month at 5:00 PM., DHS Board Room

Professional Advisory Committee (PAC) - PAC meets 1st Thursday, quarterly, at 9:30 AM, DHS Board Room

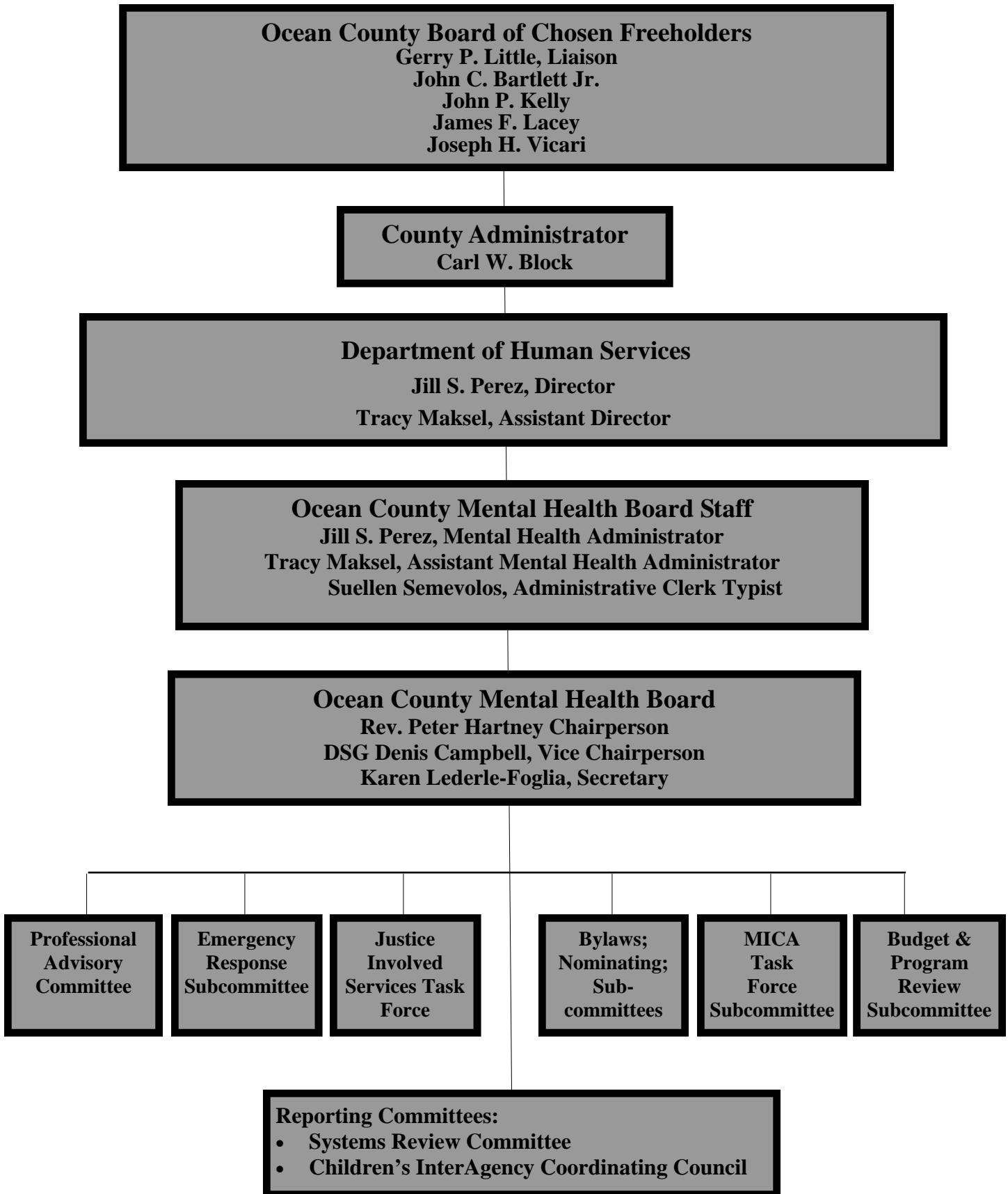
Emergency Response Committee (ERC) - ERC meets 3rd Wednesday of each month at 9:30 AM, DHS Board Room

System's Review Committee (SRC) - SRC meets the 4th Wednesday of each month. This meeting is not open to the public.

Justice Involved Services Task Force (JIST) - JIST meets the last Wednesday of the month, quarterly, at 2:00 pm, DHS Board Room

Children's InterAgency Coordinating Council (CIACC) - Children's Inter-Agency Coordinating Council meets 4th

OCEAN COUNTY MENTAL HEALTH UNIT STRUCTURE



OCEAN COUNTY MENTAL HEALTH BOARD GOALS & OBJECTIVES

The Ocean County Mental Health Board is a seven to twelve member public County advisory body responsible for the development of mental health services. County Mental Health Boards were mandated through legislation in 1957 through the New Jersey Community Mental Health Services Act. Section 10:37-3.7 of the Act establishes the design and functions of the Board and its subcommittees. The Board makes recommendations, consistent with the County Mental Health Plan, regarding mental health funding and program development in Ocean County to the Ocean County Freeholders and the State Division of Mental Health Services. The County Mental Health Board monitors the service delivery and administration of all programs under the Board's jurisdiction and makes recommendations to the State and local government. The Mental Health Board's mission is to protect, assist, and empower people with mental illness and to promote Wellness and Recovery. Ocean County's Mental Health Board emphasizes "people first" in the provision of services. The Board strives to ensure a seamless service system through partnerships and collaboration, involving consumer input whenever possible.

Goals and objectives for the Board include:

Goal 1:

To enhance mental health services in Ocean County and ensure system access to consumers in a timely manner. Improved access will develop a more responsive service delivery system based upon consumer concerns and service needs.

Objectives

- To review contracts for mental health services for compliance on a quarterly basis for County funding and an annual basis for state funding.
- To ensure all contracted agencies develop consumer satisfaction measurements for quality assurance and provide yearly reviews of the tools used and the findings.
- Consider a regular review of the County funded agencies' waiting lists for services and the criteria with which they are processed.
- To promote consumer membership on the Mental Health Board and its committees.
- To address public issues and concerns at Mental Health Board meetings.
- To develop greater community coordination of educational programs throughout the County, focusing on the following:
 - o "Mental Illness Awareness Week" – included in the Disabilities Awareness Month activities in October
 - o "Mental Health Month", during which time various events may be scheduled and/or coordinated by the Mental Health Board and a Resolution will be presented to the Ocean County Board of Chosen Freeholders to commemorate "May as Mental Health Month";
 - o Updating the County Mental Health Plan as needed;
 - o Sponsor or co-sponsor conferences on mental health issues. Work through one of the Board's Committees and possibly with other planning bodies, if appropriate, to accomplish this and address pertinent issues;
- Conduct planning regarding priority needs, such as housing, for mentally ill;
- Legislative review and advocacy;
- The building of a referral network to assist in accessing services;
- Increase awareness of services and resources in the community of Mental Health Board members by visiting local agencies, institutions, facilities, and programs;

GOALS AND OBJECTIVES CONTINUED...

Goal 4:

To continue planning for the mental health needs of the County.

Objectives:

- ◆ To continue to assess the updated Mental Health Plan and mental health priorities.
- ◆ To reassess planning needs to reflect changes in the mental health system.
- To participate in State reviews and planning meetings regarding the state psychiatric hospital system and changes that are to be implemented.
- To participate in State reviews of agencies for licensing and inspection purposes.
- To continue the development and training of the County's Crisis Response Teams through the Emergency Response Committee of the Mental Health Board in order to be responsive to the community's mental health crisis response needs.
- To participate on the CEAS Continuum of Care Steering Committee in order to advocate for the mentally ill dealing with housing and homelessness issues.

Goal 5:

To improve utilization of limited resources.

Objectives:

- To develop, implement and maintain fiscal standards and monitoring tools.
- To encourage greater coordination between service providers.
- To monitor the availability of mental health resources and increase awareness of services and programs.

Goal 6:

To continue to work closely with the State of New Jersey regarding the changes and enhancements to the mental health system.

Objectives:

- To work closely with the State regarding changes as related to the adult mental health and children's behavioral health systems to ensure county needs are considered.
- To continue to participate in work groups that address system changes such as:
 - NJDMHS Task Forces as Developed;
 - NJDCBHS Task Forces as Developed;
 - The N.J. Mental Health Administrator's Association;
 - The N.J. CIACC Convener's Association;
 - State Mental Health Board;
 - The Systems Review committee regarding the acute care system;
- To involve community service providers, advocates, and consumers in planning and advocacy efforts as appropriate.
- To establish all committees necessary to address the needs of Ocean County regarding the restructuring of the mental health system.
- To advocate for the implementation of changes to the mental health system of N.J. that will benefit residents and community providers of Ocean County.

OCEAN COUNTY MENTAL HEALTH BOARD

GOALS AND OBJECTIVES CONTINUED...

- Opportunities for education and training should be offered to Board members through the scheduling of presentations, visits to organizations that provide mental health services, and participation in planning, monitoring, organizational, and administrative activities;
- Provide reports to community to boards and oversight of all sub-committees that the Mental Health Board is involved with.
 - Prepare a Timeline of quarterly Board activities.
- To ensure the public is offered the opportunity to participate by advertising all meetings in local papers.
- To disseminate pertinent information to the community and to service providers.
- To consider alternate means for Board members to network with one another and examine pertinent and significant issues, either informally, or in a structured format.
 - A subcommittee may be established to consider various possibilities for further interaction.

Goal 2:

To meet the required legislative statutes governing the role of the Mental Health Board and its subcommittees.

Objectives:

- To maintain a minimum of ten meetings per year of the Mental Health Board.
- To maintain a minimum of ten meetings per year of the Professional Advisory Committee (PAC) to the Board.
- To maintain a minimum of ten meetings per year of the Emergency Response Committee to address community mental health crisis issues.
- To convene MICA (Mentally Ill/ Chemical Abuse) Task Force meetings as necessary.
- To convene a minimum of ten meetings per year of the Jail Diversion Task Force to facilitate collaboration between the mental health and criminal justice systems.
- To convene other Ad Hoc/Subcommittees as appropriate.
- To hold a Joint Board and Subcommittee meeting annually.

Goal 3:

To provide information to the Ocean County Board of Chosen Freeholders regarding regulation, initiatives, planning, etc., that impacts Ocean County residents.

Objectives:

- To provide the County Freeholders with updated mental health information regarding Federal and State changes which impact the community mental health system.
- To forward copies of all Board and Subcommittee minutes to the Clerk of the Board.

OCEAN COUNTY GOVERNMENT FUNDED SERVICE AREAS

Preferred Behavioral Health of NJ—Service Area No. 8
Ocean Mental Health Services, Inc.—Service Areas No. 7 & 10
Kimball Medical Center, PESS Unit—Service Areas No. 7, 8 & 10

SERVICE AREA #8

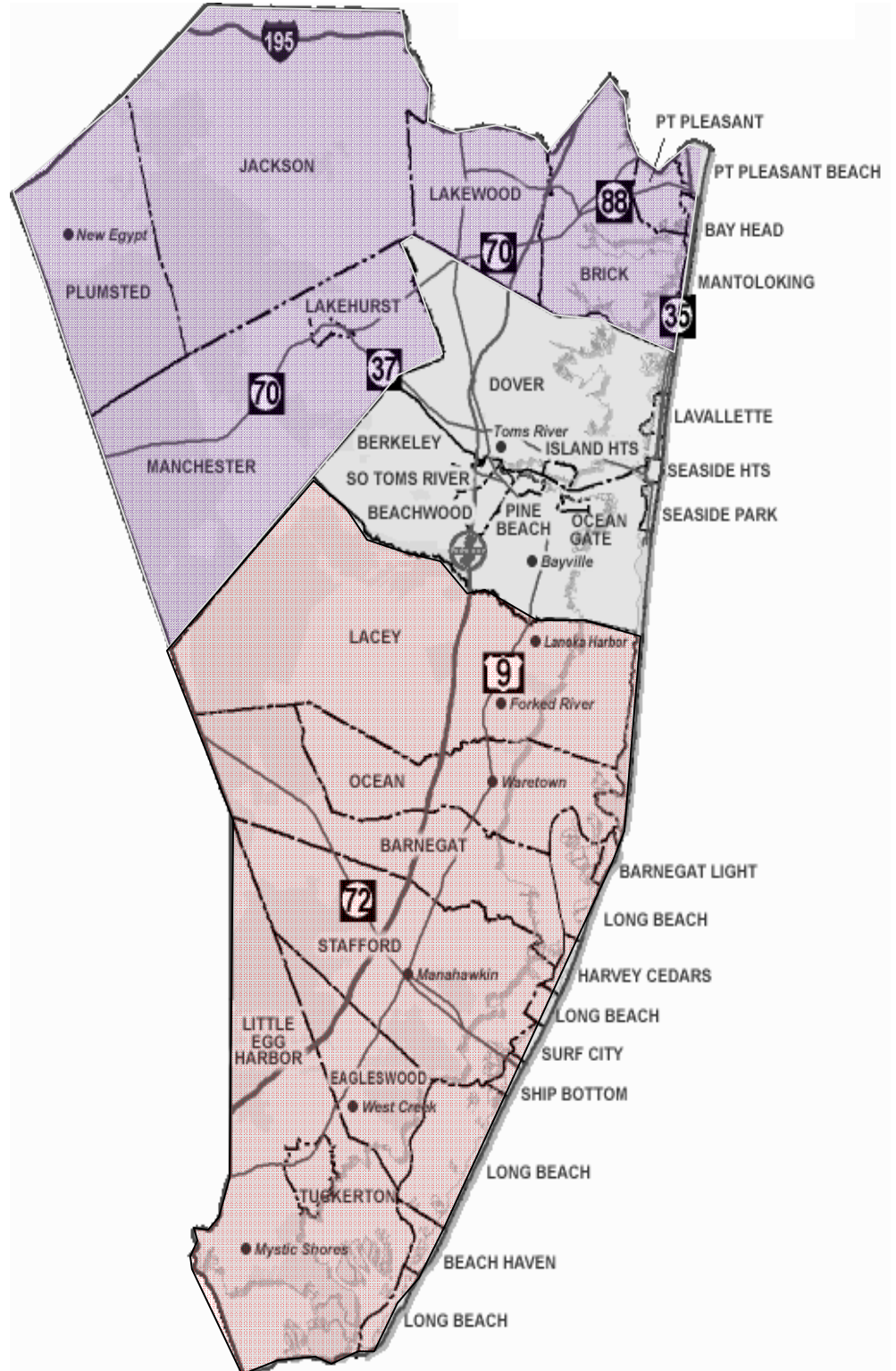
- Lakewood
- Lakehurst
- Jackson
- Manchester
- Plumstead (New Egypt)
- Brick Town
- Pt. Pleasant
- Pt. Pleasant Beach
- Mantoloking

SERVICE AREA #10

- Beachwood
- Berkeley Twp. (Bayville)
- Dover Twp. (Toms River)
- Island Heights
- Lavallette
- 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. (Manahawkin)
- Surf City
- Tuckerton
- Ocean Twp. (Waretown)



OCEAN COUNTY MENTAL HEALTH BOARD

OCEAN COUNTY FUNDED SERVICES CY2011

<u>Agency</u>	Preferred Behavioral Health of NJ			
RFQ 1	<i>Continuum of Mental Health Care/Services for Residents of Northern Ocean County</i> <i>(Lakewood, Lakehurst, Jackson, Manchester, Plumsted, Brick, Pt. Pleasant, Pt. Pleasant Beach, Mantoloking, Bay Head)</i>			
	Service	Funding	Service	Funding
	Interact Partial Care Program Staff Person	\$34,659	Psychiatric Clinical Nurse Specialist	\$13,045
	MICA Partial Care Program Van Driver	\$10,330	Medication Subsidies Senior Guidance Program Expansion, Southern County	\$47,590
	Outpatient Services	\$257,495		
	Adult Psychiatric Time	\$120,115		
	Child Psychiatric Time	\$38,056	Non-Personnel, Support Services	\$87,296
Total Funding for Services				\$608,586

Preferred Behavioral Health: Clients Served with County Funds for CY2010 = 5843

(2,349 Outpatient/1,929 Psychiatry/324 Child Psych/424 Interact/64 DARE/480 APN/360 Senior Guidance)

<u>Agency</u>	Ocean Mental Health Services, Inc.			
RFQ 2	<i>Continuum of Mental Health Care/Services for Residents of Southern Ocean County</i> <i>(Barnegat, Barnegat Light, Beach Haven, Beachwood, Berkeley, Dover (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, Tuckerton, Ocean)</i>			
	Service	Funding	Service	Funding
	Adolescent Day Treatment	\$24,236	Adult Psychiatric Time	\$94,646
	Outpatient Services	\$335,649	Child Psychiatric Time	\$49,567
	Non-Personnel, Support Services	\$83,251	Psychiatric Licensed Practical Nurse	\$36,330
Total Funding for Services				\$623,679

Ocean Mental Health Services: Clients Served with County Funds for CY 2010 = 6797

(6699 – Outpatient / 98 Adolescent Day Treatment)

<u>Agency</u>	Kimball Medical Center's Psychiatric Emergency Screening Service			
RFQ 3	<i>Psychiatric Emergency Screening and Crisis Intervention services for Residents in Ocean County with Acute and Chronic Mental Illness</i>			
	Service	Funding	Service	Funding
	Community Crisis Services	\$51,920	Off Site Psychiatric Services	\$28,244
	Screening Services Including Two (2) Child-Family Clinicians and One (1) Geriatric Screener	\$204,034	Supervisory Retention Incentives	\$10,920
			On-Call Services for Off Site Screenings	\$56,144
			County FY 2007 Increase	\$16,583
Total Funding for Services				\$367,845

PESS: Clients Served with County Funds for CY2010 = 1500

Ocean County Residents Served through CY2010 County Funds = 14,140

MEMBER HANDBOOK AND RESOURCE GUIDE

OCEAN COUNTY MENTAL HEALTH FUNDED SERVICES 2011/2012

Agency	Service/Program	Target Population	NJ DHS/DCF/ DFD 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: Adults Experiencing Mental Illness Children & Adolescents Experiencing Emo- tional Disorders Senior Adults Experiencing Mental Illness Traumatic Loss Coalition	\$2,488,796 (1/1 - 12/31)	\$367,845 (7/1 - 6/30)
	Designated County Screener for Psychiatric Services			
	Mobile Outreach Services for Men- tal Health Crisis Intervention			
	Holding Beds to Provide Crisis Stabilization			
	Crisis Telephone Services			
	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 Experienc- ing Emotional and/or Mental Health Problems Adults age 60+ (Southern Co. Outreach) DYFS Referrals Only Psychiatric Clients age 18- 35 Psychiatric Clients age 35+ Adult Psychiatric Clients with Substance Abuse Ad- dictions Youth with Emotional Dis- orders Adults with Serious & Per- sistent Mental Illness; Ser- vices for a Minimum of 18 month post hospitalization Homeless Mentally Ill Individuals with Mental Illness, age 18-64 with im- paired vocational function Pre/Post booking diversion services Lakewood Middle & High School Students Brick High School Students Children/Adolescents with Emotional Disorders	DMHS \$5,909,630 (7/1 - 6/30) DCBHS \$616,657 DCF \$105,348	\$608,586 (7/1 - 6/30)
	Residential			
	Senior Guidance Program			
	Family Support Program			
	Interact (partial care)			
	Prime Time (partial care)			
	DARE (partial care)			
	SAIL (partial care)			
	Integrated Case Management Ser- vices (ICMS)			
	PATH			
	Shore Employment Enterprises			
	Jail Diversion			
	Preferred Children’s Services:			
	Lakewood School Based Pro- gram			
	Brick School Based Program			
Wraparound Services				
Triple “C” 316 Livingston Avenue New Brunswick, NJ 08901 732-745-0920	Supportive Housing	Ocean County residents discharged from Ancora Psychiatric Hospital	\$221,558 (7/1 - 6/30)	
Lakewood Community Services Corporation 900 Forest Avenue Lakewood, NJ 08701 732-901-6001	Outpatient Services	Outreach to Orthodox Jew- ish population for culturally sensitive and competent support for individuals with mental illness.	\$95,000 (9/1 - 8/31)	
Resources for Human De- velopment 317 Brick Boulevard Suite 200 Brick, NJ 08723 732-920-5000	Residential Intensive Support Ser- vices	Ocean County Residents with Mental Illness	\$2,049,275 (7/1 - 6/30)	
	Home to Recovery Supportive Housing			

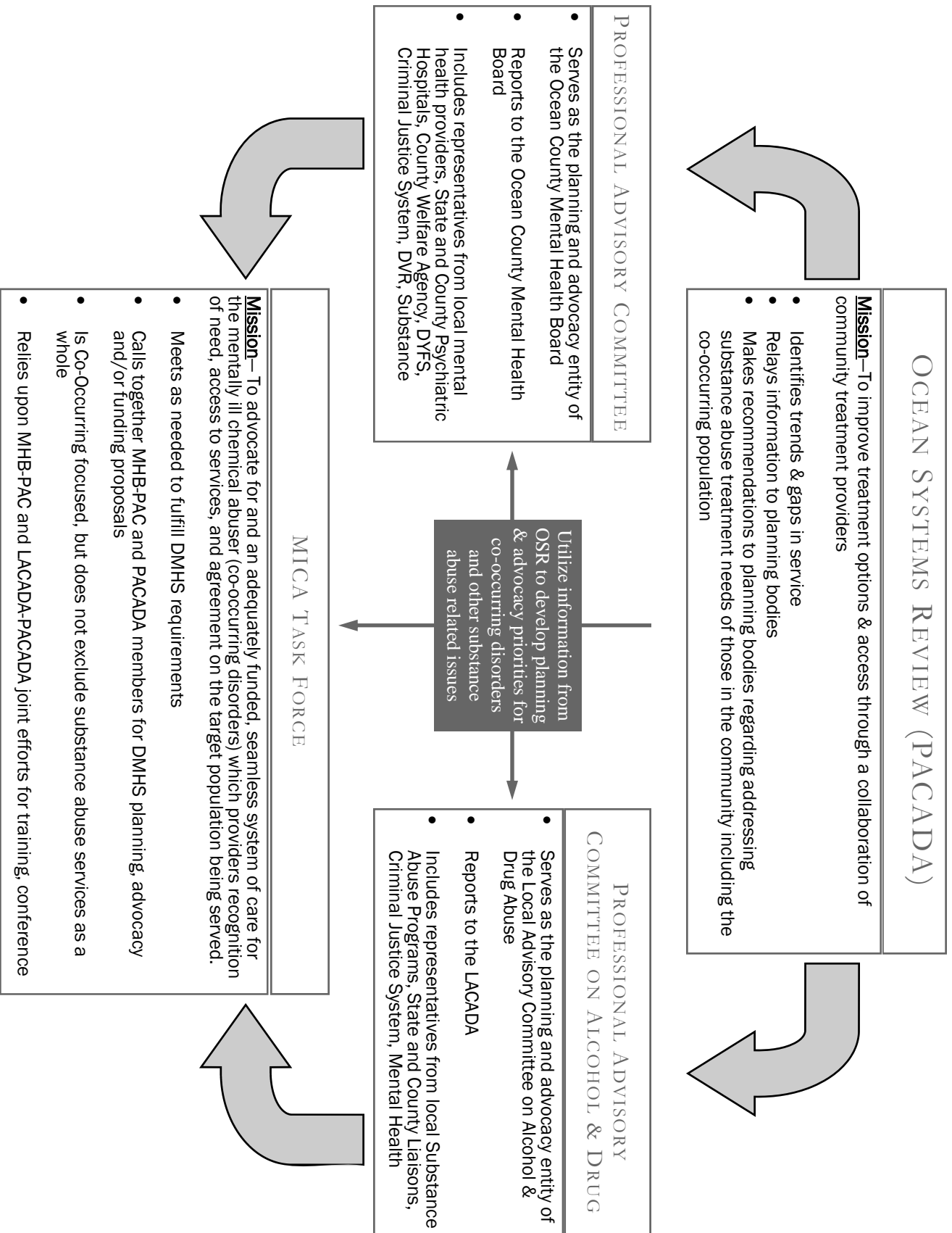
OCEAN COUNTY MENTAL HEALTH BOARD

OCEAN COUNTY MENTAL HEALTH FUNDED SERVICES 2010/2011 CONTINUED...

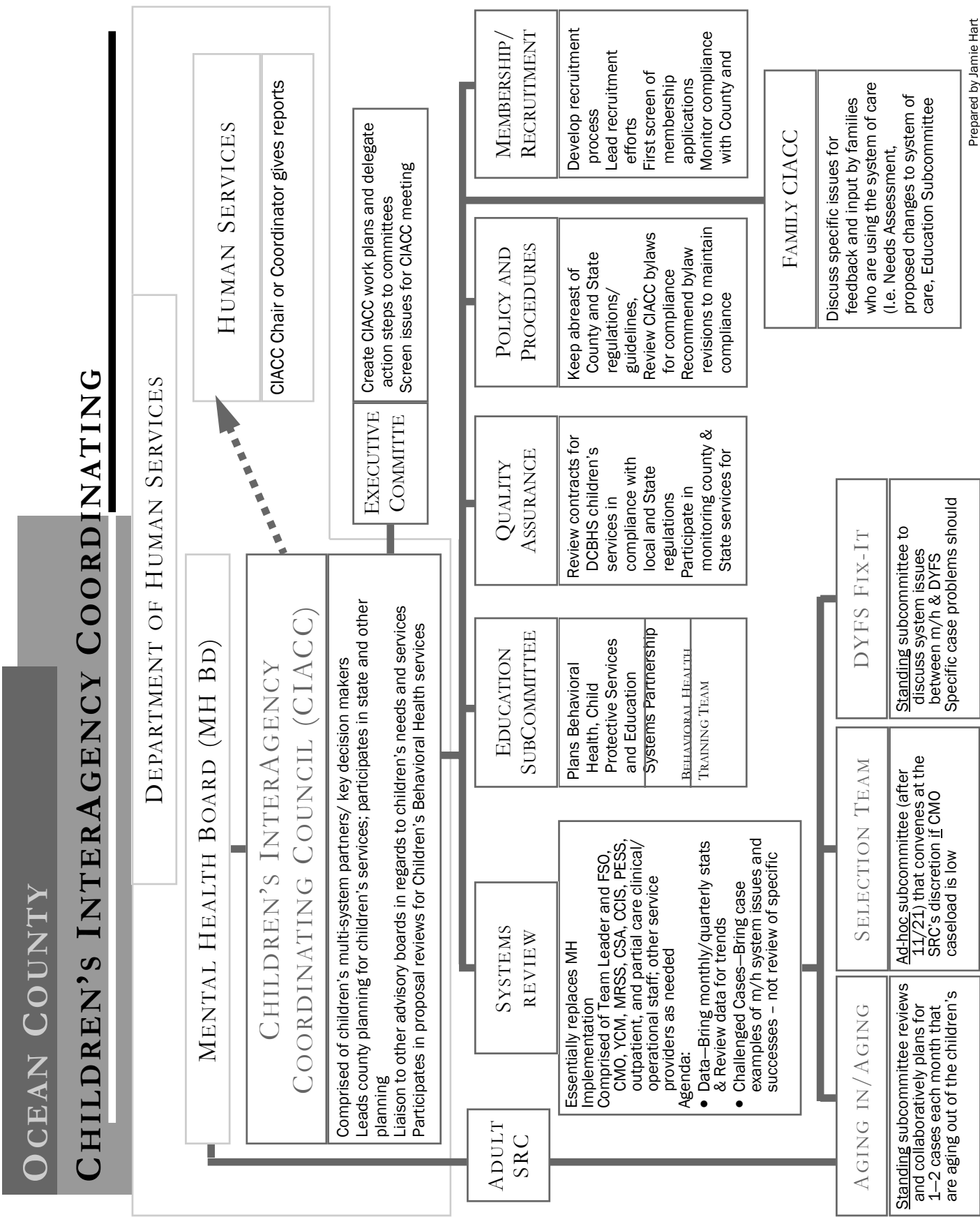
Agency	Service/Program	Target Population	NJ DHS/DCF/DFD Funding	Ocean County Funding
Ocean Mental Health Services, Inc. 160 Route 9 Bayville, N.J. 08721 732-349-5550	Outpatient	County Residents Experiencing Emotional and/or Mental Health Problems	DMHS \$4,946,864 (7/1 - 6/30)	\$623,679 (7/1 - 6/30)
	Residential	Chronically Ill Adults at Risk of Re-hospitalization Adults & Adolescents Adolescent Day School/ Treatment DYFS Referrals Only Residential Treatment for Adolescents Therapeutic Foster Care for Youth (8-17) Youth Psychiatric Hospitalized Substance Abuse Treatment for Adolescents Homeless Mentally Ill DYFS Children * Adolescents at Risk of Abuse/ Neglect/Residential Placement Children/Adolescents with Emotional Disorders Services to Primary Care-giver of Consumers	DCBHS \$1,177,214 DCF \$364,233	
	Programs of Assertive Community Treatment (PACT)			
	Partial Care			
	Ocean Academy			
	Family Support Program			
	Homestead			
	Connections			
	Youth Case Management			
	Turnaround			
	PATH			
	Family Focus			
	Wraparound Services			
	Child/Family Team Facilitator			
Intensive Family Support Services				
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 Drop – In Center with MICA Support Group Assist Consumers with ICMS	\$328,464 (1/1-12/31)	
	Systems Advocacy			
	“Brighter Days” & “Journey to Wellness”			
	“POST” Program			
Community Health Law Project of New Jersey 44 Washington Street Toms River, NJ 08754 732-349-6714	Community Advocate Program	Ocean County Residents with Mental Illness that are income eligible	\$156,751 (7/1- 6/30)	
	Community Legal Services			
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	DMHS \$0 (7/1 – 6/30) DMHS-DTB \$2,500	\$132,810 <i>(includes staff/operations - excludes Infrastructure and Capital expenses)</i>
	Staffing			
TOTALS:			\$19,062,290	\$1,732,920

MENTALLY ILL CHEMICALLY ADDICTED (MICA) TASK FORCE

MICA TASK FORCE FOR CO-OCCURRING DISORDER



CHILDREN'S INTERAGENCY COORDINATING COUNCIL



OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS

- I. Members of the Board**
- II. Officers of the Board**
- III. Rules/Regulations Governing the Board Meetings**
- IV. Responsibilities of the Board**
- V. Committees**

I. MEMBERSHIP OF THE BOARD

A. Membership

1. The Board will include as wide a spectrum of Ocean County's population as possible and consist of no less than seven (7) and not more than twelve (12) members. Members should be representative of the County's population, including such groups as: consumers of mental health services; interested lay people; parent-teacher associations; County professional and medical associations; County advocacy groups and such other members as the appointing authority deem necessary. Such persons shall not, however, officially represent such groups, unless official authority to do so has been granted by the agency or organization.
2. A minimum of two (2) consumers of mental health services shall serve on the Board at all times. *Consumer* is defined as:
 - a. A person who has applied for, is receiving or has received mental health services from a State or other publicly funded mental health program element;
 - b. A person who is the next of kin or guardian of a person described in 2a above.
3. The Board shall be representative of every Service Area in the County and should also reflect the sex, racial, and cultural composition of the County, to the extent possible.
4. Members will serve without compensation for three (3) years, with terms to begin July 1 and terminate on June 30. Members may not be re-appointed after serving two (2) full three (3) year terms, until two (2) years shall have elapsed since the expiration of such terms.

B. Vacancies

1. Vacancies will be filled within sixty (60) days by the appointing authority. Vacancies will be filled in the following manner:
 - a. If the unexpired term is greater than fifty percent (50%) of the entire term, the nominee may only serve one (1) additional term.
 - b. If the unexpired term is less than fifty percent (50%) of the entire term, the nominee may serve two (2) additional terms.

C. Conflict of Interest

1. The Board shall not include persons employed by or having a fiduciary interest in any agency funded by the New Jersey Division of Mental Health Services (to be referred to as the NJDMHS) to provide mental health services.
2. To avoid conflict of interest issues, paid employees, volunteers, consultants or members of governing bodies of a formal advisory board of an agency under the County Mental Health Board's jurisdiction or funded by the NJDMHS shall not serve as members of the Board.
3. Persons engaged in issuing any policy or contract of individual or group business of any agency under the County Mental Health Board's jurisdiction or those agencies' affiliate, subsidiary or parent organization and persons who are members of the immediate household or a direct business associate of a person described above shall not serve as a Board member.
4. Persons employed by the County and/or its agencies shall not be eligible for County Mental Health Board membership. This, however, shall not include the Board of Chosen Freeholders or a County Welfare Board that is not currently funded by the NJDMHS. A waiver must be sought from the NJDMHS for any other such appointees.
5. Board members will be asked to evaluate, on a yearly basis, or as needed, their personal relationship with any County/private agency which conceivably could apply for funding which utilizes the Mental Health Board funding allocation process. An annual "Conflict Of Interest Member Statement" will be kept on file in the Ocean County Department of Human Services Office.

OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS CONTINUED...

II. OFFICERS OF THE BOARD

A. Election of Board Officers

1. The Board will elect a Chairperson, Vice-Chairperson, and a Secretary in June to take office July 1, each of whom will hold office for one year and until his or her successor is elected.

B. Duties of Board Officers

1. The duties of each of the above mentioned officers will be as follows:
 - a. Chairperson - The Chairperson shall preside at all meetings of the Board and shall appoint all committees. The Chairperson shall be Ex-Officio member of all committees.
 - b. Vice-Chairperson - In the absence of the Chairperson, the Vice-Chairperson shall preside at Board meetings.
 - c. Secretary - The Secretary shall sign the approved minutes, which shall be kept on file as a permanent record in the Office of the Clerk of the Board of Freeholders.

III. RULES AND REGULATIONS GOVERNING THE BOARD MEETINGS

A. Meetings

1. The Mental Health Board shall meet at least ten (10) times each year. Additional meetings may be called by the Chairperson, at the request of the Mental Health Administrator or Executive Committee.
2. The Board must also comply with the Open Public Meetings Act, establish and annually review the formal procedures concerning the composition of the Board, and, set forth rules of order by which the Board will operate.

B. Attendance

1. All members are expected to attend each regularly scheduled meeting of the Board. Any member who fails to attend fifty percent (50%) of the ten (10) regularly scheduled meetings, or three (3) consecutive Board meetings will be notified in writing by the County Mental Health Board Chairperson. The letter will request a response regarding the members continued interest in remaining on the Board. If the member is unable to continue, the Board will advise the Freeholder liaison and a copy of the member's resignation letter will be forwarded to the Clerk of the Board.

C. Quorum

1. A quorum shall consist of a majority (fifty percent plus one [50% + 1]) of the members.
2. Decisions are made by a quorum of the Board and cannot be challenged by a dissenting Board member.
3. When transacting Board business:
 - a. The Mental Health Administrator shall not be entitled a vote.
 - b. If a vote on a motion results in a tie, the Chairperson shall cast the deciding vote.

D. Order of Business

1. The order of business at meetings, which may be suspended by a majority vote of the Board members present, shall be as follows:
 - a. Call to Order and Roll Call
 - b. Compliance Statement - Open Public Meetings Act
 - c. Approval of Minutes
 - d. Old Business
 - Mental Health Board Committee Reports
 - Community Reports and Updates
 - e. New Business
 - f. Public Issues and Concerns
 - g. Announcements
 - h. Adjournment

OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS CONTINUED...

E. Minutes of the Meetings

1. The Minutes shall be submitted to NJDMHS and shall be kept on file as a permanent record in the Office of the Clerk of the Board of Freeholders.
2. The Minutes shall be available for public inspection during normal working hours.
3. Included in the Minutes shall be:
 - a. Time and place of meetings
 - b. Names of members present
 - c. Time and place and manner in which adequate notice of the meeting was given
 - d. Subjects considered at the meeting
 - e. Brief description of the actions taken
 - f. Vote of each member of any item voted upon. A roll call vote is needed if voting on funding recommendations; or, if voice vote is not unanimous.

IV. RESPONSIBILITIES OF THE BOARD

A. Procedural Responsibilities

1. The County Mental Health Board will follow the following procedural responsibilities:
 - a. The Board will elect annually a Chairperson, Vice-Chairperson, and a Secretary, who are each part of the Executive Committee;
 - b. The Board will meet at least ten (10) times each year;
 - c. The Board will comply with the Open Public Meetings Act;
 - d. The Board will establish and at least annually review formal procedures concerning the composition of the Board and set forth rules of order by which the Board shall operate;
 - e. The Board will submit public notice and minutes of meetings to the NJDMHS;
 - f. The Board has empowered the Executive Committee of the Mental Health Board to make recommendations for the full Mental Health Board in an emergency; during the summer interim; in the interests of time constraints or deadlines; or if unable to raise a quorum. The Executive Committee will make every effort to notify in a timely manner, through any technological means of communication, the rest of the Board members for feedback/comments or objections regarding any recommendations they have made. The Executive Committee shall report to the full Board membership at each regularly scheduled meeting or upon a special meeting requested by the Executive Meeting to approve proposed recommendations.

B. Planning Responsibilities

1. As set forth in the Division's Planning Guidelines and according to established time frames:
 - a. Initiate and implement a planning process, encourage participation from other mental health planning authorities (for example, Health Systems Agency representatives), funded providers of service, clients and interested citizens.
 - b. Develop a Plan document, in accordance with the N.J. Division of Mental Health Services guidelines, of mental health services for the County. At a minimum, that Plan shall identify:
 - 1) The County mental health authorities and their respective roles and functions;
 - 2) The manner in which the Plan was completed;
 - 3) A needs assessment section which reviews:
 - a) The State and County identified target groups, and the reason they have been identified;
 - b) Services that are perceived by the community as being critical to meet the needs of identified State/County target groups;
 - c) The availability or unavailability of those services identified in (2) above.
 - 4) A set of goals and objectives which will provide a framework for addressing the needs of State and locally identified target groups;
 - 5) An action plan which designates the means and steps by which goals and objectives will be achieved.
 - 6) Approval by a Quorum of the Board is required before any planning activities are implemented or acted upon.

OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS CONTINUED...

- c. The county mental health authorities should take an active planning role in coordinating services of other county offices and departments relating to mental health services.

C. Implementation Responsibilities

- 1. Based on the county mental health plan, the County Mental Health Board, shall, at a minimum:
 - a. Receive, review, comment on and, where necessary, solicit:
 - 1) Initial and continuation funding applications for/re:
 - a) State hospitals;
 - b) County hospitals;
 - c) Appropriate mental health Requests For Proposals.
 - 2) Certificate of Need applications for mental health agencies;
 - 3) Affiliation agreements.
 - b. Receive, review and advise the NJDMHS on requested service area changes or new delineation.
 - c. Facilitate consumer advocacy and self-help groups.
 - d. Respond to client grievances as identified in N.J.A.C. 10:37-4.3.
 - e. Review and recommend appropriate mental health funding allocations to the County Board of Chosen Freeholders and/or any relevant State department or division, consistent with the County Mental Health Plan.

D. Monitoring Responsibilities

- 1. The County Mental Health Board shall monitor the service delivery and administration of all programs under the Board's jurisdiction and make recommendations to the appropriate agency or department.
- 2. The Board will arrange to visit or have presentations from each funded agency/ program every other year in order for members to remain informed.

E. Community Education Responsibilities

- 1. The County Mental Health Board shall encourage the development of and participation in community education and consultation programs.

V. COMMITTEES

A. Charge To Committees

- 1. Committees shall be appointed annually by the Chairperson of the Mental Health Board,. The Board Chairperson shall be an ex-officio member of all committees. Meetings of committees shall be held at the request of the Chairperson or the Administrator/senior staff. Some committees shall be standing committees, and others shall be ad-hoc, or as needed. Ad-hoc committees shall be committees that are established by the Board Chairperson for a special purpose, according to Division guidelines. All committees report directly to the full Board. All committees shall follow Mental Health Board bylaws and policies.

OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS CONTINUED...

B. Committees

1. Executive Committee -
 - a. The Executive Committee membership is made up of the annually elected officers of the Mental Health Board (Chairperson, Vice-Chairperson, Secretary), and the chairpersons of standing committees.
 - b. The Executive Committee shall review and make recommendations, in keeping with the aims and purposes of the Board, to the full membership regarding pertinent mental health issues. This Committee reviews material to be presented to the Board and functions to facilitate the coordination of the activities of the Board and it's committees.
 - c. The Executive Committee is empowered to make recommendations for the full Board in an emergency; during the summer interim; in the interests of time constraints or deadlines; or if unable to raise a quorum of the membership and any of the above mentioned situations exists. This process is outlined in section IV., A., f., and g.
 - d. The Executive Committee is to report back to the membership at the monthly Board meetings regarding all of it's activities
 - e. The Executive Committee meets according to the same schedule held by the full Board, but may schedule additional meetings as needed.
2. Budget and Program Review Committee -
 - a. Review NJDMHS Agency Consolidate Funding Applications and make recommendations back to the State.
 - b. Assist the County Mental Health Administrator/senior staff in the preparation of an annual County budget to be submitted to the Ocean County Board of Chosen Freeholders.
 - c. This Committee will meet as needed and as determined by the Board and/or Board Chair.
 - d. Review and make recommendations to the Mental Health Board for Requests for Qualifications for County funded mental health services
 - e. Assist the County Mental Health Administrator/senior staff in the preparation of Requests for Qualifications/Requests for Proposals to be submitted to the County Consultant Selection Review Committee
 - f. Develop contracting formats, monitoring, and evaluation systems for agencies receiving Federal, State and local funding
 - g. Implement these systems and revise them as needed.
 - h. Report regularly to the membership on the progress of each agency.
 - i. Review and make recommendations, according to established guidelines, to the Mental Health Board membership regarding available funding.
 - e. Make reports to the membership on all activities.
3. Bylaws Committee -
 - a. Review and evaluate the bylaws at least every two (2) years, or as needed, according to State and local activity and system changes.
4. Children's Interagency Coordinating Council (C.I.A.C.C.), or the identified equivalent or replacement committee/program for the C.I.A.C.C.-
 - a. Work to ensure a continuum of care for children and youth with special emotional needs.
 - b. Primary goals are to:
 - 1) Enhance cross-systems service planning;
 - 2) Expand core services;
 - 3) Reduce reliance on residential placements;
 - c. This Committee meets as designated by the appropriate State agency.
5. Nominating Committee -
 - a. Be alert to potential leadership.
 - b. Select the best possible candidates for office.
 - c. Secure the consent of nominees.
 - d. By May of each year, the Committee shall meet and present a list of potential officers to the Board members for review prior to the election of officers held in June of each year. The elected officers will be seated in July of each year.

OCEAN COUNTY MENTAL HEALTH BOARD

OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS CONTINUED...

6. Professional Advisory Committee (PAC) -
 - a. The County Mental Health Board shall appoint the members of its Professional Advisory Committee and membership of the PAC shall/may include representation from:
 - 1) State and County psychiatric hospitals;
 - 2) County Welfare Board;
 - 3) NJ. Division of Youth and Family Services;
 - 4) County Criminal Justice system;
 - 5) NJ. Division of Mental Health Services (ex-officio);
 - 6) NJ. Division of Vocational Rehabilitation (ex-officio);
 - 7) Substance Abuse Programs;
 - 8) Municipal Welfare;
 - 9) County Mental Health Associations;
 - 10) Community Mental Health Clinics;
 - 11) Related community agencies;
 - 12) NJDMHS and County funded agencies.
 - b. The PAC membership shall elect a Chairperson and Vice-Chairperson annually.
 - c. Rules and procedures for the PAC are approved by the Mental Health Board.
 - d. The PAC reviews and analyzes mental health concerns as raised by the Board.
 - e. The PAC brings to the Mental Health Board's attention any mental health issues that can affect the service delivery system.
 - f. The PAC is to provide expertise on issues that will face the Board during the year.
 - g. The PAC provides a regular forum for the exchange of information.
 - h. The PAC should be actively involved, at the direction of the Mental Health Board, in the development of the annual County Mental Health Services Plan.
 - i. All meetings of the PAC shall be open to the public, except those portions dealing with matters of patient/client confidentiality.
 - j. The PAC meets as designated by the NJ Div. of Mental Health Services regulations.
7. Mentally Ill/Chemical Abuse (MICA) Task Force –
 - a. Work to ensure a continuum of care for individuals who are mentally ill and abusing substances.
 - b. Primary goals are to:
 - 1) Enhance cross-systems service planning;
 - 2) Expand core services and access to services;
 - 3) Provide and encourage training of service providers;
 - c. This Committee meets as designated by the NJ Div. of Mental Health Services regulations and guidelines.
8. Jail Diversion Committee—
 - a. Work to develop and enhance justice collaboration programs for Ocean County residents who are chronically mentally ill, non-violent offenders.
 - b. Work as a local task force addressing issues, concerns, and system operations for local justice collaboration programs and initiatives for individuals with chronic mental illness.
 - c. Act as local justice collaboration for the mentally ill planning and oversight entity to the Mental Health Board
 - d. Work with federal, state and local liaisons to improve services for individuals with chronic mental illness who become engaged in the criminal justice system due to their illness.
9. Emergency Response Committee -
 - a. To provide community education regarding traumatic events that affect the community.
 - b. Assist in the development of mental health activities integrated with disaster relief operations.

OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS CONTINUED...

10. Special Committees -

- a. Committees developed by the Mental Health Board Chairperson in response to an identified need.
- b. Membership may consist of non-Board or associated sub-committees' memberships.
- c. Special Committees report directly to the full Mental Health Board membership.
- d. These Committees will meet as needed and as determined by the Board and/or Board Chair.
 - 1. Ad Hoc Committee -
 - a) Created as needed for a specific length of time to address a specific mental health issue.

PARLIMENTARY AUTHORITY

Rule and procedures not specified in these Bylaws shall be followed as stated in Robert's Rules of Order.

THE OCEAN COUNTY MENTAL HEALTH BOARD BYLAWS ARE ADOPTED AS REVISED AT THE BOARD MEETING HELD ON *May 14, 2008*.

These Bylaws were reviewed by Ocean County Counsel on April 10, 2008 and revisions were incorporated by the Mental Health Board per County Counsel's advise.

Michael Roche,
Mental Health Board Secretary

Ellen Oakley,
Mental Health Board Chairperson

Jill Perez,
Department of Human Services Director

Joseph H. Vicari,
Freeholder Director

Revised 7/89
Revised 2/97
Revised 4/97

Revised 11/97
Revised 9/03
Revised 5/08

OCEAN COUNTY MENTAL HEALTH BOARD

MENTAL HEALTH BOARD MEMBER CONFLICT OF INTEREST POLICY

To the extent that he/she understands, no member of the Board or any of its committees shall participate in the discussion or vote regarding the awarding of monies or any contract or budget modifications if he/she has any direct or indirect financial interest in such official action.

(Financial interest is defined as the employment or board membership of the member or the member's immediate family, i.e. spouse, child, parent, grandparent, grandchild, uncle, aunt, brother, sister, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, and any other member of the immediate household.)

Board or Special Committee members will be asked to evaluate, on a yearly basis, or as needed, their personal relationship with any county/private agency which conceivably could apply for Mental Health funding, or other funding which utilizes the Mental Health Board's funding allocation process.

Any member may raise the question of a perceived conflict of interest on the part of another member. This question should be decided on by a majority vote of the then-present members of the Committee or full Board according to where the discussion/voting is being conducted.

Having read the Mental Health Board Conflict of Interest Policy, I hereby submit that I (or my immediate family) have a direct or indirect financial interest in the following agencies/departments/organizations:

I am aware that I must remove myself from any discussion or vote regarding the awarding of monies or any contract or budget modifications concerning the agencies/departments/organizations listed above.

Printed Name

Signature and Date

MEMBERSHIP

Membership Requirements

- ◆ Seven to twelve members
- ◆ Minimum of two consumers
- ◆ Family member representations
- ◆ Representative of every service area in the County
- ◆ Representative of the sex, race, and cultural composition of the County

Membership Restrictions

- ◆ Anyone receiving funding from NJDMHS, DCBHS or the County of Ocean
- ◆ Agency representatives under the County Mental Health Board jurisdiction
- ◆ Three year terms from 7/1 to 6/30
- ◆ Can only serve two consecutive three year terms and may not be reappointed until two years have elapsed

2011-2012 Membership Profile

Name	Township	Term 1	Expires	Term 2	Expires2	Cycle Off
Denis Campbell	Jackson	07/01/07	06/30/10	07/01/10	06/30/13	2015
Rev. Peter Hartney, Jr.	Surf City	07/01/08	06/30/11	07/01/11	06/30/14	2016
Dennis Fleishman	Toms River	07/01/09	06/30/12	07/01/12	06/30/15	2017
Loretta DiTocco	Toms River	12/01/11	06/30/13	07/01/13	6/30/16	2018
Rev. Pat Greeley	Manchester	12/15/10	06/30/13	04/01/13	6/30/16	2018
Karen Foglia	Barnegat	12/15/10	06/30/13	07/01/13	6/30/16	2018
Gail Seckler	Toms River	04/06/11	06/30/14	07/01/14	07/01/17	2019
Don Seckler	Toms River	04/06/11	06/30/14	07/01/14	07/01/17	2019
Sheri Forker	Whiting	05/18/11	06/30/12	07/01/12	6/30/15	Reappoint
Jeannie Greene	Lanoka Harbor	07/06/11	06/30/14	07/01/14	6/30/17	2019

Mental Health Board (MHB)

Rev. Peter Hartney, Chair, DSG Denis Campbell, Vice Chair, Karen Lederle-Foglia, Secretary

- Bylaws Committee - DSG Denis Campbell, Chair
- Nominating and Membership Committee– Rev. Pat Greeley, Chair
- Budget and Program Review Committee - Dennis Fleishman, Chair
- Professional Advisory Committee (PAC) – Cliff Van Nest, Chair
- Emergency Response Committee (ERC) – Rev. Pat Greeley, Chair
- System’s Review Committee (SRC) - Joe Cuffari, Chair
- Justice Involved Services Task Force (JIST) - Mike Roche, Chair
- Children’s InterAgency Coordinating Council (CIACC) - Kim Veith, Chair

OCEAN COUNTY MENTAL HEALTH BOARD

OPEN PUBLIC PROCESSES AND RECORDS

Meeting Minutes

Assigned staff are required to record, take notes and then transcribe meeting minutes. Meeting minutes are a summary of critical information discussed at Open Public Meetings and are a matter of public record. Minutes should reflect the meeting agenda. Minutes are prepared and proofread and then submitted to a supervisor for review/editing. For meeting minutes of Freeholder appointed boards/committees, once the meeting minutes have been approved by the committee/board – a member of the appointed slate of officers must sign the approved meeting minutes. At the end of each month, all approved and signed meeting minutes for all Freeholder appointed boards/committee are forwarded to the Clerk of the Board in one comprehensive packet for the whole Department of Human Services and thus become a matter of public record.

Freeholder Appointed Membership

For boards and committees that are Freeholder appointed, staff monitor membership appointment/reappointments and prepare all necessary processing information to uphold regulatory requirements. Staff prepare and distribute a memo notifying members of their term expiration - requesting correspondence indicating that individual's interest in being reappointed. Individuals who are interested in being reappointed or newly appointed must submit their interest in writing with a resume or bio. Staff then prepare a resolution reflecting the appropriate appointment/reappointment information. An appointment/reappointment e-packet is prepared by staff and reviewed by the Department Director/Assistant Director. Upon review the Director/Assistant director approve the e-packet by forwarding the e-packet to Freeholder liaison. The Clerk of the Board then follows through with the Board of Chosen Freeholders for the necessary proceedings to officially appoint/reappoint members.

Proclamations

Proclamations are developed for special occasions acknowledging individuals, processes or events. Each proclamation is different – therefore requiring individualized planning that likely included Clerk of the Board, Public Information, Freeholder(s), Chairpersons, and other necessary stakeholders. When the proclamation is developed – the proclamation is emailed to the appropriate Clerk of the Board staff for processing in accordance with Freeholder timeframes.

Annual Meeting Dates/Open Public Meetings

In December of each year, assigned staff will collect each unit's Open Public Meeting Dates for Freeholder appointed boards/committees for the upcoming year. A memo from the Department Director/Assistant Director is developed reflecting all meeting dates and forwarded to the Clerk of the Board and as a courtesy – and an email is sent to local newspapers as well as the Board members.

Meeting cancellations – if an open public meeting is cancelled or changed, the cancellation notice or notice of change must be forwarded via email to the Clerk of the Board, all necessary stakeholders who may have planned on attending the meeting, as well as a courtesy email to local newspapers.

Online posting – All departmental meeting dates will be posted on the OCDHS website to satisfy additional public information requirements or expectations.

COUNTY FUNDED MENTAL HEALTH SERVICES & RFQs

The County releases a Request for Qualifications (RFQ) for County funded Mental Health Services each year. There are three (3) separate RFQs posted to the County Bid Portal - as required through the public bid process:

1. A Full Continuum of Care/Services for Residents in Northern Ocean County
2. A Full Continuum of Care/Services for Residents in Southern Ocean County
3. For the Provision of Psychiatric Emergency Screening and Crisis Intervention Services for Residents in Ocean Count with Acute and Chronic Mental Illness

The Mental Health Board’s Proposal Review Team, consisting of the Ocean County Department of Human Services Director, Ocean County Department of Human Services Assistant Director, Mental Health Board Chairperson, and three (3) Mental Health Board Consumer Advocates review the RFQ responses and make recommendations to the County’s Board of Chosen Freeholders through the Consultant Selection Review Committee.

Selection criteria to be used in awarding RFQ contracts for services include:

- ◆ Qualifications of the individuals who will perform the tasks and the amounts of their respective participation;
- ◆ Experience in providing the service requested by the County and references related thereto;
- ◆ Ability to perform the tasks in a timely fashion, including staffing and familiarity with the subject matter and the County;
- ◆ Location (distance) of primary office in relation to the Count administrative offices;
- ◆ Recent, current and projected work load of the organization;
- ◆ Thoroughness and completeness of the applicant’s submittal;

The County of Ocean awards a contract to organization(s) that best meet the needs and interests of Ocean County. The County reserves the right to negotiate the terms and conditions of a contract with the successful organization(s) to obtain the most cost advantageous for the County.

It is the intention of the Mental Health Board staff to assist county agencies with development and implementation of services/programs for Ocean County residents. The staff is available to provide technical assistance, to provide the agency with problem-solving assistance and to discuss any concerns an agency may have regarding the successful provision of services. These services are available, as needed, to resolve potential contract compliance issues before they become serious enough to interfere with contract compliance.

OCEAN COUNTY MENTAL HEALTH BOARD

COUNTY FUNDED MENTAL HEALTH SERVICES & RFQs CONTINUED...

When an agency is not in compliance with their contract(s), the following will occur:

1. The Mental Health Board staff will meet with the agency to discuss the non-compliance issues. At this time, the agency will be given a time frame for compliance. The length of the time frame will be based on the nature of the non-compliance. This time frame will not exceed three (3) months.
2. The Board staff will follow-up this meeting with a letter to the agency summarizing the concerns discussed, the solutions offered by the staff, and the time frame given to the agency to comply with the terms of their contract. A copy of this letter will be sent to the Board Chair. The Board will be notified of this correspondence at the next scheduled meeting.
3. The Board staff will be available to the agency for technical assistance during this period, to assist with contract compliance.
4. The Board staff will meet with the agency as a follow-up to the initial meeting. This follow-up meeting will take place within two (2) weeks of the end of the time frame given to the agency to comply with their contract. The contract compliance status of the agency will be determined at this meeting. The results of this meeting will be announced at the next scheduled meeting of the Board.
5. If the agency is not in compliance at the time of the follow-up meeting, the following options apply (not a priority listing):
 - ◆ An extended period for compliance may be granted. (Not to exceed three (3) months).
 - ◆ The contract may be revised with changes such as a reduction of the level of service. (This type of change may result in the reduction in the amount of funding allocated to provide the service.)
 - ◆ The contract may be terminated.

The options in number five (5) above will be selected based on the following priority listing of criteria:

- ◆ The nature of the non-compliance;
- ◆ The agency's ability to provide the service.
- ◆ The existence of one or more other agency(ies) in Ocean County that are able to provide the service.
- ◆ The need for the service in Ocean County.

If the contract is terminated or the amount of funding is reduced, the resulting funds will be reallocated according to the Board's funding process. Upon termination of a contract, the agency will receive a written notice of termination from the County. This notice will include: 1) the reason for the termination; 2) an explanation of the procedure to be followed regarding the disposition of any remaining equipment/funding; and, 3) the client-notification process to be followed.

It is the intention of the Board to terminate the contract in a manner which is considerate of the needs of the clients being served by the contracting agency. Any changes in the contract with an agency will be done only with the approval of the Mental Health Board.

MENTAL HEALTH BOARD POLICY REGARDING REQUESTS FOR ENDORSEMENT

Upon written request from an agency for endorsement of a proposal being submitted by them to another funding source*, the following will be determined by the Board staff and reported to the Chair:

- ◆ If the agency making the request is in compliance with their existing contract(s). (Based on recent monitoring visits and/or any current concerns.)
- ◆ If there is a need in Ocean County for the services in question. (Based on assessment of current services and/or the Mental Health Board Plan priorities.)
- ◆ If the proposed service is within the realm of the agency's mission statement. (Based on Board staff review.)

If the results of these determinations are all positive, indicating a need for the service, a letter of endorsement will be written for the agency in question. The agency will receive a copy of the letter of endorsement.

If the results of any of these determinations are contrary to a positive outcome, as described above, a letter of endorsement will not be written for the agency in question. The agency will be notified in writing as to the Board's decision not to endorse their proposal.

In order to ensure an equitable process, the Board will not endorse proposals being submitted to the United Way of Ocean County for funding.

MISSION AND VALUES OF NEW JERSEY'S MENTAL HEALTH SYSTEM

MISSION

The mission of the mental health system in New Jersey is to promote opportunities for persons with serious mental illness to maximize their ability to live, work, socialize and learn in communities of their choice. This shall be accomplished through a comprehensive system of care, including community-based support services, comprised of partnerships among the Division of Mental Health Services, State agencies, consumers, families, providers, and other mental health advocates, with the understanding that persons with serious mental illness are entitled to dignified and meaningful lives.

VALUES

The following values must be promoted, advocated for and monitored in order to achieve and sustain the mission of the mental health system in New Jersey:

- ◆ All persons have diverse abilities, strengths, motivations, goals, interests, and needs.
- ◆ All persons have certain guaranteed rights and responsibilities within society.
- ◆ Individual freedom is the right to have choice based on one's interests, desires and needs.
- ◆ We recognize the diversity of culture, race, religion; and gender and respect the unique qualities of every individual.
- ◆ All people have an inherent capacity for growth.
- ◆ Hope is essential to create possibilities for individual growth towards the attainment of one's dreams.
- ◆ We recognize that recovery is a way of life that continually needs to be nurtured and supported.

NEW JERSEY REGULATIONS GOVERNING MENTAL HEALTH BOARDS

Subchapter 3. County Mental Health Boards

10:37-3.1 Establishment and composition

(a) In order to participate under this act, each county board of chosen freeholders or county executive, hereinafter the "appointing authority," shall appoint a County Mental Health Board, hereinafter the "Board," of not less than seven nor more than twelve residents of the county.

(b) The mental health board shall provide public leadership to the county in the development of mental health services.

(c) The board shall include as wide a spectrum of the County's population as possible. Members should be representative of the county's population, including such groups as:

1. Consumers of mental health services;
2. Local boards of health;
3. School boards;
4. Interested lay people;
5. Parent-teacher association;
6. County professional/medical associations;
7. County advocacy groups; and
8. Such other members as the appointing authority may deem necessary.

(d) Such persons noted in (c) above shall not, however, officially represent such groups, unless official authority to do so has been granted by the agency or organization.

(e) A minimum of two "consumers" of mental health services, as defined in N.J.A.C. 10:37-4.1(b), shall serve on the board at all times. Boards currently without vacancies or service recipient representation shall appoint consumer members, as cited in N.J.A.C. 10:37-3.1(a), first, as vacancies occur. (See N.J.A.C. 10:37-4.3.)

(f) The board should be representative of every Service Area in the County and should also reflect the sex, racial, and cultural composition of the county.

(g) The board shall not include persons employed by or having a fiduciary interest in any agency funded by the Division to provide mental health services.

10:37-3.2 Membership

(a) Members shall serve without compensation, for three years, with terms to begin July 1 and terminate June 30. Members may not be reappointed after serving two full three-year terms, until two years shall have elapsed since the expiration of such terms.

(b) Vacancies shall be filled within 60 days by the appointing authority. Vacancies shall be filled in the following manner:

1. If the unexpired term is greater than 50 percent of the entire term, the nominee may only serve one additional term.
2. If the unexpired term is less than 50 percent of the entire term, the nominee may serve two additional terms.

10:37-3.3 Attendance

Any member of a county mental health board who does not attend three consecutive board meetings without being excused, or does not attend more than 50 percent of the board's meetings in any single year should, upon notification by the County Mental

NEW JERSEY REGULATIONS GOVERNING MENTAL HEALTH BOARDS CONT..

Health Board Chairperson, be replaced by the appointing authority. Replacement should be accomplished within two months of that notification.

10:37-3.4 Conflicts of interest

(a) The following individuals shall not be eligible for County Mental Health Board membership:

1. A paid or unpaid employee/volunteer of an agency under the county mental health board's jurisdiction or funded by the Division;
2. A consultant of an agency under the county mental health board's jurisdiction or funded by the Division;
3. A member of the governing body of an agency under the county mental health board's jurisdiction or funded by the Division;
4. A member of a formal advisory body of an agency under the county mental health board's jurisdiction or funded by the Division.
5. Person engaged in issuing any policy or contract of individual or group business of any agency under the county mental health board's jurisdiction or those agencies' affiliate, subsidiary, or parent organization.
6. Persons who are members of the immediate household or a direct business associate of a person described above.
7. Persons employed by the county and/or its agencies; this exception shall not include the Board of Chosen Freeholders or a County Welfare Board that is not currently funded by the Division. A waiver must be sought from the Division for any other such appointees.

10:37-3.5 Roles, functions, and responsibilities

(a) Procedural responsibilities: The County Mental Health Board shall:

1. Elect annually a chairperson;
2. Meet at least eight times each year;
3. Comply with the Open Public Meetings Act;
4. Establish, and at least annually review, formal procedures concerning the composition of the Board and setting forth rules of order by which the Board shall operate;
5. Submit public notices and minutes of said meeting to the Division of Mental Health and Hospitals.

(b) Planning responsibilities: As set forth in the Division's Planning Guidelines:

1. Initiate and implement a planning process, encouraging participation from, at a minimum, other mental health planning authorities (for example, Health Systems Agency representatives), funded providers of services, clients, and interested citizens.
2. Develop a plan of mental health services for the county. At a minimum, that plan shall identify:
 - i. The county mental health authority(ies) and their respective roles and functions;
 - ii. The manner in which the plan was completed;
 - iii. A needs assessment section which reviews:
 - (1) The State and county identified target groups, and the reason they have been so identified;
 - (2) Services that are perceived by the community as being critical to meet the needs of identified State/county target groups;
 - (3) The availability or unavailability of those services identified in (b)2iii(2) above.

NEW JERSEY REGULATIONS GOVERNING MENTAL HEALTH BOARDS CONT..

iv. A set of goals and objectives which will provide a framework for addressing the needs of State and locally identified target groups;

v. An action plan which designates the means and steps by which goals and objectives will be achieved.

3. Submit completed County Mental Health Plan to the Division within specified deadlines, for review and approval. If a county has a Charter form of government, the County Mental Health Board must submit the County Mental Health Plan to the County

Executive or his/her designate, for review and approval, prior to submission to the Division.

4. In the event that:

i. A county mental health plan is approved by the Division, the county plan shall provide the framework for mental health funding and program development in that particular county.

ii. An approved plan is not submitted by the county, the framework for mental health activity in that particular county shall be provided by the goals and objectives of the Division, contained within its Annual State Plan.

5. The initiation of the planning process, and subsequent completion of the plan, shall be conducted within the general policies and principles of the Division.

6. The county mental health authority(ies) should take an active planning role in coordinating the services of other county offices and departments relating to mental health services.

(c) Implementation responsibilities: Based on the County Mental Health Plan, the County Mental Health Board shall, at a minimum:

1. Receive, review, comment and, where necessary, solicit the following:

i. Initial and continuation funding applications for:

(1) State hospitals;

(2) County hospitals;

(3) Community Mental Health Projects regardless of revenue source.

ii. Certificate of Need applications for Mental Health Agencies;

iii. Affiliation agreements.

2. Receive, review and advise the Division of Mental Health and Hospitals on requested Service Area changes/redelineations.

3. Facilitate consumer advocacy and self-help groups.

4. Respond to client grievances as identified in N.J.A.C. 10:37-4.3.

5. Review and recommend funding allocations to agencies within the county, consistent with the approved County Mental Health Board Plan.

(d) Monitoring responsibilities: The County Mental Health Board shall monitor the service delivery and administration of all programs under the board's jurisdiction and make recommendations to the appropriate agency or department.

(e) Community education responsibilities: The County Mental Health Board shall encourage the development of and participate in community education programs.

(f) Assistance of Appointing Authority: The Appointing Authority should provide the Mental Health Board with suitable quarters and such assistance as may be required to carry out the functions identified above.

10:37-3.6 Professional Advisory Committee (PAC)

(a) The County Mental Health Board shall:

1. Appoint annually, members of its Professional Advisory Committee, minimally including a representative from each mental health agency receiving financial support from the Division. Two or more individuals connected with the same agency, either as employee and/or board member, may serve simultaneously as members;

NEW JERSEY REGULATIONS GOVERNING MENTAL HEALTH BOARDS CONT..

in such cases, however, it shall be the responsibility of the County Mental Health Board to maintain a balance of representation, with no particular agency(ies) operationally dominating the PAC. Membership of the Professional Advisory Committee shall include the State and county psychiatric hospitals, the county welfare board and the Division of Youth and Family Services. The PAC should also include county criminal justice, Division of Mental Health Advocacy, Division of Vocational Rehabilitation, Substance Abuse Programs, a Municipal Welfare Board and the county mental health association.

Non-Division funded county welfare boards and mental health associations may be represented on the County Mental Health Board itself, rather than the PAC.

2. Approve rules and procedures for its PAC;
3. Consult with its PAC on all issues relating to professional aspects of mental health programs;
4. Actively involve the PAC in the development of the annual county mental health services plan.

(b) All meetings of the PAC shall be open to the public, except those portions dealing with matters of patient/client confidentiality.

10:37-3.7 County Mental Health Administrators

(a) By State law, all County Mental Health Boards may, with the approval of the Board of Freeholders, create the position of Mental Health Administrator. The Division strongly encourages the creation of this position in every County and suggests additional staff for the mental health board, also including one non-clerical position for every 300,000 people living in a particular county.

(b) The Division shall approve the credentials of a candidate for the position of Mental Health Administrator, selected by the appointing authority, prior to his/her hiring.

(c) The county shall provide, as part of its submission of the candidate's approval request, a current description of how the Administrator will be responsible to the county and to the County Mental Health Board and a job description that reflects the Administrator's role in developing the County Mental Health Plan and other requirements under State law and these Regulations.

(d) Minimum qualification shall include:

1. Education: A Master's Degree from an accredited university in Psychology, Public Administration, Social Work, Public Health, Hospital Administration, Nursing or a related field. A Bachelor's Degree with significant work experience beyond the required.

three years, in one of the above areas, may be substituted for a Master's Degree with prior approval from the Division.

2. Experience: A minimum of three years experience in administration in mental health care or related fields.

3. Knowledge and abilities: Working knowledge of planning, budgeting and human services contract administration. Working knowledge of current developments in the field of mental health. Working knowledge of organizations and operations in the public sector including government, private, social service and health agencies and public institutions. Ability to devise model service systems and implement goals and objectives toward development of a unified services system. Ability to work harmoniously with various leaders, representatives of the community, and consumer groups.

(e) Roles and functions: The County Mental Health Administrator shall:

1. Maintain accurate records and summaries of the county mental health board's and its professional advisory committee's deliberations and conduct regular clerical and business matters of the county mental health board and be responsible to that body;

2. Serve as the county mental health board's executive secretary;

3. Serve as liaison between the county mental health board and its advisory committee and county

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government, the Division, the Department and the Federal Department of Health and Human Services, and to local and regional planning bodies;

4. Provide leadership to county mental health policy groups and participants as an equal member in policy groups convened by the Division;

5. Participate in planning and implementation of all system and program development activities relating to the county, convened, initiated or required by the Division;

6. Act as a facilitator/convenor for meetings involving agencies under the county mental health board's jurisdiction, and county. State and/or Federal officials;

7. Submit an annual county mental health services plan to the Division, in accordance with the Division's planning guidelines;

8. Attend Statewide or Regional meetings of County Mental Health Administrators, and submit reports, as required by the Division;

9. Participate in formal monitoring of grant and contract services;

10. Participate as a full team member at all Federal, State, County site inspections of all services and agencies under the Board's jurisdiction;

11. Review, comment and make recommendations on proposals and applications for mental health services to the County Mental Health Board and to agencies of the State and Federal Government, as appropriate;

12. Participate in the review and negotiation of initial and renewal contracts;

13. In cooperation with the Division develop affiliation agreements for promoting and monitoring a county unified services system;

14. Insure proper communication of information concerning mental health services, funding, deadlines, etc. to funded agencies;

15. Play an active role in carrying out the county mental health board's advocacy functions including:

i. Receiving and following up on client questions and complaints regarding services, as outlined in N.J.A.C. 10:37-4.6.

ii. Increasing representation and participation of service recipients on county mental health board.

iii. Facilitating the development of self-help groups.

10:37-3.8 Reimbursement

(a) State reimbursement for the County Mental Health Administrator's salary shall be paid on a quarterly basis contingent upon:

1. The County's meeting the requirements of these regulations;

2. The Division's approval of the Administrator's credentials prior to hiring; and

3. Receipt and approval by the Division of quarterly certificates of satisfactory employment, signed by the chairperson of the County Mental Health Board.

(b) State annual reimbursement shall be at the rate of 75 percent of Administrator's salary, up to a maximum of \$12,000 annual reimbursement.

10:37-3.9 County administration of services

(a) As a means of reinforcing the concept of inter-governmental partnership in the delivery of public mental health services, the Division may enter into demonstration performance contracts, with a limited number of counties, for the county administration of all publicly funded mental health services.

(b) Guidelines for participation in a county performance contract shall minimally include:

1. Receipt of a county plan in compliance with Division guidelines and approved by the Division;

2. Identification of a single unit of county government, preferably a department, which shall act as the

NEW JERSEY REGULATIONS GOVERNING MENTAL HEALTH BOARDS CONT...

agent of the Board of Chosen Freeholders or the County Executive, in the negotiation of a performance contract, and be responsible to the Division for the implementation and monitoring of that contract. Such an administrative unit of county government shall be referred to as the "single county authority" for mental health;

3. Capacity of the county to fully administer mental health services, including community contracts and grants and the county psychiatric hospital, if that county has such a facility;
4. County-wide compliance with the rules and regulations promulgated by the Division;
5. Demonstration of policy and financial commitment of the county to the State's unified services policies, consistent with the New Jersey's Annual State Plan for Mental Health.

Subchapter 4. Consumer Requirements for all Community Mental Health Program Elements.

10:37-4.1 Direct involvement

(a) Consumer involvement shall be facilitated and encouraged in areas such as service and program planning, service evaluation, and service delivery.

(b) "Consumer" in this section shall be defined as:

1. A person who has applied for, is receiving or has received mental health services from a State or other publicly funded mental health Program Element; or
2. A person who is the next-of-kin or guardian of a person described in (b)1 above.

10:37-4.2 Designed responsibility of agencies

(a) Each State-funded mental health program shall develop and submit to the County Mental Health Board and to the Division an acceptable Consumer Affirmative Action Plan as part of its Fiscal Year 1982 funding application or contract.

(b) The Consumer Affirmative Action Plan shall minimally include:

1. Membership on the governing body of the agency for two or more consumers except as indicated otherwise in N.J.A.C. 10:37-6, Article VI;
2. Opportunities for consumers and advocacy groups to review and have input into the development of the agency's annual service plan and funding requests;
3. Opportunities for agency consumers to meet with governing board to discuss Service Area needs, annual program plans, formal program evaluations and other issues of concern;
4. Adequate notice of the availability of the opportunities outlined in (b)1 through 3 above, with notices posted at the agency's program sites.

(c) In counties where there are consumer or advocacy organizations, these groups shall have an opportunity to review and to comment on the agencies' Consumer Affirmative Action Plans.

10:37-4.3 Designated responsibilities of County Mental Health Boards

(a) For consumer membership see N.J.A.C. 10:37-3.

(b) County Mental Health Boards shall hold at least one meeting annually for the purpose of directly gaining consumer input into the development of its annual mental Health Service Plan. Notice of this opportunity shall be posted in community mental health agencies and facilities in that county, in addition to complying with the Open Public Meetings Act.

(c) Consumers and advocacy organizations shall be given the opportunity to review the annual County Mental Health Services Plan prior to its submission to the Division.

DID YOU KNOW...

- ◆ 1 out of 4 families is affected by mental illness;
- ◆ Mental illness is a disease like cancer and diabetes
- ◆ Individuals with mental illness are people not a disease, diagnosis or caricature
- ◆ Individuals diagnosed with mental illness usually have average or above average intelligence
- ◆ Mental illness does not discriminate; it respects no racial, religions, age or socioeconomic boundaries
- ◆ The use of psychotropic medication and psychotherapy can help about 80% of the people with mental illness
- ◆ People with mental illness are no more violent than the general public; in fact, they are more likely to be depressed and withdrawn than wild and aggressive
- ◆ People with mental illness can function normally and lead productive lives
- ◆ About 15% of the population is likely to experience at least one period of depression severe enough to require medical help
- ◆ Only a small percentage of the homeless have mental illness
- ◆ Mental illness .causes mild to severe disturbances in thinking, resulting in an inability to cope with life's ordinary demands
- ◆ Mental illness is often temporary in nature. A person with mental illness lasting weeks or months may recover and then go for years or even a lifetime without further difficulty
- ◆ Some people with mental illness are subject to episodes of illness but in-between times are perfectly well
- ◆ Employers have noted that people who have. had mental illness are equal to other employees in motivation, quality of work, and job tenure. In fact, many state that consumers .are more punctual and are absent less than other employees
- ◆ The contributing factors for mental illness include: biochemical, psychological, genetic; and environmental influences
- ◆ Only one in five people with a diagnosable mental disorder seeks treatment, the other four suffer in silence

WHAT YOU CAN DO...

- ◆ Recognize individuals with mental illness are

PEOPLE just like you or I, and should be treated accordingly

- ◆ Learn more about mental illness by reading books available in your local library or call your local Mental Health Association for more information.
- ◆ Promote understanding of the disease
- ◆ Visit a group home, boarding home or a nursing home and make a friend or friends
- ◆ Help people with mental illness come back into your community by being friendly, having patience, being a good listener, etc
- ◆ Improve and keep current community residences open
- ◆ Welcome new supervised residences to your neighborhood
- ◆ Support research on schizophrenia, suicide prevention, and other areas of mental illness
- ◆ Become a Community companion by calling your local Mental Health Association
- ◆ Be supportive of families whose loved one is diagnosed with mental illness
- ◆ Recognize the signs and symptoms of mental illness as described in the fact sheets and seek treatment early
- ◆ Encourage employers to hire people with mental illness
- ◆ Encourage family members to be involved with their loved one's treatment plan
- ◆ Educate others about mental illness so they don't misunderstand or fear the disease



Stigma Resources

Mental Health Awareness Committee of Ocean County - www.stimahurts.org

NAMI - www.nami.org

MHA - www.mhanj.org

NJ Governor's Council on Mental Health Stigma - www.nj.gov/mhstigmacouncil

SAMHSA - mentalhealth.samhsa.gov/stigma

BOARDS AND PUBLIC SERVICE STRATEGIES

Role of the Board in Realm of Public Service

- ◆ **Exercise Leadership**
 - ◇ Advocate for core community values
 - ◇ Exemplify guiding principles
 - ◇ Guide planning and development strategies for the better of the whole community
 - ◇ Effect positive change
- ◆ **Monitor and Evaluate**
 - ◇ Understand how the system operates
 - ◇ Analyze how services are provided
 - ◇ Recognize how consumers are affected
- ◆ **Assure Compliance**
 - ◇ Understand the policies and procedures governing the system
 - ◇ Be vigilant in ensuring adherence to standards, policies, guidelines, bylaws and other governing forces
- ◆ **Provide Ongoing Training**
 - ◇ Focus on briefings of laws, regulations, and rules governing the operation of the Board
 - ◇ Highlight “practical” precepts along with other issues of critical importance to the Board
- ◆ **Learn and Educate**
 - ◇ Understand ethical dilemmas, conflicts, changes and new issues
 - ◇ Seek out and adopt strategies to communicate and enlighten the Board and community

Values of a Strong and Healthy Board

- ◆ **Tolerance** - the capacity for or the practice of recognizing and respecting the beliefs or practices of others
- ◆ **Citizenship/Unity** - virtues and duties that prescribe how we ought to behave as part of a larger group
- ◆ **Fairness** - consistency, equality, impartiality, proportionality, openness, and due process
- ◆ **Respect** - display of regard for the worth of people, including oneself focusing upon the moral obligation to honor the essential worth and dignity of the individual
- ◆ **Reliability** - a foundation for commitment
- ◆ **Integrity** - having no divisions in the way one makes decisions from situation to situation - drawing the line and not crossing it.

PLUS Group Decision Making Guidelines

P = Policies (is it consistent with my organization’s policies, procedures and guidelines?)

L = Legal (is it acceptable under the applicable laws and regulations?)

U = Universal (does it conform to the universal principals/values my organization had adopted?)

S = Self (does it satisfy my role as a public servant and member of a larger group?)

6 Steps of Group Decision Making Processes

1. **Defining the problem** - define problem in terms of the expected, desired, and actual outcomes
2. **Identifying solutions to the problem** - resource mapping, resource assessments, needs assessments
3. **Evaluating solutions/alternatives** - analyze alternatives and multiple intentional/unintentional outcomes
4. **Making the decision** - work toward consensus building through clear/concise information exchange
5. **Implementing the decision** - define the decision as a whole and act upon the decision as a group
6. **Evaluating the decision** - regroup and identify strengths, weaknesses and areas of improvement in both the outcomes of the decision and the decision making process

GLOSSARY OF TERMS

Access: The availability of appropriate services to people who need them in a manner that facilitates their use.

Acting Out: Expressing certain kinds of unconscious conflicts through behavior.

Addiction: Physical and/or psychological dependence on alcohol or drugs.

Administrative Costs: Expenses incurred to provide the administrative services required by a health plan such as claims processing, billing, enrollment: and other overhead costs.

Adversary: Antagonist, opponent, enemy, foe.

Advocacy: The process by which various stakeholders (consumers, families, providers, payers) make their perspectives known and affect the process of change.

Affect: The feeling or-tone specific to an idea or issue.

Aggression: A feeling or action that may be self-assertive, forceful or hostile.

Agitation: The psychomotor expression of uncomfortable feelings (pacing, picking at the skin, restless movement of hands, etc.).

Alcoholism: A chronic illness evidenced by compulsive, repeated drinking that produces injury to one's health or to social or economic functioning.

Alienation: Belonging or pertaining to another.

Alliance: A group of providers who join together to increase their cost-effectiveness by sharing resources and developing group purchasing arrangements.

Allowable Costs: Charges associated with the provision of care that are reimbursable under a given health plan.

Alzheimer's Disease: A progressive, irreversible disease, most prevalent in late life, characterized by deterioration of the brain cells and leading to impaired mental functioning.

Ambivalence: Simultaneous conflicting feelings or attitude toward a person or object.

Amnesia: A dissociative experience in which the person's recollection is lost or split off from conscious

recall; may be functional or organic.

Anorexia Nervosa: A disorder characterized by severe and prolonged refusal to eat, extreme weight loss, distorted body image, termination of the menstrual cycle or impotence, and intense-fear of-becoming obese; most often occurs in girls and young women.

Antidepressants: A wide range of drugs used principally to prevent or relieve the symptoms of depression. Antidepressants can't make someone feel better than he normally does, but they can help a person feel as good as he did before becoming depressed. These drugs are sometimes used as well to treat disorders characterized by anxiety.

Anxiety: A state of uneasiness, apprehension, or tension caused by a non-specific danger or threat; there is the subjective sense of impending doom that is accomplished by autonomic symptoms or rapid pulse, increased respirations and perspiration.

Apathy: A state of indifference.

Assault: A violent attack which may be physical or verbal.

Association: Connecting one thought or feeling with another.

Attitude: The position taken on an issue.

Autism: An absorption, in fantasy, to the complete exclusion of reality, as in hallucinations and "day-dreaming".

Autoerotic: Sensual self-gratification, as through thumb sucking, stroking, masturbation.

Average Length of Stay: The average number of days that an episode of care lasts; calculated by the total number of patient days or units of service incurred over a given period, divided by the total number of episodes.

Behavior: The actions of an individual or persons.

Behavioral Healthcare: Care provided for the treatment of mental and/or substance abuse disorders.

Behavior Therapy: A form of treatment based on the theory that a poorly adjusted person's behavior results from learned bad habits. This type of therapy seeks to modify such behavior by teaching new adaptive skills through manipulating elements of the environment functionally related to the behavior.

GLOSSARY OF TERMS CONTINUED...

Blocking: The sudden arrest in the train of thought.

Blunting: A dullness of emotional response.

Bulimia: A disorder characterized by compulsive eating binges followed by some effort to counteract the weight gain that would result from these binges--usually vomiting, but often excessive exercising, fasting or use of diet pills, laxatives or diuretics. Over-concern with weight and body shape are also symptoms of bulimia, which is often accompanied by depression as well.

Bipolar Disorder: A major affective, or mood, disorder in which there are episodes of both mania and severe, disabling depression.

Case Management: A process by which the services provided to a specific enrollee are coordinated and managed to achieve optimum outcome in the most cost-effective manner.

Castration: Literally, the loss or damage of the genital organs; symbolically, a state of powerlessness or psychological impotence.

Character: The personality traits or behavioral style of an individual.

Cognitive: The mental processes or thinking, memory, comprehension, and reasoning.

Cognitive Therapy: A treatment method based on the theory that maladaptive processes of thinking, perceptions and attitudes cause psychological disturbances, and that these problems can be corrected through rational understanding.

Community: A population within a geographic area engaging in social interaction and having common ties.

Complex: A group of associated ideas that have a strong emotional tone and generally are unconscious

Compulsion: An act resulting from an uncontrollable impulse.

Concussion: A condition of impaired functioning of a body organ, especially the head, following a forceful blow.

Confabulation: The filling in of memory gaps with

made-up stories; the patient believes the stories to be true.

Conflict: A clash largely determined by unconscious forces between two opposing emotional forces; conflict is basic in psychic life and fundamental in etiology of psychological disorders.

Confusion: A state of disordered orientation.

Congenial: Inherent at birth.

Consciousness: Being aware of one's environment and one's self.

Constitution: The psychological and physical endowment of an individual, his potential or physical inheritance from birth.

Consumer: A person who receives and/or purchases services; some differentiate a consumer from a customer in that a consumer also advocates for service quality and appropriateness, whereas "customer" refers to any person receiving and/or purchasing services.

Continuum of Care: A comprehensive array of available services that adequately fits the needs of the covered population in a rational and cost-effective manner; usually refers to a range of service intensity.

Conversion: An unconscious process by which an emotional conflict is expressed as a physical symptom; for example, the psychogenic paralysis of an arm prevents its use in an aggressive manner.

Co-payment: An arrangement by which costs are shared with the covered person through their payment of a specified charge for a specified service.

Coping: Problem-solving efforts in a stressful situation.

Cost-Effectiveness: The degree to which a service accomplishes its intended goal at an acceptable cost.

Cost Offset: The degree to which a provide service leads to cost savings in other areas such as general medical costs, disability payments or government financial assistance.

Cost Sharing: Financing arrangements such as deductibles, co-payments and coinsurance that shift some of the cost of services to the covered person.

GLOSSARY OF TERMS CONTINUED...

Counter-Transference: The feelings and reactions of the therapist toward his patient that are derived from his early experiences.

Crime: Conduct that is in violation of the law.

Crisis: A crucial situation which, in turn, causes a disequilibrium to an individual's life-style.

Crisis Intervention: Short-term treatment that attempts to assist the patient in the settlement of a crisis.

Culture: The social characteristics of a particular group of people, often more narrowly defined as the normative aspect of society, the prescriptions about what one should not do in a given society.

Customer: A person who receives and/or purchases services.

Delivery System: An organized array of service providers coordinated to deliver a set package of services.

Defense Mechanism: Processes by which the mind seeks relief from emotional conflict.

Déjà vu: A feeling of familiarity with a place or situation that one has actually never been to or been in.

Delirium: A state of mental disturbance caused by organic conditions and characterized by disorientation, confusion, and often hallucinations.

Delusion: A false fixed belief that cannot be changed by logic.

Dementia: An irreversible deterioration of mental capacities.

Denial: A defense mechanism by which the mind refuses to acknowledge a thought, feeling, wish, need, or reality factor.

Dependency Needs: Essential-needs for mothering, love affections, shelter, protection, security, food and warmth that begin at birth.

Depersonalization: The experiencing of feelings of unreality about the self or the environment.

Depression: A psychiatric term to describe morbid sadness, dejection, or melancholy; it is distinguished from grief which is realistic and proportionate to what

has been lost.

Deprivation Emotional: Lack of adequate human or environment experience.

Derivation Sensory: Lack of adequate perceptual stimuli, such as may occur to a confined prisoner.

Descriptive Psychiatry: A system of psychiatry based upon the study of observable phenomena; to be differentiated from dynamic psychiatry.

Designated Mental Health Provider: An organization or individual with which a health plan contracts to provide services.

Diagnosis: A careful examination of evidence to determine an opinion as in the nature of a traumatic or diseased condition.

Discrimination: Unfavorable treatment of groups of people on arbitrary grounds.

Disenrollment: The formal termination of enrollment for an individual or group by a health plan.

Disfranchised: To deprive of a right, privilege, or power.

Disorientation: Loss of awareness of the position of self in terms of time, space, or other people.

Displacement: A defense mechanism whereby a feeling is transferred to a more acceptable substitute object.

Dissociation: A mental defense of separating one item from another.

Dream: Mental activity during sleep that is dissociated from the self and consciousness of the waking state.

Drive: Motivation or basic urge in man; to be distinguished from the purely biological concept of drive.

Dumping: Generic term referring to the practice by an at-risk provider of obtaining care for an enrollee at the expense of another party.

Dynamic: Forceful and active.

Dynamic Psychiatry: The study and interpretation of emotional processes and the changing factors in human behavior and its motivations.

OCEAN COUNTY MENTAL HEALTH BOARD

GLOSSARY OF TERMS CONTINUED...

Dynamics of Behavior: The understanding and significance of a person's behavior.

Eclectic: Selecting from various systems.

Ego: The part of the psychic structure that deals with reality.

Egocentric: Concern with self.

Ego Ideal: The part of the psychic structure that represents the ideal aims and goals of the individual.

Electroconvulsive Therapy: Electric treatments to produce a grand mal seizure in an individual

Emotion: A subjective feeling, such as fear, anger, joy, love, surprise, etc.

Empirical: Based upon experience or observation: capable of being confirmed, verified, or disapproved by observation or experiment

Employee Assistance Program: (EAP) A system of care designed to help employees, their families and employers resolve personal and workplace problems through behavioral interventions.

Encephalogram: A tracing by an EEG machine to record electrical discharges in the brain.

Encopresis: Fecal soiling.

Enterprise: An undertaking that involves activity, energy, and courage.

Enuresis: Incontinence of urine: bed-wetting.

Epilepsy: A neurological disorder of consciousness that is often accompanied by a convulsion.

Euphoria: An exaggerated sense of well-being.

Exhibitionism: 1) The act of practice of behaving so as to attract attention to one's self. 2) Display of one's genital organs in public.

Explanation of Benefits: (EOB) Written, formal statement sent to enrollees that lists the services provided and costs covered by their health plan.

External Crisis: A crisis event that is externally imposed (as contrasted with a developmental crisis).

Extroversion: Behavior, thoughts, and feelings that are directed outward from the self.

Fabrication: Made-up events to fill in gaps of memory.

Fainting: Temporary loss of consciousness.

Family Therapy: A form of psychotherapy which treats the family rather than the individual, bringing the entire family together for therapeutic sessions. This type of therapy is based on the theory that improvement of communication and emotional expression among family members promotes understanding and co-operation. The treatment may be supportive, directive or interpretive.

Fantasy: An imagined series of mental images, as in a day dream, thought to express conscious or unconscious conflicts, to gratify desires, or to prepare for anticipated events.

Fear: An emotional response to perceived danger: to be distinguished from anxiety that does not necessarily identify the danger.

Fee-for-Service Equivalency: The difference between the amount a provider receives from a fee-for service reimbursement and that received through an alternative financing system (e.g., capitation).

Fee-for-Service Reimbursement: A payment approach that pays providers for each unit of service delivered.

Feminist Movement: A social movement organized on behalf of women's rights.

Fetish: Any nonsexual object, such as a foot or a glove, that abnormally excites erotic feelings. The worship of or attraction to such objects is known as fetishism.

Fixation: Psychoanalytic term to indicate an arrest at particular stage of psycho-sexual development.

Flight of Ideas: The rapid succession ideas that are not necessarily related to each other.

Free Association: A psychoanalytic technique whereby the patient must say whatever comes into his/her mind.

GLOSSARY OF TERMS CONTINUED...

Fugue State: A dissociative state characterized by amnesia and actual physical flights from an intolerable situation.

Functional Mental Illness: Illness of an emotional origin in which organic change cannot be demonstrated.

Funding Method: The mechanism through which a payer (e.g., Medicaid, employer, SMHA) pays for the healthcare of its covered persons.

Gatekeeping: The use of primary care clinicians, case managers or some other mechanism as the initial contact for care in order to ensure that only appropriate and cost-effective care is utilized.

General Paresis: A psychosis caused by a syphilitic infection in the central nervous system.

Ghetto: A section of a city in which members of a social group are segregated.

Grandiose: A term, referring to delusions or feelings of power, fame, splendor, magnificence.

Grief: A normal emotional response to recognized loss, self-limiting and gradually subsiding within a reasonable time.

Group Dynamics: The study of the process of small group

Group Therapy: A form of psychotherapy for a group of patients-usually 6 to 8--who may have similar or different problems. The technique involves interaction among members by means of mutual discussion, criticism, role playing and interpretation of behaviors seen in the group.

Hallucination: An imaginary sense perception.

Homosexual Panic: Acute and severe feelings of anxiety based upon unconscious homosexual conflict.

Human: That which is characteristic of people

Hyperactive: Increased behavior.

Hyperkinesias: Increased muscular movement.

Hypochondriasis: A strong abnormal preoccupation with one's state of health.

Hypnosis: An induced dissociative state.

Hysterics: A lay term for uncontrollable emotional outbursts.

ID: A psychoanalytic term to identify that part of the psychic structure that is unconscious, contains primitive drives, and operates on the pleasure principle.

Ideas of Reference: The incorrect interpretation of incidents as having direct reference to the self.

Identification: An unconscious psychological mechanism whereby an individual endeavors to pattern himself after another person

Illusion: The misinterpretation of an actual sensory experience.

Incorporation: A psychological mechanism whereby a person symbolically takes a part of another person to be part of self; for example, the infant fantasizes that the mother's breast is part of him.

Indigenous worker: Liaison community person who facilitates health care.

Infertility: Inability to conceive a pregnancy after one year of sexual relations without contraception or the inability to carry a pregnancy to a live birth.

Infrastructure Risk: The impact that a contract has upon the systems and structures that comprise an organization such as. MIS, facilities, management capabilities and support services.

Insane: An obsolete term used colloquially to describe a person with a mental disorder. Now a legal term applied by the courts to a person who, because of mental disease or mental retardation, was unable to appreciate the wrongfulness or criminality of his conduct at the time of an offense.

Insight: Self-understanding and a major goal of psychotherapy; this includes the individual's understanding of the nature, origin, and mechanisms of his thoughts, feelings, and behavior.

Instinct: Inborn drive.

Insulin Shock: A somatic treatment in which a coma is induced by the injection of insulin in prescribed dosage.

OCEAN COUNTY MENTAL HEALTH BOARD

GLOSSARY OF TERMS CONTINUED...

Intellectualization: A defense mechanism that employs reasoning and logic to defend against uncomfortable feelings.

Intelligence: The power or act of understanding: the intellect or mind in operation.

Internal Crisis: Developmental or maturational crisis situations.

Interview: To question or have a conversation with, especially in order to obtain information.

Intrapsychic: That which takes place within the mind.

Introjection: A mental mechanism in which one incorporates and accepts patterns, attitudes, and ideals of others.

Introversion: Preoccupation with one's self, the opposite of extroversion.

Involitional Psychosis: A psychiatric disorder occurring during that period of life referred to as menopausal, climacteric, or evolutionary.

Issue: A matter on which there exists two or more points of view.

Joint Commission on Accreditation of Healthcare Organizations: (JCAHO) A private not-for-profit organization that sets standards evaluates, and accredits its hospitals healthcare organizations and networks.

Kleptomania: Compulsive stealing.

Labile: Rapidly shifting emotions

Latency Period: A psychoanalytic term for the developmental phase between childhood and adolescence, usually ages 7 to 10.

Law: Rules of conduct formally recognized as binding by authority.

Length of Stay: (LOS) The duration of an episode of care for a covered person.

Liaison: Coordination of activities.

Libido: A psychoanalytic term meaning the vital force of psychic energy.

Litigation: A suit of law.

Lobotomy: A type of surgery used in the treatment of certain psychoses in which a lobe of the brain, especially the frontal lobe of the cerebrum, is cut into or across. This procedure is rarely used today, other than for relief of chronic, severe pain.

Malingering: A deliberate endeavor to use an illness to avoid an uncomfortable situation.

Managed Care: Various strategies that seek to optimize the value of provided services by controlling their cost and utilization, promoting their quality and measuring performance to ensure cost-effective outcomes.

Mania: A mood disorder characterized by excessive elation or irritability, hyperactivity, poor concentration and accelerated thinking and speaking, and resulting in impaired judgment. Mania is seen in major disorders involving disturbance of mood and in organic mental disorders.

Medicaid: A federal program administered individually by participating state and territorial governments that share in the program's costs to provide medical benefits to specific groups of low income and/or categorically eligible persons.

Megalomania: A psychiatric syndrome characterized by delusions of great self-importance, wealth, and power.

Mental Illness: A broad range of disorders with psychological or behavioral symptoms and/or impairment in functioning due to a social, psychological, genetic, physical/ chemical or biological disturbance.

Mental Mechanisms: Specific intrapsychic defensive processes that relieve a person from uncomfortable or intolerable situations; also called defense mechanisms.

Mental Retardation: A deficit in intelligence that makes the individual's intellectual abilities lower than normal for his age and development.

Milieu: The people and factors within an environment with which a person interacts.

Molest: To annoy or disturb: to unjustifiably meddle with sexually.

GLOSSARY OF TERMS CONTINUED...

Morbidity: The incidence and severity of situations requiring treatment (e.g., illness, accidents) within a specific group of persons.

Morbidity Risk: The risk that service needs among a group of enrollees will differ from an expected amount; this does not translate directly into utilization risk, but it can affect it.

Mortality: The rate of death for persons within a specific group for each age or other category represented in the group.

Motivation: The force within the individual that impels him to act.

Multiple Personality: A rare type of dissociative state in which a person adopts two or more personalities. Dissociative disorders involve a sudden, temporary change in normally integrated functions of consciousness, identify or motor behavior, so that some part of OJ or more of these functions is lost.

Mutism: The inability to speak.

Narcissism: A psychoanalytic term meaning self-love.

Narcolepsy: A condition in which the individual is overcome by an uncontrollable desire to sleep.

Negative Feelings: Unfriendly, hostile feelings.

Negativism: Strong resistance to suggestions or advice.

Negotiate: A discussion whereby an agreement is reached.

Neologism: The formation or development of a new word from parts of existing words.

Nervous Breakdown: A non-medical nonspecific term for emotional illness.

Nightmare: A frightening dream, often accompanied by a sensation of helplessness and impending doom.

Nosological: Classification or list of. Diseases

Object: A psychoanalytical term meaning person.

Object Relationship: The emotional bonds that exist between one individual and another.

Obsession: Persistent and uncontrollable thoughts.

Obsessive Compulsive Disorder: A type of anxiety disorder marked by the persistent intrusion of unwanted and uncontrollable thoughts. Commonly, patients who suffer from obsessions also suffer from compulsions--repeated, senseless rituals victims go through in an attempt to reduce their anxiety. While compulsive behavior is almost always preceded by obsessive thoughts, some people have obsessive thoughts but do not ritualize.

Oedipus Complex: A psychoanalytic phase of psychosexual development whereby the child (roughly age 4-7) has feelings of attachment for the parent of the opposite sex and also feelings of envy and aggression toward the parent of the same sex.

Open Enrollment Period: Specified time during which members of a health benefit program are allowed to change health plans without restriction.

Operant Conditioning: A technique of behavior therapy in which the desired behavior is rewarded and the undesired behavior is either ignored or acknowledged by punishment.

Oral Eroticism: Pleasurable sensations obtained from the mouth.

Oral Stage: A psychosexual phase of development that refers to both the oral-erotic and oral-sadistic phases of the first year of life.

Organic Mental Disorder: A temporary or permanent impairment of the brain, caused by physiological disturbance of brain tissue at any level of organization--structural, hormonal, biochemical, electrical, etc. Causes are associated with aging, toxic substances or a variety of physical disorders.

Orthopsychiatry: Psychiatry concerned with the study of children in which the emphasis is placed on preventative techniques to emphasize normal, healthy emotional development.

Overcompensation: A defense mechanism whereby a physical or psychological deficit produces exaggerated correction.

GLOSSARY OF TERMS CONTINUED...

Panic Disorder: A type of anxiety disorder in which a person suffers intense, overwhelming terror suddenly and for no apparent reason. The fear is accompanied by such physical symptoms as shortness of breath; heart palpitations; chest discomfort; choking or smothering sensations; unsteadiness; feelings of unreality; tingling; hot or cold flashes; sweating; faintness; trembling; and fear of losing control, dying or going crazy.

Paranoia: A term used in psychiatry to indicate feelings of persecution, suspicion; may develop into delusions.

Participating Provider: A provider who has contracted with a health plan to provide specific services for a negotiated reimbursement.

Payer/Payor: The public or private organization that is responsible for payment for healthcare expenses.

Personality: The sum total of the behavior styles and patterns of the individual.

Personality Disorder: A deeply ingrained, inflexible, maladaptive pattern of relating, perceiving and thinking serious enough to cause distress or impaired functioning. Personality disorders are usually recognizable by adolescence or earlier, continue throughout adulthood and become less obvious in middle and old age. Examples of formally identified personality disorders are anti social, borderline, compulsive, historic, dependent, narcissistic, paranoid, passive-aggressive, schizoid and schizotypal.

Perversion: A deviation from socially acceptable patterns of sexual gratification.

Phallic Stage: A psychosexual phase of development (roughly ages 4-6) during which the child's interest centers around issues of potency and strength.

Phobia: An obsessive, persistent, and unrealistic fear of an external object or situation; common phobias are: acrophobia (heights), agoraphobia (open spaces), aqua phobia (water), crudanaphobia (crowds), claustrophobia (closed spaces), mysophobia (dirt), myctophobia (dark), pyrophobia (fire), xenophobia (strangers).

Pica: The abnormal ingestion of substances that have no nutritional value, such as paper, paint, soil.

Play Therapy: A technique used in child psychiatry to establish interaction between the therapist and the child.

Pleasure Principle: A basic psychoanalytic concept that man seeks to avoid pain and strives for gratification and pleasure.

Post-Traumatic Stress Disorder (PTSD): A disorder that develops after a person experiences a psychologically distressing event outside the range of usual human experience--a natural disaster such as an earthquake, an accidental disaster such as war or rape. PTSD is characterized by re-experiencing the traumatic event, avoidance of stimuli associated with it, or a numbing of general responsiveness that was not present before the trauma.

Preconscious: The part of the psychic structure in which thoughts are not in immediate awareness but can be recalled by conscious effort.

Preferred Provider Organization (PPO) An organization which contracts with specific providers to provide healthcare services to enrollees and structures its benefit package to provide incentives for the use of these contracted providers.

Premium: The amount of money paid to a health plan to provide coverage over a specified time period.

Prevention: Intervening in a deliberate and positive way to counteract harmful circumstances before they cause disorder or disability (primary); to reverse, stop or slow a disorder in its early phase (secondary); and to reduce the incapacities and handicaps produced by serious disturbances once they have occurred (tertiary).

Prevention, Primary: Efforts aimed at persons not yet affected with the condition to be prevented, and generally involve technologies applied to groups, often composed of those at risk for the condition to be prevented (e.g. high base-rate conditions such as childhood emotional and behavioral disorders, adolescent suicide, substance abuse and adult depression).

GLOSSARY OF TERMS CONTINUED...

Prevention, Secondary: Efforts aimed at early treatment that prevents more serious later disturbance. Seeks to reduce the duration of a disorder already present by early detection and treatment programs (e.g. effective treatment services provided for individuals experiencing acute schizophrenia).

Prevention Tertiary: Attempts made to reduce the incapacities and handicaps produced by serious disturbances. Efforts are designed to reduce the severity, discomfort, or disability associated with any disorder (e.g. programs based on normalization philosophy and rehabilitation concepts: investigational medication studies for individuals experiencing schizophrenia focused on relieving, reducing or eliminating symptoms, etc.).

Privatization: A generic term referring to efforts to move functions formerly carried out by governmental entities to private for-profit or not for profit status.

Prognosis: The prediction of the probable course of an illness.

Projection: A defense mechanism whereby thoughts, attitudes, and motivations are directed out into the environment and not to the person.

Provider: An organization or individual that provides and is reimbursed for a healthcare service.

Psychiatric Nursing: A specialty within the nursing profession in which efforts are directed by the nurse toward promotion of mental health, prevention of mental illness, early case finding of an intervention in emotional problems and follow-up care to minimize long-term effects of mental illness.

Psychiatrist: A doctor of medicine who deals with the origin, diagnosis, treatment, and prevention of mental illness.

Psychiatry: A specialty within medicine that deals with mental illness.

Psycho-Analysis: A theory of human development, human behavior, and a form of psychotherapeutic treatment developed by Sigmund Freud and his fol-

lows.

Psychoanalyst: A psychiatrist or a lay therapist who has had additional training in psychoanalysis and who practices the technique of psychoanalytic therapy.

Psychodynamics: The systemized knowledge and theory of human behavior its motivation, and psychoanalytic principles.

Psychologist: A health professional who specializes in psychology and has earned a graduate degree (an M.A. or a Ph.D.).

Psychology: A science and a profession that deals with knowledge of the psyche in relation to problems of mind and behavior.

Psychosexual Development: A psychoanalytic term that distinguishes phases of development of the person from birth to adult life.

Psychosis: A severe disability, involving coping mechanisms of the individual that is commonly characterized by a loss of contact with reality, distortion of perception, regressive behavior, and abnormal mental content.

Psychotherapy: A form of treatment for psychiatric disorders characterized by a special relationship between the patient and a professional whose goal is to modify particular symptoms or patterns of behavior that are considered maladaptive by the patient.

Psychotropic Medication: A medication which has direct effect upon the central nervous system and which can modify emotion, thinking, behavior and perception of the individual. Drugs included in these guidelines are anti-psychotic (or neuroleptics); mood stabilizing drugs; anti-depressants; anxiolytics; sedatives and hypnotics; and stimulants.

Racism: A believe in the inherent superiority of a given race and its right to dominate over others a political or social system based on racism.

Rape (Forcible): Unlawful sexual intercourse by force and against a person's will.

Rape Trauma: The resulting symptomology to the act of rape.

Rationalization: A defense mechanism whereby the

OCEAN COUNTY MENTAL HEALTH BOARD

GLOSSARY OF TERMS CONTINUED...

- Reaction Formation:** A defense mechanism operating unconsciously whereby an opposite attitude or behavior takes the place of the real attitudes, impulses or behavior the individual harbors either consciously or unconsciously.
- Reality:** The character of being true to life.
- Reality Principle:** A psychoanalytic concept whereby the individual's desires and wishes are regulated in accord with the demands of reality.
- Requests:** The wishes or hopes of a person for a desired service or item.
- Regression:** A defense mechanism that keeps unpleasant experiences and thoughts from conscious awareness.
- Role:** A set of expectations which is associated with a position in a social system and which determines behavior within specified limits regardless of the personality of the incumbent.
- Rorschach Test:** A psychological test designed to disclose conscious and unconscious traits and emotional conflicts; the person being tested tells what is suggested to him when viewing a series of standard ink-blot patterns.
- Sadism:** Pleasure derived from inflicting physical or psychological pain on others.
- Schizoid:** Used as an adjective to describe traits of introversion, withdrawal, aloofness.
- Schizophrenia:** A psychiatric syndrome characterized by a thinking disorder, withdrawal from reality, regressive behavior, poor communications, and severely impaired interpersonal relationships.
- Senility:** A term used to refer to senile dementia, a chronic progressive mental disorder associated with general deterioration of the brain resulting in the death of neurons. Although the cause is unknown, several promising theories are under study. Senility is not due to aging per se, but may be a late form of Alzheimer's disease. Deterioration may range from minimum to severe.
- Sex:** All the characteristics which distinguish between the female and the male.
- Sexual Assault:** An attack to an individual which has sexual connotations.
- Sibling:** The quality or state of-being sexual.
- Side Effects:** A term for brother or sister.
- Sexuality:** Effects from a treatment or medication that are adverse or not part of the planned treatment. At times, side effects may be so problematic as to make treatment unadvisable. All treatments have side effects: in an effective treatment, the benefits outweigh the side effects.
- Sociology:** The scientific study of society, social institutions, and social relationships: especially the study of the development, structure, and function of human groups conceptualized as processes of interaction or as organized patterns of collective behavior.
- Soma:** The physical aspect of human as distinguished from the psyche.
- Somatic:** Physical.
- Stakeholders:** Groups of persons with a vested interest in the design and functioning of a service or product. For public behavioral healthcare, stakeholders include consumers, family members of consumers, service providers, legislators
- Stall:** A loss in the amount of forward progress necessary to maintain the therapeutic process.
- Stigma:** A stain or reproach on one's reputation; a characteristic of a defect, disease, etc.; the stigma associated with mental illness.
- Straight Jacket/ Straitjacket:** A coat like device that binds the arms tight against the body, used to restrain and protect persons in a violent state who may be in danger of harming themselves or others.
- Stressful Situation:** A situation that has a stressor in it.
- Stressor:** The incident or event that provokes stress.
- Style:** The distinctive and characteristic mode of one's behavior.

GLOSSARY OF TERMS CONTINUED...

Subconscious: A lay term to imply that part of ..the mind is not in awareness.

Sublimation: A defense mechanism in which libido energy is utilized in socially acceptable avenues.

Suburban: An outlying and adjacent part of a city.

Superego: A psychoanalytic term to represent that part of the psychic structure that is the individual's standard of values, ethics, and conscience.

Supervision: In psychiatric nursing, a teaching or educative process by which therapy is managed.

Suppression: A defense mechanism in which conscious effort is made to overcome unpleasant thoughts or experiences.

Surrogate: One who takes the place of another; a substitute person.

Symbiosis: A term used in psychiatry to identify the relationship between two people who are totally dependent on each other.

Symbolism: A defense mechanism in which an abstract representation is made to an actual object.

Symptom: A specific sign of a patient's condition indicating an abnormal physical or mental state.

Tar dive Dyskinesia (TD): A side effect experienced by some people who take antipsychotic drugs. More common among females and older patients, TD begins with tongue tremors, facial tics and abnormal jaw movements. These symptoms may progress to pressing and rolling of the tongue, lip smacking, grimacing, and chewing or sucking motions. Later the patient may develop spasmodic movements of the extremities.

Testify: To give evidence under oath in court.

Therapeutic: Serving to cure or heal.

Therapy: The treatment of any physical or mental disorder by psychotherapy or by medical or physical means, usually excluding surgery.

Tranquilizer: Medication prescribed to calm an individual.

Trauma: The result of an injury or wound violently

produced; in psychiatry, the result of an emotional wound which is long-term in effect.

Transference: Feelings and attitudes of the patient toward a therapist that are displacements of the patient's feelings toward other people in his life.

Tricyclics: The most widely used class of antidepressant medications. Tricyclics, are usually prescribed for patients with what is known as "major depression", marked by symptoms such as insomnia, loss of appetite and weight, psychomotor retardation, loss of energy, decreased capacity to feel pleasure, suicidal thoughts, and thought patterns dominated by hopelessness, helplessness, and excessive guilt. They are also used for a variety of other conditions such as chronic pain syndrome, bulimia, migraine headaches and panic disorder.

Type A Personality: A temperament or disposition characterized by intense drive, competitiveness, sense of urgency, impatience, unrealistic ambition and need for control. Believed to be associated with a high risk of coronary artery disease and high blood pressure.

Type B Personality: A temperament or disposition characterized by a relaxed, easy-going demeanor, less time-bound and competitive than the Type-A personality.

Unconscious: A psychoanalytic concept describing thoughts, feelings, and behavior not in awareness; it also refers to a division of the mind.

Undoing: A defense mechanism by which something is verbalized or acted on in reverse in the hopes of "undoing" something which the ego finds intolerable.

Victim: Someone who is harmed, injured, killed, destroyed, or sacrificed, whether-.it be ruthless design or accidentally

Victimology: The study of the victim.

Voyeurism: An often compulsive interest in watching or looking at others, particularly at genitals, for sexual gratification.

Withdrawn: A form of behavior that implies a retreat from reality.

Wrap-Around Coverage: A continuum of benefits organized around an individual enrollee's treatment needs

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS

A	
AA	<i>Alcoholics Anonymous</i>
ABAWD	<i>Able Bodied Adults Without Dependents</i>
ABCTC	<i>Arthur Brisbane Child Treatment Center</i>
ABE	<i>Adult Basic Education</i>
ACBSW	<i>Academy of Certified Baccalaureate Social Workers</i>
ACCAP	<i>AIDS Community Care Alternatives Program</i>
ACE	<i>Action for Career Employment</i>
ACEI	<i>Atlantic City Casino Employment Initiative</i>
ACF	<i>Administration for Children and Families (Federal child care funding)</i>
ACLU	<i>American Civil Liberties Union</i>
ACSES	<i>Automated Child Support Enforcement System</i>
ACSW	<i>Academy of Certified Social Workers</i>
ADA	<i>Americans with Disabilities Act</i>
ADA	<i>American Diabetes Association</i>
ADACO	<i>Alcoholism & Drug Abuse Council of Ocean County</i>
ADAU	<i>Alcoholism and Drug Abuse Unit</i>
ADC	<i>Alternative Disposition Committee</i>
ADD	<i>Attention Deficit Disorder</i>
ADHD	<i>Attention Deficit Hyperactivity Disorder</i>
AE	<i>Administrative Entity</i>
AFB	<i>Air Force Base</i>
AFDC	<i>Aid to Families with Dependent Child</i>
AFL-CIO	<i>American Federation of Labor-Congress of Industrial Organizations</i>
AG	<i>Attorney General</i>
AH	<i>Auditory Handicapped</i>
AHMS	<i>Affordable Housing Management Service (DCA) Fair Share Housing</i>
AIP	<i>Adult Intervention Program</i>
AJB	<i>America's Job Bank</i>
AL-ANON	<i>Support Group for Family Members of Alcoholics</i>
ALA-TEEN	<i>Support Group for Teenage Alcoholics</i>
ALC	<i>Adult Learning Center</i>
AMHBG	<i>Alcohol & Mental Health Block Grant</i>
AO	<i>Administrative Order</i>
AOC	<i>Administrative Office of the Courts</i>
AOSOS	<i>America's One Stop Operating System</i>
AOTU	<i>Adolescent Offenders Treatment Unit</i>
APH	<i>Ancora Psychiatric Hospital</i>
APS	<i>Adult Protective Services</i>
APWA	<i>American Public Welfare Association</i>
ARC	<i>Adoption Resource Centers – (DHS/DYFS)</i>
ARC	<i>Association for Retarded Citizens</i>
ARCC	<i>At Risk Child Care</i>

COMMONLY USED ACRONYMS CONTINUED...

ASAP	<i>Adolescent Substance Abuse Program</i>
ASC	<i>Adolescent Services Continuum</i>
ASFA	<i>Adoption and Safe Families Act</i>
ASO	<i>Administrative Service Organization</i>
ASPA	<i>American Society of Public Administration</i>
ATB	<i>America's Talent Bank</i>
AWEP	<i>Alternative Work Experience Program</i>
B	
BABES	<i>Beginning Alcohol & Addiction Basic Education Studies</i>
BAT	<i>Bureau of Apprenticeship and Training</i>
BCF	<i>Board of Chosen Freeholders</i>
BEIP	<i>Business Employment Incentive Program (Grant)</i>
BLS	<i>Basic Living Skills</i>
BLS	<i>Bureau of Labor Statistics (US Department of Labor)</i>
BOCHA	<i>Bring Our Children Home Act</i>
BRAG	<i>Business Relocation Assistance Grant</i>
BREM	<i>Basic and Remedial Education (FDP)</i>
BS	<i>Basic Skills</i>
BSDA	<i>Basic Skills for Deaf Adults</i>
BSR	<i>Business Services Representatives</i>
BSW	<i>Bachelor's Degree in Social Work</i>
C	
C&E	<i>Consultation & Education</i>
C&R	<i>Coordination and Review</i>
CA	<i>Cocaine Anonymous</i>
CAA	<i>Creative Achievement Academy (CMO)</i>
CAC	<i>Certified Alcoholism Counselor</i>
CADC	<i>Certified Drug & Alcohol Counselor</i>
CAFAS	<i>Child/Adolescent Functional Assessment Score</i>
CAFS	<i>Child, Adolescent, and Family Support Services Program</i>
CAM	<i>Capable Adolescent Mothers</i>
CANS	<i>Children Adjusting to New Situations</i>
CAP	<i>Continuum Aftercare Project</i>
CAPA	<i>Community Action Program Agency</i>
CAPU	<i>Children/Adolescent Psychiatric Unit</i>
CARA	<i>Coalition Against Rape & Abuse</i>
CARF	<i>Counseling Alternatives for Resistive Families</i>
CARF	<i>Council on Accreditation of Rehabilitation Facilities</i>
CARI	<i>Child Abuse Record Investigation</i>
CART	<i>Case Assessment Resource Team</i>
CASSP	<i>Child and Adolescent Services System Program</i>
CAT	<i>County Assessment Team (450 Plan)</i>
CBO	<i>Community Based Organization</i>
CBVI	<i>Commission for the Blind and Visually Impaired</i>
CCC	<i>Children's Coordinating Council</i>

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS CONTINUED...

CCDBG	<i>Child Care & Development Block Grant</i>
CCDF	<i>Child Care & Development Fund</i>
C-CHAS	<i>County Comprehensive Homeless Assistance Strategy</i>
CCIS	<i>Children's Crisis Intervention Services</i>
CCM	<i>Clinical Case Management</i>
CCPED	<i>Community Care Program for the Elderly and Disabled</i>
CCRR	<i>Child Care Resource & Referral System</i>
CCSA	<i>Cost of Current Service Adjustment</i>
CDBG	<i>Community Development Block Grant</i>
CEAS	<i>Comprehensive Emergency Assistance Systems</i>
CECEP	<i>Center for Early Childhood Education Program</i>
CEI	<i>Calculated Earned Income</i>
CEO	<i>Chief Elected Official</i>
CEPP	<i>Commitment Extended Pending Placement</i>
CES	<i>Current Employment Statistics</i>
CFA	<i>Consolidated Funding Application</i>
CFAU	<i>Capital Facilities Approval Unit (State)</i>
CFDA	<i>Catalog of Federal Domestic Assistance Numbers</i>
CFG	<i>Center for Guidance</i>
CFS	<i>Center for Family Services</i>
CFT	<i>Child/Family Team</i>
CGC	<i>Child Guidance Center for New Jersey</i>
CH	<i>Communication Handicapped</i>
CHAC	<i>Ocean County Housing Advisory Committee</i>
CHAS	<i>Comprehensive Housing Affordability Strategy</i>
CHEP	<i>Cuban/Haitian Entrant Program</i>
CHLP	<i>Community Health Law Project</i>
CHS	<i>Children's Home Society</i>
CHSAC	<i>County Human Services Advisory Council</i>
CHSP	<i>Comprehensive Human Services Plan</i>
CI	<i>Children's Initiative</i>
CIACC	<i>County Inter-Agency Coordinating Council for Children</i>
CIC	<i>Crisis Intervention Center</i>
CICRF	<i>Catastrophic Illness in Children Relief Fund Commission</i>
CIDS	<i>Career Information Delivery System</i>
CIP	<i>Classification of Instructional Programs</i>
CIU	<i>Crisis Intervention Unit</i>
CLPC	<i>Child Life Protection Commission</i>
CM	<i>Case Management</i>
CMHC	<i>Community Mental Health Center</i>
CMI	<i>Chronically Mentally Ill</i>
CMO	<i>Care Management Organization</i>
CMU	<i>Case Manager Unit</i>
CN	<i>Certificate of Need</i>
CNS	<i>Community Nursing Services</i>
CO	<i>Certificate of Occupancy</i>

COMMONLY USED ACRONYMS CONTINUED...

COA	<i>Council on Accreditation of Children and Family Services</i>
COC	<i>Continuum of Care</i>
CODA	<i>Co-Dependence Anonymous</i>
COEI	<i>Center for Occupational Employment Information</i>
COLA	<i>Cost of Living Adjustment / Cost of Current Services</i>
CON	<i>Certificate of Need</i>
COPE	<i>Center of Psychiatric Evaluation</i>
COSA	<i>Children of Substance Abusers</i>
CPA	<i>Certified Public Accountant</i>
CPAC	<i>Community Planning & Advocacy Center</i>
CPC	<i>Child Partial Care</i>
CPG	<i>Community Partnership Grant</i>
CPRB	<i>Child Placement Review Board</i>
CPS	<i>Child Protective Services</i>
CQI	<i>Continual Quality Improvement</i>
CR	<i>Conditional Release</i>
CSA	<i>Contracted Services Administration</i>
CSA	<i>Comprehensive Social Assessment</i>
CSCC	<i>Children's System Coordinating Committee</i>
CSP	<i>Community Support Program</i>
CSP	<i>Child Support and Paternity</i>
CST	<i>Child Study Team</i>
CT	<i>Committed</i>
CT	<i>Classroom Training</i>
CTF	<i>Children's Trust Fund</i>
CTO	<i>Chief Technology Officer</i>
CTP	<i>Comprehensive Treatment Plan</i>
CTS	<i>Community Treatment Solutions</i>
CWA	<i>County Welfare Agency</i>
CWA	<i>Communication Workers of America</i>
CWEP	<i>Community Work Experience Program</i>
CY	<i>Calendar Year</i>

D

DAC	<i>Disaster Application Center</i>
DADAAS	<i>Division of Alcoholism, Drug Abuse & Addiction Services</i>
DAPP	<i>Drug & Alcohol Prevention Program</i>
DARE	<i>Drug Awareness Resistance Education</i>
DATE	<i>Disability Awareness Through Education (Team)</i>
DCA	<i>Department of Community Affairs or Day Care Administration</i>
DCBHS	<i>Division of Child Behavioral Health Services</i>
DCF	<i>Department of Children and Families</i>
DCC	<i>Day Care Centers (DHS/DYFS)</i>
DD	<i>Developmentally Disabled and/or Developmental Disability</i>
DDC	<i>Developmental Disabilities Council</i>
DDD	<i>Division of Developmental Disabilities</i>

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS CONTINUED...

DDHH	<i>Division of the Deaf & Hard of Hearing</i>
DEA	<i>Division of Economic Assistance</i>
DEPART	<i>Disabled, Elderly Persons Accessible Recreational Transportation</i>
DFD	<i>Division of Family Development</i>
DHS	<i>Department of Human Services</i>
DHSS	<i>Department of Health & Senior Services</i>
DIAL	<i>Disabled Information Awareness & Living, Inc.</i>
DIT	<i>Division of Information Technology</i>
DJS	<i>Division of Juvenile Services</i>
DLWD	<i>Department of Labor and Workforce Development</i>
DMAHS	<i>Division of Medical Assistance and Health Services</i>
DMHC	<i>Drenk Mental Health Center</i>
DMHAS	<i>Division of Mental Health & Addiction Services</i>
DMVA	<i>Division of Military & Veterans Affairs</i>
DOAE	<i>Department of Adult Education</i>
DOC	<i>Department of Corrections</i>
DOE	<i>Department of Education</i>
DOH	<i>Department of Health</i>
DOHE	<i>Department of Higher Education</i>
DOLETA	<i>Department of Labor Employment and Training Administration</i>
DOLMA	<i>Department of Labor Management Association</i>
DOP	<i>Department of Personnel</i>
DOSP	<i>Discharge Oriented Service Plan</i>
DOT	<i>Department of Transportation</i>
DOVIA	<i>Directors of Volunteers in Associations</i>
DPCP	<i>Division of Prevention and Community Partnership</i>
DRCC	<i>Disaster Response Crisis Counselor</i>
DRG	<i>Diagnostic Related Group</i>
DRS	<i>Designated Record Set</i>
DSC	<i>Designated Screening Center</i>
DSMIV	<i>Diagnostic & Statistical Manual</i>
DV	<i>Domestic Violence</i>
DVA	<i>Department of Veteran's Affairs</i>
DVPSS	<i>Division of Veterans Program & Special Services</i>
DVR	<i>Division of Vocational Rehabilitation</i>
DVRT	<i>Domestic Violence Response Team – Providence House</i>
DYFS	<i>Division of Youth and Family Services</i>
E	
E&T	<i>Employment and Training</i>
EA	<i>Emergency Assistance (DFD)</i>
EAP	<i>Emergency Apartment Program</i>
EASE	<i>Easy Access, Single Entry (services for elderly citizens)</i>
EBT	<i>Electronic Benefits Transfers</i>
ED	<i>Emotionally Disturbed</i>
EDA	<i>Employment Directed Activities</i>

COMMONLY USED ACRONYMS CONTINUED...

EDP	<i>Employability Development Plan</i>
EEDA	<i>Education and Employment Directed Activity (FDP)</i>
EEL	<i>Early Employment Initiative (WFNJ program)</i>
EEO	<i>Equal Employment Opportunity</i>
EEOC	<i>Equal Employment Opportunity Commission</i>
EFF	<i>Equipped for the Future</i>
EFO	<i>Emergency Food Organization</i>
EFSP	<i>Emergency Food & Shelter (National Board program)</i>
EIC	<i>Earned Income Credit (Federal Tax Reform Act of 1986)</i>
EIP	<i>Early Intervention Program</i>
EIRC	<i>Education Information & Resource Center</i>
EISS	<i>Early Intervention and Support Services</i>
ELC	<i>Employer Legislative Committee</i>
EMR	<i>Educable Mentally Retarded</i>
EO	<i>Executive Order</i>
EOF	<i>Educational Opportunity Fund (program)</i>
EPDT	<i>Employability Plan Development Tool</i>
EPSDT	<i>Early Periodic Screening, Diagnosis & Treatment</i>
ERC	<i>Emergency Response Committee</i>
ERE	<i>Employment Related Expenses</i>
ES	<i>Employment Services or Emergency Services</i>
ESGP	<i>Emergency Shelter Grants Program</i>
ESL	<i>English as a Second Language</i>
ETA	<i>Employment and Training Administration</i>
ETPL	<i>Eligible Training Provider List</i>
EU	<i>Eligible Unit</i>
F	
FACE	<i>Family & Consumer Exchange</i>
FACES	<i>Family & Children Early Education Services (Reiner Project)</i>
FACS	<i>Family and Community Services</i>
FAMIS	<i>Family Management Information System</i>
FAR	<i>Federal Acquisition Regulations</i>
FAS	<i>Fetal Alcohol Syndrome</i>
FBANJ	<i>Family Based Association of New Jersey</i>
FCIU	<i>Family Crisis Intervention Unit</i>
FCM	<i>Family Case Management, Superior Court</i>
FDC	<i>Family Day Care (a.k.a. – Registered Family Day Care Provider)</i>
FDI	<i>Family Development Initiative</i>
FDP	<i>Family Development Program</i>
FEIN	<i>Federal Employer Identification Number (IRS)</i>
FEMA	<i>Federal Emergency Management Agency (emergency food & shelter)</i>
FFP	<i>Federal Financial Participation</i>
FFY	<i>Federal Fiscal Year</i>
FH	<i>Fair Hearing</i>
FLC	<i>Family Learning Center</i>

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS CONTINUED...

FLEX	<i>Families Living in Extreme Stress</i>
FOCUS	<i>Family Outreach Creating Understanding & Stability</i>
FPL	<i>Federal Poverty Level</i>
FPS	<i>Family Preservation Services</i>
FPSS	<i>Family Preservation and Support Services Initiative (Federal)</i>
FS	<i>Food Stamps</i>
FSA	<i>Family Support Act (basic skills training)</i>
FSA	<i>Family Service Association</i>
FSB	<i>Federal Supplemental Benefits</i>
FSC	<i>Federal Supplemental Compensation</i>
FSE&T	<i>Food Stamp Employment and Training</i>
FSETP	<i>Food Stamp Employment and Training Program (DHS/DFD)</i>
FSO	<i>Family Support Organization</i>
FSP	<i>Food Stamp Program</i>
FSS	<i>Family Self Sufficiency</i>
FTE	<i>Full Time Equivalent</i>
FUTA	<i>Federal Unemployment Tax Act</i>
FVO	<i>Family Violence Option</i>
FY	<i>Fiscal Year</i>
FYI	<i>For Your Information</i>
G	
G&A	<i>General & Administrative</i>
GA	<i>General Assistance (DFD)</i>
GAAS	<i>General Assistance Automated System</i>
GAEP	<i>General Assistance Employability Program (DFD)</i>
GAM-ANON	<i>Gamblers Anonymous</i>
GAPB	<i>General Assistance Procedural Bulletin</i>
GAPI	<i>General Assistance Program Instruction</i>
GED	<i>General Education Development</i>
GED	<i>Graduate Equivalency Diploma</i>
GGI	<i>Guided Group Interaction</i>
GH	<i>Group Home</i>
GIS	<i>Geographic Information System (transportation for WFNJ)</i>
GS	<i>Guardianship Services</i>
GSA	<i>General Services Administration (NJ)</i>
GSETA	<i>Garden State Employment & Training Association</i>
GSHP	<i>Garden State Health Plan</i>
H	
HA	<i>Housing Authority</i>
HAAAD	<i>Hearing Aid Assistance to the Aged and Disabled</i>
HBC	<i>Health Benefits Coordinator</i>
HC	<i>Handicapped Commission</i>
HCCS	<i>Homeless Continuum of Care System (replaces CHAS)</i>
HCEP	<i>Home Care Expansion Program</i>
HCFA	<i>Health Care Financing Administration</i>
HCI	<i>Healthcare Commons Inc.</i>

COMMONLY USED ACRONYMS CONTINUED...

HEA	<i>Home Energy Assistance (DFD)</i>
HIACC	<i>Homeless Interagency Coordinating Council</i>
HIPAA	<i>Health Insurance Portability and Accountability Act</i>
HMI	<i>Homeless Mentally III</i>
HMO	<i>Health Maintenance Organization</i>
HOPE	<i>Home Ownership & Opportunities for People Everywhere or Helping Other People Evolve</i>
HOPING	<i>Helping Other Parents in Normal Grief</i>
HOPWA	<i>Housing for Persons with AIDS</i>
HPP	<i>Homelessness Prevention Program</i>
HRDI	<i>Human Recourses Development Institute</i>
HSA	<i>Homeless Shelter Allowance or Health Systems Agency</i>
HSAC	<i>Human Service Advisory Council</i>
HSPS	<i>Human Service Performance Standards</i>
HSPT	<i>High School Proficiency Test</i>
HUA	<i>Heating Utility Allowance</i>
HUD	<i>US Department of Housing and Urban Development</i>
I	
I&R	<i>Information and Referral</i>
IAP	<i>Interim Assistance Program</i>
IAPES	<i>International Association of Professionals in Employment Security</i>
ICESA	<i>Interstate Conference of Employment Security Agencies</i>
ICF	<i>Intermediate Care Facility</i>
ICF/MR	<i>Intermediate Care Facilities for the Mentally Retarded</i>
ICMS	<i>Integrated Case Management Services (MH)</i>
ICP	<i>Individualized Crisis Plan</i>
IDA	<i>Individual Development Account</i>
IDEA	<i>Individuals with Disabilities Education Act (Federal)</i>
IDEAS	<i>Incentive for Demonstrating Excellence in Academic Standards</i>
IDRC	<i>Intoxicated Driver's Resource Center</i>
IEP	<i>Individual Employment Plan</i>
IEP	<i>Individual Education Program</i>
IEVS	<i>Income Eligibility Verification System</i>
IFSP	<i>Individualized Family Service Plan (NJ Early Intervention)</i>
IFSS	<i>Intensive Family Support Services</i>
IGH II	<i>Interim Group Home II</i>
ILC	<i>Independent Living Center</i>
IM	<i>Income Maintenance</i>
IMAS	<i>Income Maintenance Administrative Supervisor</i>
IMT	<i>Income Maintenance Technician</i>
INK	<i>Integrated Network for Kids</i>
INS	<i>Immigration and Naturalization Service</i>
IOTSS	<i>Intensive Outpatient Treatment and Support Services</i>
IPV	<i>Intentional Program Violation (WFNJ)</i>
IRP	<i>Individual Responsibility Plan</i>
IRS	<i>Interpreter Referral Services</i>

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS CONTINUED...

IS	<i>Intergenerational Services</i>
ISP	<i>Initial Service Plan</i>
ISP	<i>Individualized Service Plan (CMO)</i>
ITA	<i>Individual Training Account</i>
ITG	<i>Individual Training Grant</i>
ITP	<i>Individual Treatment Plan</i>
J	
JCAHO	<i>Joint Commission on Accreditation of Health Care Organizations</i>
JFCIU	<i>Juvenile/Family Crisis Intervention Unit</i>
JFS	<i>Jewish Family Services</i>
JINS	<i>Juveniles in Need of Supervision</i>
JJC	<i>Juvenile Justice Commission</i>
JJDP	<i>Juvenile Justice & Delinquency Prevention</i>
J-MDT	<i>Juvenile Multi-Disciplinary Team</i>
JOAS	<i>Jewish Older Adult Services</i>
JOBS	<i>Job Opportunities and Basic Skills</i>
JOY	<i>Joining Other Youth</i>
JSAP	<i>Job Search Assistance Program</i>
JSEC	<i>Job Services Employment Committee</i>
JTPA	<i>Job Training Partnership Act</i>
K	
KMC	<i>Kimball Medical Center</i>
L	
LABS	<i>Local Advisory Boards (Health Department)</i> Replaces Old Health Systems Agencies per recently enacted Health Cost Reduction Act 1/92
LACADA	<i>Local Advisory Committee on Alcoholism & Drug Abuse</i>
LCCA	<i>Lead Child Care Agencies</i>
LD	<i>Learning Disabled</i>
LDA	<i>Local Distribution Agencies (food bank)</i>
LEA	<i>Local Education Agencies</i>
LEO	<i>Local Elected Official</i>
LMA	<i>Labor Market Analyst/Analysis</i>
LMI	<i>Labor Market Information</i>
LOC	<i>Level of Care</i>
LOCCS	<i>Line of Credit Control System (HUD)</i>
LOF	<i>Level of Functioning</i>
LOS	<i>Length of Stay</i>
LOS	<i>Levels of Service</i>
LPA	<i>Licensed Public Accountant</i>
LRR	<i>Legally Responsible Relative</i>
LTCIP	<i>Long Term Chronically Impaired Program</i>
LVA	<i>Literacy Volunteers of America</i>
LVER	<i>Local Veteran's Employment Representative</i>
M	
M&M	<i>Mandatory & Matching Funds</i>

COMMONLY USED ACRONYMS CONTINUED...

MA	<i>Medical Assistance</i>
MADD	<i>Mothers Against Drunk Driving</i>
MAP	<i>Management Assistance Program</i>
MAPSS	<i>Municipal Alliance Plan Steering Subcommittee</i>
MARC	<i>Multi-Access Resource Center</i>
MASH	<i>Mutual Aid Self Help Group</i>
MASK	<i>Middle After School Kare</i>
MBA	<i>Maximum Benefit Amount (UI)</i>
MBO	<i>Management By Objectives</i>
MCA	<i>Maximum Coupon Allotment</i>
MCO	<i>Managed Care Organization</i>
MDO	<i>Medicaid District Office</i>
MDT	<i>Multi-Disciplinary Team (handling child abuse cases)</i>
MH	<i>Multiple Handicaps</i>
MHA	<i>Mental Health Association</i>
MHASWNJ	<i>Mental Health Association in Southwestern New Jersey</i>
MHB	<i>Mental Health Board</i>
MHSH	<i>Mental Health Services for the Homeless (block grant program)</i>
MICA	<i>Mentally Ill Chemical Abusers</i>
MIS	<i>Management Information System</i>
MO	<i>Medicaid Only</i>
MOU	<i>Memorandum of Understanding</i>
MR	<i>Mentally Retarded</i>
MRSS	<i>Mobile Response & Stabilization Services</i>
MSA	<i>Metropolitan Statistical Area</i>
MSAI	<i>Mandatory Substance Abuse Initiative</i>
MSFW	<i>Migrant and Seasonal Farm Workers</i>
MSW	<i>Masters Degree in Social Work</i>
MWA	<i>Municipal Welfare Agency</i>
MWD	<i>Municipal Welfare Department</i>
N	
NA	<i>Narcotics Anonymous</i>
NA	<i>Neurotics Anonymous</i>
NAACP	<i>National Association for Advancement of Colored People</i>
NAB	<i>National Alliance of Business</i>
NAD	<i>National Association of Deaf</i>
NAFTA	<i>North American Free Trade Agreement</i>
NAGLO	<i>National Association of Government Labor Officials</i>
NAHA	<i>National Affordable Housing Act</i>
NAMINJ	<i>National Alliance on Mental Illness New Jersey</i>
NAP	<i>National Apprenticeship Program</i>
NAR-ANON	<i>Narcotics Anonymous</i>
NAWIB	<i>National Association of Workforce Investment Boards</i>
NCADD	<i>National Council on Alcohol and Drug Dependence</i>
NCP	<i>Non-Custodial Parent</i>
NF	<i>Nursing Facility (Nursing Home)</i>

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS CONTINUED...

NGA	<i>National Governors' Association</i>
NHLBI	<i>National Heart, Lung and Blood Institute</i>
NI	<i>Neurologically Impaired</i>
NIDCD	<i>National Institute on Deafness & Other Communications Disorders</i>
NJAC	<i>New Jersey Administrative Code</i>
NJAC	<i>New Jersey Association of Counties</i>
NJACRF	<i>New Jersey Association of Children's Residential Facilities</i>
NJALL	<i>New Jersey Association of Lifelong Learning</i>
NJAMHA	<i>New Jersey Association of Mental Health Agencies</i>
NJAMI	<i>New Jersey Alliance for Mentally Ill</i>
NJBEA	<i>New Jersey Business Education Association</i>
NJCFS	<i>New Jersey Comprehensive Financial System</i>
NJCK	<i>New Jersey Cares for Kids (Child Care Program)</i>
NJCSOCI	<i>New Jersey Children's System of Care Initiative</i>
NJICC	<i>New Jersey Interagency Coordinating Council</i>
NJIEI	<i>New Jersey Integrated Employment Initiative</i>
NJMSCCYSEN	<i>New Jersey Multi-Service Coordinating Council for Children & Youth with Special Emotional Needs</i>
NJN	<i>New Jersey Network</i>
NJOV	<i>New Jersey Office of Volunteerism</i>
NJSA	<i>New Jersey Statutes (annotated)</i>
NJSES	<i>New Jersey State Employment Service</i>
NJSFSP	<i>New Jersey State Food Stamp Program</i>
NJYC	<i>New Jersey Youth Corps</i>
NLRB	<i>National Labor Relations Board</i>
NMWP	<i>National Migrant Worker Program</i>
NOFA	<i>Notice of Funds Availability (Federal)</i>
NOICC	<i>National Occupational Information Coordinating Committee</i>
NOO	<i>Notice of Obligation</i>
NOW	<i>National Organization for Women</i>
NPA	<i>Non-Public Assistance</i>
NPAFS	<i>Non-Public Assistance Food Stamps</i>
NPP	<i>Notice of Privacy Practices</i>
NRA	<i>National Rehabilitation Association</i>
NRS	<i>National Reporting System</i>
NSSB	<i>National Skills Standard Board</i>
<u>O</u>	
OAA	<i>Old Age Assistance</i>
OAL	<i>Office Of Administrative Law</i>
OCAC	<i>Office of Child Abuse Control (DHS/DYFS)</i>
OCBOSS	<i>Ocean County Board of Social Services</i>
OCC	<i>Ocean County College</i>
OCCA	<i>Ocean County Council of Agencies</i>
OCDOVIA	<i>Ocean County Directors of Volunteers in Agencies</i>
OCEAN, Inc.	<i>Ocean Community Economic Action Now, Inc.</i>
OCHETS	<i>Ocean County Handicapped & Elderly Transportation Services</i>

COMMONLY USED ACRONYMS CONTINUED...

OCSE	<i>Office of Child Support Enforcement</i>
OCT	<i>Office of Customized Training</i>
OCVTS	<i>Ocean County Vocational Technical School</i>
OEL	<i>One Ease E-Link</i>
OH	<i>Orthopedically Handicapped</i>
OHS	<i>Office of Human Services</i>
OIT	<i>Office of Information Technology</i>
OJJDP	<i>Office of Juvenile Justice & Delinquency Prevention</i>
OJT	<i>On the Job Training</i>
OLS	<i>Office of Legislative Services</i>
OMB	<i>Office of Management and Budget</i>
OMEGA	<i>Online Management of Economic Goal Achievement</i>
OMHS	<i>Ocean Mental Health Services</i>
OP	<i>Outpatient</i>
OPMRDD	<i>Office for Prevention of Mental Retardation & Developmental Disabilities (DHS)</i>
OSAP	<i>Office of Substance Abuse Prevention</i>
OSCC	<i>One Stop Career Center</i>
OSHA	<i>Occupational Safety and Health Administration</i>
OSOS	<i>One Stop Operating System</i>
OSPIP	<i>One-Stop Process Improvement Project</i>
OTC	<i>Occupational Training Center</i>
P	
PA	<i>Public Assistance</i>
PAAD	<i>Pharmaceutical Assistance to the Aged and Disabled</i>
PAC	<i>Professional Advisory Committee to the Mental Health Board</i>
PACADA	<i>Providers Advisory Committee on Alcoholism & Drug Abuse</i>
PACT	<i>Program in Assertive Community Treatment</i>
PAL	<i>Participant Allowance</i>
PAM	<i>Public Assistance Manual (DFD)</i>
PASA	<i>People Against Spouse Abuse</i>
PASP	<i>Personal Attendants Services Program (DYFS)</i>
PATH	<i>Projects for Assistance from Transitional Housing (Program)</i>
PB	<i>Procedural Bulletin</i>
PBH	<i>Preferred Behavioral Health</i>
PC	<i>Partial Care</i>
PCA	<i>Personal Care Assistant (NJ)</i>
PE	<i>Presumptive Eligibility</i>
PEOSH	<i>Public Employees Occupational Health & Safety Program</i>
PESS	<i>Psychiatric Emergency Screening Services</i>
PET	<i>Parent Effectiveness Training</i>
PH	<i>Preschool Handicapped</i>
PHA	<i>Public Housing Authority</i>
PHI	<i>Protected Health Information</i>
PI	<i>Perceptually Impaired</i>
PI	<i>Program Instruction</i>
PIC	<i>Private Industry Council</i>

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS CONTINUED...

PIL	<i>Project for Independent Living</i>
PIN	<i>Personal Identification Number</i>
PIP	<i>Psychiatric Intervention Program</i>
PL	<i>Public Law</i>
PLS	<i>Parent Locator Service</i>
PMS	<i>Performance Management System</i>
PNA	<i>Personal Needs Allowance</i>
POS	<i>Point of Service</i>
PPO	<i>Preferred Provider Organization</i>
PRIDE	<i>Parents Realizing Independence, Dignity, and Empowerment</i>
PRS	<i>Protective Services</i>
PRWOA	<i>Personal Responsibility & Work Opportunities, Reconciliation Act 1996</i>
PSA	<i>Public Service Announcements</i>
PSG	<i>Professional Service Group</i>
PUSH	<i>People United for Self Help</i>
PWF	<i>Public Welfare Foundation</i>
Q	
QA	<i>Quality Assurance</i>
QAPI	<i>Quality Assurance Performance Improvement</i>
QC	<i>Quality Control</i>
QCMR	<i>Quarterly Contract Monitoring Report</i>
QEA	<i>Quality Education Act</i>
R	
RAP	<i>Section 8 Rental Assistance Program (Moderate Rehabilitation)</i>
RCHF	<i>Rutgers Community Health Foundation</i>
RFA	<i>Request for Applications (National Institutes of Health)</i>
RFC	<i>Request for Continuation (\$ for multi-year program)</i>
RFP	<i>Request for Proposal</i>
RHCF	<i>Residential Health Care Facility</i>
RIF	<i>Reduction in Force</i>
RLI	<i>Request for Letters of Intent</i>
RMO	<i>Regional Mobile Outreach</i>
RO	<i>Re-Employment Orientation</i>
ROE	<i>Report of Expenditures</i>
RRC	<i>Regional Resource Center</i>
RRP	<i>Refugee Resettlement Program</i>
RRT	<i>Regional Response Team</i>
RSVP	<i>Retired Senior Volunteer Program</i>
RTC	<i>Residential Treatment Centers (DHS/DYFS)</i>
S	
SAAI	<i>Substance Abuse Awareness Initiative</i>
SAC	<i>Substance Abuse Coordinator</i>
SAC	<i>Student Assistance Counselor</i>
SACC	<i>School Aged Child Care</i>
SADD	<i>Students Against Drunk Driving</i>
SAI	<i>Substance Abuse Initiative</i>

COMMONLY USED ACRONYMS CONTINUED...

SAIL	<i>Shore Adolescent Independent Living</i>
SAMHSA	<i>Substance Abuse and Mental Health Services Administration</i>
SASCA	<i>Spanish American Social Cultural Association</i>
SAT	<i>Specific Aptitude Test</i>
SBA	<i>Small Business Administration</i>
SBHCS	<i>St. Barnabas Behavioral Health Care System</i>
SBR	<i>Supplemental Budget Request</i>
SBS	<i>School Based Services</i>
SBYSP	<i>School Based Youth Services Program</i>
SCALES	<i>State Council for Adult Literacy and Education Services</i>
SCANS	<i>Secretary's Commission on Achieving Necessary Skills</i>
SCIP	<i>Screening Crisis Intervention Program</i>
SCR	<i>State Central Registry</i>
SDA	<i>Service Delivery Area</i>
SE	<i>Supported Employment</i>
SEA	<i>Self-Employment Assistance Program</i>
SED	<i>Seriously Emotionally Disturbed</i>
SES	<i>Senior Executive Service</i>
SESA	<i>State Employment Security Agency</i>
SETC	<i>NJ State Employment & Training Commission</i>
SFSS	<i>Strengthening Families Through Social Services</i>
SFY	<i>State Fiscal Year</i>
SHIP	<i>Senior Health Insurance Program</i>
SHSAC	<i>State Human Services Advisory Council</i>
SIC	<i>Standard Industrial Classification</i>
SICC	<i>State Interagency Coordinating Council</i>
SLD	<i>Standard Language Document (DHS)</i>
SLEPA	<i>State Law Enforcement Prevention Act</i>
SLEPA	<i>State Law Enforcement Planning Agency</i>
SLIAG	<i>State Legislation Impact Assistance grant</i>
SMI	<i>Seriously Mentally Ill</i>
SNF	<i>Skilled Nursing Facility</i>
SPACE	<i>Statewide Parents Association for Children's Efforts</i>
SPAN	<i>Statewide Parents Advocacy Network</i>
SPRU	<i>Special Response Unit</i>
SPSA	<i>Specialized Programs for Sexual Abuse</i>
SRC	<i>Systems Review Committee (MH) Kimball Medical Center</i>
SRC	<i>State Rehabilitation Council</i>
SRO	<i>Single Room Occupancy</i>
SRO	<i>Southern Regional Office</i>
SSA	<i>Social Security Administration</i>
SSBG	<i>Social Service Block Grant</i>
SSD	<i>Social Security Disability</i>
SSDI	<i>Social Security Disability Insurance</i>
SSH	<i>Social Services for the Homeless (\$)</i>
SSI	<i>Supplemental Security Income (DFD)</i>

OCEAN COUNTY MENTAL HEALTH BOARD

COMMONLY USED ACRONYMS CONTINUED...

SSN	<i>Social Security Number</i>
SSW	<i>Social Service Worker</i>
STAR	<i>Statewide Teamwork for Abused Runaways</i>
STAR PAR- ENTING	<i>Systematic Training for Affirmative Relationships</i>
STC	<i>School to Career (formerly School To Work)</i>
STCF	<i>Short Term Care Facility</i>
STD	<i>Sexually Transmitted Disease</i>
STEP	<i>Systematic Training for Effective Parenting</i>
STOP	<i>Serious Targeted Offenders Program</i>
SUA	<i>Supplemental Unemployment Assistance</i>
SUB	<i>Supplemental Unemployment Benefits</i>
T	
TAC	<i>Technical Assistance Center</i>
TAG	<i>Tuition Assistance Grants</i>
TANF	<i>Temporary Aid to Needy Families</i>
TANF	<i>Temporary Assistance for Needy Families</i>
TANP	<i>Technical Assistance for Needy People</i>
TAPP	<i>Teenage Parenting Program</i>
TDD	<i>Telecommunication Device for the Deaf</i>
TDI	<i>Temporary Disability Insurance (UI)</i>
TEAM	<i>Teens Educating About Misuse</i>
TEAMS	<i>To Encourage Achievement Through Mutual Sharing</i>
TEFAP	<i>The Emergency Food Assistance Program</i>
THP	<i>Transitional Housing Program</i>
TJTC	<i>Targeted Jobs Tax Credit</i>
TLC	<i>Traumatic Loss Coalition</i>
TLP	<i>Transitional Living Program</i>
TMR	<i>Trainable Mentally Retarded</i>
TOPPS	<i>Training Options for Pregnant/Parenting Students</i>
TPA	<i>Third Party Administration</i>
TQI	<i>Total Quality Improvement</i>
TRA	<i>Trade Readjustment Act</i>
TRAP	<i>Temporary Rental Assistance Program</i>
TRE	<i>Training Related Expense</i>
TT	<i>Text Telephone</i>
TTY	<i>Telecommunications for the Deaf</i>
TWAG	<i>To Work Advisory Group</i>
U	
UCFE	<i>Unemployment Compensation for Federal Employees</i>
UCX	<i>Unemployment Compensation for Ex-Servicemen</i>
UEZ	<i>Urban Enterprise Zone</i>
UI	<i>Unemployment Insurance</i>
UM	<i>Utilization Management</i>
UMDNJ	<i>University of Medicine & Dentistry of New Jersey</i>
UPSTATE	<i>Early Periodic Screening, Diagnosis and Treatment</i>

COMMONLY USED ACRONYMS CONTINUED...

USC	<i>United States Code</i>
USDOL	<i>United States Department of Labor</i>
USES	<i>United States Employment Service</i>
USIA	<i>US Information Agency</i>
USTF	<i>Unified Services Transaction Form</i>
V	
VA	<i>Veterans' Administration</i>
VAC	<i>Volunteer Action Center</i>
VNA	<i>Visiting Nurse Association</i>
VOA	<i>Volunteers of America</i>
VOCA	<i>Victims of Crime Act</i>
VOP	<i>Violation of Probation</i>
W	
WAA	<i>Worker Adjustment Assistance</i>
WAR	<i>Women Against Rape</i>
WAR	<i>Women Against Rape</i>
WBR	<i>Weekly Benefit Rate</i>
WC	<i>Women's Commission</i>
WC	<i>Workers Compensation</i>
WDP	<i>Workforce Development Partnership Program</i>
WE	<i>Worker Experience</i>
WFN	<i>Workforce New Jersey</i>
WFNJ	<i>Work First New Jersey – (welfare reform)</i>
WHM	<i>Women's Health Month</i>
WIA	<i>Workforce Investment Act of 1998</i>
WIA DW	<i>Workforce Investment Act Dislocated Worker</i>
WIASRD	<i>Workforce Investment Act Student Record Data</i>
WIB	<i>Workforce Investment Board</i>
WIC	<i>Women, Infant and Children</i>
WIG	<i>Work Incentive Grant</i>
WLP	<i>Workforce Literacy Program</i>
WNJ	<i>Workforce New Jersey</i>
WNJPIN	<i>Workforce New Jersey Public Information Network</i>
WSP	<i>Work Supplementation Program</i>
WTW	<i>Welfare to Work</i>
WTWC	<i>Welfare to Work Collaborative</i>
Y	
YAP	<i>Youth Advocate Program</i>
YCM	<i>Youth Case Management</i>
YCS	<i>Youth Consultation Services</i>
YES	<i>Youth Empowerment System</i>
YIC	<i>Youth Investment Council</i>
YIP	<i>Youth Incentive Program</i>
YSAC	<i>Youth Services Advisory Council</i>
YSC	<i>Youth Service Commission</i>

OCEAN COUNTY MENTAL HEALTH BOARD

RESOURCES FOR REVIEW

Documents Available Online

N.J.A.C. 10:37 - Community Mental Health Services Regulations

www.state.nj.us/humanservices/dmhs/cmhsregs.pdf

N.J.A.C. 10:37 - Community Mental Health Services - Proposed Readoption with Amendments

www.state.nj.us/humanservices/dmhs/REG%20cmhs%20act_june_2006.pdf

Home to Recovery Plan (Olmstead)

www.state.nj.us/humanservices/dmhs/CEPP_Plan_1_23_08_FINAL.pdf

Wellness and Recovery Transformation Plan

www.state.nj.us/humanservices/dmhs/Welln_Recov_action_plan_jan2008_Dec2010.pdf

Ocean County Mental Health Plan

www.co.ocean.nj.us/ocdhs/mhb/MHB%20Plan%20Update%202005.pdf

Ocean County Mental Health Resource Directory

www.co.ocean.nj.us/ocdhs/mhb/MH%20Resource%20Directory%202007_2008.pdf

Websites

New Jersey Department of Human Services – Division of Mental Health Services

www.state.nj.us/humanservices/dmhs/index.html

United States Department of Health & Human Services – Substance Abuse and Mental Health Services Administration

www.mentalhealth.samhsa.gov/

Ocean County Department of Human Services

www.co.ocean.nj.us/ocdhs

County of Ocean

www.co.ocean.nj.us

MENTAL HEALTH RESOURCE DIRECTORY 2008

Crisis Services

Psychiatric Emergency Screening Services, (PESS)

St. Barnabas Ocean County - Formally, Kimball Medical Center
600 River Ave., Lakewood, NJ 08701
Crisis Unit 732-886-4474 or 866-904-4474 Admin. 732-886-4475

St. Francis Counseling Service - Sexual Abuse & Assault Hotline

4700 Long Beach Blvd., Brant Beach, NJ 08008
Phone 732-370-4010 or 609-494-1090

Inpatient Services

Saint Barnabas Behavioral Health Center (SBBHC)

www.saintbarnabas.com/hospitals/psychiatric
1691 Route 9, Toms River, NJ 08753
Phone 800-300-0628

Jersey Shore University Medical Center

www.jerseyshoreuniversitymedicalcenter.com
1945 Route 33, Neptune, NJ 07753
Inpatient 732-776-4369 Crisis Unit 732-776-2325

Carrier Foundation Belle Mead

www.carrier.org
P.O. Box 147, Belle Mead, NJ 08502
Phone 800-933-3579

Hampton Behavioral Health

www.hamptonhospital.com
650 Rancocas Road, Westampton Twp., NJ 08060
Phone 800-603-6767

Princeton House

www.princetonhcs.org
905 Herrontown Road, Princeton, NJ 08854
Phone 800-242-2550

Co-Occurring Services (Mental Illness & Substance Abuse)

Preferred Behavioral Health of NJ (PBH)

www.preferredbehavioral.org
700 Airport Rd., P.O. Box 2036, Lakewood, NJ 08701
Phone 732-367-4700

Ocean Mental Health Services, Inc. (OMHS)

www.oceanmentalhealth.org
160 Route 9, Bayville, NJ 08721
Phone 732-349-5550

MHA of OC - Double Trouble Co-Occurring Support Group

www.mhaofnj.org
1200 River Ave., Suite 6B, Lakewood, NJ 08701
Phone 732-905-1132

New Future Dreams, Co-Occurring Partial Care Program

127 7th Street, Lakewood, NJ 08701
Phone 732-886-7128

The Center, Co-Occurring Partial Care Program

5 Airport Road, Lakewood, NJ 08701
Phone 732-961-9666

Outpatient Services

Ocean Mental Health Services, Inc. (OMHS)

www.oceanmentalhealth.org
160 Route 9, Bayville, NJ 08721
Phone 732-349-5550
81 Nautilus Drive., Manahawkin, NJ 08051
Phone 609-597-5327

Preferred Behavioral Health of NJ (PBH)

www.preferredbehavioral.org
700 Airport Road, P.O. Box 2036, Lakewood, NJ 08701
Phone 732-367-4700

Saint Barnabas Behavioral Health Center (SBBHC)

www.saintbarnabas.com/hospitals/psychiatric
1691 Route 9, Toms River, NJ 08753
Phone 800-300-0628

St. Francis Counseling Service

4700 Long Beach Blvd., Brant Beach, NJ 08008
Phone 609-494-1554

Children's Family Services of Catholic Charities

Lions Head Plaza, 35 Beaverson Blvd., Bldg. 12, Brick, NJ 08723
Phone 732-262-3414

Counseling & Referral Services of Ocean, Inc.

www.carsofocean.com
270 Chambers Bridge Rd., Suite 10, Brick, NJ 08723
Phone 732-920-2700
247 Main Street, Toms River, NJ 08753
Phone 732-244-1600

Family Support /Advocacy Group

National Alliance on Mental Illness (NAMI) - Ocean County

www.nami.org
P.O. Box 1436, Toms River, NJ 08754
Phone 732-244-4401

Family Support Organization

www.ocfso.org
44 Washington Street, Toms River, NJ 08754
Phone 732-281-5770

Children's Behavioral Health Services

Value Options, For Children Services (CSA)

Phone 877-652-7624

Ocean Partnership For Children

www.oceanpartnership.org
1610 Rt. 88 West, Brick, NJ 08724
Phone 732-202-0666

Mobile Response

1500 Rt. 88, Brick, NJ 08724
Phone 732-458-2552

St. Francis Counseling Service

4700 Long Beach Blvd., Brant Beach, NJ 08008
Phone 609-597-9399

Information, Education, Advocacy & Referral Resources

Community Health Law Project

www.chlp.org
44 Washington St., Suite 2B, Toms River, NJ 08754
Phone 732-502-0059

O.C.E.A.N., Inc.

www.oceaninc.org
40 Washington St., P.O. Box 1029, Toms River, NJ 08754
Phone 732-244-5333

Puerto Rican Action Board

111 Clifton Ave., Suite 14, Lakewood, NJ 08701
Phone 732-886-9395

Jewish Family & Children's Services

301 Madison Ave., Lakewood, NJ 08701
Phone 732-363-8010

OCEAN COUNTY MENTAL HEALTH BOARD

MENTAL HEALTH RESOURCE DIRECTORY 2008 CONTINUED...

QUICK REFERENCE DIRECTORY

Mental Health Association (MHA) of Ocean County

www.mhanj.org
1200 River Ave., Suite 6B , Lakewood, NJ 08701
Phone 732-905-1132

Ocean County Board of Social Services BOSS

1027 Hooper Avenue, Toms River, NJ 08754
Phone 732-349-1500

CONTACT of Ocean County

www.contactocean.org
24-Hour Crisis Listening Hotline
P.O. Box 1121, Toms River, NJ 08754-1121
Phone 732-240-6100 or 609-693-5834

2-1-1 Non Emergency Helpline

www.nj211.org
Phone 732-240-6100 or 609-693-5834

Substance Abuse and Mental Health Services Administration

www.samhsa.gov
#1 Choke Cherry Road, Rockville, MD 20857
Phone 240-276-1310

NJ Division of Mental Health Services

www.state.nj.us/humanservices/dmhs
PO Box 700, Trenton, NJ 08625
Phone 800-356-1561

Consumer Led Programs - Support, Advocacy & Education

Brighter Days Self-Help Center
S&F Plaza, 2008 Route 37 West, Toms River, NJ 08753
Phone 732-270-6061 or 732-905-1132

Collaborative Support Programs of NJ (CSP)

www.cspofnj.org
11 Spring Street, Freehold, NJ 07228
Phone 732-780-1175

Coalition of Mental Health Consumer Organizations (COMHCO)

408 Sussex Street, Paterson, NJ 07503
Phone 973-778-8810

Partial Care Programs

Adult: Community Resource Center 732-255-9102
Ocean Mental Health Services, Inc. 732-349-5550
Preferred Behavioral Health of NJ 732-367-8859
MCVR 732-244-7511
St. Barnabas Behavioral Health 800-300-0628
The Center 732-961-9666
New Future Dreams 732-886-5550
Youth: Ocean Mental Health Services, Inc. 732-349-5550
Preferred Behavioral Health of NJ 732-367-8859
Catholic Charities PEAK 732-262-3414

Residential Services

Adult: Ocean Mental Health Services 732-349-5550
Preferred Behavioral Health of NJ 732-367-8859

Programs of Assertive Community Treatment (PACT)

OMHS -Northern Team 732-349-0515
OMHS - Southern Team 732-606-9478

Integrated Case Management Services (ICMS)

Preferred Behavioral Health of NJ 732-323-3664

Adolescent School

Ocean Mental Health Services, Inc. 732-505-2260

Youth Case Management Services

Ocean Mental Health Services, Inc. 732-349-3535

Children's Behavioral Health Services

Ocean Mental Health Services, Inc. 732-349-3535
Ocean Partnership for Children 732-202-0666
Family Support Organization 732-281-5770
Mobile Response 732-458-2552

ARC Primary Care at KMAC

Ocean County ARC Chapter 732-363-3335

Supported Employment Training

MCVR 732-244-7511
Preferred Behavioral Health of NJ 732-367-5439
Community Resource Center 732-255-9102

Intensive Family Support Services (IFSS)

Ocean Mental Health Services, Inc. 732-606-9574

Consultation and Education

Ocean Mental Health Services, Inc. 732-349-5550
Preferred Behavioral Health of NJ 732-367-4700
St. Barnabas Behavioral Health 732-914-3805
St. Francis Counseling Service 609-494-1554

Psychiatric Home Health Care

Community Medical Center 732-818-6800

Geriatric Services

PBH Senior Guidance North 732-785-1900
PBH Senior Guidance South 609-660-0879
St. Barnabas Behavioral Health 800-300-0628
Ocean County Senior Services 732-929-2091

Substance Abuse Services

Preferred Behavioral Health - North 732-367-4700
Preferred Behavioral Health - South 609-660-0197
St. Barnabas Behavioral Health 800-300-0628
Catholic Charities Project Free 732-262-3414
St. Francis Counseling Service 609-494-1554

Supported Housing/Homeless Services

OC Board of Social Services 732-349-1500

Projects for Assistance in Transition from Homelessness (PATH)

Ocean Mental Health Services, Inc. 732-349-5550
Preferred Behavioral Health of NJ 732-367-8859

Residential Intensive Support Team (RIST)

Resources for Human Development 732-920-5000

Justice Involved Service Team (JIST)

PBH/OMH/PESS 732-886-4408
Evening Hours/Emergencies call PESS 732-886-4474



OCEAN COUNTY BOARD OF CHOSEN FREEHOLDERS

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John P. Kelly

James F. Lacey

Gerry P. Little, Liaison

Joseph H. Vicari