

# Barnabas Health

## BARNABAS BEHAVIORAL HEALTH CENTER COMMUNITY HEALTH NEEDS ASSESSMENT 2013

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## **ACKNOWLEDGEMENTS**

Barnabas Health Behavioral Health Center staff worked collaboratively with the Ocean County Department of Human Services and the Ocean County Mental Health Board in the development of the County Mental Health Plan for 2013-2016. This plan was adopted for the Hospital's Community Health Needs Assessment.

The following partners led the Barnabas Health Behavioral Health Community Health Needs Assessment/adoption:

### **Barnabas Health**

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Stephanie Bloom, President & Chief Executive Officer, Community Medical Center  
Mary Ellen Clyne, President & Chief Executive Officer, Clara Maass Medical Center  
Tamara Cunningham, Vice President, System Development/Planning  
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John Doll, Vice President for Financial Management  
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Anthony Palmerio, Vice President, Internal Audit  
Anthony Slonim, M.D., Executive Vice President, Chief Medical Officer  
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### **Barnabas Health Behavioral Health**

The Barnabas Health Behavioral Health Needs Assessment and Implementation plan development were overseen by their CHNA workgroup, comprised of the following individuals:

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Shari Beirne, Director of Marketing, Patient Satisfaction and Physician Services, Barnabas Health Behavioral Health  
Charlene Harding, Planning Liaison

The County Mental Health Plan for 2013-2016 follows.



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**Ocean County**  
**Mental Health Plan Update**  
**2013-2016**

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## PREFACE

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

### **Mission**

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

### **Vision**

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

### **Values**

#### *Consumer Driven and Community Focused*

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

#### *Equitable Access*

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

#### *Evidence-Based Best Practices*

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

#### *An Integrated Systems Approach*

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

## MENTAL HEALTH BOARD OVERVIEW

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

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

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

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

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

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

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

# MENTAL HEALTH BOARD ORGANIZATION

## Ocean County Mental Health Board Members

Rev. Peter Hartney, Chairperson	Dennis Fleishman	Rev. Patricia Greeley
DSG Denis Campbell, Vice Chairperson	Gail Seckler	Jeannie Greene
Karen Lederle-Foglia, Secretary	Donald Seckler	Loretta DiTocco

## Ocean County Mental Health Board Committees

### *Professional Advisory Committee (PAC)*

Kim Veith, Chairperson

### *Emergency Response Committee (ERC)*

Patricia Greeley, Chairperson

### *MICA/ Co-Occurring Disorders Task Force*

Evelyn Sullivan, Chairperson

### *Children's InterAgency Coordinating Council (CIACC)*

Bernie Baugh, Chairperson

### *Systems Review Committee (SRC)*

Joe Cuffari, Chairperson

### *Justice Involved Services Task Force (JIST)*

Michael Roche, Chairperson

## County Representatives

### *Board of Chosen Freeholders*

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

### *County Administrator*

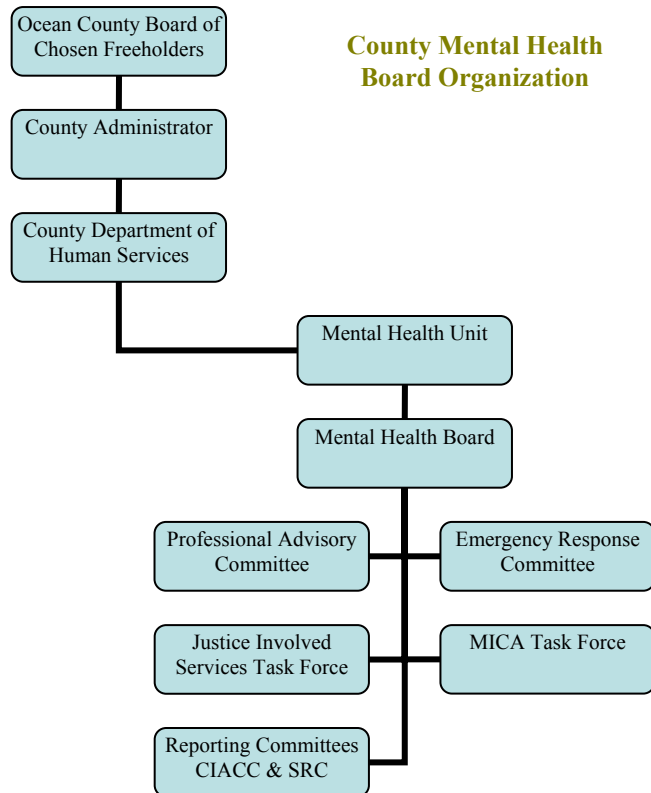
Carl Block

### *Ocean County Department of Human Services (OCDHS)*

Jill S. Perez, Director  
 Tracy Maksel, Assistant Director

### *OCDHS Mental Health Unit*

Jill S. Perez, Mental Health Administrator  
 Tracy Maksel, Mental Health Coordinator  
 Jamie Busch, CIACC Coordinator  
 Suellen Semevolos, Adm. Clerk Typist



## UPDATE SUMMARY

### Overview

The Planning Committee of the Ocean County Mental Health Board's Professional Advisory Committee (PAC) was charged with the task of completing a Mental Health Plan Update for 2013. The PAC developed a Planning Team to take the lead in developing and carrying out the planning process. The Team engaged key stakeholders in a series of activities which began in March of 2012 and concluded in November of 2012. An online Portal ([www.co.ocean.nj.us/ocdhs/mhb/index.html](http://www.co.ocean.nj.us/ocdhs/mhb/index.html)), created during the 2009 Planning process, was updated to ensure transparency.

### Update Process

The PAC launched the Plan Update process by re-administering a Mental Health Needs Assessment survey, which was developed in 2008 for planning purposes. The intent of administering the county wide survey was to solicit community feedback regarding the current mental health service delivery system. The Needs Assessment survey asked respondents to evaluate the accessibility of mental health services, possible barriers to receiving services, and areas of improvement the PAC might focus on the Plan Update. Over 400 survey responses were received. The data collected through the Assessment was utilized during the planning process as a tool to help determine planning priorities. The Needs Assessment survey tool and a Needs Assessment Data Analysis Report can be found under Attachments.

The PAC also hosted a series of three (3) planning sessions with the purpose of revisiting priorities in the areas of early intervention, treatment and community mental health support services; and ultimately identify three (3) overall mental health and community mental health action steps for the PAC to focus upon over the next three (3) years, 2013-2016.

Although mental health was the focus of the planning meetings, participants from the addictions service delivery system partnered to make the information reported as all-inclusive as possible. Planning participants and their agencies or areas of expertise are listed under each Planning Session summary.

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

A summary of the planning process and outcomes was presented to the PAC in October of 2012. PAC members engaged in a targeted planning session to develop Action and Implementation Steps that would positively impact the Priorities identified by the Stakeholders. A detailed summary of the Planning Priorities, including Action and Implementation Steps is provided under the Planning Activities section.



## Conclusions

Ocean County’s mental health system faces capacity issues in meeting the needs of NJ’s fastest growing county. The significant issues of Ocean County’s exponential population growth and the State Division of Mental Health and Addiction Services’ managed behavioral health care initiative were frequently acknowledged as systemic challenges. Discussions also repeatedly highlighted the need for providers to re-engineer service delivery strategies to meet unprecedented demands for services in unpredictable economic and managed care times.

The top Planning Priorities developed are sensitive to, and are a result of, key systemic demands identified during the planning process. The top three (3) Planning Priorities in the chart below are not ranked in hierarchical order as each is intimately interconnected to the other on varying levels. Implementation and Action Planning Steps were developed by the PAC to positively impact the Planning Priorities. It must be noted that the Steps identified are realistic and require little to no funding to accomplish.

### Planning Priorities Summary

Identified Priority	PAC Action Steps
<p><b>Early Intervention - Increase Capacity</b></p>	<p><b>Maximize Utilization of Existing Services</b></p> <ul style="list-style-type: none"> <li>▪ <i>Advocate for the development of a real time availability tracking database system promoting enhanced utilization based on service availability</i></li> <li>▪ <i>Examine and reengineer the flow of consumers in programs through qualitative and quantitative analysis including algorithms uncovering areas for improvement</i></li> <li>▪ <i>Increase the utilization and integration of Peers to assist consumers with navigating the system, educating regarding certain systems elements, and supporting consumers through troubleshooting</i></li> <li>▪ <i>SRC the top over and under utilizers of the system to troubleshoot outliers who may rely too heavily on acute care services</i></li> </ul> <p><b>ASO/MBHO Network Development</b></p> <ul style="list-style-type: none"> <li>▪ <i>Advocate for an enhanced and robust provider network</i></li> </ul> <p><i>Work with the ASO/MBHO to develop incentives to enhance consumer connectivity with providers</i></p>
<p><b>Treatment - Develop Specialized Treatment for Individuals with Complex Behavioral, Social and Medical Needs</b></p>	<p><b>Leverage Existing Resources</b></p> <ul style="list-style-type: none"> <li>▪ <i>Develop a PAC subcommittee to visit and shadow existing programs throughout the state to better understand what the continuum of care is like in the state</i></li> <li>▪ <i>Identify specific training that may enhance or make available services in Ocean County</i></li> </ul> <p><b>Needs Assessment</b></p> <ul style="list-style-type: none"> <li>▪ <i>Engage in survey research to determine what agencies perceive as needed in order to appropriately meet the needs of individuals with complex behavioral, social and medical needs</i></li> </ul> <p><b>Evidence Based Practice</b></p> <ul style="list-style-type: none"> <li>▪ <i>Promote and support evidence based practices and train agency staff to achieve robust service delivery</i></li> </ul>

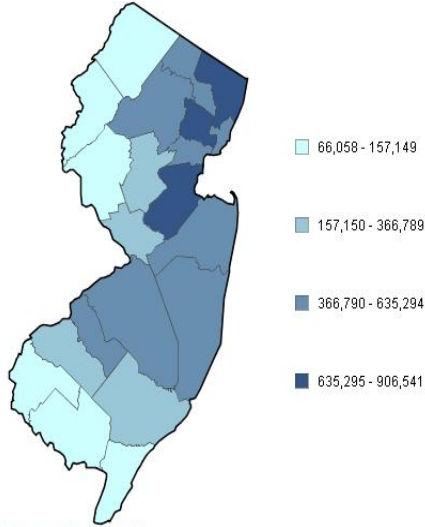
<p><b>Support Services – Enhance Transportation</b></p>	<p><b>Understand Existing Services and Resources</b></p> <ul style="list-style-type: none"> <li>▪ <i>Better familiarize PAC with existing transportation resources, plans, and endeavors at the local, state and federal level (i.e. Burlington County Peer Transportation Project; Preferred Behavioral Health’s Transportation Initiative)</i></li> <li>▪ <i>Become better educated, through enhancing the PAC’s relationship with the County Department of Transportation, to understand data collection and analysis methods that lead to gaps analyses</i></li> </ul> <p><b>Support Needs Assessments and Plans</b></p> <ul style="list-style-type: none"> <li>▪ <i>Work with the County Department of Transportation to support the analysis of existing public and private transportation services</i></li> <li>▪ <i>Work with the County Department of Transportation to assist in the projected transportation needs of Ocean County consumers of mental health services</i></li> </ul> <p><b>Advocate for Enhancements</b></p> <ul style="list-style-type: none"> <li>▪ <i>Promote and support the County Department of Transportation’s Plan to address the transportation needs of the community</i></li> <li>▪ <i>Promote and support initiatives that will improve upon existing services, especially to isolated areas of the County</i></li> <li>▪ <i>Work with the County Department of Transportation in identifying new resources (i.e. grants, volunteers, etc.)</i></li> </ul>
<p><b>Providers - Education and Outreach</b></p>	<p><b>Support Existing Efforts</b></p> <ul style="list-style-type: none"> <li>▪ <i>Change locations of existing information fairs to garner more participation</i></li> <li>▪ <i>Develop incentives for agency staff to participate in information fairs to build relationships and stay informed</i></li> <li>▪ <i>Increase participation in county-wide information fairs and events (i.e. founders day; county fair; etc.)</i></li> <li>▪ <i>Continue the PAC Cross Training Sessions</i></li> <li>▪ <i>Work closer with the CIACC Education Subcommittee</i></li> <li>▪ <i>Continue to utilize OceanResourceNet</i></li> </ul> <p><b>Advocate for Enhancements</b></p> <ul style="list-style-type: none"> <li>▪ <i>Explore funding opportunities to enhance existing education and outreach efforts</i></li> <li>▪ <i>Promote continued public service campaigns (i.e. billboards, radio PSA, print publications)</i></li> <li>▪ <i>Support and promote mental health awareness activities</i></li> </ul>

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

## OCEAN COUNTY'S POPULATION

Ocean County has been the sixth most populous county in the state of New Jersey in recent years. With 576,567 residents in 2010 according to the US Census Bureau, Ocean continues to grow.

**Table 3: NJ Population**



**Total Population (Number) - 2010**

Advocates for Children of New Jersey  
KIDS COUNT Data Center, [www.kidscount.org/datacenter](http://www.kidscount.org/datacenter)  
A Project of the Annie E. Casey Foundation

Ocean was the fastest growing county in 2006 (9.3%) and second fastest in 2009 (12.3%), contributing nearly 20% of New Jersey's total growth in the current decade.

The population density in Ocean County is moderate. Ocean is the second largest county in area, spanning 638.1 square miles. The population density is 901.6 overall, less than New Jersey as a whole (1,173), the densest state in the US. However, the overall rate does not account for the considerable amount of (unoccupied) preserved land in the County. By block group, the average density in the county is between 1,000 to 3,000. The U.S. population density is 86.1 persons per square mile.

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

**County Population Growth, 2000 to 2010**

Population Rank		County	Population		Change, 2000 to 2010	
2010	2000		2000	2010	Number	Percent
			<b>8,414,350</b>	<b>8,791,894</b>	<b>377,544</b>	<b>4.5</b>
1	1	Bergen	884,118	905,116	20,998	2.4
2	3	Middlesex	750,162	809,858	59,696	8.0
3	2	Essex	793,633	783,969	-9,664	-1.2
4	5	Hudson	608,975	634,266	25,291	4.2
5	4	Monmouth	615,301	630,380	15,079	2.5
<b>6</b>	<b>7</b>	<b>Ocean</b>	<b>510,916</b>	<b>576,567</b>	<b>65,651</b>	<b>12.8</b>
7	6	Union	522,541	536,499	13,958	2.7
8	8	Camden	508,932	513,657	4,725	0.9
9	9	Passaic	489,049	501,226	12,177	2.5
10	10	Morris	470,212	492,276	22,064	4.7
11	11	Burlington	423,394	448,734	25,340	6.0
12	12	Mercer	350,761	366,513	15,752	4.5
13	13	Somerset	297,490	323,444	25,954	8.7
14	14	Gloucester	254,673	288,288	33,615	13.2
15	15	Atlantic	252,552	274,549	21,997	8.7
16	16	Cumberland	146,438	156,898	10,460	7.1
17	17	Sussex	144,166	149,265	5,099	3.5
18	18	Hunterdon	121,989	128,349	6,360	5.2
19	19	Warren	102,437	108,692	6,255	6.1
20	20	Cape May	102,326	97,265	-5,061	-4.9
21	21	Salem	64,285	66,083	1,798	2.8

## NATIONAL MENTAL HEALTH TRENDS

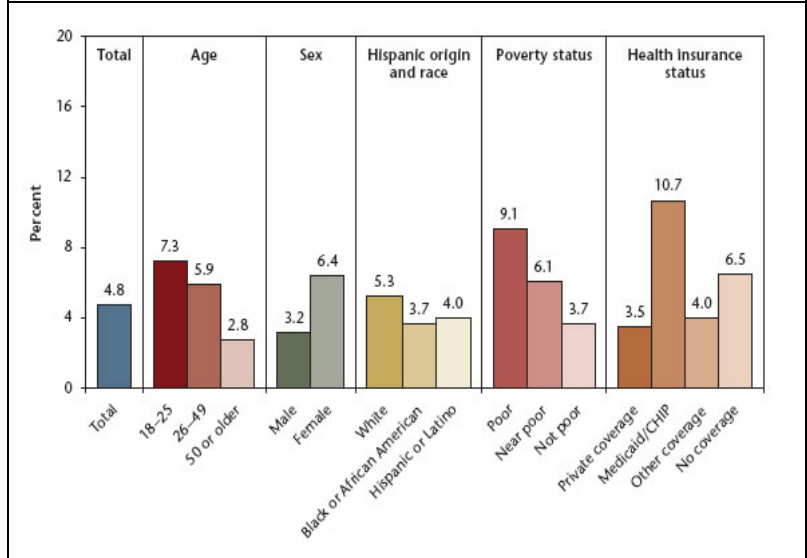
According to the United States Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health, there was an estimated 20% of the United States population experiencing a mental health issue. Overall, over 30 million adults reported having at least one major depressive episode in their lifetime<sup>1</sup>.

Prevalence of mental health issues was higher among individuals reporting greater poverty status. Women reported higher rates of mental health issues than men.

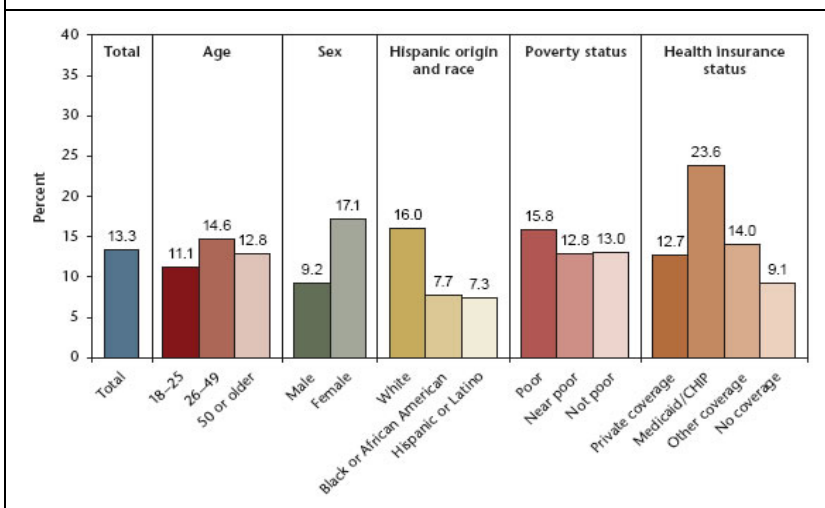
In 2009, 13.3 % of all U.S. adults (or over 30 million) used outpatient, inpatient, or prescription medication treatment for a mental health problem in the past year<sup>1</sup>.

While over 28 million adults in 2009 reported they received treatment for mental health problems, there were over 10 million adults who reported an unmet need for mental health treatment or counseling. Among those reporting an unmet need for treatment or counseling who did not receive treatment, several barriers to treatment were reported. These included an inability to afford treatment (41.5 %), believing at the time that the problem could be handled without treatment (34%), not having the time to go for treatment (17.1%), and not knowing where to go for services (16%)<sup>1</sup>.

**Table 5: SAMHSA Percentage of persons aged 18 or older with past year serious mental illness (SMI), by selected characteristics, United States, 2009**



**Table 6: SAMHSA Percentage of persons aged 18 or older who received mental health treatment in the past year, by selected characteristics, United States, 2009**



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

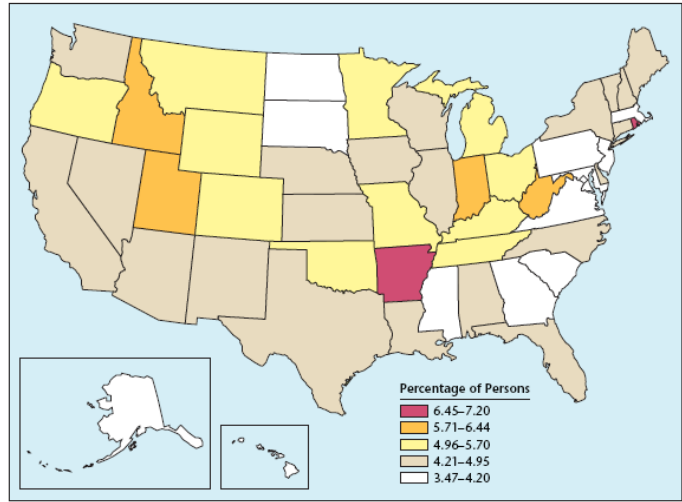
<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2012). Mental Health, United States, 2010. HHS Publication No. (SMA) 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## STATE MENTAL HEALTH TRENDS

Based on a United States map showing serious psychological distress in persons aged 18 to 25, by State (percentages, annual averages based on 2010 SAMHSA data), New Jersey ranks within the lowest category of States with 3.47-4.20% of New Jerseyans reporting mental health issues.

The New Jersey Department of Health and Senior Services reports in their Healthy New Jersey 2010 summary the estimated number of days during a month when individuals are able, due to good physical and mental health, to perform their usual activities. New Jersey adults, as a whole, report a high number of “ability days” per month, 28.2 out of thirty.

**Table 7: SAMHSA National Prevalence of Mental Health Issues**



The NJDMHAS Wellness and Recovery Action Plan suggests that approximately 358,302 people with serious mental illness are living in NJ (5.4% of the adult state population). New Jersey ranks 8th in the nation spending \$139.91 dollars per capita on total mental health expenditures. It is important to note that DMHAS has implemented strategies to decrease census in State Psychiatric Hospitals as a result of the 2008 Olmstead settlement. As such, certain initiatives such as Intensive Outpatient Services, Early Intervention Support Services, Supportive Housing Services and Peer Support Services have been enhanced over the last four (4) years to assist in meeting consumers needs. Nevertheless, the statewide demand for community based services continually strains the currently available providers.

Since the Olmstead settlement, accessibility of services is a critical issue as the number of adult consumers served in the community by State funded programs increased from 251,190 in 2004 to 261,826 in 2006, or 4.24%. The units of service that were provided to consumers in community programs increased from 3,863,768 in 2004 to 5,399,974 in 2006, or 39.76%. Consumers were also noted as accessing more non-emergency care, than emergency care, 234,157 in 2007 compared to 165,271 in 2000 - an increase of 41.68% (DMHAS, 2007).

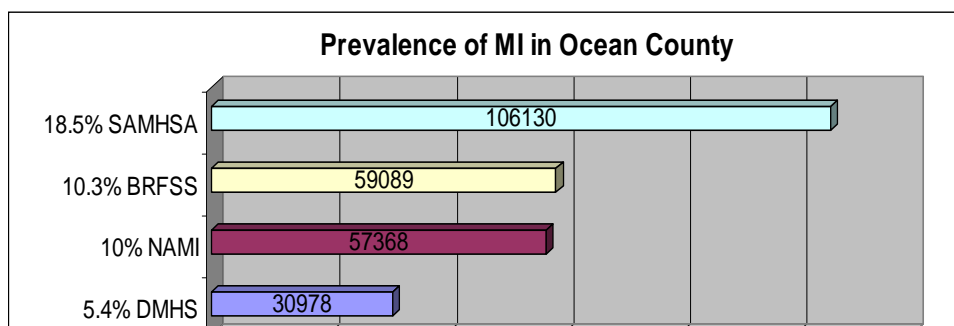
New Jersey Division of Mental Health and Addictions Services Centralized Admissions Data indicates, of the 3,145 referrals received statewide in FY012, 1,279 were Ocean County referrals seeking State Psychiatric Hospitalization services. This data also indicates that a total of 290 Ocean County admissions to Ancora Psychiatric Hospital were completed in FY12 on behalf of Ocean County residents.

## COUNTY MENTAL HEALTH TRENDS

Based on the NJ Division of Mental Health and Addictions Services (DMHAS) Wellness and Recovery Transformation Action Plan (2007), which suggests that approximately 5.4% or 358,302 people with serious mental illness are living in New Jersey, it can be assumed that 8% (30,978) of the State’s total count of individuals with mental illness live in Ocean County. Using the NAMI (2010) criteria for individuals experiencing mental illness, 10% of the population, or 57,368 of Ocean’s residents may experience mental illness. In addition, 10.3% of the population, or 59,089 of Ocean’s

residents reported during the Behavioral Risk Factor Surveillance Survey that their mental health was “not good” for 15-30 days prior to taking the survey, (OCHD, 2007). Moreover, 18.5% or 106,130 of Ocean’s residents meet the SAMHSA (2006) criteria of individuals reporting at least one diagnosable mental health issue in their lifetime.

**Table 9: Prevalence of Mental Illness in Ocean County**



While Ocean County residents may indicate their mental health is “generally good”, data gathered through the Adult System’s Review Committee suggests high volume demands. Distinctively, Ocean is home to two of the three largest Residential Health Care Facilities in the state; has the largest population of veterans in the state; serves as home to approximately 150,000 older Americans (60+); habitually experiences the second largest number of psychiatric screenings in the state (8,451 annually); and has a high number of consumers on Conditional Extension Pending Placement (CEPP) status in State Psychiatric hospitals (OCMHPU, 2009). Unfortunately, however, in comparison to other counties, Ocean County receives fewer per capita dollars in DMHAS funding for essential community based services to identify and treat mental illness. Moreover, the Community Mental Health Centers serving Ocean County and the State of New Jersey do so while receiving an inequitable Medicaid reimbursement rate for their critical services.

Currently the County’s Designated Screening Center averages 704 psychiatric screenings per month and remains one of the busiest Screening Centers in the state. In 2011, 8,451 PESS screenings were completed in Ocean County. Ocean has the second highest screening volume in NJ, second to Essex County's three screening centers combined total of 9,370. Screening prevalence, per 1,000 residents, in Ocean is 15.46, third highest statewide (Hudson and Hunterdon Counties at 16.32 and 16.06 respectively), with a statewide average prevalence at 9.77. Screening cost per consumer episode in Ocean County is \$375.68, 57% below the statewide average cost of \$657. In addition, Ocean County’s Screening Center receives an average of 2,968 crisis calls per month. And while monthly screening rates in Ocean County have increased by 151% since 1994, Ocean County’s rate of hospitalization has not statistically changed from the year 2000 to 2010 (OC Acute Care, 2010).

Ocean County’s Community Mental Health Centers report high volume demands as efforts continue to combat waiting lists for Intensive Outpatient Services, to ease capacity issues for Crisis Diversion, and to meet escalating supportive housing demands amongst currently engaged consumers and consumers pending discharge from State Psychiatric Hospitals (SRC, 2012). Currently, the unmet demand for outpatient services is perceived as influencing the extensive volume of psychiatric need in Ocean County.

Ocean County's Crisis Diversion program's success rate in diverting hospitalizations is 90%, however, the program is habitually at capacity by mid-month. Likewise, Ocean County's Intensive Outpatient Treatment and Support Services (IOTSS) program's success rate in diverting hospitalizations of enrolled consumers is 97%, however, IOTSS is currently exceeding contracted units of service. And while the implementation of an Early Intervention and Support Services (Ocean CREST) program in Ocean County has positively impacted the system of care by providing an alternative to psychiatric screening, the overall lack of available psychiatrists and prescribers in the region has restricted the IESS program's overall ability to successfully meet the realistic demands for service in Ocean County.

Ocean's agencies serve many vulnerable citizens in need, veterans and seniors remain two priority at-risk populations in Ocean County.

Ocean County serves as home to the largest population (approximately 68,000) of veterans in the state of New Jersey (Census, 2010). This number does not reflect the anticipated number of returning veterans from Iraq and Afghanistan. The National Institute for Mental Health provides data showing 26% of war veterans as having a diagnosable mental illness with up to 42% of National Guard and Army Reserve troops requiring mental health treatment. These numbers are high, and compounded by reports that relatively few veterans, less than 10%, actually get the care they need. As a result, male veterans in the general population are twice as likely as their civilian peers to die by suicide (Heinssen, 2008).

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

As this Plan Update seeks to highlight early intervention, treatment and community support services in the current Mental Health Service Delivery continuum, Ocean County agencies face an uncertain future as the State of New Jersey prepares for the implementation of managed behavioral healthcare. While it is the hope of community stakeholders that the future will hold opportunities for our community to reengineer service delivery strategies to meet the needs of a dynamic population during a complex transition, access is of great concern.

Mirroring the concepts communicated in the 2012 Administrative Services Organization (ASO)/Managed Behavioral Health Organization (MBHO) Access Workgroup Report, stakeholders engaged in the Plan Update process believe access and the impact access has upon multi-dimensional factors within service delivery is critical during and after any system change. Historically, "either a lack of coverage for mental health and substance abuse services or limited benefits restricted access to and the utilization of treatment" (Institute of Medicine, 1997, p.169). Likewise, access to behavioral health services is considered a "recurring theme" in the study of health care reform as parity, stigma, geographic proximity and shortages of providers are considered contributing factors toward insufficient access (Hartley, 1998, p.1). However, individuals experiencing mental illness and substance abuse are considered vulnerable and at risk as those with serious mental illness and/or dependence on substances are "likely to have inadequate economic and social supports, may have difficulty in advocating for their own needs, and are at high risk for disease, injury and death" (Institute of Medicine, 1997, p.170). As such, it is the expectation of stakeholders that any change imposed by DMHAS will ensure adequate access and robust service delivery for those in need, especially for individuals with complex behavioral, social and medical needs.

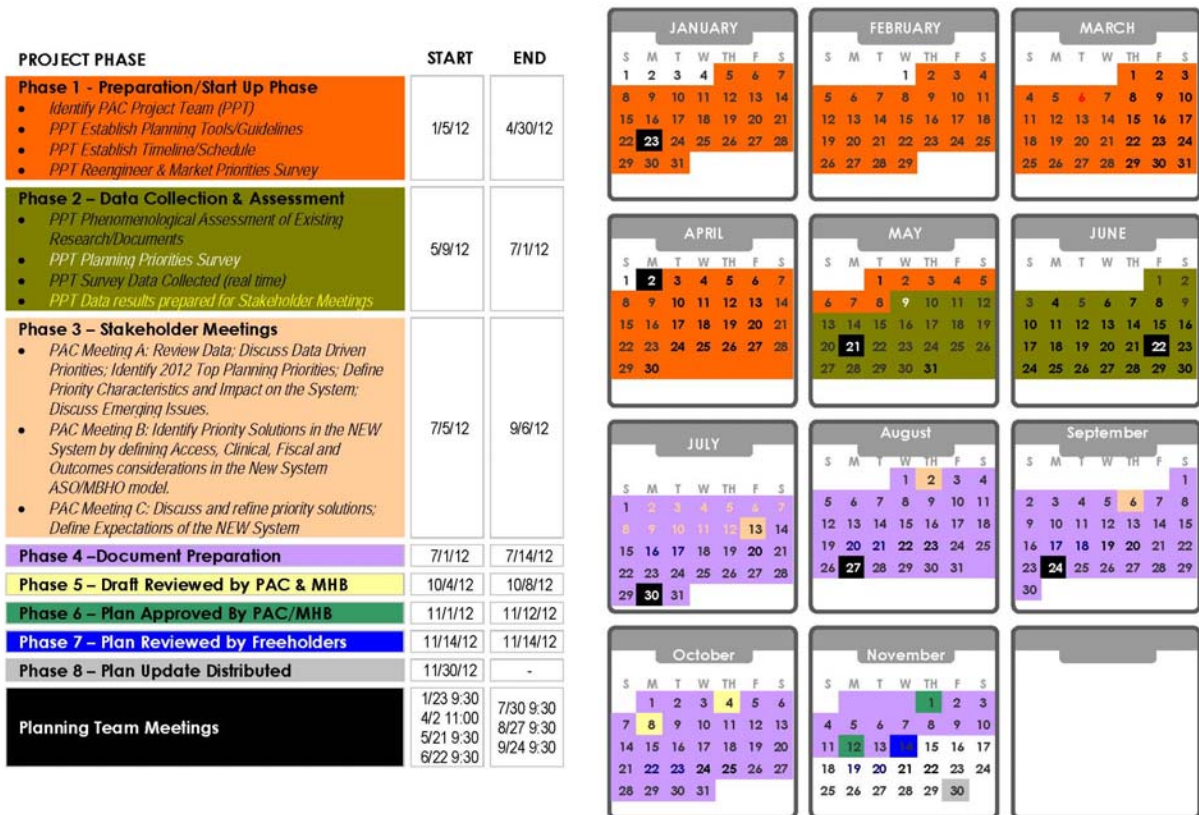
## PLANNING ACTIVITIES

### Phase 1 – Preparation and Start Up

The Ocean County PAC began the planning process in January of 2012 by identifying a PAC Planning Team comprised of: Michael Blatt, Preferred Behavioral Health of NJ; James Cooney, Ocean Mental Health Services, Inc.; Michael Roche, NAMI Ocean County; Michele Greene, Mental Health Association of Ocean County; Anthony Zazzarino, Triple C Housing; Kimberly Reilly, Ocean County Health Department; and Julie Vanore, Preferred Behavioral Health of NJ.

The first task of the Planning Team was to develop a Planning Calendar to serve as guide for the 2012-2013 Plan Update process. Twelve phases over a twelve month period were identified for the planning process, detailed in the Timeline below.

### MENTAL HEALTH PLAN UPDATE TIMELINE 2012





## PLANNING ACTIVITIES

### **Phase 2 – Needs Assessment**

A Mental Health Needs Assessment survey tool was circulated to members of the Mental Health Board and all of the Board’s subcommittees, members of the Human Services Advisory Council, members of the Workforce Investment Board, members of the Children’s InterAgency Coordinating Council, members of the Advisory Commission on the Status of Women and members of the Commission for Individuals with Disabilities. The surveys were distributed at regularly scheduled meetings and were made available online From May 9 through July 1, 2012.

The following organizations volunteered to serve as Survey Sites to encourage greater community participation in the Needs Assessment process: Ocean County Department of Human Services; Mental Health Association of Ocean County; Preferred Behavioral Health of NJ; Ocean County Board of Social Services; Ocean County Connections; Counseling and Referral Services of Ocean; Ocean Mental Health Services; Saint Barnabas Behavioral Health Services; St. Francis Counseling Services; Kimball Medical Center; Community Medical Center; Ocean Medical Center; Southern Ocean County Hospital; Ocean CREST; Ocean County Health Department; St. Pauls Lutheran Church; Triple C Housing; Lakewood Community Services Corporation.

### **Phase 3 – Data Assessment**

The County Department of Human Services contracted with SurveyMonkey to engage in online, web-based, survey distribution and data collection. The full Needs Assessment Data Analysis Report is provided in the Attachments for review.

Key descriptive statistics show a majority of survey participants identified themselves as being consumers of mental health services. The second most frequent survey participant is affiliated with a community agency/provider. Most consumer respondents identified their health insurance status.

The top five most accessible services reported are Psychiatric Emergency Screening Services, Early Intervention and Support Services, Outpatient Services, Mobile Crisis Services, and Intensive Outpatient Services. This finding is in contradiction to anecdotal information about waiting times for PESS and wait lists for Outpatient services. The top five least accessible services reported are Emergency Shelter Services, Safe and Affordable Housing, Dental Care, Homeless Prevention, and Child Care. So, as infrequently as these services have been sought, they are perceived by respondents as less accessible than other services listed.

Participants were asked to rate a list of barriers to seeking or receiving mental health services. The top five barriers reported are Lack of Insurance, Long Wait Times for Outpatient Services, Long Wait Times for Psychiatrist or Advanced Practice Nurse, Medicare and Medicaid Reimbursement Rates, and People Needing Services are Uninformed, Underinformed, or Unaware of Available Services and How to Access Them. A common theme immediately arises that there are long waits for “core” mental health services (outpatient, PESS, psychiatry). Stigma is another significant barrier cited by the sample.

Participants were asked to rate the importance of long standing identified areas of improvement/ service gaps. It can be inferred that these issues were well chosen because a majority of the sample agreed that these areas warrant at least some importance (combining the responses of “Very Important,” “Important” and “Somewhat Important”). The most important issue reported is Outpatient Service Accessibility, which was indicated by about 89% of the sample as important. The least important issue reported is Aging In Services, with more than a quarter of the participants stating this is not a significant or important issue.

## Phase 4 – Planning Session #1

Planning Session 1, held on June 15, 2012, served as the introductory meeting to the planning process. A Planning Overview highlighted the Planning Calendar and provided details regarding all scheduled planning activities. Discussion questions focused upon general mental health service delivery and a data review of Ocean County and its mental health system was completed. FocusTeams reviewed separate sets of data to capture significant information critical in understanding Ocean County, its residents, and mental health service delivery. This Meeting set the stage for subsequent planning meetings.

### *Session 1 Meeting Attendance*

Michael Blatt – Preferred Behavioral Health	Willian Bradley – MHA NJ - Ocean
Karen Bright – PESS/TLC	Jamie Busch – OC Dept of Human Services
Denis Campbell – Jackson Police Department	Nina Charlton-Hagen – OC Department of Corrections
Kim Class – Ocean Mental Health Services	James Cooney – Ocean Mental Health Services
Joseph Cuffari – Barnabas Health/PESS	Ron Dancer – OC Adjusters Office
Rick DeGironimo – Ocean Partnership for Children	Ramona DeFronza – CHLP
Nancy Dispirito – OC Probation Office	Tom Faulkner – Barnabas Health/PESS
Dennis Fleishman – OC Mental Health Board	Sheri Forker – Consumer Advocate
Michelle Gaito – OC Department of Corrections	Pat Greeley – OC Mental Health Board
Kathy Greene – Ocean Mental Health Services	Michele Green-Furrante – MHA NJ - Ocean
Allison Harris – OC Board of Social Services	Lurene Jaeger – OC Department of Corrections
Anna Kline – Preferred Behavioral Health	Sharon Lerner – Lakewood Community Services Corp.
Faith Liguori – Ocean County Housing Alliance	Tracy Maksel – OC Dept of Human Services
Chap Barbara Miles – Community Medical Center	Josephine Moreland - DMHAS
John O’Neill – Carrier Clinic	Rosemary Patrizio – Ancora Psychiatric Hospital
Kimberly Reilly – OC Health Department	Ryan Reilly – OC Dept of Human Services
Joy Reinhart – OC Dept of Human Services	Michael Roche – NAMI & Mental Health Board
Roy Mukesh – OC Health Department	Lori Schmidt – GenPsych
Donald Seckler – NAMI – Mental Health Board	Gail Seckler – NAMI – Mental Health Board
Suellen Semevolos – OC Dept of Human Services	Julie Vanore – Preferred Behavioral Health
Kim Veith – Ocean Mental Health Services	Anthony Zazzarino – Triple C Housing
Carmella Bodnar – CSP NJ	Pat Leahey – OC Dept of Human Services

*Planning Session 1 Focus Team Summary Report*

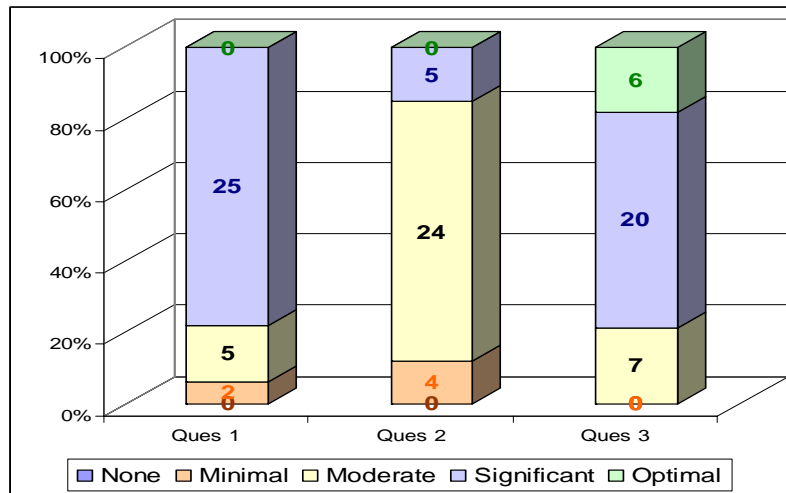
All participants were asked three basic questions about the mental health system of care in Ocean County:

1. How would you rate our capacity for early intervention and crisis diversion in Ocean County?
2. How would you rate our County when it comes to providing early intervention and crisis diversion programs for special needs populations (i.e. older adults, disabled consumers, co-occurring, etc.)?
3. How would you rate our providers' ability and commitment to collaborate across programs/ organizations/ issues?

The rating scale included five categories, described as follows:

None	No activity or capacity in the system
Minimal	Greater than zero, but no more than 25% of activity or capacity in the system
Moderate	Greater than 25%, but no more than 50% of activity or capacity in the system
Significant	Greater than 50%, but no more than 75% of activity or capacity in the system
Optimal	Greater than 75% activity or capacity in the system

Tracy Maksel led the group in brief discussion and consensus building. It was agreed that early intervention and crisis diversion operates at a significant level. Early intervention and crisis diversion for special needs populations differs greatly by population considered, but overall at a moderate level of capacity and activity. Of note, great challenge was identified with respect to consumers with mental health and intellectual/developmental disability (i.e. autism). Participants agreed that collaboration in Ocean County is overall significant, with the caveat that commitment to collaboration is optimal in most cases but ability to do so is often limited by systemic issues and barriers.



Five predetermined focus teams were divided from the group as a whole: Community Mental Health Needs Assessments; Acute Care Review; PAC Advocacy Review; County, State, and Federal Demographics; ASO/MBHO Development. The initial goal was to become comfortable with the information provided per group and begin to understand the county profile through highlighting pieces of information that appear pivotal. Each focus team was asked to prepare a brief report of their findings to present to the entire group, which, together, would drive the next two planning sessions.

### **Group 1: Community Mental Health Needs Assessments**

Group 1 identified four key issues affecting the delivery of mental health services in Ocean County from the 2012 and 2008 survey results analyzed:

1. Insurance status: More uninsured consumers responded to the Survey in 2012 than in 2008. Consumers identified insurance as a significant issue and barrier to receiving mental health services. This aspect of service delivery is expected to change with the Affordable Care Act (ACA).
2. Knowing what services exist: Consumers also identified this as a significant barrier to access. The group also discussed the negative impact of staff turnover/retention and experience on organizations' ability to assist consumers to navigate the human service system as a whole.
3. Restrictive eligibility: Consumer respondents to the survey noted that restrictive eligibility criteria are perceived as a barrier to access.
4. Housing instability: The few categories of housing assistance included on the survey were rated as some of the least available and accessible (by about 10% of respondents), in comparison to other services listed. The group discussed potential effects of the challenging economy on this dynamic, and suggested directly comparing responses from the 2008 and 2012 surveys in this area. The group also discussed the interactions of restrictive eligibility criteria and service fragmentation with respect to housing assistance.

### **Group 2: Acute Care Review**

Significant points of interest identified by the group include:

1. Inadequate outpatient capacity and prescriber time, which negatively impacts consumers' ability to achieve wellness and recovery;
2. Limited community access to contracted residential options;
3. Timely and funded to detox and rehab housing;
4. Absence of Substance Abuse focused on peer recovery and case management;
5. Inadequate resources impact agency's ability to meet clinical needs due to time spent securing consumer behavioral needs.

Gaps identified were: trauma informed care; enhanced clinical training/ credentialing; competitive rates to recruit and maintain staff; flexibility in admissions criteria to better serve the consumer; collaborations with substance abuse providers.

### **Group 3: PAC Advocacy Review**

Significant points of interest identified by the group include:

1. The need for full, adequate funding for programs in order to enhance program performance;
2. A need for community-based, consumer-specific residential programs as well as workforce housing, housing for individuals with disabilities, and housing for other special populations such as Megan's Law offenders;
3. Lack of services and funding with regard to transportation.

### **Group 4: County, State, and Federal Demographics**

Significant demographic trends identified include:

1. Significant seasonal population in Ocean County;
2. Large aging population; and
3. Continuing increase of total population.

Other points of interest include: challenges the population faces with transportation in a growing area, upcoming changes in health care services, and the aspect of more diverse individuals accessing services.

### **Group 5: ASO/MBHO Development**

The group identified the following as primary points of interest:

1. Any system change, especially moving to managed behavioral health care, should achieve increased access with more integrated care. However, economic drivers are at play with the current system reform. Extreme expenses are required to operate a managed care system. It is the expectation of the group that the reform does not morph the current delivery system into a purely profit driven system.
2. The State must set Medicaid rates that will allow for consumers to receive the appropriate and effective services they need to achieve wellness and recovery. This is especially true for individuals needing complex services.
3. The State must ensure unique services are recognized and supported as such. Unique services should not be forced to fit within an unrealistic mold guided by fee for service schedules and definitions. Examples are unique services include DRCC; Peer Support; Crisis Diversion; Mobile Screening.

*Planning Session 1 Summary Points*

<b>Needs Assessment Review</b>	<ul style="list-style-type: none"> <li>Insurance Status: More uninsured consumers responded to the Survey in 2012 than in 2008. Consumers identified insurance as a significant issue and barrier to receiving mental health services. This aspect of service delivery is expected to change with the Affordable Care Act (ACA).</li> <li>Knowing what services are out there was identified as a significant barrier to access.</li> <li>Restrictive eligibility was perceived as a barrier to access.</li> <li>Housing instability. The few categories of housing assistance included on the survey were rated as some of the least available and accessible in comparison to other services listed.</li> </ul>
<b>Acute Care Review</b>	<ul style="list-style-type: none"> <li>Inadequate outpatient capacity and prescriber time, which negatively impacts consumers' ability to achieve wellness and recovery;</li> <li>Limited community access to contracted residential options;</li> <li>Timely and funded to detox and rehab housing;</li> <li>Absence of Substance Abuse focused on peer recovery and case management;</li> <li>Inadequate resources impact agency's ability to meet clinical needs due to time spent securing consumer behavioral needs.</li> </ul> <p>Gaps identified are: trauma informed care; enhanced clinical training/ credentialing; competitive rates to recruit and maintain staff; flexibility in admissions criteria to better serve the consumer; collaborations with substance abuse providers.</p>
<b>PAC Advocacy Review</b>	<ul style="list-style-type: none"> <li>The need for full, adequate funding for programs in order to enhance program performance;</li> <li>A need for community-based, consumer-specific residential programs as well as workforce housing, housing for individuals with disabilities, and housing for other special populations such as Megan's Law offenders;</li> <li>Lack of services and funding with regard to transportation.</li> </ul>
<b>Demographics Review</b>	<ul style="list-style-type: none"> <li>Significant seasonal population in Ocean County;</li> <li>Large aging population;</li> <li>Continuing increase of total population.</li> </ul> <p>Other points of interest include: challenges the population faces with transportation in a growing area, upcoming changes in health care services, and the aspect of more diverse individuals accessing services.</p>
<b>ASO/MBHO Review</b>	<ul style="list-style-type: none"> <li>Any system change, especially moving to managed behavioral health care, should achieve increased access with more integrated care. However, economic drivers are at play with the current system reform. Extreme expenses are required to operate a managed care system. It is the expectation of the group that the reform does not morph the current delivery system into a purely profit driven system.</li> <li>The State must set Medicaid rates that will allow for consumers to receive the appropriate and effective services they need to achieve wellness and recovery. This is especially true for individuals needing complex services.</li> <li>The State must ensure unique services are recognized and supported as such. Unique services should not be forced to fit within an unrealistic mold guided by fee for service schedules and definitions. Examples are unique services include DRCC; Peer Support; Crisis Diversion; Mobile Screening.</li> </ul>

## Phase 5 – Planning Session #2

Stakeholder Meeting 2, held on July 5, 2012, engaged participants in qualitative discussions regarding our mental health system’s early intervention, treatment and community support services. Each participant contributed to a list of strengths, weaknesses, and a wish list for improvement. Focus Teams analyzed and integrated individual responses into categories and themes.

### *Session 2 Meeting Attendance*

Ellen Berfond –OC Board of Social Services	William Bradley – MHS NJ
Kathi Callaghan – DYFS	Ryan Reilly – OCDHS
Sharon Lerner – Lakewood Community Services	Jamie Busch – OCDHS
Kathryn Colhoun – Ocean Partnership for Children	Chap Barbara Miles – Community Medical Center
Karen Bright – Barnabas Health/PESS/TLC	Rick DeGironimo – Ocean Partnership for Children
Nancy DiSpirito – Ocean County Probation	Lori Enquist-Schmidt – GenPsych
Christina Gaetano – Ocean Mental Health	Michael Blatt – Preferred Behavioral Health
Jackie Mullaney – Preferred Behavioral Health	Kemi Olukoya – GenPsych
Eva O’Malley –Ocean CHADD	Kim Class – Ocean Mental Health
Kathy Greene – Ocean Mental Health.	Josephine Moreland – NJ DMHAS
Joy Reinhart – OCDHS	Patricia Verna – Central Jersey Family Health
Anna Kline – Preferred Behavioral Health	Gail Seckler – NAMI
Anthony Zazzarino – Triple C Housing	Kim Veith – Ocean Mental Health
Nina Hagen – OC Department of Corrections	Allison Harris – OC Board of Social Services.
Danielle Hinte – Family Crisis Intervention Unit	Tracy Maksel – OCDHS
Michael Roche – NAMI Ocean	Leslie Terjesen – OC Health Department
Colleen Verriest – Ocean YMCA	Michele Gaito – OC Department of Corrections
Joe Cuffari – Barnabas Health/PESS	Tara Rivera – Parent 2 Parent
Ramona DeFonza – Community Health Law Project	Michele Green Ferrante – MHA NJ
Donald Seckler – NAMI	Meghan Ahearn – Family Crisis
Ronald Dancer – OC Adjuster’s Office	Jim Cooney – Ocean Mental Health
Suellen Semevolos – OCDHS	

All participants were asked nine basic questions about the mental health system of care in Ocean County. Respondents were asked to write one response per question on Post Its and to attach their response to the corresponding flip chart provided. The questions were as follows:

Early Intervention	Treatment	Community Support
1. What do you consider our County’s greatest strength when it comes to early intervention?	4. What do you consider our County’s greatest strength when it comes to treatment?	7. What do you consider our County’s greatest strength when it comes to community support?
2. What do you consider our County’s greatest weakness, when it comes to early intervention?	5. What do you consider our County’s greatest weakness, when it comes to treatment?	8. What do you consider our County’s greatest weakness, when it comes to community support?
3. What’s at the top of your wish list for our County when it comes to prioritizing early intervention needs?	6. What’s at the top of your wish list for our County when it comes to prioritizing treatment needs?	9. What’s at the top of your wish list for our County when it comes to prioritizing community support needs?

Once individual responses were affixed to the appropriate flip charts, the group separated into nine workgroups to categorize the responses for each question with the goal of generating themes.

*Planning Session 2 Team Summary Reports*

**Team # 1 – Early Intervention Strengths**

*Question - What do you consider our County’s greatest strength when it comes to early intervention?*

*Category*

Early Intervention and Support  
 Collaboration  
 Psychiatric Screening Services  
 Mobile Response Services

Flexibility of Services  
 Resource Availability  
 Staff

*Themes*

Early intervention and support programs, like Ocean CREST and Mobile Response, are credited with successfully diverting people from hospital and emergency room admissions. In addition, Ocean County’s collaboration and desire for flexibility leads to better service delivery to consumers. Agency staff displays great passion and commitment in their work positively impacting the system.



## Team # 2 – Early Intervention Weaknesses

*Question - What do you consider our County's greatest weakness, when it comes to early intervention?*

### *Category*

Capacity (Financial Resources of the consumer and provider agency; Affordable Housing; Skilled staff; Prescribers)

Marketing and Education (Outreach to the public; Knowledge of available services; Outreach to diverse populations)

Collaboration (Access staff needs to be familiar with resources across the system with law enforcement and primary care included)

### *Theme*

Ocean County's mental health system struggles to meet increasing demands with limited capacity; nevertheless, outreach to inform the public and system partners regarding services is essential to ensure competence, seamlessness and access.

## Team # 3 – Early Intervention Wish List

*Question - What's at the top of your wish list for our County when it comes to prioritizing early intervention needs?*

### *Category*

Capacity

Access

Improved Training

Target Specialized Population

Increased public awareness of services

### *Theme*

Increasing capacity of affordable services to accommodate growth in the county is essential, which is especially true to individuals with complex behavioral, social and medical needs. Training for specialized treatment and intervention, enhancing consumer focused/targeted interventions and supports, and improving the marketing and community awareness of Mental Health Services are critical elements in building awareness, competence and seamlessness within the system.

## Team # 4 – Treatment Strengths

*Question - What do you consider our County's greatest strength when it comes to treatment?*

### *Category*

Interagency Collaboration

Diversity of Programs

Highly qualified, skilled, passionate staff

Availability of resources

### *Theme*

Ocean County's system of care, which is comprised of a variety of programs for diverse populations, has a comprehensive and coordinated system of care with skilled staff and collaborative agencies. Furthermore, Ocean County supports and has increased attention to online information sharing/resources. OceanResourceNet is a perfect example.

**Team #5 – Treatment Weaknesses**

*Question - What do you consider our County’s greatest weakness, when it comes to treatment?*

*Category*

Capacity

Specialized programs

Staffing

Community access to services

*Theme*

Ocean County has not been proportionately funded to assure that needs are met based on demographics, geographic size, population growth, and distinct and diverse populations. As such, the ability to retain staff, and provide adequate prescriber time is compromised.

**Team #6 – Treatment Wish List**

*Question - What’s at the top of your wish list for our County when it comes to prioritizing treatment needs?*

*Category*

Innovative treatment

Specialized services for youth, adults and older adults

Increase access and availability

Substance Abuse

*Theme*

Based on population growth and demonstrated need, Ocean County would benefit from increased availability of DBT, prescribers, addiction, and supportive housing services for adults and youth living with mental illness, especially those with complex behavioral, medical and social needs, to ensure a more dynamic treatment milieu in the community.

**Team # 7 – Community Support Strengths**

*Question - What do you consider our County’s greatest strength when it comes to community support?*

*Category*

Collaboration

Commitment and dedication

Awareness

Activities (community)

Resources and diversity

*Theme*

Ocean County’s Mental Health system partners perceive a distinct spirit of collaboration, evidenced by a clear demonstration of community awareness regarding the needs of Ocean County residents. Ocean County also possesses diverse resources though capacity remains an issue. And while partners in the system are committed and dedicated, their work is becoming increasingly difficult as resources become scarcer and needs continue to grow. Regardless, however, community activities continue to promote collaboration, awareness, and innovation lending to continued commitment and vigilance in providing for those in need and at risk.

**Team #8 – Community Support Services – Weaknesses**

*Question - What do you consider our County’s greatest weakness, when it comes to community support?*

*Category*

Lack of Support and Capacity	Transportation
Lack of awareness of available services	Housing

*Theme*

Ocean County would benefit from culturally sensitive supports to individuals and families, increased integration of consumer and family involvement in supportive services planning and implementation, increased affordable and supportive housing for consumers, and extended transportation schedule for those needing mental health services. Importantly, flexible eligibility criteria for support services are necessary to create seamlessness in achieving wellness and recovery for individuals receiving mental health services in Ocean County.

**Team 9 – Community Support Wish List**

*Question - What’s at the top of your wish list for our County when it comes to prioritizing community support needs?*

*Category*

Education	Resources
Transportation	Housing

*Theme*

Ocean County’s mental health partners need to educate consumers regarding service delivery and accessibility, inclusive of transportation routes/plans available to access programs successfully. While resources remain a critical issue, affordable treatment, reductions in wait times, affordable and stable housing, and streamlining criteria for services, including housing, would greatly benefit mental health consumers in Ocean County.

*Session 2 Wish List Summary*

Wish List	
<b>Early Intervention</b>	<ul style="list-style-type: none"> <li>▪ Capacity</li> <li>▪ Access</li> <li>▪ Improved Training</li> <li>▪ Target Specialized Population</li> <li>▪ Increased public awareness of services</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>▪ Innovative treatment (DBT, Trauma Informed)</li> <li>▪ Increase access and availability</li> <li>▪ Substance Abuse Services</li> </ul> <p>Specialized services for individuals with complex behavioral, social and medical needs</p>
<b>Support Services</b>	<ul style="list-style-type: none"> <li>▪ Education</li> <li>▪ Transportation</li> <li>▪ Resources</li> <li>▪ Housing</li> </ul>

## Phase 6 – Planning Session #3

Planning Session #3, held on September 6, 2012, focused on prioritization of Wish List items identified in Session #2. Teams reviewed summaries from Meeting 1 and 2 and developed priorities for early intervention, treatment and community support services for the PAC to consider.

### *Session 3 Meeting Attendance*

Joy Reinhart – OCDHS	Nina Hagen – Ocean County Jail
Kim Reilly – OCHD	Anna Kline – Preferred Behavioral Health
Jim Cooney – Ocean MHS	Peter Hartney – Mental Health Board
Roberto Flecha – Seashore Family Services	Anthony Zazzarino – Triple C Housing
Rosemarie Patrigio – Ancora Hospital	John O’Neill – Carrier Clinic
Jamie Busch – OCDHS	Michael Blatt – Preferred Behavioral Health
Dennis Fleishman – Mental Health Board	Michael Roche – NAMI Ocean
Ron Dancer – OC Adjuster’s Office	Michele Gaito – Ocean County Jail
Nancy DeSpirito – OC Probation Office	Bill Bradley – Mental Health Association
Jackie Mullaney – Preferred Behavioral Health	Ryan Reilly – OCDHS
Allison Harris – Board of Social Servs.	Ellen Bremond – Board of Social Services
Karen Bright – TLC/PESS	Kathy Callaghan – DYFS
Judy Rogers – Ocean Mental Health Serv.	Meghan Ahearn – FCIU
Rick DeGironimo – Ocean Partnership for Children	Dannelli Hinte
Kemi Olukoya – GenPsych	Kim Veith – Ocean MHS
Josephine Moreland - DMHAS	

To begin conceptualizing Session #3 tasks as described, the group was asked to respond to the following questions in a focus group discussion:

*Question # 1 Which early intervention service in our county is being under utilized?*

Justice Involved Services was noted as under utilized, directly reflective of buy in and understanding from the police departments. It was mentioned that PESS mobile outreach could be utilized more. Substance abuse prevention was also identified as an under utilized resource.

*Question #2 What are some of the services that are over utilized?*

It was mentioned that PESS, located within ERs, is over utilized.

*Question # 3 – Which treatment services in Ocean County do you think are being under utilized?*

Substance abuse co-occurring services were identified as being under utilized. Prevention services were noted as under utilized. It was discussed that the current service delivery system is not capable to immediate access to treatment services. And as such, waiting times promote the over utilization of ERs, PESS, In Patient Facilities, and the Early Intervention and Support Services (EISS) program. It was also noted that Ocean County’s EISS program fields approximately 1,472 referrals a year, or over 100 clients per month. Approximately 50% of EISS referrals are admitted into the program. Most and many of these referrals are not in crisis.

*Question # 4 – Which community services do you interact with the most when addressing the needs of the mentally ill?*

The Board of Social Services was identified as the main agency programs interact with in order to meet the housing and financial issues of consumers. PESS was noted as interacting with Crisis Diversion, EISS, IOTSS and Justice Involved Services.

Attendees were asked to review the Wish List summary and identify one (1) top priority for each of the three categories provided (early intervention, treatment and support services). Each attendee was instructed to report their three (3) top priorities by affixing a post it note to the appropriate poster board provided in the meeting room.

After all attendees completed the Wish List activity, Teams were assigned. Each Team was provided with instructions, and with the task of providing very specific elements within their priority summaries.

### *Team Summary Reports*

#### **Early Intervention – Identify the most important early intervention need for our service delivery system.**

Priority 1 – Increase capacity which will ultimately improve access

Priority 2 – Continue to educate the community and providers in order to increase public awareness (re: program access and services)

- Entire County population
- Schools, physicians, providers and law enforcement
- De-stigmatize

Priority 3 – Target specialized populations by developing the expertise and services to provide appropriate and individualized care

- Bi-Lingual
- Co-occurring
- Aging
- Pregnant
- Family Caregivers
- Legally involved
- Aging out youth
- Individuals with disabilities
- Veterans
- Women

#### **Treatment – Identify the most important need for our service delivery system.**

Priority 1 – Develop more specialized treatment

- DD/MI Population
- Young Adults
- Seniors
- Co-occurring

Priority 2 – Access and availability of existing treatment services

- Non-English programming
- Out Patient
- Psychiatry
- Transitional housing

Priority 3 – Staff training, innovative treatment and quality of services

- DBT
- CBT
- Trauma and motivational interviewing

**Community Support – Identify the most important community support need for our service delivery system.**

Priority 1 - Transportation

- Make it more affordable
- Add routes
- Focus on far south and northwest County (isolated areas)
- Target uninsured
- Enhance specialized transportation

Priority 2 - Housing

- Treatment housing
- Affordable housing
- Specialized housing for individuals with complex behavioral, social and medical needs

Priority 3 - Education and Information

- Focus on individuals with severe and persistent mental illness
- Focus on caregivers
- Focus on faith based community
- Focus on medical community

**Providers - Identify the most important improvement providers can make to positively impact their coordination, collaboration and cooperation with each other.**

Priority 1 - Education and Outreach

- Focus on frontline personnel
- Focus on general public
- Engage on a continuum

Priority 2 - Information Exchange (Agency to Agency)

- Develop contact point persons
- Develop ease of exchange
- Develop integrated measures to ease communication

Priority 3 - Agency flexibility in service delivery

- Establish flexibility in managing wait times
- Look to enforce change for inclusionary and exclusionary criteria that are known barriers

Planning Session Summary of Priority Development

2012 PAC Plan Update Session Summary



## Phase 7 – PAC Priority and Action Step Session

On October 4, 2012, the PAC reviewed a summary of planning activities and outcomes. Attendees at the PAC Priority and Action Step Session participated in small Teams to identify three strategic action steps that would positively impact the Planning Priorities documented.

### *PAC Priority and Action Step Session Attendance*

Jamie Busch – OCDHS	Anthony Zazzarino – Triple C Housing
Jana Bova – CSP NJ	Christina Gaetano – Ocean MHS
Michael Roche – NAMI Ocean	Ryan Reilly – OCHDS
John Mennona – OCHD	John Tritto – OCBOSS
Ramona DeFonza – CHLP	Josephine Moreland – DMHAS
Michael Blatt – Preferred Behavioral Health	Tracy Maksel - OCDHS

To begin the PAC members reviewed the 2012 PAC Plan Update Session Summary chart, which provided a visual representation of the progression of outcomes from Planning Sessions 1, 2 and 3.

After reviewing the Summary Chart, PAC members were divided into four (4) Teams, Early Intervention, Treatment, Support Services and Providers, to discuss and develop PAC Action Steps. The following chart summarizes the outcomes of the PAC Priority and Action Step Session.

### *Prioritization with PAC Action Steps*

<b>TEAM - EARLY INTERVENTION</b>	
<b>Identified Priority</b>	<b>PAC Action Steps</b>
<b>Increase Capacity</b>	<p><b>Maximize Utilization of Existing Services</b></p> <ul style="list-style-type: none"> <li>▪ Advocate for the development of a real time availability tracking database system promoting enhanced utilization based on service availability</li> <li>▪ Examine and reengineer the flow of consumers in programs through qualitative and quantitative analysis including algorithms uncovering areas for improvement</li> <li>▪ Increase the utilization and integration of Peers to assist consumers with navigating the system, educating regarding certain systems elements, and supporting consumers through troubleshooting</li> <li>▪ SRC the top over and under utilizers of the system to troubleshoot outliers who may rely too heavily on acute care services</li> </ul> <p><b>ASO/MBHO Network Development</b></p> <ul style="list-style-type: none"> <li>▪ Advocate for an enhanced and robust provider network</li> <li>▪ Work with the ASO/MBHO to develop incentives to enhance consumer connectivity with providers</li> </ul>



<p><b>Educate Regarding Services</b></p>	<p><b>In Service Coordination</b></p> <ul style="list-style-type: none"> <li>▪ <i>Include in-service development and review to PAC agenda</i></li> <li>▪ <i>Encourage and assist agencies to collaborate for cross-agency in-service engagements</i></li> </ul> <p><b>Ongoing Staff Education</b></p> <ul style="list-style-type: none"> <li>▪ <i>Continue PAC Cross Training Sessions</i></li> <li>▪ <i>Survey community agencies for emerging and interesting topics</i></li> <li>▪ <i>Work with providers to maximize Training calendar</i></li> </ul>
<p><b>Enhance Targeted Services</b></p>	<p><b>ASO/MBHO Partnership</b></p> <ul style="list-style-type: none"> <li>▪ <i>Advocate to develop a network of early intervention services that include targeted elements for individuals with complex behavioral, social and medical needs</i></li> <li>▪ <i>Facilitate relationship between ASO/MBHO liaisons and local providers</i></li> </ul> <p><b>Inclusiveness</b></p> <ul style="list-style-type: none"> <li>▪ <i>Support integrated care by educating on, and building an understanding of, the continuum of care necessary for and available to individuals with complex behavioral, social and medical needs.</i></li> </ul>

**TREATMENT**

<b>Identified Priority</b>	<b>PAC Action Steps</b>
<p><b>Develop Specialized Treatment for Individuals with Complex Behavioral, Social and Medical Needs</b></p>	<p><b>Leverage Existing Resources</b></p> <ul style="list-style-type: none"> <li>▪ <i>Develop a PAC subcommittee to visit and shadow existing programs throughout the state to better understand what the continuum of care is like in the state.</i></li> <li>▪ <i>Identify specific training that may enhance or make available services in Ocean County</i></li> </ul> <p><b>Needs Assessment</b></p> <ul style="list-style-type: none"> <li>▪ <i>Engage in survey research to determine what agencies perceive as needed in order to appropriately meet the needs of individuals with complex behavioral, social and medical needs.</i></li> </ul> <p><b>Evidence Based Practice</b></p> <ul style="list-style-type: none"> <li>▪ <i>Promote and support evidence based practices and train agency staff to achieve robust service delivery</i></li> </ul>
<p><b>Increase Access to Existing Programs</b></p>	<p><b>Network Development</b></p> <ul style="list-style-type: none"> <li>▪ <i>Use existing data to advocate for the ASO/MBHO to enhance access to existing specialized treatment in Ocean County</i></li> <li>▪ <i>Advocate for the ASO/MBHO to engage in a gap and resource analysis with the goal of enhancing access to existing programs</i></li> </ul> <p><b>Innovation</b></p> <ul style="list-style-type: none"> <li>▪ <i>Explore the possibility of enhancing telepsychiatry and telemedicine in Ocean County to increase access to existing prescribers</i></li> <li>▪ <i>Advocate for Medicaid and Medicare reimbursement for telemedicine services</i></li> </ul>

<b>Train Staff in Innovative Treatments (i.e. trauma informed, DBT)</b>	<p><b>Knowledge Enhancement</b></p> <ul style="list-style-type: none"> <li>Support multi-agency training opportunities in innovative treatments transitioning away from isolated service accessibility within single agencies or separate service delivery silos</li> </ul> <p><b>Evidence Based Practice Focus</b></p> <ul style="list-style-type: none"> <li>Promote agencies to explore and report to PAC on evidence based treatment practices that are well suited to meet local needs</li> <li>Promote exploration of grant opportunities focused on building capacity through evidence based practices</li> </ul>
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**SUPPORT SERVICES**

<b>Identified Priority</b>	<b>PAC Action Steps</b>
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<b>Enhance Transportation</b>	<p><b>Understand Existing Services and Resources</b></p> <ul style="list-style-type: none"> <li>Better familiarize PAC with existing transportation resources, plans, and endeavors at the local, state and federal level (i.e. Burlington County Peer Transportation Project; Preferred Behavioral Health’s Transportation Initiative)</li> <li>Become better educated, through enhancing the PAC’s relationship with the County Department of Transportation, to understand data collection and analysis methods that lead to gaps analyses</li> </ul> <p><b>Support Needs Assessments and Plans</b></p> <ul style="list-style-type: none"> <li>Work with the County Department of Transportation to support the analysis of existing public and private transportation services</li> <li>Work with the County Department of Transportation to assist in the projected transportation needs of Ocean County consumers of mental health services</li> </ul> <p><b>Advocate for Enhancements</b></p> <ul style="list-style-type: none"> <li>Promote and support the County Department of Transportation’s Plan to address the transportation needs of the community</li> <li>Promote and support initiatives that will improve upon existing services, especially to isolated areas of the County</li> <li>Work with the County Department of Transportation in identifying new resources (i.e. grants, volunteers, etc.)</li> </ul>
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<b>Enhancing Housing</b>	<p><b>Support Existing Efforts</b></p> <ul style="list-style-type: none"> <li>Better familiarize PAC with existing resources, plans, and endeavors at the local, state and federal level</li> <li>Support and contribute toward the County CEAS and Coc efforts to secure resources for housing endeavors in Ocean County</li> </ul> <p><b>Support Needs Assessments, Plans, and Housing Development</b></p> <ul style="list-style-type: none"> <li>Work with the County and it’s CEAS, CoC, and Planning Board to implement the County Plan to Address Homelessness and other County Plans focused on housing</li> <li>Work with the County CEAS and CoC to meet HUD needs assessment and program review requirements</li> <li>Work with the County CEAS and CoC to enhance Point in Time Count activities</li> <li>Work with County CEAS and CoC to identify resources</li> </ul> <p><b>Advocate for Enhancements</b></p> <ul style="list-style-type: none"> <li>Advocate to DMHAS for the better utilization of existing beds in Ocean County by eliminating barriers in discharging individuals from State hospitalization to residential placements</li> <li>Advocate cost savings to DMHAS and Ocean County through eliminating barriers</li> </ul>
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	<p><i>in discharging individuals from State hospitalization to residential placements</i></p> <ul style="list-style-type: none"> <li>▪ <i>Promote exploration and discussion of potential resources that may enhance housing opportunities for consumers in Ocean County</i></li> </ul>
<b>PROVIDERS</b>	
<b>Identified Priority</b>	<b>PAC Action Steps</b>
<b>Education and Outreach</b>	<p><b>Support Existing Efforts</b></p> <ul style="list-style-type: none"> <li>▪ <i>Change locations of existing information fairs to garner more participation</i></li> <li>▪ <i>Develop incentives for agency staff to participate in information fairs to build relationships and stay informed</i></li> <li>▪ <i>Increase participation in county-wide information fairs and events (i.e. founders day; county fair; etc.)</i></li> <li>▪ <i>Continue the PAC Cross Training Sessions</i></li> <li>▪ <i>Work closer with the CIACC Education Subcommittee</i></li> <li>▪ <i>Continue to utilize OceanResourceNet</i></li> </ul> <p><b>Advocate for Enhancements</b></p> <ul style="list-style-type: none"> <li>▪ <i>Explore funding opportunities to enhance existing education and outreach efforts</i></li> <li>▪ <i>Promote continued public service campaigns (i.e. billboards, radio PSA, print publications)</i></li> <li>▪ <i>Support and promote mental health awareness activities</i></li> </ul>
<b>Information Availability</b>	<p><b>Utilize and Enhance Existing Resources</b></p> <ul style="list-style-type: none"> <li>▪ <i>Continue to utilize OceanResourceNet by updating information regularly and promoting the community to access the resource</i></li> <li>▪ <i>Enhance the visibility of existing websites</i></li> <li>▪ <i>Continue to make available informational brochures</i></li> </ul>
<b>Agency Flexibility</b>	<p><b>Communication Enhancements</b></p> <ul style="list-style-type: none"> <li>▪ <i>Promote a greater diffusion of the PAC Universal Release of Information Form currently piloted in Justice Involved Services</i></li> <li>▪ <i>Develop individual liaisons who bridge communication gaps between agencies or service delivery systems</i></li> </ul> <p><b>Communication Enhancements</b></p> <ul style="list-style-type: none"> <li>▪ <i>Advocate for changes in regulations, statues, or laws that promote greater flexibility in program accessibility (i.e. vacant residential units only available for CEPP when delays in discharges leave beds open for long periods of time; ICMS consumers not being eligible for Justice Involved Services; positive drug screens preventing consumers from enrolling in substance abuse programs)</i></li> <li>▪ <i>Advocate for changes in regulations, status, or laws that conflict causing barriers in access to services</i></li> </ul>

### **Phase 9, 10 and 11 - Plan Review and Approval**

Interpretations and recommendations formulated through the PAC planning process were compiled into a Mental Health Plan Update Draft for PAC and Mental Health Board review. During November 2012 members of the PAC and the Mental Health Board reviewed the Mental Health Plan Update Draft and provided recommendations to the PAC Planning Team in preparation for the final Plan Update presentation to the PAC and Mental Health Board. On January 3, 2013 the PAC formally approved the final Plan Update determining its readiness for Mental Health Board approval.

At the January 14, 2013 Mental Health Board meeting, Board members were presented with the final Mental Health Plan Update. The Board unanimously approved the Plan Update. The Plan Update was then submitted to the Ocean County Board of Chosen Freeholders for review and endorsement. Upon Ocean County Freeholder Board endorsement, the Plan Update shall be forwarded to the New Jersey Division of Mental Health and Addiction Services.

### **Phase 12 - Plan Distribution**

In order to sustain the Mental Health Board's efforts to remain environmentally friendly, the Board has made the Ocean County Mental Health Plan Update 2013-2016 available electronically. Members of the public have access to the Plan Update online through the Ocean County Department of Human Services website ([www.co.ocean.nj.us/ocdhs](http://www.co.ocean.nj.us/ocdhs)). Furthermore, CD-ROMS containing the Plan Update are available upon request through the County Mental Health Administrator's office. Hard copies of the Plan Update are available for those needing special accommodations through the County Mental Health Administrator's office.

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## ATTACHMENTS

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

**ATTACHMENT 1: SERVICE INVENTORY MATRIX**

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

<b>EARLY INTERVENTION RESOURCES/SERVICES</b>			
<b>PROVIDER AGENCY: Ocean Mental Health Services, Inc.</b>			
<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Theraplay 122 Lien Street, Toms River	Children of ages 2-6 and their families. <b>65 Families</b>	Assessment, Individual, Group, and Family services are provided, incorporating play therapy.	United Way of Ocean County and other select funding
Ocean CREST (Community Resource for Emergency Support and Treatment)	Adults County Wide	Provides rapid access to short term, recovery oriented crisis intervention and stabilization services for persons with a mental health crisis.	NJ DMHAS

**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children’s Services**

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



**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children’s Services**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>
Brick Township High School Based Program, 346 Chambersbridge Road, Brick, NJ 08723	High school students and their families, 2110 served	A full array of behavioral health and social services: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training, and recreation.	NJ Div. of Prevention and Community Partnerships
Veteran’s Memorial Middle School Based Program, 105 Hendrickson Avenue, Brick, NJ 08724	Middle school students and their families, 928 served	A full array of behavioral health and social services: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training, and recreation.	NJ Div. of Prevention and Community Partnerships
Healthy Families 1191 Lakewood Road, Toms River, NJ 08755	Ocean County families, 122 served (home visitation)	Prevents abuse and neglect of children under 5 by providing early risk identification and intervention to families at risk. Promotes positive child development for their infants and young children. Ensures that families receive appropriate health and support services; as well as identify and build on family strengths and support parents as the primary caregivers and nurturers of their children.	NJ Div. of Prevention and Community Partnerships
Adolescent Pregnancy Prevention 885 Somerset Avenue Lakewood, NJ 08701	Lakewood High School Students, 338 served, 603 events	Family planning, pregnancy testing, counseling, case management and referrals	NJ Div. of Prevention and Community Partnerships
Lakewood School Based Program 885 Somerset Avenue Lakewood, NJ 08701	High school students and their families, 582 served and 3346 events	A full array of behavioral health and social services: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training, and recreation.	NJ Div. of Prevention and Community Partnerships
Family Friendly Center Clifton Ave. School Lakewood, NJ 08701	Grammar school children and their families, 136 serviced	After school program is for children 6-13, 3:00 p.m. to 5:30 p.m. Provides guidance and an array of activities designed to help facilitate social adjustment, support developmental needs while keeping them away from the elements of the streets that can adversely impact their positive growth and development.	NJ Div. of Prevention and Community Partnerships
Brick Memorial School Based Program 2001 Lanes Mill Road Brick, NJ 08724	Brick Memorial High school students and their families, 732 Served	A full array of behavioral health and social: individual, group and family counseling, case management, medical assistance, substance abuse services, college exposure, job readiness training,	NJ Div. of Prevention and Community Partnerships

		and recreation.	
The Children Protection Substance Abuse Initiative (CPSAI)/Lakewood and Toms River	Adults and their families 8,100 Served statewide and 1,325 in Ocean County	The CPSAI program provides comprehensive bio-psychosocial assessments to determine appropriate levels of substance abuse treatment. This program provides substance abuse assessors at each Department of Youth and Family services in five different counties.	State

**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: CONTACT of Ocean**

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

**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Office of Senior Services**

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

**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: Triple C Housing**

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

**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean Partnership for Children**

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

**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Board of Social Services**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Adult Protective Services Without regard to income Bldg. 4	Adults age 18 & over; 492 cases	CM services to vulnerable adults who are at the risk of abuse, neglect and/or exploitation and are unable to protect themselves.	State, County
General Assistance Program Financial Guidelines Bldg. 3	Adults age 18 & over 2723 cases	Time-limited cash assistance and services	State

Supplemental Nutrition Assistance Program (NJSNAP) Financial Guidelines Bldg. 3	Adults age 18 & over 41,679	Food stamps	Federal
Personal Assistance Services Program Without regard to income Bldg. 4	Adults age 18 & over Physically disabled 56	Attendant services to physically disabled adults which allow them to transition to work, school or a volunteer position.	State, County
Temporary Assistance to Needy Families (TANF) Financial Guidelines Bldg. 3	Adults age 18 & over 3712 cases	Case management	State

**EARLY INTERVENTION RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Department of Human Services – ERC/DRCC**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Emergency Response Disaster Response Crisis Counselors	All populations impacted by disaster, trauma or incidents of community impact.	New Jersey certified disaster response crisis counselors provide psychological first aid to individuals, communities, and groups faced with trauma as a result of natural or human induced disasters. The goal of the response is to reduce the negative emotional impact of trauma. Over 1500 volunteer DRCC hours were administered in FY2013.	New Jersey Division of Mental Health and Addiction Services

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean Mental Health Services, Inc.**

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

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean Mental Health Services, Inc.**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>
Child and Family Services (CAFS) <i>In-Community Service</i>	Children and Families 84	Intensive therapy services are provided in-home in order to prevent family decompensation. Available by direct DYFS referral only.	DYFS
Family Focus <i>122 Lien Street, Toms River</i>	Children and Families 20	Intensive therapy services are provided in order to prevent family decompensation. Available by direct DYFS referral only.	DYFS
Program for Assertive Community Treatment (PACT 1 and 2) <i>In-Community Service</i>	Individuals with chronic, persistent mental illness who have not been successful in remaining free of hospitalizations through other service modalities. PACT 1 and 2 served a total of 200 in 2012.	Multidisciplinary teams provide a diverse array of services to individuals living in the community. PACT is an evidence based model and utilizes best practices such as: CBT, WRAP, IMR, and IDDT. PACT is available 365 days, 24/7 to enrolled consumers. Teams outreach individuals in the community and provide opportunities for integration through vocational assistance, recreational and social engagements, and collaboration with peer support organizations.	DMHAS
Adult Residential Services <i>Various Locations</i>	Adults Suffering from Chronic Mental Illness 40	Multiple group homes, houses, and apartments, distributed throughout the county, with various levels of supervision and services.	DMHAS

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Adult Out –Patient Services 700 Airport Road, Lakewood, NJ 1500 Route 88, Brick, NJ	Individuals 18 years of age and older in need of mental health services. Served 4,239 in FY2012	Individual, family and couples therapy, group therapy and psychoeducation. Psychiatric evaluation and medication monitoring services available.	State, County, and United Way
Senior Guidance Program 1500 Route 88, Brick, NJ	Adults aged 60 and over, needing individual therapy and/or phase-of-life support. Served 217 in FY 2012	Individual therapy, home visits, and support. Psychiatric evaluation and medication monitoring services available.	State, County
Family Support Services 700 Airport Road, Lakewood, NJ	Children 18 years of age and younger and families needing mental health services. Served 31 families in FY2012.	Individual and family therapy, parenting support services and groups and psychoeducation. Psychiatric evaluation and medication monitoring services available.	State, DYFS
Post Partum Mood Disorder 700 Airport Road, Lakewood, NJ 1500 Route 88, Brick, NJ	Individuals experiencing depression related to prenatal and postnatal pregnancy. Served 39	Individual therapy and group therapy. Psychiatric evaluation and medication monitoring services available.	State

	women and families.		
Step Down Partial Care Program 725 Airport Road Lakewood, NJ	Adults 18 years and older suffering from mental illness requiring transitional support. Served 68 in FY2012.	A structured part time, evening program which offers specialized individual and group interventions. Psychiatric evaluation and medication monitoring services available.	State
SAIL 999 Airport Road Lakewood, NJ 08701	Severely emotionally disturbed youth 13 - 18 who are at risk for out-of-home placement. Served 77 in FY2012.	Partial care hospitalization 5 hours a day, 5 days a week: psychiatric evaluations, med monitoring, meals, transportation, individual, group and family counseling.	Ocean County Youth Service Commission, NJ State Div. of Child Behavioral Health, DYFS, County
Prime Time Partial Care Program 725 Airport Road Lakewood, NJ	Adults 18 years and older suffering from mental illness requiring extended treatment. Served 425 in FY 2012.	A comprehensive day program that utilizes activity-oriented therapies in a milieu setting. Psychiatric evaluation and medication monitoring services available.	State
DARE/ 700 Airport Road Lakewood	Adult 140 served in FY2012.	Providing integrated treatment to meet the complex needs of clients with co-occurring disorders.	County Health Dept./State
IOTSS	Adults in acute distress. Served 282 in FY2012.	Intensive outpatient treatment and support services for adults in acute mental health distress	State
Intensive Outpatient Program Lakewood/Barnegat	Adult 362 served.	Provides nine hours a week of group therapy and specialized individual services to address substance abuse dependence.	County Health Dept.
Women Achieving Recovery Now (WARN)/ Lakewood/Barnegat	Adult Women 119 Served	Outpatient substance abuse including individual, group, co-occurring services and provides transportation and child-care services with women involved with Division of Youth and Family Services.	State/DAS
Men in Support of Recovery (MISTR)/ Lakewood and Barnegat	Adult Men 91 Served	Men involved with Division of Youth and Family Services and are deemed to need substance abuse treatment. This program is gender specific.	State/DAS
Drug Court Services/ Lakewood and Barnegat	Adults 61 Served	Services clients deemed by the court to need varied levels of care of substance abuse services.	State/County
Federal Probation/ Lakewood	Adult offenders	Provide Substance Abuse Services to federal offenders and their families	Federal
RIPTIDE 999 Airport Road Lakewood, NJ 08701	Adolescents in need of substance abuse treatment (Level II.I). 92 served.	Intensive Out Patient treatment: assessments, urine screening, individual and group counseling, and a school component.	County Health Dept.
Mobile Response and Stabilization 1000 Washington Street Toms River, NJ 08753	Families with a child in crisis that may result in the child needing to be placed from his home. The severity of the crisis cannot warrant psychiatric hospitalization or an arrest by the police department 959 served.	In home crisis intervention 24 hours a day, 7 days a week. Stabilization services for 72 hours, treatment services and other supportive services for up to 8 weeks.	NJ State Div. of Child Behavioral Health

COAST Currently 700 Airport Road, Soon to be 999 Airport Road, Lakewood Also, at 848 West Bay Ave, Barnegat 155 Sunset Ave, Toms River	Adolescents referred by family court/probation 13-18 in need of substance abuse evaluation and treatment. 211 served.	Evaluation, group, referrals, linkages to a higher level of care if needed.	Ocean County Youth Service Commission
Family Nurturing In-home	DYFS children at risk of out of home placement. 90 served.	<b>In-home therapy</b>	DYFS

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Hampton Hospital**

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

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ancora Psychiatric Hospital**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Inpatient Hospitalization Hammonton, NJ	Adults who are civilly committed; geriatric; forensic status; Megan's Law; Detainer; DD/MI	Public state psychiatric hospital offering inpatient psychiatric treatment with nursing, social services, rehabilitation services, chaplaincy services, addiction services, nutritional services, and additional counseling programs. A consumer run self help center is also available.	Federal, State

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: GenPsych**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Adolescent Partial Care and Intensive Outpatient Programs 1610 Route 88 Suite 202 Brick, NJ 08724	Adolescents with mental health and substance abuse	Group psychotherapy, individual psychotherapy, family meetings and support groups, and psychiatric care (medication management)	Insurance
Adult Partial Care and Intensive Outpatient Programs 1610 Route 88 Suite 202 Brick, NJ 08724	Adults with mental health and substance abuse	Group psychotherapy, individual psychotherapy, family meetings and support groups, and psychiatric care (medication management)	Insurance



**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Lakewood Community Support Services Corporation**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
LCSC 415 Carey Street 500 West Kennedy Blvd. Lakewood, NJ 08701	Ages 5 and up 550 served	Outpatient mental health services	State

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Board of Social Services**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Persons with HIV/AIDS Program Without regard to income Bldg 4	Adults age 18 & older. Case mgt only	Case management & transportation services	State
Medicaid Special Financial guidelines Bldg. 5	Children under 21 years of age 61 cases	Medical benefits	Federal, State
Medicaid Extension Financial guidelines Bldg. 5	Families	Medical benefits	Federal, State
Medicaid Only Financial guidelines Bldg. 5	Adults age 65 & older, Blind, or disabled 3031	Medical benefits	Federal, State
Safe Housing & Transportation Without regard to income Bldg 4	Adults age 60 & older 76 cases	Escorted transportation/ Invalid Coach Moderate home repairs	County
Temporary Assistance Program (TAP) Without regard to income Bldg. 3	Adults age 60 & over and/or disabled adults	Escorted transportation/invalid coach for those not otherwise eligible under other transportation programs	State
New Jersey Care for the Aged, Blind & Disabled Financial guidelines Bldg. 5	Adults age 65 & older or recipients of SSD 2437 cases	Medicaid benefits	Federal, State
New Jersey Family Care Financial guidelines Bldg. 5	Pregnant women, children & some parents & caregivers 7419	Subsidized health insurance program	Federal, State
Medically Needy Financial guidelines Bldg. 5	Adults 65 & older, blind, disabled, pregnant, needy child under 21 yrs. old 364 cases	Limited medical benefits	Federal, State, County

**TREATMENT RESOURCES/SERVICES**

**PROVIDER AGENCY: Carrier Clinic**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Carrier Clinic 252 Rt.601 Belle Mead, NJ 08502 1-800-933-3579 www.carrierclinic.org	Acute Care Adults, Dual Diagnosis, Older Adult and Adolescent Inpatient Treatment. East Mountain Youth Lodge and East Mountain School. ECT Services. Detoxification and Rehab Services. Ocean County residents served in 2011- 542.	Carrier Clinic, a private, not for profit behavioral healthcare system, specializes in psychiatric and addiction treatment. Carrier offers a full array of specialized services across the continuum, which includes: General Adult Psychiatric, Adolescent, Geriatric, Dual Diagnosis, Residential, and Educational Services. The Blake Recovery Center, the centerpiece of Carrier's Addiction programming provides Detoxification and Rehabilitation, and Intensive Outpatient Programming.	Commercial Insurance, Medicaid, Medicare, Tricare
East Mountain Hospital 252 Rt. 601 PO Box 1029 Belle Mead, NJ 08502 1-800-379-1949	Acute Care for Adults, Dual Diagnosis, (Medicaid/Medicare Only) Ocean County residents served in 2011- 53	East Mountain Hospital provides inpatient treatment for adults with acute mental health and dual diagnosis issues.	Medicaid/Medicare

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean Mental Health Services, Inc.**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Compass Program  <i>Schools in Ocean County</i>	Ocean County Children and Adolescents	Compass is an education, information, and referral program linking the children of Ocean County to community resources. A website is maintained as well.	County of Ocean
Youth Case Management  <i>In-Community Service</i>	Ocean County Youth	Case Management Services are provided to children and adolescents in need of multiple services. YCM is accessed through the CSA, Value Options.	DCBHS
"Family Matters" Transportation Program <i>All of Ocean County</i>	Ocean County Families	Transportation to therapeutic services is available within the Ocean County.	Ocean Partnership for Children
Crisis Diversion  <i>In-Community Service</i>	Adults	Adults are referred by the Psychiatric Emergency Screening Service (PESS) as an alternative to hospitalization. Intensive case management and linkage	DMHAS

		to services are provided.	
Supportive Housing <i>In-Community Service</i>	Adults	Case Managers help mentally ill adults to work maintain housing as well as provide clinical, vocational, and crisis intervention in order to help individuals live independently in the community.	DMHAS
Project for Assistance to Transition from Homelessness (PATH) <i>In-Community Service</i>	Homeless Adults	A broad range of mental health services are provided to homeless adults in addition to assistance in securing housing.	DMHAS
Ocean Academy <i>160 Route 9, Bayville</i>	Emotionally Disturbed Children and Adolescents	Ocean Academy is a therapeutic school that offers educational services to students diagnosed with psychiatric disorders. Referral is made by school districts in the surrounding area.	Funding is tuition-based.
Intensive Family Support Services <i>Various Locations</i>	Family Members of Mentally Ill Adults and Children	Support services, psycho education and respite services are provided to family members and caretakers of persons with chronic mental illness.	DMHAS



**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Intensive Case Management Services 2156 Route 37 West Manchester, NJ	Seriously and persistently mentally ill adults currently hospitalized in a State, County, or Short Term Care Hospital needing community based supportive services to assist in maintaining themselves in the community. 604 served.	Individual supportive counseling, linkages for housing services, financial benefits and support, case management services. Psychiatric evaluation and medication monitoring services available.	State
Jail Involved Services 1191 Lakewood Road Toms River, NJ 08755	Adults 18 years and older, experiencing mental illness and in jeopardy of facing minor criminal charges. 97 served.	Case management, linkages to financial and treatment services. Advocacy on behalf of the individual in the criminal justice system. Psychiatric evaluation and medication monitoring services available.	State
Residential Level A+ Group Home 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital. 23 served.	A structured communal living environment with 24-hour, 7 day per week supervision. Individual supportive counseling and community linkages. Psychiatric services and medication monitoring available.	State
Residential Level A Apartment Program 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital. 3 served.	A structured communal living environment with 12-hour, 7 day per week supervision. Individual supportive counseling and community linkages. Psychiatric services and medication monitoring available.	State
Residential Level A Group Home 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital. 3 served.	A structured communal living environment with 12-hour, 7 day per week supervision. Individual supportive counseling and community linkages. Psychiatric services and medication monitoring available.	State
Residential Level C Apartment Program 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital or other community residential provider. 11 served.	A shared, non-staffed, independent living environment with individual case management and supportive counseling services. Psychiatric evaluation and medication monitoring available.	State

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Preferred Behavioral Health & Preferred Children's Services**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>	<b>Program Name &amp; Location of where Service is Offered</b>
Supportive Housing Program 725 Airport Road, Lakewood, NJ (Contact address)	Seriously and persistently mentally ill adults currently referred from a state hospital, or other community service providers. Served 60 individuals in FY 2008.	A fully independent living environment with individual case management and supportive counseling services. Psychiatric evaluation and medication monitoring available.	State
Projects for Assistance in Transition from Homelessness Program (PATH) 725 Airport Road, Lakewood, NJ	Individuals who are currently unhoused and/or in danger of becoming homeless. Served 39 individuals in FY 2008.	Case management services focused on linkages to financial and housing services. Linkages to all types of treatment services are made. Psychiatric evaluation and medication monitoring available.	State
Preferred Education Program (LEARN) 725 Airport Road Lakewood, NJ 08701	Adults 18 and older, with mental illness, seeking post-secondary education. 99 served in FY2012.	Supported education provides direct service and support in education coaching so that consumers may enter and succeed in educational opportunities. SED also serves as an information clearing house for consumers, families, colleges and providers within a geographical area.	State
Preferred Employment Services 725 Airport Road, Lakewood, NJ	Adults 18 years and older, with mental illness seeking to re-enter the workforce. Served 67 individuals in FY 2008	Individual vocational support, vocational skill building group interventions, and on-worksites support. Psychiatric evaluation and medication monitoring services available.	State

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Lakewood Community Services Corporation**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Multi-Cultural Outreach Lakewood	Ocean County Residents with Mental Illness	Outreach to Orthodox Jewish population for culturally sensitive and competent support for individuals with mental illness.	NJ DMHAS

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Office of Senior Services**

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

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Office of Senior Services**

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

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean Partnership for Children**

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

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Triple C Housing**

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

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: CONTACT of Ocean**

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

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Probation**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Adult Probation 15 Hooper Avenue Toms River, NJ 08753	Adult criminal offenders residing in Ocean County. 3500 supervised.	Community supervision of all adjudicated adults criminal offenders including specialized caseloads of mental health, domestic violence, pre-trial intervention, drug court, and sex offender clients.	Federal, State



**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: NAMI OCEAN COUNTY**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
NAMI-OC monthly Education and Support meetings; Toms River Ocean County Court Cafeteria, 129 Hooper Ave, second floor	Consumers, and family/friends of consumers; 400 persons (duplicated number)	Provide educational speakers and events for family learning mental health and other services plus separate support sessions for consumers and family/friends	NAMI membership
Family To Family Education Program Toms River 1027 Hooper Ave, Bldg 2, 3 <sup>rd</sup> floor  Coming soon: Brick Community Based Outpatient Clinic (Veterans Health Administration)	Family/friends of mental ill person; 35 families  (Now teamed with VA and forming classes for families of veterans with SMI)	Provides current information about mental illnesses; current research and treatments to promote recovery; up-to-date information about medications, side effects, and strategies for medication adherence; gaining empathy for a person with mental illness; learning skills for handling crises and relapse; coping with care giver worry, stress, and emotional overload; and guidance on locating and advocating for appropriate supports and services. All instruction and course materials are free to class participants	NAMI fund raising
NAMI Basics Education Program Toms River	Family/friends of children and adolescents living with mental illnesses; 30 families	Provides the parent/caregiver fundamental information necessary to be an effective caregiver. Helps to cope with the traumatic impact that mental illness has on the child and the entire family. Provides tools to assist in making the best decisions possible for the care of the child. Helps the parent/caregiver take the best care possible of the entire family – especially themselves. All instruction and course materials are free to class participants	NAMI fund raising
Annual NAMI consumer picnic; Veterans Park, Berkeley Twp	Consumers residing in ocean county; 300 persons	Provides a day of fun for consumers with games, and great food	NAMI membership and fund raising
In Our Own Voice (IOOV)  Community provider and service organizations, religious institutions, high school and college classrooms	Community or service clubs, and human service or legal professional groups 3,100	Provides individuals with serious mental illnesses to give presentations about their illness and recovery. The program is a powerful tool for community education and reducing stigma by putting a human face on an often misunderstood area of human suffering.	NAMI fund raising
Hearts and Minds Education Program  Community provider and service organizations, religious institutions, high	Consumers of mental health services and families 1200 persons	Raises awareness and provides information on: diabetes, diet, exercise, and smoking. The program also includes basic information on addiction, recovery, stigma, and treatment.	

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

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

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

**COMMUNITY SUPPORT RESOURCES/SERVICES**

**PROVIDER AGENCY: Ocean County Board of Social Services**

<b>Program Name &amp; Location of where Service is Offered</b>	<b>Target Population &amp; # of Individuals Served Last Year</b>	<b>General Summary of Services</b>	<b>Funding Sources (Federal, State, County, Other)</b>
Medicaid Special Financial guidelines Bldg. 5	Children under 21 yrs. of age 61 cases	Medical benefits	Federal, State
Medicaid Extension Financial guidelines Bldg. 5	Families	Medicaid benefits	Federal, State
Medicaid Only Financial guidelines Bldg. 5	Adults age 65 & Older, blind , or disabled3031 cases	Medicaid benefits	Federal, State
Supportive Assistance to Individuals & Families (SAIF) Financial guidelines Bldg. 4	Work First New Jersey recipients 40 cases	Couples intensive case management with a continuation of the service package for those families and individuals who exhausted their five-year time limit on welfare (Work First New Jersey [WFNJ]) and do not meet the criteria for an exemption to the time limit. (Exemptions are given to people who are permanently disabled, sole caretakers of a disabled dependent, chronically unemployable, over age 60, or victims of family violence.)	State
Work First New Jersey Case Management Bldg 4	TANF/GA recipients 2134 cases	Case Management aimed to help individuals transition from welfare into sustainable employment. Efforts include job training, educational and work activities programs.	State
Friendship Corner	Boarding home residents 242 cases	Drop in center developed to meet recreational, social and educational needs through therapeutic recreational programming	State

## **ATTACHMENT 2: COUNTY FUNDED MENTAL HEALTH AREAS**

The Ocean County Board of Chosen Freeholders, through oversight of the Mental Health Board, provides approximately \$1.6 million to the County's designated Community Mental Health Centers and Screening Center to serve County residents. County mental health funding for Calendar Year 2012 assisted agencies to serve approximately 12,000 individuals.

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

#### **SERVICE AREA #8**

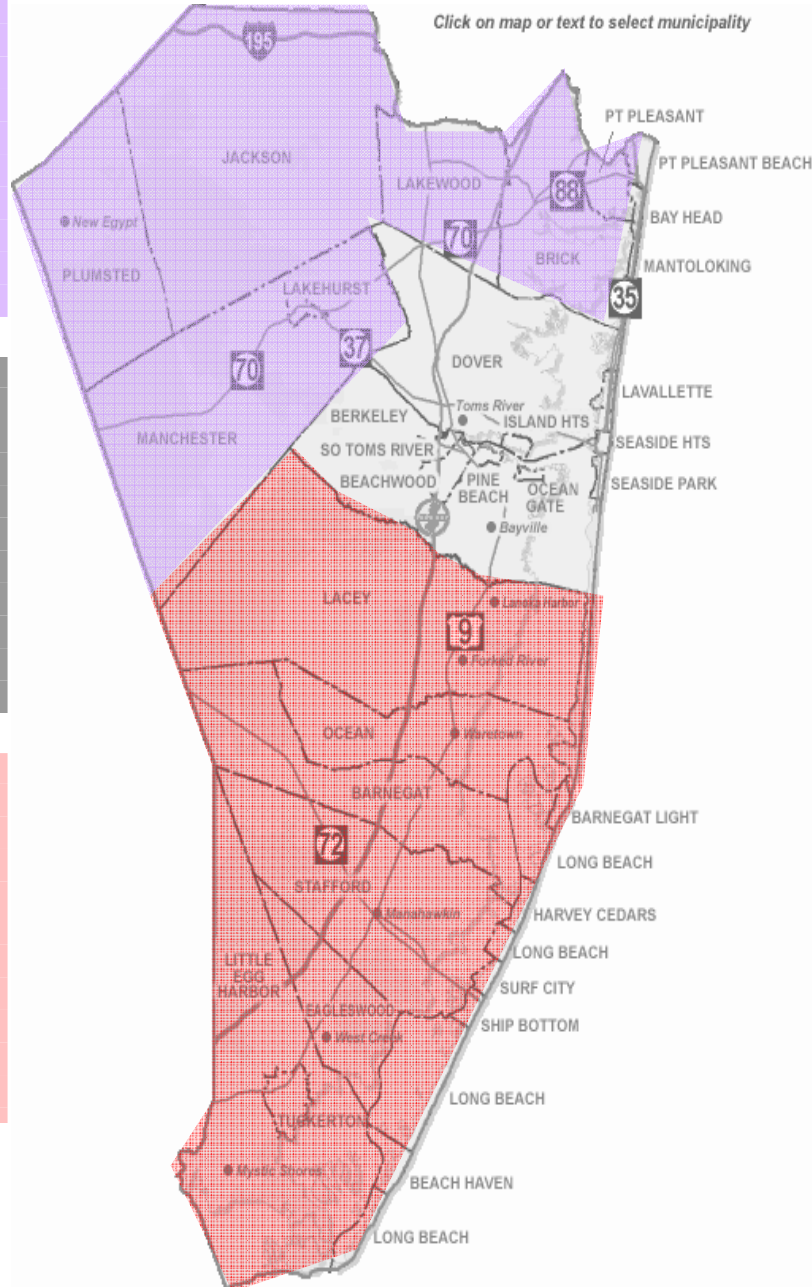
- ◆ Lakewood
- ◆ Lakehurst
- ◆ Jackson
- ◆ Manchester
- ◆ Plumsted (New Egypt)
- ◆ Brick Town
- ◆ Pt. Pleasant
- ◆ Pt. Pleasant Beach
- ◆ Mantaloking

#### **SERVICE AREA #10**

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

#### **SERVICE AREA # 7**

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



**ATTACHMENT 3: COUNTY FUNDED SERVICES**

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

Agency	<i>Ocean Mental Health Services, Inc.</i>		
<b>RFQ 2</b>	<b>Continuum of Mental Health Care/Services for Residents of Southern Ocean County</b> <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>		
	<b>Service</b>	<b>Funding</b>	<b>Service</b>
	Adolescent Day Treatment	\$24,236	Adult Psychiatric Time
	Outpatient Services	\$335,649	Child Psychiatric Time
	Non-Personnel, Support Services	\$83,251	Psychiatric Licensed Practical Nurse
<b>Total Recommended Funding for Services</b>			<b>\$623,679</b>

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

**ATTACHMENT 4: FUNDED MENTAL HEALTH SERVICES IN OCEAN COUNTY**

<b>Agency</b>	<b>Service/Program</b>	<b>Target Population</b>	<b>NJ DHS/DCF/DFD Funding</b>	<b>Ocean County Funding</b>
<b>Kimball Medical Center – Psychiatric Emergency Screening Services (PESS)</b> 600 River Avenue Lakewood, NJ 08701 732-886-4474	24/7 Crisis Intervention Services	County Residents Who Are: Adults Experiencing Mental Illness Children & Adolescents Experiencing Emotional Disorders Senior Adults Experiencing Mental Illness Traumatic Loss Coalition	DMHAS \$2,488,796 (1/1 - 12/31)	\$367,845 (7/1 - 6/30)
	Designated County Screener for Psychiatric Services			
	Mobile Outreach Services for Mental Health Crisis Intervention			
	Holding Beds to Provide Crisis Stabilization			
	Crisis Telephone Services			
	Psychiatric Evaluation			
	Response to Community Based Traumatic Events			
<b>Preferred Behavioral Health of New Jersey</b> 700 Airport Rd. P.O. Box 2036 Lakewood, N.J. 08701 732-364-4590 (Administration) 732-367-4700 (Intake, Outpatient)	Outpatient	County Residents Experiencing Emotional and/or Mental Health Problems	DMHAS \$6,818,842 (7/1- 6/30)	\$608,586 (7/1 - 6/30)
	Residential			
	Senior Guidance Program	Adults age 60+ (Southern Co. Outreach)	DCBHS \$616,657	
	Family Support Program	DYFS Referrals Only		
	Interact (partial care)	Psychiatric Clients age 18-35	DCF \$105,348	
	Prime Time (partial care)	Psychiatric Clients age 35+		
	DARE (partial care)	Adult Psychiatric Clients with Substance Abuse Addictions		
	SAIL (partial care)	Youth with Emotional Disorders		
	Integrated Case Management Services (ICMS)	Adults with Serious & Persistent Mental Illness; Services for a Minimum of 18 month post hospitalization		
	PATH	Homeless Mentally Ill		
	Shore Employment Enterprises	Individuals with Mental Illness, age 18-64 with impaired vocational function		
	Justice Involved Services	Pre/Post booking diversion services		
	Preferred Children’s Services:			
	Lakewood School Based Program	Lakewood Middle & High School Students		
Brick School Based Program	Brick High School Students			
Wraparound Services	Children/Adolescents with Emotional Disorders			
<b>Triple “C”</b> 316 Livingston Avenue New Brunswick, NJ 08901 732-745-0920	Supportive Housing	Ocean County residents discharged from Ancora Psychiatric Hospital	DMHAS \$221,558 (7/1 - 6/30)	
<b>Lakewood Community Services Corporation</b> 900 Forest Avenue Lakewood, NJ 08701 732-901-6001	Outpatient Services	Outreach to Orthodox Jewish population for culturally sensitive and competent support for individuals with mental illness.	DMHAS \$95,000 (9/1 - 8/31)	

Resources for Human Development 317 Brick Boulevard Suite 200 Brick, NJ 08723 732-920-5000	Residential Intensive Support Services	Ocean County Residents with Mental Illness	DMHAS \$2,171,110 (7/1 - 6/30)	
	Home to Recovery Supportive Housing			
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	DMHAS \$7,326,603 (7/1 - 6/30)	\$623,679 (7/1 - 6/30)
	Residential			
	Programs of Assertive Community Treatment (PACT)	Chronically Ill Adults at Risk of Re-hospitalization	DCBHS \$701,799	
	Partial Care	Adults & Adolescents		
	Ocean Academy	Adolescent Day School/Treatment		
	Family Support Program	DYFS Referrals Only		
	Homestead	Residential Treatment for Adolescents		
	Connections	Therapeutic Foster Care for Youth (8-17)		
	Youth Case Management	Youth Psychiatric Hospitalized		
	Turnaround	Substance Abuse Treatment for Adolescents		
	PATH	Homeless Mentally Ill		
	Family Focus	DYFS Children * Adolescents at Risk of Abuse/Neglect/Residential Placement		
	Wraparound Services	Children/Adolescents with Emotional Disorders		
	Child/Family Team Facilitator			
Intensive Family Support Services	Services to Primary Caregiver of Consumers			
Mental Health Association of Ocean County 681 River Avenue Suite 2-J Lakewood, NJ 08701 732-905-1132	Community Advocate Program	All Ocean County Adult Residents with Mental Illness	DMHAS \$329,062 (1/1-12/31)	
	Systems Advocacy			
	"Brighter Days" & "Journey to Wellness"	Drop - In Center with MICA Support Group		
	"POST" Program	Assist Consumers with ICMS		
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	DMHAS \$192,000 (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	DMHAS \$0 (7/1 - 6/30)	\$132,810 <i>(includes staff/operations - excludes Infrastructure and Capital expenses)</i>
	Staffing			
		<b>TOTALS:</b>	<b>\$21,066,775</b>	<b>\$1,732,920</b>

**ATTACHMENT 5: NEEDS ASSESSMENT SURVEY TOOL**

**Ocean County Mental Health Plan Needs Assessment 2012**

**I represent the following:**

- Consumer of Mental Health Services  
Please indicate your insurance status (check all that apply):
  - Privately Insured
  - Uninsured
  - Medicaid
  - Other (please specify) \_\_\_\_\_
  - Medicare
  - NJ Family Care
- Family Member or Friend of a Consumer of Mental Health Services
- Community Agency/Provider
  - Developmental Disability Services
  - Addictions Treatment Services
  - Social/Human Services
  - Other (please specify) \_\_\_\_\_
  - Mental Health Services
  - Youth/Family Services
  - Children's Behavioral Health Services
- School/Education
- Criminal Justice System
  - Juvenile
  - Adult
- Other (please specify) \_\_\_\_\_

**Please tell us about yourself (this information is optional):**

- Age  15-19     20-24     25-34     35-44     45-54     55-59     60+
- Gender  Male     Female    Zipcode \_\_\_\_\_
- Ethnicity  African/African American     Caucasian  
 Latino/Latina     Native American  
 Asian/Pacific Islander     Other (please specify)

**MENTAL HEALTH SERVICES**

The following services (not listed in priority order) are offered through Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	ALWAYS available, accessible and responsive	SOMETIMES available, accessible and responsive	RARELY available, accessible and responsive	NEVER available, accessible and responsive	Not Applicable (no attempt has been made to access this service)
Peer support services (i.e. self help, Wellness and Recovery Action Planning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to develop advanced directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe, affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive housing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency shelter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational services (i.e. GED, literacy, educational supports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for individuals who are dually diagnosed (co-occurring mental health with addiction, disability, developmental disability, medical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobile crisis services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric screening services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist or Advanced Practice Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In home/ In-community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partial care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse services (Alcohol and/or drug abuse, prescription drug abuse, not co-occurring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### MENTAL HEALTH SERVICES CONTINUED...

The following services (not listed in priority order) are offered through Ocean County's System of Care. Please rate these services based on availability, accessibility and responsiveness to your needs:	ALWAYS available, accessible and responsive	SOMETIMES available, accessible and responsive	RARELY available, accessible and responsive	NEVER available, accessible and responsive	Not Applicable (no attempt has been made to access this service)
Inpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management and coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Justice involved services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care (non traditional hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite care for children/adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition/Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### BARRIERS TO MENTAL HEALTH SERVICES

Determine the significance of each barrier/potential barrier (not listed in priority order) below:	NOT a Barrier	SOMETIMES a Barrier	OFTEN a Barrier
Long wait times for outpatient services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times at psychiatric screening service sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times for psychiatrist or advanced practice nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times for substance abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited substance abuse services in Ocean County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare/Medicaid reimbursement rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-pays and/or deductibles are too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals do not meet eligibility criteria for program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent address needed to apply for/receive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language/cultural barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retention/Recruitment issues (i.e. wage parity, availability of qualified workforce)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation/ long transportation time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited hours of operation/ inflexible scheduling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are a long distance to home/work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are fragmented and difficult to navigate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who need services feel ashamed/ embarrassed (Stigma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who need services are not informed of what is available or how to access them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### IMPORTANCE OF SERVICE GAPS AND AREAS OF IMPROVEMENT

Please rate the importance of the following areas of improvement/service gaps:	Very Important	Important	Somewhat Important	Not Important	Not a Significant Gap
Outpatient service accessibility (i.e. psychiatric evaluations, medication monitoring appointments, counseling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive Housing and Residential units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for individuals who are dually diagnosed (co-occurring mental health with addiction, disability, developmental disability, complex medical issues)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse service availability and accessibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional services for youth aging out of the children's system of care and aging into the adult mental health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Additional Feedback/Comments:

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### Glossary of Terms/Services:

- Advocacy services - protect and advocate for the rights of people with mental illness, investigate allegations of abuse and neglect of persons living in residential facilities or facilities that provide care and treatment, provide resource and referral (possible service linkage), outreach, education, training and technical assistance on disability rights, laws and services.
- Family support services - offers support to families caring for a consumer. Provides a range of supportive activities designed to improve the quality of life of families. Family members and professionals work collaboratively to provide the family with the knowledge, skills, and supports it identifies as useful to its overall functioning and sense of control. Families can choose from an array of services that are most relevant to their circumstances and may change them over time. In addition, private sessions and respite services may be scheduled.
- Homeless prevention - For clients 18 years or older who are presently homeless or facing precipitous homelessness; are or appear to be psychiatrically disabled; and have multiple concrete service needs. The program provides aggressive outreach services to link clients who are in need of mental health and non-mental health services.
- Inpatient services - inpatient mental health services are 24-hour settings that provide services to individuals with acute/non-acute psychiatric conditions. Inpatient services are short-term, and are targeted toward individuals who are often high-utilizers of emergency psychiatric services or other community resources, and may have difficulty living successfully in the community for extended periods of time. The primary goals of acute inpatient services are to: a) provide a comprehensive evaluation; b) rapidly stabilize acute symptoms; c) address the individual's health and safety needs; and d) develop a comprehensive discharge plan that allows the individual to quickly return to the community or other appropriate levels of care. In these settings, interventions are tailored to the individual's needs and their presenting symptoms.
- Jail diversion services – pre booking, post booking and re-entry services that prevent incarceration or reduce the time incarcerated for individuals with severe and persistent mental illness.
- Mobile crisis services - crisis services intended to provide youth, families and adults with immediate access to in-person mental health assessment and brief intervention, linkage to appropriate community mental health resources, and prevention of unnecessary hospital emergency department visits and placement in restrictive clinical settings.
- Outpatient services - mental health services provided in a community setting to consumers with psychiatric diagnoses, excluding those individuals with substance abuse issues or developmental disabilities. Periodic (less than 9 hours per week) therapy, counseling, and supportive services are generally provided onsite at the provider agency for relatively brief sessions and may be provided individually or in group or family sessions.
- Partial care services - individualized, outcome oriented mental health service for consumers with a primary psychiatric disorder accompanied by an impaired ability to perform living, learning, working or social roles. PC provides comprehensive, structured, non-residential, interdisciplinary treatment and psychiatric rehabilitation in a community setting to assist consumers who have serious mental illness in increasing or maximizing independence and community living skills and enhancing the quality of their lives. These services are offered during the day for adults and after school or in the evenings for youth. PC services support consumer stabilization and community integration and are alternatives to more intensive acute interventions.
- Supportive employment services - designed to empower mental health consumers (age 18-64) to improve their quality of life by providing career development opportunities and work supports that assist them in securing and maintaining a chosen job.
- Supportive housing services - any unit of dwelling space owned or leased by a provider agency in which individuals reside and whose occupancy is based on a diagnosis of serious mental illness and for which the consumer resident signs a lease and receives mental health supportive services. Typically the consumer resident is responsible for mortgage/lease payments, safety, cleanliness, property protection, etc. and bears the responsibility for those aspects of residential living. The consumer resident has the key to the home and has control over access to it. No lease contains the provision of mandatory mental health program participation as a requirement for the consumer resident.
- Transitional Services for Aging in/out Youth – any case management, supportive service, residential service, inpatient/outpatient program, etc. specifically designed to assist youth aging out of the children's behavioral health system with a successful transition into adult mental health services.

## ATTACHMENT 6: NEEDS ASSESSMENT DATA ANALYSIS REPORT

### Descriptive Statistics

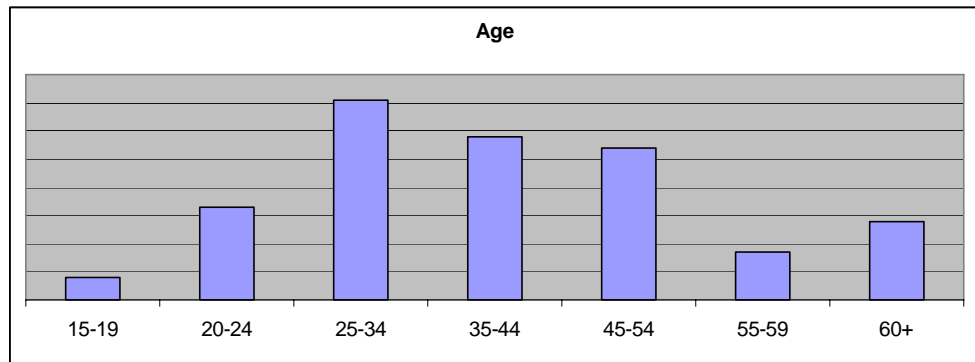
A total of 462 survey responses were captured. The largest number of survey respondents identified themselves as being consumers of mental health services (54.8%). The second most frequent survey participant is affiliated with a community agency/provider (27.7%). Family members or friends of a consumer of mental health services represented 7.6% of respondents.

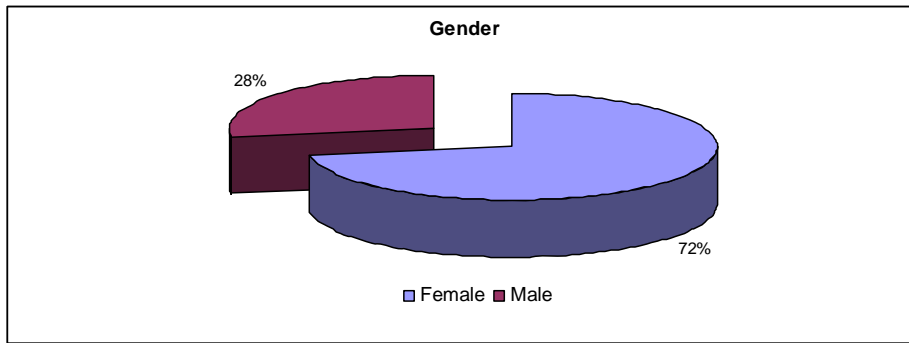
Participants' Affiliation		
I represent the following:	Response %	Response #
Consumer of Mental Health Services	54.8%	253
Family Member or Friend of a Consumer of Mental Health Services	7.6%	35
Community Agency/Provider	27.7%	128
School/Education	1.5%	7
Criminal Justice System	1.1%	5
Public Administration/Government	2.2%	10
Other	5.2%	24
number of responses 462		

Respondents who identified themselves as providers were prompted to specify their area or field of service delivery. Of the individuals responding as providers, a majority (71%) represented community mental health services.

Respondents who identified themselves as consumers of mental health services or family members and friends of consumers of mental health services were prompted to answer demographic questions.

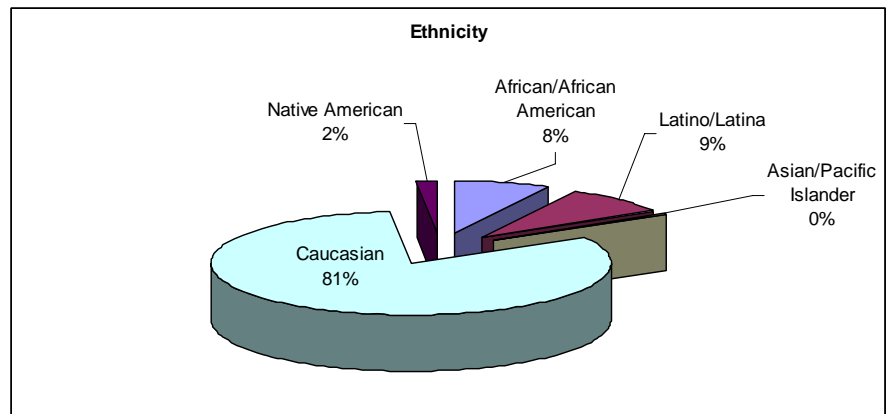
Of the 288 respondents identified as consumers of mental health services or family members and friends of consumers of mental health services, 93% gave information about their age. The majority of the survey participants (97%) are adults, between the ages of 25 and 54 (69%). Only 10% of respondents are seniors, which is less than the county proportion of individuals in this age cohort (25%). Under 3% of the sample comes from youth and young adults, presumably due to the recent needs assessment processes conducted by the CIACC, which focus solely on individuals in this age range.





Of the 288 respondents identified as consumers of mental health services or family members and friends of consumers of mental health services, 89% provided information about their gender. Almost three quarters of the participants were male.

Of the 288 respondents identified as consumers of mental health services or family members and friends of consumers of mental health services, 74% provided information about their ethnicity. The largest majority cited Caucasian, followed by Latino/Latina, African/African American, and Native American. Less than one percent (0.4%) indicated Asian/Pacific Islander. We are unable to accurately compare these results with the overall county ethnic composition, because that U.S. Census data is categorized differently.



## Accessibility Analysis

Participants were asked to rate a list of available services in Ocean County to determine accessibility. The survey prompted respondents to rate each service delivery element as “Always, Sometimes, Rarely or Never Available, Accessible and Responsive”. The option to select a “Not Applicable (no attempt has been made to access this service)” was made available as it was assumed that individuals may not have deliberately attempted to access all services listed.

### Accessibility Analysis – Total Sample

	ALWAYS Available, Accessible and Responsive		SOMETIMES Available, Accessible and Responsive		RARELY Available, Accessible and Responsive		NEVER Available, Accessible and Responsive		NOT APPLICABLE (no attempt has been made to access this service)		Count
Peer Support Services (i.e. self help, peer recovery)	128	30.19%	116	27.36%	30	7.08%	13	3.07%	137	32.31%	424
Opportunities to Develop Advanced Directives	113	26.71%	95	22.46%	44	10.40%	11	2.60%	160	37.83%	423
Safe, Affordable Housing	64	15.13%	87	20.57%	99	23.40%	41	9.69%	132	31.21%	423
Supportive Housing Services	72	17.02%	107	25.30%	79	18.68%	31	7.33%	134	31.68%	423
Homeless Prevention	70	16.51%	86	20.28%	81	19.10%	39	9.20%	148	34.91%	424
Emergency Shelter Services	62	14.69%	86	20.38%	68	16.11%	44	10.43%	162	38.39%	422
Supportive Employment Services	88	20.85%	104	24.64%	62	14.69%	13	3.08%	155	36.73%	422
Educational Services (i.e. GED, literacy, etc.)	102	24.17%	109	25.83%	29	6.87%	11	2.61%	171	40.52%	422
Services for individuals who are diagnosed as co-occurring mentally ill with addiction	107	25.36%	116	27.49%	28	6.64%	10	2.37%	161	38.15%	422
Services for individuals who are dually diagnosed as mentally ill and developmentally disabled	85	20.14%	99	23.46%	44	10.43%	15	3.55%	179	42.42%	422
Transportation Services	84	19.86%	124	29.31%	55	13.00%	23	5.44%	137	32.39%	423
Early Crisis Intervention Services (screening/hospital diversion)	145	34.28%	88	20.80%	30	7.09%	12	2.84%	148	34.99%	423
Intensive Outpatient Treatment	129	30.50%	102	24.11%	40	9.46%	8	1.89%	144	34.04%	423
Outpatient Services	135	31.91%	110	26.00%	39	9.22%	5	1.18%	134	31.68%	423
Mobile Crisis Services	135	31.76%	78	18.35%	37	8.71%	11	2.59%	164	38.59%	425
Psychiatric Screening Services	171	40.52%	80	18.96%	28	6.64%	5	1.18%	138	32.70%	422
Psychiatrist or Advanced Practice Nurse	111	26.30%	107	25.36%	47	11.14%	13	3.08%	144	34.12%	422
In Home/In Community Services	90	21.18%	100	23.53%	52	12.24%	11	2.59%	172	40.47%	425
Partial Care Services	110	26.07%	91	21.56%	38	9.00%	12	2.84%	171	40.52%	422
Substance Abuse Services (alcohol and/or drug abuse, prescription drug abuse, not co-occurring)	120	28.30%	103	24.29%	31	7.31%	15	3.54%	155	36.56%	424
Inpatient Services	106	25.00%	99	23.35%	33	7.78%	15	3.54%	171	40.33%	424
Case Management and Coordination	128	30.26%	117	27.66%	33	7.80%	17	4.02%	128	30.26%	423
Family Support Services	112	26.42%	119	28.07%	30	7.08%	17	4.01%	146	34.43%	424
Advocacy Services	91	21.46%	109	25.71%	49	11.56%	18	4.25%	157	37.03%	424
Legal Services	67	15.80%	104	24.53%	64	15.09%	23	5.42%	166	39.15%	424
Justice Involved Services	71	16.78%	99	23.40%	40	9.46%	21	4.96%	192	45.39%	423
Child Care (non-traditional hours)	40	9.50%	67	15.91%	57	13.54%	35	8.31%	222	52.73%	421
Respite Care for Children/Adults	61	14.45%	79	18.72%	53	12.56%	22	5.21%	207	49.05%	422
Primary Medical Care	114	26.89%	107	25.24%	45	10.61%	22	5.19%	136	32.08%	424
Dental Care	86	20.43%	95	22.57%	62	14.73%	40	9.50%	138	32.78%	421
Nutrition/Food	117	27.66%	117	27.66%	40	9.46%	17	4.02%	132	31.21%	423
Medication Assistance	106	25.18%	115	27.32%	53	12.59%	23	5.46%	124	29.45%	421
<i>answered question</i>										425	

Looking at the responses of “not applicable” to the list of services to be rated on availability and accessibility, it can be inferred which have been accessed/utilized by the survey sample. Half or fewer of the respondents have attempted to utilize Child Care (non-traditional hours) or Respite care for children/adults. Thirty percent or more have accessed Peer Support Services, Case Management, Outpatient, Mobile Crisis, PESS, Intensive Outpatient, Early Intervention and Support Services.

Looking at the responses of “Always available, accessible and responsive,” few services ranked above 40%. Psychiatric Emergency Screening Services (40.52%) followed by Outpatient Treatment (32%) showed greater responses in the “Always available, accessible and responsive” category in comparison to other services. Thirty percent or more of the sample state that Peer Support, Case Management, Mobile Crisis, Intensive Outpatient and Early Intervention and Support Services are always available, accessible and responsive. Note that several of these are also the most frequently utilized services (underlined). The bottom five always accessible services are Child Care, Respite Care for Children/Adults, Emergency Shelter Services, Safe Affordable Housing, and Legal Services. These services, however, are also ranked among the least utilized.

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

The top five most accessible services are Early Intervention Support Services, Intensive Outpatient Services, Outpatient Services, Mobile Crisis and Psychiatric Emergency Screening Services. This aligns with the findings of services that are most frequently utilized and cited as always available. However, this is in contradiction to information about waiting lists for Outpatient Services.

The top five least accessible services are Homeless Prevention, Dental Care, Child Care, Emergency Shelter Services and Safe Affordable Housing. So, as infrequently as these services have been sought, they are not as responsive as other services listed.

## Barriers Analysis

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

### Barriers Analysis – Whole Sample

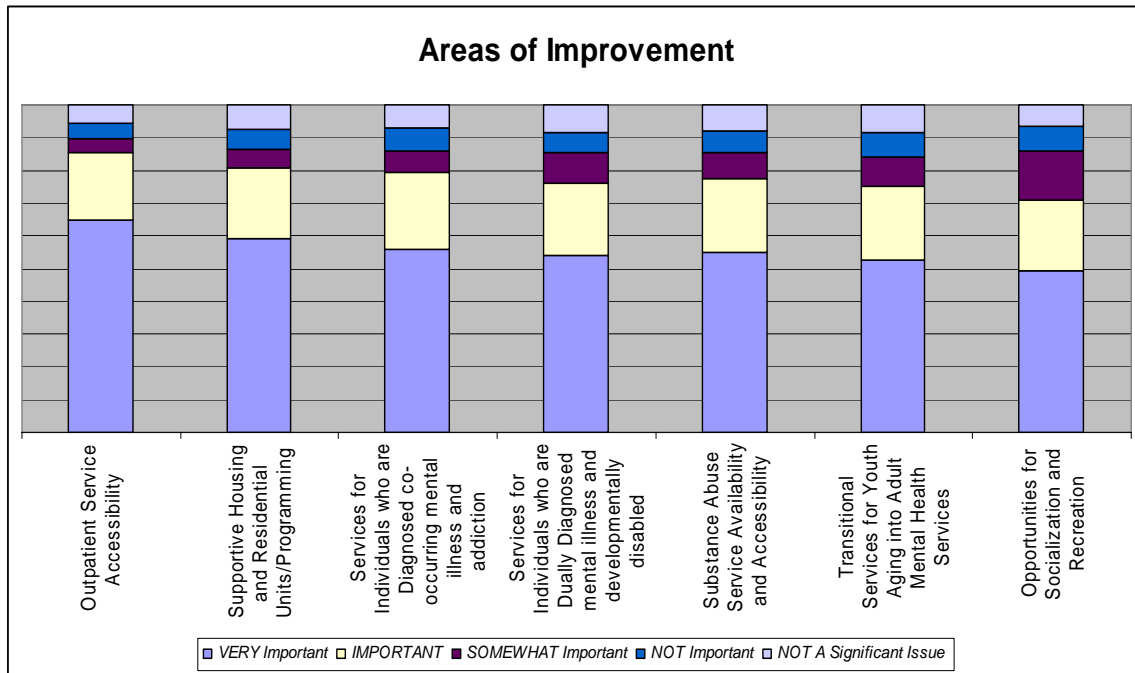
	Not A Barrier		Sometimes a Barrier		Often a Barrier		Count
Long Wait Times for Outpatient Services	118	28.16%	140	33.41%	161	<b>38.42%</b>	419
Long Wait Times at Psychiatric Screening Service Sites	148	35.41%	160	<b>38.28%</b>	110	26.32%	418
Long Wait Times for Psychiatrist or Advanced Practice Nurse	144	34.29%	131	31.19%	145	<b>34.52%</b>	420
Long Wait Times for Substance Abuse Services	171	<b>40.81%</b>	135	32.22%	113	26.97%	419
Limited Substance Abuse Services in Ocean County	182	<b>43.44%</b>	127	30.31%	110	26.25%	419
Lack of Insurance	135	32.22%	99	23.63%	185	<b>44.15%</b>	419
Medicare/Medicaid Reimbursement Rates	163	<b>39.00%</b>	114	27.27%	141	33.73%	418
Co-pays and/or Deductibles Are Too Expensive	148	<b>35.24%</b>	137	32.62%	135	32.14%	420
Individuals Do Not Meet Eligibility Criteria for Program	152	<b>36.36%</b>	143	34.21%	123	29.43%	418
Permanent Address Needed to Apply for/Receive Services	195	<b>46.54%</b>	125	29.83%	99	23.63%	419
Language/Cultural Barriers	185	<b>44.05%</b>	158	37.62%	77	18.33%	420
Retention/Recruitment Issues (i.e. wage parity, availability of qualified workforce)	188	<b>44.87%</b>	135	32.22%	96	22.91%	419
Lack of Transportation/Long Transportation Time	152	<b>36.28%</b>	139	33.17%	128	30.55%	419
Limited Hours of Operation/Inflexible Scheduling	171	<b>40.71%</b>	161	38.33%	88	20.95%	420
Services are a Long Distance to Home/Work	156	37.23%	175	<b>41.77%</b>	88	21.00%	419
Services are Fragmented and Difficult to Navigate	161	<b>38.61%</b>	156	37.41%	100	23.98%	417
People Needing Services Feel Ashamed/Embarrassed (Stigma)	144	34.53%	158	<b>37.89%</b>	115	27.58%	417
People Needing Services are Uninformed, Underinformed, or Unaware of Available Services and How To Access Them	139	33.17%	143	<b>34.13%</b>	137	32.70%	419
<i>answered question</i>							<b>420</b>

Combining responses reveals that respondents feel a majority of the Barriers identified are Not a Barrier in receiving services. However, seven Barriers listed are often or sometimes an issue for the majority of participants: People Needing Services Feel Ashamed/Embarrassed (Stigma); People Needing Services are Uninformed, Underinformed, or Unaware of Available Services and How To Access Them; Services are a Long Distance to Home/Work; Lack of Insurance; Long Wait Times for Psychiatrist or Advanced Practice Nurse; Long Wait Times for Outpatient Services; and Long Wait Times at Psychiatric Screening Service Sites.

The top five barriers are Long Waits for Outpatient, Long Waits at PESS, Long Waits for Psychiatry and APNs, Lack of Insurance, and Services are a Long Distance to Home/Work. A common theme immediately arises that there are long waits for “core” mental health services (outpatient, PESS, psychiatry/APNs). A lack of awareness of services was cited as a need in the last MH Plan and still remains of concern based on the Barrier survey results. In addition, Stigma remains a significant barrier cited by the sample.

## Areas of Improvement Analysis

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



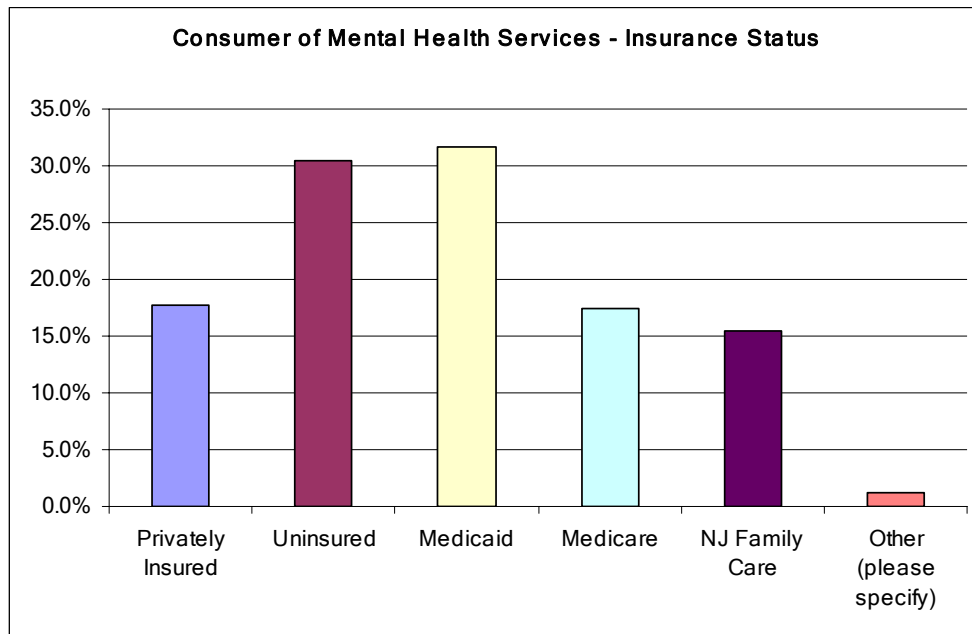
The most important issue is Outpatient Service Accessibility, which was indicated by about 89% of the sample as important (“Very,” “Important,” or “Somewhat”). Supportive Housing and Residential Units/Programming along with Services for Individuals who are Diagnosed co-occurring mental illness and addiction were ranked as close seconds, with about 86% agreement.



### Insurance Status

Insurance Status of Consumer Participants		
If you are a Consumer of Mental Health Services - please indicate your health insurance status:	Response %	Response #
Privately Insured	17.8%	45
Uninsured	30.4%	77
Medicaid	31.6%	80
Medicare	17.4%	44
NJ Family Care	15.4%	39
Other	15.4%	3
Answered Question		253

Based on the responses received, mental health consumers in Ocean County primarily fall into the categories of uninsured (34%; 77) or Medicaid insured (36%; 80), with private (20%; 45) and Medicare insurance (19.6%; 44) less prevalent within this population.



In 2009, based on the responses received, mental health consumers in Ocean County primarily fell into the categories of Medicaid (43%; 176) and Medicare (31%, 125) insured, with uninsured (15%, 60) and privately insured (12%; 47) less prevalent within this population at that time.

## **ATTACHMENT 7: PROFESSIONAL ADVISORY COMMITTEE MEMBERS**

<b>NAME</b>		<b>AFFILIATION</b>
Lisa	Berbig	Ocean Medical Center
Michael	Blatt	Preferred Behavioral Health Of N J
Michele	Greene	Mental Health Association Of Ocean County
Shira	Brenner	Lakewood Community Services Corporation
Ramona	De Fonza	Community Health Law Project
Enrico	De Gironimo	Ocean Partnership For Children
Roberto	Flecha	Seashore Family Services Of N J
Michelle	Gaito	Ocean County Department Of Corrections
Ni	Gao	University Of Medicine And Dentistry Of N J
Jamie	Busch	Ocean County Childrens InterAgency Coordinating Council
Richard	Hughes	New Jersey Division Of Developmental Disabilities
John	Kulesza	Collaborative Support Programs
James	Cooney	Ocean Mental Health Sevices, Inc.
John	Tritto	Ocean County Board Of Social Services
Stacy	Olsen	Resources For Human Development
Kim	Veith	Ocean Mental Health Services, Inc.
John	O'Neill	Carrier Clinic
Joy	Reinhart	Community Advocate
Joe	Cuffari	Psychiatric Emergency Screening Services
Kimberly	Reilly	Ocean County Health Department
Ryan	Reilly	Ocean County Human Services Advisory Counsel
Laura	Williams	ARC of Ocean County
Anthony	Zazzarino	Triple C Housing
Bill	Sette	Preferred Behavioral Health of NJ
Julie	Vanore	Preferred Behavioral Health of NJ
Michael	Roche	NAMI - Ocean
Cliff	VanNest	Private Practice
Lori	Schmidt	GenPsych
Josephine	Moreland	NJDMHAS

ATTACHMENT 8: FREEHOLDER RESOLUTION

**RESOLUTION**

**April 17, 2013**

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

**WHEREAS**, the Mental Health Board has developed a planning document entitled: Ocean County Mental Health Plan Update 2013-2016, which includes an assessment of Community Mental Health needs; and

**WHEREAS**, after public review, the Mental Health Board approved and endorsed the planning document on January 1, 2013;

**NOW, THEREFORE, BE IT RESOLVED** that the Ocean County Mental Health Plan Update 2013-2016 is approved and endorsed by the **BOARD OF CHOSEN FREEHOLDERS, of the COUNTY OF OCEAN, STATE OF NEW JERSEY.**

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

I certify the foregoing to be a  
True copy of a Resolution *Adopted*  
By the Board of Chosen Freeholders  
of the County of Ocean on the  
*17th* day of *April*, 20*13*  
*Betty Vasil*  
Betty Vasil  
Clerk of the Board