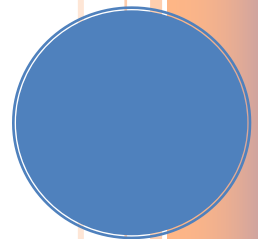


ANCORA PSYCHIATRIC HOSPITAL

ANNUAL REPORT TO THE BOARD OF TRUSTEES

2018





Ancora Psychiatric Hospital

ANNUAL REPORT TO THE BOARD OF TRUSTEES

MISSION STATEMENT

Ancora Psychiatric Hospital is dedicated to the care and support of each person’s journey toward wellness and recovery within a culture of safety.

VISION STATEMENT

To be recognized as a trusted leader in the provision of Quality Inpatient Psychiatric Care.

SUPPORT SERVICES HIGHLIGHTS

<p>QUALITY ASSURANCE/ PERFORMANCE IMPROVEMENT</p>	<ul style="list-style-type: none"> ✓ The Quality Assurance & Nursing PI staff began classroom learning on the principles of Lean Six Sigma and learning the concepts and tools used in a Rapid Cycle Improvement to increase their skill level in facilitation of Performance Improvement Projects. ✓ The Department of QI facilitated the creation of a Performance Improvement Project Grid to identify the Improvement Projects hospital-wide. This Grid was used by hospital leaders to prioritize the projects according to high impact in improving patient care and safety. The Department of QI scoped the following projects with the Sponsors and Process Owners to define the opportunity for improvement: <ul style="list-style-type: none"> ➤ American Society of Addiction Medicine (ASAM) ➤ Core Groups in Holly ➤ Dialectical Behavioral Therapy (DBT) ➤ Zonal Nursing & Zero 1:1 Program in Cedar ➤ Treatment Planning Initiative ➤ Recovery Library ➤ Safewards ➤ Single Patient Analysis & Program Evaluation ➤ Wellness Provider ➤ Trauma Addictions Mental Health and Recovery Approach (TAMAR)
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	<ul style="list-style-type: none"> ➤ Increasing Clinician Direct Contact Hours ✓ Hospital Leadership recognize that in order to be considered a leader in psychiatric clinical excellence, and to be successful in achieving organizational change, the principles outlined in the book “The 4 Disciplines of Execution” (4DX) were incorporated in the hospital’s approach to strategy and execution of our Performance Improvement Projects. The Department of QI began working with the Sponsors and Process Owners to incorporate the 4DX principles which include: <ul style="list-style-type: none"> ➤ Development of “Wildly Important Goals” ➤ Development of ‘leading measures’ that measure the activities in achieving the goal; ➤ Development of Scorecards; ➤ Create accountability and commitment of team ✓ As a proactive approach to survey readiness, the Quality Assurance Specialists (QASs) were assigned to facilitate Joint Commissions (JC) Focus Standards Assessment which measures the hospital compliance with JC standards. A Gap Analysis was completed for new standards for Pain Management and for the Medication Management standards. As a result, QAS’s assisted in revising policies and procedures and collecting data to measure compliance with the hospitals performance in meeting the standards. ✓ The QAS’s began participating in the building based meetings. The purpose is to assist in the facilitation of quality improvement activities at the building/unit level; to improve safety and quality of patient care and to provide information to staff on maintaining a continuous state of survey readiness with CMS Regulations and Joint Commission standards. ✓ The QAS’s completed reviews and analysis of high risk medications, falls, restraints, assaults, and admissions documentation to identify compliance with CMS and Joint Commission standards and assisted with the facilitation of plans of improvement. ✓ The New Jersey Health Care Facilities Financing Authority (NJHCFFA) engaged New Solutions, Inc. (NSI) to conduct a comprehensive analysis and make recommendations for the State’s four adult Psychiatric Hospitals. The intent of the analysis was to provide an assessment of the organizational and operational issues affecting the Hospitals and to provide recommendations to meet the challenges with the overall goals of improving the quality of patient care as well as the congruency between Hospital staff and administration. In collaboration with the Discipline Heads, the QI Director facilitated a presentation on the Performance Improvement Projects that have been implemented at the hospital and addresses the recommendations for improvement in the New
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	<p>Solutions Report. Several initiatives were identified in the New Solutions, Inc. report as best practices. These include the Positive Behavioral Support Units, The Dialectical Behavioral Therapy Units, and the implementation of trauma informed care throughout the hospital.</p>
<p>HEALTH INFORMATION MANAGEMENT</p>	<ul style="list-style-type: none"> ✓ To ensure that communication to our patients and staff are uniformed and consistent throughout the hospital, an improvement initiative was undertaken by the Health Information Management Department to standardize the bulletin boards on the patient units and to assist in the implementation of standardization of the Safewards postings. ✓ In coordination with the Rehabilitation Department, the HIM Department continues to coordinate the services provided by the Print Shop (Patient Group Program) to the Hospital to ensure compliance with completed projects and documents utilized throughout the Hospital. In the Print Shop, patients are taught a skill set that is valuable to the Hospital and can benefit the patient after discharge. Ongoing assignments include: the Hospital's Intake Packets; Department/Discipline Manuals; Annual Training Packets; and fulfilling staffs' Print Shop request on a daily basis. The HIM Department ensures compliance of work by ensuring the Print Shop has the up to date and standardized documents so the program can operate efficiently and effectively. ✓ The Health Information Management Department also provided support and assisted in the development and implementation of the Admission Process Policy, business rules for Medicare Part B Billing, revisions to the Medical Care Plan and Restraint processes. ✓ The Health Information Management Department relocated to improve the environment for storing clinical records and to improve customer service. ✓ The Prior Authorization Unit re-assigned to the HIM Department. The Unit handles the following tasks for all 4 State Psychiatric Hospitals: prior authorization requests; reviews of Pharmacy's bills for accuracy; and handles necessary follow-up prior to the bill being paid by the Hospitals. A procedure/protocol and process map has been developed for compliance and standardization. The Unit is also responsible for Ancora's Medicaid Physician Credentialing and assists the Social Services Department with enrolling our qualified patients in a low income subsidy program.
<p>RISK MANAGEMENT</p>	<ul style="list-style-type: none"> ✓ The Risk Manager in collaboration with the Medical Director and Program Specialist of Addiction/Trauma Services, are refocusing efforts of the Violence Prevention Committee to include Trauma Informed Care into its Violence Prevention strategies. ✓ To support the hospital's goal in reducing assaults and

	<p>workman's compensation claims related to employee injuries, the Risk Manager was instrumental in creating and implementing the Workman's Compensation and Employee Wellness sub-committees.</p> <ul style="list-style-type: none"> ➤ The Workman's Compensation Committee focuses on patterns/trends on staff level of injuries, conduct video reviews for questionable injuries, make sure staff are being provided with immediate medical/psychological assistance, ensure staff are referred to the Employee Advisory Services when appropriate, review on how trauma affects the employee's ability to perform their duties, and the ability to bring staff back to work in a safe and timely manner. ➤ The Employee Wellness Committee helps promote health and wellness through education and initiatives that support Ancora employees in making healthier choices with their work and home lives. Some of the initiatives APH is looking to offer employees are: Yoga, Pilates, an exercise room, nutrition classes, etc. The concept is to support staff with decreasing stress and improving morale, which in turn, may help reduce assaults and staff injuries.
<p>TREATMENT PLANNING</p>	<ul style="list-style-type: none"> ✓ Treatment planning is a clinical discussion that's put on paper to provide a clear outline and clearer understanding of the direction treatment will take. It is the central document for communicating with all the disciplines that are treating the patient about the identified problems, goals, and interventions that the team and the patient have agreed to address during a specified time period. A treatment plan provides a way to view and measure the progress of treatment. It provides the patient and team with feedback about what they have accomplished and what they have yet to take on. A treatment plan treatment provides efficiency as well as reinforces to patients what they have improved and what they need to do to stay well. Hospital leadership recognized the need to focus on enhancing the treatment planning skills of the treatment teams in order to improve the quality of care provided to patients. Areas of improvement included interdisciplinary communication, roles and expectations, documentation, and use of tools. ✓ Documentation: The IT Department moved treatment planning from an Oracle based platform to a Web based platform. A goal was to offer a web-based model for standardizing treatment planning across the hospital system. The move reduced key strokes and streamlined documentation for clarity and ease of use. The new format has helped to improve multidisciplinary communication about treatment.

	<p>Additionally, IT linked relevant data bases to the treatment plan to provide treatment teams with real time information about patients such as attendance and participation in programming.</p> <p>IT developed an electronic medical progress note that allows medical treatment to be integrated into the treatment planning document. This is critical as it allows the potential impact of physical illness on the patient’s eventual outcome to be addressed by the treatment team. The progress note, like the treatment plan, is on a Web based platform.</p> <ul style="list-style-type: none"> ✓ The Special Observation Treatment Plan (SOTP) process was reworked to provide a meaningful way to address treatment needs of patients following a change in behavior/condition resulting in a restraint, 1:1 observation, or both. The process now includes the newly created ABCs - Antecedents, Behaviors, and Consequences form and the patient’s “My Calming Needs” document that inform the development of the treatment plan. The ABCs is a communication tool used seamlessly across shifts and by all disciplines about patient’s behavior using behavioral descriptors, and the “My Calming Needs” provides the patient’s statements about what works for them to help them manage their own behavior. The completion of “My Calming Needs” by a patient and HSA supports patient engagement and improves patient/staff relationships. ✓ Multidisciplinary Facilitative Supervision improves treatment team functioning and decision making. Developing a supervisory process was a stage wise process. The initial stage was the development and implementation of competencies and expectations for the writing of treatment plans, discipline participation in treatment planning, discipline participation in team process, and in a person centered recovery focus. The treatment teams were observed and given feedback to support effective treatment planning in the next stage. Over time observation by one administrator was expanded to include observation by all discipline supervisors as a third stage. The project continues to evolve in stage 4 as we add focused supervisory sessions with the teams to enhance staff capabilities/capacities via skills training, modeling, coaching, and to identify best practices and share those across teams.
<p>INFORMATION TECHNOLOGY</p>	<ul style="list-style-type: none"> ✓ Information Technology assisted many areas of the hospital with improving current processes by utilizing updated technology. Some of the projects included are purchase and implementation of upgraded patient photo system which included installation of cameras in each team room to allow for more timely updates to patient photos; design, implementation and

	<p>integration of electronic medical progress note and 72 hour assessment into patient treatment plan; collaboration with various disciplines to implement tracking of individual session to provide a more overall representation of each patient's treatment; development and implementation of electronic Nursing Care Coordinator office approval process for all incidents. Development of patient portal also continued and included implementation of web based treatment planning system which provides many upgraded features when creating a patient's plan; continued development on the group scheduling module that provides a more user friendly screen for facilitators to enter attendance for program sessions; development and implementation of HR application to assist with tracking of all required processes for allowing consultants, interns, and volunteers on campus. Installation of timeclocks will begin in November for the implementation of Kronos in first quarter of 2019. Kronos will provide electronic timekeeping and scheduling for direct care staff. Development also continued with creation of electronic medication ordering and administration system to be implemented in early 2019.</p> <ul style="list-style-type: none"> ✓ Information Technology continues to assist with the transition from (DHS) Department of Human Services infrastructure to Department of Health (DOH) which includes continually troubleshooting issues which arise from a mixed environment consisting of email housed with DOH and all network services still housed with DHS. ✓ The Information Technology Department also assisted with environmental updates including relocation of Clinical Services to Main Building 1st floor, Nursing Services to Main Building 1st Floor, Relocation of building based clinic satellite office and visitor room to provide better security for visitors, patients, and staff.
<p>HUMAN RESOURCES</p>	<ul style="list-style-type: none"> ✓ The Human Resources Department continues to improve per diem hiring activities. We continue to use on-line and college web sites specifically geared to direct care and professional positions. In addition APH held a direct care Job Fair, weekly walk in interview sessions, local advertisements, outreach to 44 nursing schools and 29 CNA training centers. ✓ The Payroll Department is moving towards a fully automated payroll/timekeeping system in 2019 with the implementation of Kronos, a state-of-the-art payroll and timekeeping system and e-CATs which will eliminate all paper timesheets. These changes are expected to insure the accurate processing of all of our payroll activities. In addition, as a result of the new law providing sick time to TES employees, our Payroll Department in conjunction with IT has established a

	<p>tracking mechanism for this new benefit.</p> <ul style="list-style-type: none"> ✓ As a result of the approvals of various Union contracts the APH Payroll Department has successfully processed the retro back-pays, bonuses, clothing allowances for our employees. ✓ The HR Department successfully migrated to the Department of Health which included the conversion to the DOH ePAR and the changes in the processing of new hires and promotional approvals. The direct reporting to the DOH HR administration has improved communication regarding the resolution of issues and concerns.
<p>STAFF DEVELOPMENT AND TRAINING</p>	<ul style="list-style-type: none"> ✓ Staff Development and Training has held 12 orientation classes so far this year, with a total of 253 new employees trained. ✓ During the 2018 Training Fair, 1645 employees received training and training updates on an array of topics. ✓ “Hearing Distressing Voices” Training began in 2018 for all newly hired and existing Clinical Staff. ✓ During the 2018 Nursing Advancement Training which was held in September, 174 Nurses received Trauma Informed Care / Adverse Childhood Experience (ACEs) Study training and Psychiatric Emergency Drills/Role Play. They were also introduced to the T.O.U.R.S. Team Initiative. ✓ The Trauma Informed Care / ACEs Study Initiative began in 2018 for all newly hired employees and all Direct Care Clinical staff. Non-Clinical staff can receive this training upon request of their Department Head. ✓ The T.O.U.R.S. Team Initiative began in September of 2018. T.O.U.R.S. stands for Trauma-Informed On Unit Response Staff. These staff are trained to defuse escalating situations and handle Psychiatric Emergencies in a Trauma Informed manner. ✓ A large group of direct care and clinical staff had received extensive training through SAMSHA, becoming Trauma Champion Mentors. 17 of these TCM were chosen to receive Therapeutic Options Instructor Training. After receiving this extensive training the 17 became the first wave of Ancora’s T.O.U.R.S. Team. They will be the Unit/Building Resource/Point person to lead the staff to become more Trauma Informed in the Care for our patients. Plans are to train additional TCM as Therapeutic Option Instructors to grow the T.O.U.R.S. Team to have a team member(s) on every Unit, on every Shift. Our Goal is to reduce restraints, assaults, injuries hospital wide.

<p style="text-align: center;">FOOD SERVICES</p>	<ul style="list-style-type: none"> ✓ The Food Service Department Head has been certified as a National Restaurant Association ServSafe trainer and has held numerous manager and handler classes so that the Food Service staff can become ServSafe certified. The patients working in the Anchorage and in Food Service also have the opportunity to take the ServSafe Handler class; this certification is important to have if seeking employment in the Food Service industry after discharge. Thus far, 20 employees have successfully passed the ServSafe Manager’s class and 31 employees and patients have successfully passed the Handler class. Cooks, Head Cooks, and Area Operations Managers are expected to continue to work toward their ServSafe Manager’s certification. ✓ Food Service no longer orders prepared meals: All foods are made from scratch in the kitchen (i.e. lasagna, soups, meatloaf, Salisbury steak, desserts). ✓ 99% of all Quality Improvement indicators for the department are maintained at 90% compliance or greater ✓ The department has achieved adequate staffing numbers with approximately 125 employees in the department. These employees have also been certified in CPR and First Aid.
<p style="text-align: center;">SAFETY DEPARTMENT</p>	<ul style="list-style-type: none"> ✓ Efforts to enhance the safety and security of the hospital are ongoing. The department completed Bi Annual Environment of Care Rounds. On these rounds we inspect all areas of the hospital for an issues pertaining to the environment, including maintenance, infection prevention, nursing, housekeeping and life safety issues. Maintenance issues are addressed through work orders submitted though BigFoot and all other issues are emailed to the respective department heads for correction. ✓ The Safety Department reviewed numerous products for use at APH. ✓ Additional Surveillance Cameras were installed and the Time Synchronizer to the Surveillance System was upgraded. We are currently working on an extensive project to upgrade our existing system. ✓ The telephone lines at the switchboard are now recorded for quality assurance purposes. ✓ The front gate has had automatic arms installed which require a swipe card for all staff. This will fully operational as of 01/02/19. Visitors will continue to proceed through the visitor's center to be processed and transported to their destination on campus. ✓ Visitor's rooms were relocated to building lobbies where the security guard is stationed. The final building to be completed is Cedar.

MAINTENANCE DEPARTMENT

- ✓ Dayroom Project – 16 Dayrooms were completed with anti-ligature repairs, painting, built and installed new cabinets to replace storage lockers, installed new lockers for patients, installed HD projector TV system, built and installed an anti-ligature entertainment system with Xbox, relocated stereo and installed in ceiling speakers.
- ✓ Installed new anti-ligature locksets in dorm areas of Larch Hall and Cedar Hall.
- ✓ Steam line replacement at Garage.
- ✓ Created 16 Serenity / Relaxation rooms in Larch Hall, Cedar Hall and Holly Hall.
- ✓ Relocated exam rooms for new visitor room in Cedar, Larch and Holly.
- ✓ Completed room modifications and soft wall installation for DBT program Larch Hall.
- ✓ Replaced bathroom doors with anti-ligature soft doors in Cedar, Larch and Holly.
- ✓ Removed closet doors in bedrooms and installed cabinets in Larch Hall.
- ✓ Installed washer and dryer in Main Building F2 and M2 for patients use.
- ✓ Installed anti-ligature Fire extinguisher cabinets in all Areas
- ✓ Relocated and replaced horn/strobes for fire system in Birch, Cedar, Larch and Holly.
- ✓ Replaced walk-in Freezer/Refrigerator Unit in Anchorage
- ✓ Replaced compressor motors on 6 walk-in box's
- ✓ Replaced compressor on walk-in freezer #9
- ✓ Motor controls replaced in 2 elevators – Main Building
- ✓ Equipment upgrade at lift Station
- ✓ Shed installed at Lake for Fire Rescue Boat
- ✓ Elm Hall added stone parking lot
- ✓ Created new intake area in Birch Hall
- ✓ Installed positive air units in clean linen rooms at Birch, Cedar, Larch and Holly Hall.
- ✓ Added new handicap stall to Cedar Hall A
- ✓ Replacement of the Main Building Chiller and 4 HVAC units were replaced on the Holly Hall Roof
- ✓ Completion of the Main Building Roof Replacement.
- ✓ Replaced all Medication Refrigerators
- ✓ Wireless Temperature Monitors have been installed in all Medication Refrigerators recording temperatures and providing instant notification if out of temperature range.
- ✓ Basket Ball Court Installed at Maple Hall
- ✓ Tree Line Drive was paved providing better access to the building for emergency personal, patient transport and visitors.
- ✓ Sidewalks and curbing replaced at Elm Hall and ramp and sidewalk at Maple Hall
- ✓ Motor controls replaced in 2 elevators – Main Building

	<ul style="list-style-type: none"> ✓ Added employee pantry's in all Buildings ✓ Other anti-ligature projects are ongoing including installation of outlet covers, removing corkboards and installing flush mounted white boards, thermostat covers and bathroom mirror/shelf replacement.
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BUILDING HIGHLIGHTS

<p>BIRCH HALL: ADMISSIONS UNITS</p>	<ul style="list-style-type: none"> ✓ Birch Hall Intake Area: Birch Hall opened with three admission units, an Intake area and the Admission's Treatment Mall on 11/13/17. Soon after that transition, the building was evaluated to improve patient care and safety for the Intake Area. The Intake area was expanded to include a patient waiting room with a television and seating. Emergency telephones were installed throughout the area. The clerical staff area was expanded to allow for ease of access and processing. The Treatment Team Interview room was relocated to a more secure area for the patients as well as staff. The Medical Clinic and Exam Room were reassigned to areas better suited for the patient flow throughout the area. Since the transition from the Main Building to Birch Hall there have been no untoward incidents in the Intake area. The area is maintained with a Security Officer stationed in the lobby to assist with the admission process and the arriving ambulance services. ✓ Birch Hall Transition Phase: During the transition of the Admissions units, Intake area and Admission's Treatment Mall to Birch Hall several initiatives were introduced. Birch Hall was designed as a pilot building for the entire campus. Centralization of the patient care areas included several patient safety and active treatment initiatives. <ul style="list-style-type: none"> ➤ <u>Interview Rooms</u>: Each unit received an interview room which was designed for safety for patients and staff and to allow for increased individual time with patients while on the unit. ➤ <u>Emergency Equipment Rooms</u> were located on each unit for quicker response time to medical emergencies. ➤ <u>Relaxation Rooms</u> were furnished with appropriate furniture approved by our Safety Department. This was the first building to utilize the new furniture. The rooms are equipped with a television, DVD and CD player in a secure control panel. Nursing maintains the activities in this
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area.

- Laundry Rooms: Washer and Dryers were installed on each unit in designated laundry rooms so that patients could have the opportunity to learn to manage their own laundry issues with the assistance of nursing staff. A protocol was developed to ensure safety and security.
- XBOX Gaming: These systems were installed in each building to allow for staff interaction with patients during non-program hours. A protocol was developed to ensure safety and accountability.
- Projector Television and Stereo: Large projector televisions and stereo equipment were installed in each dayroom for patient viewing. A system to manage the remote controls for volume control and the changing of channels was included in developing this system.
- Activity Supply Cabinets: The dayrooms also now include secure cabinets for patient activity supplies so that they would be readily accessible for staff engagement.
- Patient Lockers: Dayroom lockers were installed so that every patient would have a place to secure valuables while attending programs. Nursing leadership maintains the accountability for this project.
- Coat Closets: Staff coat closets were also installed for easy access for staff to take patient outside for fresh air breaks, escort to cafeteria for meals and escort on and off the unit for medical appointments, off grounds programming, etc.
- Employee Lounge and Pantry: Previously, each patient occupied building was equipped with an employee lounge. The Birch Hall employee lounge is located in the basement. Additionally, a pantry was installed on the first floor to accommodate staff. This pantry includes a Keurig coffee maker, refrigerator and microwave.

Approximately six months after the opening the Birch Hall all of the above initiatives were completed and protocols were put in place to ensure safe patient areas and practices.

We continue to have weekly Environmental Rounds and Annual Risk Assessment Tours to ensure the safety and sustainability of the above initiatives.

We continue to work diligently to improve upon our patient programming and treatment at the Admission's Treatment mall.

This transition phase was completed with a combined effort and cooperation from Safety, Maintenance, Information Technology, Housekeeping, the Task Force, the Space Utilization Committee and the hospital Administration.

	<ul style="list-style-type: none"> ✓ Recovery Library and Wellness and Recovery Action Plan (WRAP) Orientation: The Admission treatment teams received extension training on the Recovery Library and WRAP orientation on 1/2/18, 1/3/18 and 2/1/18. Multidisciplinary staff attended the trainings to support the initiative that was introduced in the Admission’s Treatment Mall. Patients are now utilizing personal medicine cards and power statements during the treatment planning process. Our Education Department is also utilized computerized tablets with the Recovery Library in Birch Hall. ✓ Safewards Initiative: Hospital leadership including Supervisors and Managers received training on Safewards on 5/23/18 and 5/24/18. The Program Coordinators and Patient Care Managers received extension training in the hospital wide Safewards project on 6/7/18, 6/14/18, with an implementation planning meeting on 8/21/18. This has been an ongoing initiative that required several trainings and overviews including utilizing the Simulation Lab on 8/28/18. The Administration continues to hold hospital wide meetings where Program Coordinators and Patient Care Managers present their interventions, accomplishments and barriers on 9/12/18 and 11/15/18. Individual units continue to maintain workgroups with Consultants from the Rutgers University Rehabilitation Department for guidance and support. The Safewards project is a hospital wide initiative that includes all patient units and program areas throughout the facility. Staff from all disciplines have been supporting the project as supplies and materials are needed to implement and maintain the interventions. Fidelity reports will also be completed to ensure that the project is obtaining the anticipated goals and objectives. Birch Hall is excited to participate in the project.
<p style="text-align: center;">MAIN BUILDING: GERIATRIC UNITS</p>	<ul style="list-style-type: none"> ✓ Laundry Rooms have been established on each Geriatric unit and the patients who are capable, with staff assistance, are able to now manage their own laundry. ✓ Both geriatric units have initiated the “Safewards” project and look forward to progressing through all of the interventions. ✓ Both geriatric units have received and are utilizing rocking chairs on their porches. ✓ All medical clinics, physical therapy, and lab services have transitioned to the new “Medical Treatment Center” located on M1. ✓ Physical Therapy Report: To date in 2018 the Physical Therapy Department has completed 266 physical therapy evaluations.

<p style="text-align: center;">CEDAR HALL</p>	<ul style="list-style-type: none"> ✓ The Positive Behavior Support Units (PBSU) on Cedar Hall B and D continue to provide individualized behavioral support to patients in a structured token economy setting. The goal is to track adaptive skill development and reduction in target behaviors such as Patient to Patient Assaults, Patient to Staff Assaults, Self-Injurious Behaviors, use of Restraints, and Time in Restraints. The PBSU began to use the newly developed PBSU Individual Patient Adaptive Skills Tracking Database which is where patient progress is recorded and will be used by the treatment Team to track each patient's progress in regard to treatment Mall Attendance, Medication Adherence, Activities of Daily Living (9 elements), Social Skills (Acts of Kindness), Meal Time behavior, and progress in reducing targeted maladaptive behaviors. From a patient experience perspective, this data earns patients Stars that they can cash in for preferred items in the Token Economy store (STARS Market Place). This design continues to be an overall success as evidenced by our performance measures. Looking forward we will continue to research and/or implement new techniques designed around the factors discussed above to continue to better service this population. ✓ Over the past year, there have been many modifications to the patient areas for Cedar Hall. All four units' dayrooms have received renovations to the overall aesthetics, which include new custom built workstations/storage cabinets, new projection televisions with an updated sound system, new Xbox/DVD player relaxation area, new lighting and freshly painted walls. Additionally, every Cedar unit now has a fully functional relaxation room that also has an additional TV & DVD station. ✓ In April, with the support from the Nursing Department, Cedar Hall began Zonal Nursing. This is a program that is designed to better assist with the overall acuity of the units by staging staff within designated zones to provide and maintain better patient safety. Additionally, it attempts to provide better patient engagement and to also discontinue 1:1 precaution use. * Cedar Hall is also presently working with Rutgers University to implement the principles of Safewards to CHA and CHC.
<p style="text-align: center;">HOLLY HALL</p>	<ul style="list-style-type: none"> ✓ The Core Group Project was initiated in June 2018 on all the Holly units to focus on improving the patients' Treatment Readiness, ADLs, Program Attendance, Environmental and Behaviors. The data is showing improvement for all the units and for October the compliance rate is at 88%.

	<ul style="list-style-type: none"> ✓ The remodeling of the Holly Dayrooms and Relaxation/Quiet rooms were completed in October, and the patients and staff are pleased with the results. The patients began using the areas immediately and enjoy the changes. The area's enhancements include an Xbox system, large projector television, and new Norix chairs. ✓ Relaxation/Quiet rooms were created for the Holly B and D units. ✓ The hospital's change to safer furniture continues and this past year the patient dressers were replaced with the Norix open dressers ✓ The Visitors' room was relocated to the 1st floor. ✓ The Safewards Model, a set of conflict and containment interventions for inpatient psychiatric units is being initiated at Holly.
<p style="text-align: center;">LARCH HALL</p>	<ul style="list-style-type: none"> ✓ Larch Hall B staff continue to provide Dialectical Behavioral Therapy (DBT) informed treatment five days per week and to evolve the program to support the patients' journey to wellness and recovery. ✓ In December we developed a protocol to support the patient use of portable radios, which help the patients to self-soothe, relax and remain calm during stressful times. ✓ Through collaboration between the Rehabilitation Department and the LHB treatment team, we were able to gain access to tablets, which have been incorporated into the incentive system and are highly enjoyed by the patients. ✓ The DBT Store is open weekly, during which patients utilize credits earned throughout the week to purchase items including personal hygiene items, activity books, and clothing items. ✓ Weekly Staff Education and Support sessions are being held to provide feedback, guidance and assistance to nursing staff regarding challenging patient interactions and how to effectively utilize DBT interventions with the patients. ✓ DBT competent staff, assessed through a standardized instrument, are being utilized as point people to utilize DBT methodologies to teach / reinforce skills in a proactive manner to our patients. ✓ Nursing Management Plans are being developed during periods of crisis to provide concrete direction to nursing staff to maintain patient safety ✓ Ongoing training is being provided to the nursing staff and clinicians regarding DBT clinical interventions and skills training, including population specific training such as for those with psychosis or intellectual disabilities.

CLINICAL SERVICES HIGHLIGHTS

<p>ADDICTIONS/ TRAUMA SERVICES</p>	<ul style="list-style-type: none">✓ The Addiction/Trauma Services Department implemented the American Society of Addiction Medicine (ASAM) criteria into our system of care. Utilizing ASAM criteria assists with communication and aligns with the integration of mental health and addiction services. The ASAM criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. Through this strength-based multidimensional assessment, the ASAM criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure. The department is utilizing ASAM assessment in conjunction with the Addiction Severity Index (ASI), and New Jersey Substance Abuse Monitoring System (NJSAMS) as part of the implementation plan. The ASAM implementation provides a strong foundation for how to design and deliver person-centered, individualized, outcomes-driven services and provides evidence-based services.✓ As part of a Trauma Informed approach, Substance Abuse Counselors, Mental Health Counselors, and Creative Arts Therapists were trained on Trauma Addictions Mental Health and Recovery Approach (TAMAR). Since the implementation, the department has expanded program to centralized mall. Substance Abuse Counselors were recently trained in an abbreviated version in order to provide the program to individuals in Admissions starting in January. The implementation of TAMAR has assisted our patients with trauma awareness and reduction in occurrence of re-traumatization and re-victimization through the development of skills and technique from the TAMAR modules. Individuals who have completed have been able to identify some signs and symptoms of trauma. The Addiction/Trauma Services Department in collaboration with other clinicians in the Rehabilitative Services Department will begin screening every patient admitted to the hospital for trauma history with the Life Event Checklist. Individuals identified with trauma history will be referred for trauma services.✓ The Addiction/Trauma Services Department became a part of the intake process in May to better provide immediate and efficient care to individuals who are identified with substance use disorders. Due to the opioid epidemic the Addiction/Trauma Services Department found paramount to immediately begin the treatment process with individuals who have co-occurring disorders.
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	<ul style="list-style-type: none"> ✓ The Addiction/Trauma Services Department sponsors several annual events including Alcohol Awareness Month in April, the Smoke/Tobacco Free 9th year Anniversary Recovery Celebration in July, the annual Holly Hall Drug and Alcohol Free Neighborhood program in September, the Great American Smoke Out in November, and in December will be hosting the annual Holly Hall Alcoholics Anonymous Holiday Celebration.
<p style="text-align: center;">ADVOCACY</p>	<ul style="list-style-type: none"> ✓ The Patient Advocate's Office continues to consult and respond to internal and external customers' complaints and/or grievances in a timely and efficient manner that will foster safety and quality services. The Patient Advocate's Office also collaborates with the Treatment Team in conducting conflict resolution. ✓ Client Council Meets monthly and is facilitated by one of the Client Service Representatives. A member of hospital leadership attends each meeting. It is a forum where patients can discuss issues of concern and their resolution. ✓ The Patient Advocate's Office oversees and coordinates the Family Monitoring Program. A significant drop in Family Monitor personnel has been noted and we are in the process of recruiting. ✓ The Patient Advocate's Office also coordinates the quarterly Concerned Family meetings. These meetings are attended by patient family members/loved ones and representatives from hospital departments. ✓ The Advocate's office facilitates conflict resolution between patients. As an initiative begun in November 2018, the Advocacy Department is working with the Risk Management Department in conducting conflict resolution between patients and staff.
<p style="text-align: center;">MEDICINE</p>	<ul style="list-style-type: none"> ✓ Electronic medical care plans have been developed and have been integrated into the Master Treatment Plan, thereby integrating medical care to mental health care. ✓ A failure modes and effects analysis (FMEA) was conducted to improve in-patient and out-patient compliance with medical appointments and thereby improve medical care of patients. Electronic implementation of referrals for out-patient clinic appointments and Physical Therapy has been established and continues to improve communication, scheduling process and patient compliance. ✓ Weekly rounds by the psychiatrist, medical physician, and registered nurse on the nits have been initiated to review patients that are highly non-compliant with medical care and to develop a plan to work collaboratively with the patient to improve compliance. ✓ The Physician Order Entry System (POES) has been developed to streamline provision of care and reduce medication errors.

	<ul style="list-style-type: none"> ✓ The Antimicrobial Stewardship Program, established in 2017, continues to promote the prudent use and management of antimicrobial agents, reduces antibiotic resistance and increases optimal patient outcomes. In addition, we are proud to report that Ancora is in the forefront to have a certified infection prevention nurse supervising the Infection Prevention Department. ✓ In order to reduce the rate of Influenza like illness, the flu vaccine is being offered to all employees and patients. In order to encourage employees to get a flu shot, mobile flu clinics go to various areas of the hospital on different dates and times. The building which has achieved the most compliance will be acknowledged. ✓ In addition to our Association for the Advancement of Medical Instrumentation (AAMI) standards of sterilization, we are proud to say that our Chief of Dental Services and Assistant Director of Clinical Support Services are certified in sterilization practices.
<p style="text-align: center;">NURSING</p>	<ul style="list-style-type: none"> ✓ Patient Engagement--Core Groups: In May 2018 the first phase of Core Groups was implemented in Holly Hall. Core Groups is a nursing care delivery model that focuses on the improvement of patient engagement on the unit. This model provides therapeutic interventions for patients associated with high risk behavioral patterns by engaging them in activities to reduce aggression toward self/others and maintain safety. This process is expected to improve patient motivation to engage in treatment, reduce incidences of aggression toward self and others, and maintain a safer environment. The initial phase of Core Groups began with the Morning Compliance Program. This program starts off each day with coffee and flavored creamers for the patients, and is a great incentive in encouraging patients to follow the morning routine, i.e. medication compliance, getting up in a timely manner, and compliance with ADLs. On July 9, 2018 phase two was implemented as Nursing staff began providing programming on the units for patients who are program resistant. Group Incentives (Taco Tuesday, Pizza party, Wing Night, Hoagie Party, etc.) are provided biweekly based on participation in the Morning Compliance Program. Individual incentives are based on individual participation, recognizing patients that exhibit treatment readiness (compliant with regular unit routines). Holly Hall plans to initiate additional programs that are within the cognitive and skills set of the patients, but are also therapeutic, motivating and challenging. Off unit and community integrated activities are being explored. Engaging the patients in meaningful activities will decrease the number of 1:1 precautions and eliminate

	<p>patient and staff injuries due to assaults.</p> <ul style="list-style-type: none"> ✓ Patient Engagement--Zonal Nursing Model: Implemented in Cedar Hall in April 2018, the Zonal Nursing Model is an evidence based practice that provides a multidisciplinary staff approach to improve patient engagement and nursing care delivery. In the Zonal Nursing Model, nursing staff monitor and provide therapeutic interventions for patients with high risk behavioral patterns, by engaging in activities to reduce aggression toward self/others and maintain safety. Tables and chairs are used to separate the Cedar Hall Dayrooms into zones. Each zone provides different opportunities for patients to engage in arts and crafts, sports discussions, board games, dancing or playing Wii games, hair and nail care, or gardening. Situational awareness of specific behavior is used as an adjunct to zonal treatment in order to ensure safety for those at highest risk for unsafe behavior. The baseline measurement is defined as the number of restraints, assaults, and patient falls as of the end of fourth quarter in 2017. In September 2018, Nursing expanded the Zonal Nursing Process to the Geriatric units, increasing the number of outside/community activities for patients, and safely eliminating the need for 1:1 observation, and decreasing patient and staff injury due to assaults, and restraints. ✓ The Nursing Simulation Laboratory had its grand opening on July 10, 2018. The lab includes both psychiatric and medical modules, and is designed to give employees hands-on clinical experience to practice skills needed to manage complex high-acuity patients, providing drills for emergency preparedness, and build and encourage interdisciplinary collaboration. As an educational strategy, simulation typically involves three areas: preparation work, self-study or classroom lecture; Simulation; and debriefing sessions. The Simulation Lab is divided into three domains: <ul style="list-style-type: none"> ➤ Psychiatric Simulation - using trained staff actors who simulate a patient in a psychiatric crisis. The goal of training is that the staff will be able to recognize the symptoms of a deteriorating psychiatric patient and apply techniques learned from their classroom training sessions to safely deescalate the patient. ➤ Medical Simulation - using high fidelity mannequins, special effects makeup and environmental cues to simulate medical symptomatology that nurses are likely to see in an actual care setting. By providing a high fidelity simulation, medical personnel are able to refine and practice skills in a realistic but safe environment, improving both the learning experience and patient outcomes.
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	<ul style="list-style-type: none"> ➤ Computerized Simulation/e-Learning – The e-Learning will include the “Hearing Voices” training module which simulates patient auditory hallucinations, simulated medical assessment modules, such as how to recognize irregular heartbeats and other modules specific to psychiatric nursing. ✓ In July, the Nursing Department established Nursing Education Day. Every Wednesday morning ten to fifteen Human Service Assistants/Technicians receive training on different topics, such as: ABC’s of Behavior, Symptoms of a Deteriorating Patient, Trauma Informed Care (TIC), Illness Management and Recovery (IMR), etc. On Wednesday afternoons, staff will experience a live psychiatric simulation which will require hands-on intervention to deescalate a patient without the use of restraints or medication. This training has increased staff competency significantly (increase of 59% - 96%).
<p style="text-align: center;">PSYCHIATRY</p>	<ul style="list-style-type: none"> ✓ We have a newly appointed Acting Chief of Psychiatry who is Board Certified in Psychiatry as well as in Addiction Medicine and Forensic Medicine. Additionally, we hired a new post-board certified psychiatrist to replace a psychiatrist who had retired. This psychiatrist is now preparing to establish our second Dialectical Behavioral Therapy (DBT) unit. ✓ Our affiliation with Rowan University School of Osteopathic Medicine’s Psychiatry Department has continued to be successful and grow. We have psychiatry residents complete four-month rotations under the supervision of our board certified psychiatrists. This past year we have also provided elective clinical rotations in psychiatry to medical students from two different medical schools. ✓ Our affiliation with Rowan University School of Osteopathic Medicine’s Psychiatry Department will greatly increase availability of continuing medical education for our current staff of psychiatrists. Having an academic connection with a medical teaching hospital brings additional benefits to overall clinical care. The program becomes a recruitment tool for future psychiatrists, provides additional clinical support for patients, and increases overall clinical rigor. We hope to continue to improve as we become a much sought resource of valuable clinical experience for psychiatrists and doctors-in-training. ✓ A Utilization Review (UR) nurse to specifically help psychiatrists maintain compliance with documentation standards for Initial Psychiatric Assessments has continued to greatly improve our compliance of documentation of the initial intake of patients. New to the initial psychiatric assessment has been the incorporation of elements of the Columbia Clinical

	<p>scale for suicide risk. Our doctors have continued to do thorough initial assessments when they admit a new patient. This project has helped to ensure that the excellent clinical care provided by the psychiatrists is being documented in compliance with current regulatory standards. Additionally, our UR nurse now meets with the Medical Director monthly to discuss any questionably inappropriate admission which she had flagged in that preceding month.</p> <ul style="list-style-type: none"> ✓ There are currently joint projects with nursing to provide Purposeful Rounding on three units, and with the Psychology Department, the addition of Behavioral Support Therapists, on the two Behavioral Units. Both of these projects are to provide increase in direct therapeutic patient care which has led to a dramatic decreasing need for patients to be placed on the less therapeutic special observation status.
<p>PSYCHOLOGY</p>	<ul style="list-style-type: none"> ✓ The Department of Psychology staff have been playing key roles on the specialty service development teams that include: Positive Behavioral Support Unit, Dialectical Behavioral Therapy Unit, Geriatric Services Units, and Forensic Risk and Personality Assessment. Strategies and techniques utilized to advance these services include: Trauma Informed Care, Three Steps to Safety, Operant Learning Principles, Token Economy, Behavior Modification, Dialectical Behavior Therapy, Skills System Therapy, and various psychological assessment instruments. On a hospital wide scale, the Department of Psychology staff engage in the utilization of process improvement methodologies which include: Lean Six Sigma, DMADV (Define, Measure, Analyze, Design, Verify), DMAIC (Define, Measure, Analyze, Improve, Control) and Model for Improvement (Rapid Cycle Improvement). ✓ Positive Behavior Support Unit (PBSU) Update – after two years of DMADV implementation, Cedar Hall B and D recently celebrated the transition of the PBSU Pilot Project to the status of an “Established and Permanent Service” of Cedar Hall. The skilled Lean facilitators for the pilot, effective 11/2018, have transferred the responsibility of continuous quality improvement of PBSU services to the Administrators of the Cedar Hall building. This was an exciting day. A proper celebration is being planned. Next Steps include continuing the work on supporting Nursing in the advancement of the Zonal Nursing Model and Zero One to One Clinical Monitoring and Engagement strategies for all four Cedar Hall units. PBSU also hired its first Board Certified Behavior Analyst. She has already had a tremendous positive impact on our PBSU patients by apply Behavior Modification principals. Also, PBSU psychologists continue to find

	<p>success in providing behavioral consultation and training services to some of our placement agencies and their direct care staff. These agencies accept some of our most difficult patients and have expressed sincere appreciation for the support. Some of the agencies who have received our onsite or phone consultation support services have included Jewish Family Services, Project for Independent Living, NJ Division of Developmental Disabilities, Woodbine Developmental Center, Vineland Developmental Center and more. Anecdotally, most of the associated referred cases have NOT been readmitted to APH.</p> <ul style="list-style-type: none">✓ The Department's post-doctoral residency program has begun its 7th year of training. The program has been a great success as evidenced by our hiring of every graduate. Our most recent graduate will begin working in Larch Hall this January.✓ Unit psychologists have increased their individual therapy service hours by two hours per week. Patient utilization will be measured and used as an indicator for level of patient engagement and treatment acceptance.✓ Department of Psychology leadership staff, Hospital Administration Leadership, and a Systems Analyst, have worked over the past nine months to advance APH's Clinical Analytic Capabilities and Competency in Clinical Data Management to drive effective, timely, and efficient deployment of hospital experts and resources. For the first time, APH has created models that enable treatment teams to define baseline information on individual patient's target behaviors (High Risk Lagging indicators: Restraints, Self-Injurious Behavior [SIB], and Assaults) and quickly assess if a patient is improving or decompensating based on these measures. Information on what day of the week, what time of the day, and where the event occurred is also now available in a highly usable form. This information is critical for empowering Treatment Teams to ultimately move toward being able to measure not only a change but the degree of change throughout the treatment process. This approach to data analytics is called Single Subject Design analysis. APH leadership believes the use of Single Subject Design analysis methodologies will improve APH's ability to much more quickly differentiate between problems related to systems issues affecting the care of many or all APH patients AND severe psychiatric symptoms being experienced by a particular patient. APH leadership has become quicker and effective at deploying specialized clinical support or better knowing when to move a particular patient so they can receive more specialized milieu care. APH's Communications Committee biweekly meetings are
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	<p>the driving force that uses the results of the Clinical Analytics by creating opportunity for open dialogue with treatment teams and by documenting Next Steps in the patient’s care. Follow-up sessions confirm the implementation of the Next Steps and the success or failure of the agreed upon treatment strategies. Monitoring continues until the patient stabilizes. The APH Medical Director and Deputy CEO of Clinical Services chair these high cadence meetings. Also, Single Subject Design data analysis facilitates comparison of treatment effects not only on single subjects, but also groups of single subjects which in turn helps us guide our program fidelity efforts and adjust our approach so we may predictably achieve the results promised by best practices. The future goals of this initiative is to expand into the analysis of leading indicators which may include: changes in symptomatology, program attendance, individual therapy/session compliance, and others.</p>
<p>REHABILITATIVE SERVICES</p>	<ul style="list-style-type: none"> ✓ Implementation of a Trauma Informed Approach for a Trauma Informed Organization utilizing the six principles of trauma informed care by infusing multiple projects and programs into the system of care. The six key principles of trauma informed approach are: 1. Safety, 2. Trustworthiness and Transparency, 3. Peer Support, 4. Collaboration and Mutuality, 5. Empowerment, Voice, and Choice, & 6. Cultural, Historical, and Gender Issues. ✓ In 2017, APH implemented the Substance Abuse and Mental Health Services Administration (SAMSHA) Trauma Informed Care approach with direct care staff from the units including HSA, HST and Training Department staff. In 2018, APH expanded the trauma informed training to the Charge Nurses and Rehabilitative Services staff. The primary purpose was to promote awareness of universal precautions for trauma by being sensitive to trauma needs for all, by demonstrating safety first, empowering others, thinking before talking, assisting in identifying coping skills, increasing trauma awareness, validating and empathizing with others, to increase safety through the development of a therapeutic community that is trauma informed, by recognizing the widespread prevalence of trauma among all individuals, and how trauma affects the patients’ coping skills in dealing with day to day stressors. Addressing trauma is critical to healing and wellness. ✓ As part of implementing a Trauma Informed approach, the hospital along with the Collaborative Support Programs of New Jersey (CSPNJ) continues to encourage the peer support initiative by hiring Wellness Providers in addition to the Wellness Center on the grounds. A Wellness Provider provides

	<p>individual and group peer support, socialization, and recovery-focused activities for patients. Wellness Providers are valuable in assisting with presenting the peer perspective on mental health services. The hospital continues to work towards expanding the wellness program. In October, the Wellness Center celebrated its 10 year anniversary of being on APH's grounds.</p> <ul style="list-style-type: none"> ✓ In April the Rehabilitative Services Department expanded active treatment and program availability by opening the Ivy Treatment Mall with expanded programs during the week and programming during evenings and weekends, including, more creative arts programming options in addition to many other new services. ✓ Role Play training for the Rehabilitative Services staff was created to help staff practice and refine skills used with patients in social skills groups. Real-life examples are used to simulate behaviors on the unit with an emphasis on appropriate staff interactions and teach assertiveness skills training. Benefits of the training are expected to be noted in the next Treatment Mall Evaluation and Surveys. Role playing trainings are held monthly for Rehabilitative Services staff to expand the use of role play in evaluation of delivery of programming and services provided to the individuals receiving services. ✓ Recovery Library is a Pat Deegan & Associates, LLC production. Recovery Library was created for individuals pursuing their own wellness and recovery and for the people supporting them in their journey. Recovery Library provides practical tools that help practitioners and peer supporters integrate health, behavioral health, and recovery oriented practice in their daily work. It also gives patients the hope, the tools, and the inspiration in their recovery process. This program includes web applications, tailored information, videos, manuscripts and training that help people free their human potential and recover after a diagnosis of mental illness. The initial focus of the Recovery Library is the use of the "Personal Medicine Cards" and the promotion of patients utilizing "Power Statements" in speaking with treatment team members. ✓ Rehabilitative Services increased the use of computer tablets as a facet of patient programming. Programs such as Recovery Library are accessible on these devices. The increase in the use of tablets has a goal of achieving a state of community transition readiness with a solid plan for community reintegration, and development of skills necessary to achieve long-term positive outcomes. ✓ Vocational Rehabilitative services enhanced and
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expanded over the past year increasing vocational opportunities for individuals receiving services in multiple areas including the commissary (Anchorage), greenhouse, kitchen, pool, taskforce, print shop, and other vocational employment positions. In October APH celebrated National Disability Employment Awareness Month and utilized this month to kick off our Career Center and Pathways to Employment program hosted through training received by the Integrated Employment Institute (IEI). Expanded Supported Employment opportunities were featured by hosting a supported employment fair for individuals interested in employment opportunities upon discharge to the community.

- ✓ The Occupational Therapy Department revised the Occupational Therapy Referral request form. This form now includes specialized assessments for meal time evaluations, community life skills evaluation, and upper extremity evaluations. It also includes a sensory evaluation implementation referral and formal sensory assessments including cognitive components utilizing the Sensory Profile 2 (for adults) and the Allen Cognitive Level Screen (ACLS) to identify and implement treatment for those who may benefit from modalities such as weighted blankets/sensory diets in order to reduce instances of self-injurious behaviors, assaultive behaviors, and restraints by implementation of the weighted blanket policy.
- ✓ As the hospital moves towards infusing the trauma informed approach, the Serenity Room implementation has expanded throughout the hospital over the past year. A Serenity Room is a designated space for individuals to practice calming techniques in order to decrease agitation and aggressive behavior. The Serenity Room aids in developing practical skills that can be used in both inpatient settings and post-discharge.
- ✓ Supporting the efforts of other disciplines in utilizing the active treatment database, the Rehabilitative Services Department has assisted with the management of the scheduling and provision of individual sessions. The Rehabilitative Services Department has been successfully doing this since the database was developed. Due to the upcoming migration to the web based Patient Portal, training in the use of the portal to manage individual sessions has been provided cooperatively with representatives from Information Technology and Rehabilitative Services to Psychology, Social Services, and Nursing APNs. These disciplines join Chaplaincy, Addiction Services, Occupational Therapy, Creative Arts Therapies, therapeutic activities, and Interpretive Services in increasing the accountability of our individual services.

	<p>In addition, training has been provided in the use of the web-based Patient Portal for attendance roster data input. The transition from the Active Treatment Access database to the Portal is set to occur in January of 2019. This transition will allow for quicker and more complete sharing of information between treatment care plans and the results of the interventions identified in the individualized plan.</p> <ul style="list-style-type: none"> ✓ The Rehabilitative Services Department hosted numerous recreational and educational events throughout the year for individuals receiving services to enjoy, celebrate, and learn as part of socialization, health & wellness, community living and discharge readiness.
<p>SOCIAL SERVICES</p>	<ul style="list-style-type: none"> ✓ From January to November of 2018, there were a total of 502 discharges from Ancora Psychiatric Hospital. Many consumers were discharged to DMHAS Housing facilities which include supervised and supportive housing settings. Thus far, about 22% were discharged to Supportive Housing, 16% to Supervised Placement such as an A+ or A Level Group Home and about 15% were discharge to private residence with family or self-managed. ✓ The Community Access and Reintegration Entity (C.A.R.E.) Unit continues to work with unit Social Workers on obtaining identification for consumers to assist with community reintegration. In 2018 there have been 516 referrals for some form of replacement identification which includes Birth Certificate or Social Security Card. The unit continues to work diligently on managing the procurement of these documents to assist with discharge needs. The Unit has established weekly community trips to Motor Vehicle commission in order to obtain valid ID for consumers to assist with INDA assignment process for Supportive Housing and or Group Home placement, apartment applications, setting up utilities, applying for benefits and other services to assist with community reintegration. ✓ Social Services continues to work in collaboration with the interdisciplinary treatment team and community providers to assist with discharge planning and continues to serve as the liaison between community providers, family and the treatment team.