

New Jersey

UNIFORM APPLICATION

FY 2020 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 806418257

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name New Jersey Division of Mental Health and Addiction Services

Organizational Unit Office of Olmstead, Compliance, Planning and Evaluation

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2018

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IV. Date Submitted

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Pregnant Women/Women with Dependent Children
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

To expand the capacity of existing programs to make available treatment services designed for pregnant women and women with dependent children.

Strategies to attain the goal:

- Meet biannually with licensed women's treatment providers who provide gender specific treatment. Attendees include DMHAS women's treatment coordinator, DCP&P director of clinical services, Division of Family Development, Work First New Jersey Substance Abuse Initiative (WFNJ-SAI) and providers. Meeting addresses issues related to best practices such as retention, engagement, access and referrals, recovery supports, medication assisted treatment, systems collaboration, Substance Exposed Infants (SEI) and Neonatal Abstinence Syndrome (NAS) and training needs.
- Women's treatment provider contract requirements includes service elements and language from the National Association of State Alcohol/Drug Abuse Directors (NASADAD) "Guidance to States: Treatment Standards for Women with Substance Use Disorders" document that emphasizes best practice. Contracted providers are required to address the full continuum of treatment services that includes: family-centered treatment, evidence-based parenting programs, trauma-informed and trauma-responsive treatment using Seeking Safety, Strengthening Families and to complete National Center on Substance Abuse and Child Welfare (NCSACW) online tutorials "Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals" for new provider staff.
- As of SFY'17 contract language now requires women's treatment contracts are required to develop a "Plan of Safe Care" for pregnant and postpartum women. Plans of Safe Care will address the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services. For a pregnant woman, the Plan shall be developed prior to the birth event whenever possible and in collaboration with treatment providers, health care providers, early childhood service providers, and other members of the multidisciplinary team as appropriate. Documentation of the Plan shall be included in the woman's file.
- In an effort to prevent prenatal substance exposure and improve outcomes for SEI, DMHAS continues to contract with a community-based provider in Mercer County to provide substance use disorder assessments on pregnant women who screen positive on the Perinatal Addictions Prevention Project (4 Ps+). The Initiative supports Certified Alcohol and Drug Counselors (CADC) who are out-stationed at Health Start clinics and prenatal clinics in Mercer and Middlesex counties. The Initiative combines prevention, screening, early intervention, case management and referral to treatment when appropriate and follow-up. Depending on screening results from the 4P's Plus screening tool, CADCs conduct additional assessments on mental health status, domestic violence, alcohol, tobacco, other substance use and when needed, make referrals and linkages to appropriate community-based providers and licensed substance use disorder treatment and Opioid Treatment providers.
- November, 2014 DMHAS completed a successful application for the In-Depth Technical Assistance (IDTA) on Substance Exposed Infants (SEI) and Neonatal Abstinence Syndrome (NAS) provided through SAMHSAs NCSACW. The Departments of Health and Children and Families, and their respective Divisions, as well as the provider and medical community, are participating on the NJ SEI IDTA. The overall goal is to strengthen collaboration and linkages across multiple systems (substance use disorder (SUD) treatment, child welfare, and medical communities) for opioid dependent pregnant women and other SUDs; develop uniform guidelines across Departments of Human Services, Children and Families and Health; and improve collaboration along the entire spectrum (prenatal, labor and delivery, postpartum, continuing care) for women, their infants and children. The IDTA established three goals: (1) Increase perinatal SEI screening (2) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women screening positive on the 4P's Plus get connected for a comprehensive assessment by establishing formal warm-handoffs and other safety net measures; (3) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women delivering SEIs and their babies and any other eligible children, receive early support services for which they are eligible. Three workgroups were established: (1) Data workgroup looked at statewide data systems (Medicaid ICD codes and DOH) that capture prenatal screening, linkage to treatment services, follow-up for parenting women, prevalence of NAS and associated costs. During the initiative, the team was able to analyze 2013 and 2014 Medicaid data to establish prevalence and costs of treatment NAS. DMHAS as the lead will be developing a White Paper late Fall 2017 on the incidence of NAS in New Jersey. The paper will demonstrate the cost to the State for NAS infants compared to non-NAS infants and support the need for more resources in screening, prenatal care and early intervention; (2) Prenatal Screening, Early Identification of Infants & Referral to Service workgroup focused on how to increase connections to appropriate treatment and supportive services such as Central Intake and Perinatal Cooperatives, by mapping out current screening and referral practices across the state using Pregnancy Risk Assessment (PRA) data; New Jersey implemented the 4Ps+ across the State and embedded the tool within the PRA. The workgroup found high utilization (over 80%) of 4Ps+ within doctors serving pregnant women on Medicaid. The mapping allowed the team to target low utilization areas to increase the prevalence of prenatal screening. (3) Labor, Delivery and Engagement (Infants) workgroup developed a comprehensive survey with input from the medical community and perinatal cooperatives. The Hospital Birth Survey was disseminated statewide March, 2017 to the labor and delivery hospitals. The survey sought to understand how pregnant women with SUD and substance-exposed infants are identified, treated, and triaged with partners at discharge, and if treatment for NAS was explored. The Hospital Birth Survey results will guide Departments in establishing statewide guidelines for best practice; aid in the development of cross system models to ensure

families get access to services; establish education needs on issues of SEI/NAS and identify high risk areas. New Jersey IDTA State internal Core team representatives continue to have monthly conference calls with the NCSACW to provide updates on activities and for continued technical assistance and guidance. DOH is analyzing the Hospital Birth Survey data and will be reporting on the findings late 2017. DCF is the lead State agency on developing protocols for Plans of Safe Care for SEI, mothers and their families. DMHAS is the lead for the development of the White Paper on the prevalence and costs of NAS.

- Maternal Wrap Around Program (M-WRAP) – Joint RFP with DCF and DHS/DMHAS to develop intensive case management and recovery support services for opioid dependent pregnant and postpartum women. Opioid dependent pregnant women will be eligible for services through M-WRAP during pregnancy and up to one year after birth event. Intensive case management will focus on developing a single, coordinated care plan for pregnant/postpartum women, their infants and families. Intensive Case Managers will work as liaisons to all relevant entities involved with each woman. Recovery Support Specialists will provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants. The overall goal with this RFP is to alleviate barriers to services for pregnant opioid dependent women through comprehensive care coordination implemented within the five major timeframes when intervention in the life of the substance exposed infants (SEI) can reduce potential harm of prenatal substance exposure. Care coordination will also address screening, early intervention, assessment, treatment and recovery supports. The M-WRAP model is intended to promote maternal health, improve birth outcomes for women, their infants and families, and reduce the risks and adverse consequences of prenatal substance exposure.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase number of pregnant women or women with children entering substance abuse treatment.

Baseline Measurement: 29,007 admissions count for 21,782 unique clients

First-year target/outcome measurement: Increase percentage of pregnant women or women with children entering substance abuse treatment in 2018 by 1%.

Second-year target/outcome measurement: Increase percentage of pregnant women or women with children receiving substance abuse treatment by 2% by the end of 2019. The change in FY 2017 will be measured by calculating the percent difference from 2017 to 2019.

New Second-year target/outcome measurement(if needed):

Data Source:

The number pregnant women and women with children from SFY 2017 – 2019 will be tracked by the SSA’s New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source(if needed):

Description of Data:

All agencies licensed to provide substance abuse treatment in New Jersey must report on NJSAMS, the SSA’s real-time web-based client administrative data system. The system collects basic client demographic, financial, level of care and clinical information for every client. All national outcome measures (NOMS) are incorporated into the system. Outcome measures are linked to the client at admission and discharge.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Outcome measures are collected at a client’s admission and discharge per the approach used with TEDS and not at different periods of time during the course of treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 2
Priority Area: Intravenous Drug Users
Priority Type: SAT
Population(s): Other

Goal of the priority area:

To expand access to comprehensive treatment, including Medication Assisted Treatment (MAT), in combination with other treatment modalities, for individuals with an opioid use disorder, including IVDUs, through mobile treatment units and other innovative approaches.

Strategies to attain the goal:

- Referral to substance use disorder treatment from Statewide syringe access programs that are operational throughout New Jersey.
- Providing services in convenient locations, specifically utilizing mobile medication units, in order to reduce barriers and engage individuals in care as easily as possible.
- Promoting the use of MAT (e.g., methadone, buprenorphine, Vivitrol) for individuals with an opioid use disorder.
- Educating providers, clients and family members about the benefits of MAT.
- Implementation of three-year Federal grant "Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction" to expand the use of medication assisted treatment, through outreach efforts, to individuals with an opioid use disorder.
- Contracts awarded to three regional providers to provide education and community trainings for individuals at risk for an opioid use disorder, their families, friends and loved ones to recognize an opiate overdose and to subsequently provide naloxone kits to all individuals in attendance.
- Increase the number of naloxone trainings specifically for underserved populations, such as schools, jails and licensed substance use disorder treatment providers.
- Contracts awarded to implement an opioid overdose recovery program with recovery specialists and patient navigators in eleven (11) counties for individuals who present in emergency departments following an opioid overdose reversal with naloxone in order to link them to treatment or other recovery support services.
- Expanding the Opioid Overdose Recovery Program to the State's twenty-one (21) counties by the end of CY 2017.
- In September 2014, DMHAS began convening and co-facilitating a monthly Opioid Workgroup meeting with the Department of Health, Department of Children and Families, Attorney General's Office, New Jersey State Police, Juvenile Justice Commission, Division of Medical Assistance and Health Services, Department of Corrections, Medical Examiner's Office, Department of Education and the Governor's Council on Alcohol and Drug Abuse. The goal of the group is to develop a comprehensive strategic approach to the opioid epidemic and to break down existing silos that exist.
- In August 2015, DMHAS was awarded a Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant from SAMHSA, for three years to develop the Medication Assisted Treatment Outreach Program (MATOP). MATOP provides medication assisted treatment, smoking cessation and other recovery support services for individuals with an opioid use disorder in Essex, Monmouth, and Ocean Counties. Three NJ licensed Opioid Treatment Programs are partners in this initiative and provide outreach and other engagement strategies to diverse populations at risk such as incarcerated individuals, pregnant and parenting women, veterans, parents and caregivers involved with the child welfare system, opioid overdose reversals and syringe access program participants. MATOP began on December 1, 2015 and will serve approximately 315 unduplicated individuals over the entire project period which sunsets July 31, 2018.
- In September 2016, DMHAS was awarded a five-year grant to "Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)" from SAMHSA to implement the Opioid Overdose Prevention Network (OOPN) initiative which entails the development and implementation of a comprehensive prescription drug/ opioid overdose prevention program which will include Naloxone training and distribution. Plans are to train 3,000 individuals and distribute 2,500 naloxone kits annually.
- In September 2016, DMHAS was awarded a "Strategic Prevention Framework for Prescription Drugs (SFP Rx)" five-year grant from SAMHSA to implement the NJAssessRx initiative. NJAssessRX expands interagency sharing of the state's Prescription Drug Monitoring Program data and gives DMHAS the capability to use data analytics to identify prescribers, prescriber groups and patients at high risk for inappropriate prescribing and nonmedical use of opioid drugs. Informed by the data, DMHAS and its prevention partners will strategically target communities and populations needing services, education or other interventions. The target population is youth (ages 12-17) and adults (18 years of age and older) who are being prescribed opioid pain medications, controlled drugs, or HCG, and are at risk for their nonmedical use.
- In April 2017, the DMHAS, alongside representatives from the NJ Professional Advisory Committee (PAC) for Addictions, the NJ Citizen's Advisory Council, the Department of Human Services Office of Licensing, the Department of Children and Families and the Administrative Office of the Courts (AOC) formed a Medication Assisted Treatment (MAT) Work Group. The primary goal of the work group is to focus on areas critical to expanding the use of MAT across the State and ultimately provide recommendations to the Assistant Commissioner of DMHAS.
- In May 2017, SAMHSA awarded \$12,999,621 through the State Targeted Response to New Jersey annually for two years. The program aims to address the opioid crisis by increasing access to treatment, reduce unmet treatment need and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). A major activity of the grant is to implement and expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT). To address these objectives, a new State Targeted Opioid Response Initiative (STORI) fee-for-service (FFS) treatment initiative has been developed within the existing addiction fee for service treatment network, which provides access to treatment for underinsured and uninsured clients. It includes a wide range of services, specifically including MAT.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of IVDUs who enter treatment.

Baseline Measurement: 27,952 admissions count for 16,789 unique clients

First-year target/outcome measurement: Increase the number of IVDUs who enter treatment by 1%.

Second-year target/outcome measurement: Increase the number of IVDUs who enter treatment by 2% by the end of 2019. The change in SFY 2019 will be measured by calculating the percent difference from SFY 2017 to 2019.

New Second-year target/outcome measurement(if needed):

Data Source:

The number of IVDUs in SFY 2017 through 2019 will be tracked by the SSA's New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source(if needed):

Description of Data:

All agencies licensed to provide substance abuse treatment in New Jersey must report on NJSAMS, the SSA's real-time web-based client administrative data system. The system collects basic client demographic, financial, level of care and clinical information for every client. All national outcome measures (NOMS) are incorporated into the system. Outcome measures are linked to the client at admission and discharge.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

Outcome measures are collected at a client's admission and discharge per the approach used with TEDS and not at different periods of time during the course of treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 2

Indicator: Increase the number of heroin and other opiate dependent individuals who enter treatment

Baseline Measurement: 39,835 admissions count for 24,830 unique clients

First-year target/outcome measurement: Increase the number of heroin and other opiate dependent individuals who enter treatment by 1%.

Second-year target/outcome measurement: Increase number of opiate dependent individuals who enter treatment by 2% by the end of 2019. The change in SFY 2019 will be measured by calculating the percent difference from SFY 2017 to 2019.

New Second-year target/outcome measurement(if needed):

Data Source:

The number opiate dependent individuals in SFY 2016 and 2017 will be tracked by the SSA's New Jersey Substance Abuse Monitoring

System (NJSAMS).

New Data Source(if needed):

Description of Data:

All agencies licensed to provide substance abuse treatment in New Jersey must report on NJSAMS, the SSA's real-time web-based client administrative data system. The system collects basic client demographic, financial, level of care and clinical information for every client. All national outcome measures (NOMS) are incorporated into the system. Outcome measures are linked to the client at admission and discharge.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Outcome measures are collected at a client's admission and discharge per the approach used with TEDS and not at different periods of time during the course of treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 3
Priority Area: Individuals with or at risk of HIV/AIDS who are in treatment for substance abuse
Priority Type: SAT
Population(s): EIS/HIV

Goal of the priority area:

To provide funding and increase capacity for the provision of HIV Early Intervention Services (EIS) at designated substance abuse treatment facilities.

Strategies to attain the goal:

- Expend 5% of the SAPTBG award for HIV Early Intervention Services (EIS).
- Continue MOA with Rutgers, Robert Wood Johnson (RWJ) Medical School for onsite and mobile rapid HIV testing services.
- Through the MOA, RWJ Medical School has begun to conduct an in depth qualitative study including observation, focus groups, and individual semi-structured interviews during site visits to agencies conducting onsite HIV testing. Interviews and observation notes will be transcribed and analyzed with qualitative data analysis software. As a result of data collected RWJ Medical School and DMHAS will develop, implement, and evaluate an intervention to increase HIV testing for individuals engaged in substance use disorder treatment.
- Coordinate and provide trainings in regards to the provision of best practices in HIV testing and counseling services for Department of Human Services (DHS) licensed substance abuse treatment agencies (e.g., motivational interviewing).

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase the number of agencies engaged in the Rapid HIV Testing Initiative in SFY 2018 and SFY 2019
Baseline Measurement:	28 testing sites
First-year target/outcome measurement:	34 testing sites

Second-year target/outcome measurement: 40 testing sites

New Second-year target/outcome measurement(if needed):

Data Source:

DMHAS and RWJ Medical School agency list of approved onsite and mobile testing site locations

New Data Source(if needed):

Description of Data:

Data on the number of SSA licensed agencies engaged in the Rapid HIV Testing initiative is provided by RWJ Medical School. The change in SFY 2019 will be measured by calculating the percent difference from SFY 2017 to SFY 2019.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 4

Priority Area: Tobacco

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce the percentage of persons aged 12 – 17 who report using any type of tobacco product in the past month

Strategies to attain the goal:

Beginning in January, 2012, DMHAS funded 17 Regional Prevention Coalitions, all of whom utilize the SPF model to guide their work. These coalitions are all required to address tobacco use among youth. The coalitions use, primarily, environmental strategies along with occasional individual approaches as appropriate. Below is a listing of approaches used by the coalitions to address tobacco use among adolescents in their regions.

Environmental Strategies

- Enhance Access/Reduce Barriers – Enhance access to effective prevention strategies and information through the use of a social media campaign and the development of human capital and networks of support.
- Enhance Barriers/Reduce Access - Increase education among merchants who sell tobacco products.
- Enhance Barriers/Reduce Access – Work with municipal and county government to ban smoking from restaurants and other public places, including schools, workplaces, and hospitals.
- Change Consequences/Enhance Access/Reduce Barriers – Work with municipal and county government to assure that tobacco laws are enforced at the local level.
- Change Physical Design – Through the compliance check report and GIS mapping, provide municipalities and state tobacco control with details regarding how outlet density and location impact tobacco availability to youth.
- Modify/Change Policies – Enhance or create policies related to smoking among 12-17 years olds on a countywide level.

Individual Strategies

- Provide information – Educate parents and youth on the dangers of tobacco use by youth through awareness efforts, workshops, and countywide events. These programs will be provided through county alcohol and drug funding, municipal alliances, and other community organizations.
- Provide Information – Educate youth on the dangers of tobacco use through by means of evidence-based middle and elementary school prevention programs and other community-based initiatives.

Additionally, DMHAS funds community-based services targeting high-risk individuals or groups in each of New Jersey's 21 counties. Many of these providers are also focused on the prevention of tobacco use among youth.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Past month tobacco product use (any) among persons aged 12 to 17.

Baseline Measurement: 5.33 percent of the target population reported tobacco product use (any) during the month prior to participating in the survey (NSDUH, 2014-2015).

First-year target/outcome measurement: A reduction of .50% below the baseline measure.

Second-year target/outcome measurement: An additional reduction of .50% below the first year measure.

New Second-year target/outcome measurement(if needed):

Data Source:

National Survey on Drug Use and Health (NSDUH), 2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), Tobacco Product Use in the Past Month, by Age Group and State: Percentages, Annual Averages Based on 2014 and 2015 NSDUHs – data for New Jersey

New Data Source(if needed):

Description of Data:

Data from the NSDUH provide national and state-level estimates on the use of tobacco products, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Priority #: 5

Priority Area: New Jersey Children's System of Care (CSOC) will become a trauma informed system of care

Priority Type: MHS

Population(s): SED

Goal of the priority area:

To improve the capacity to recognize and reduce the impact of trauma for all children, youth and young adults receiving services from CSOC

Strategies to attain the goal:

CSOC will utilize reports generated by UBHC-Rutgers to determine the number of provider agency staff trained during given SFY. The Children's System of Care provides treatment to Seriously Emotionally Disturbed/Seriously Mentally Ill youth under 21 years of age. Trainings included: Crisis Intervention for Traumatized Youth, Child Traumatic Stress, Complex Trauma in Children and Adolescents, Human Trafficking, Nurtured Heart, Understanding Child Abuse and Mandatory Reporting Laws, Working with Traumatized and Aggressive Youth, Six Core Strategies for Reducing Restraint and Seclusion, Evidence Based Practices, Domestic Violence, DV - Assessment and Safety Planning, Risk Assessment and Mental Health, Working with LGBT Youth. Leadership and staff from CSOC's programs, will be trained to implement and use these interventions to create safe environments before crises arise, reduce seclusion and restraint and their consequences in out of home treatment programs, and reduce the number of out of home treatment episodes youth experience and the length of stay of each episode. The leadership and staff from CSOC's programs, as well as parents/caregivers of these youth will also be trained to use the Nurtured Heart Approach in order to prevent repeated out-of-home treatment episodes after an initial treatment. .

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: CSOC will continue to increase the number of provider agency staff trained with a trauma-informed approach.

Baseline Measurement: 2395 provider agency staff received training in SFY 2017

First-year target/outcome measurement: Increase the number of provider agency staff trained by 5% over SFY 2017

Second-year target/outcome measurement: Increase the number of provider agency staff trained by 10% over SFY 2017

New Second-year target/outcome measurement(if needed):

Data Source:

Reports generated by Rutgers UBHC

New Data Source(if needed):

Description of Data:

Number of provider agency staff trained during given SFY. In total, during SFY 2017 2395 provider agency staff received training in trauma informed care. Trainings included: Crisis Intervention for Traumatized Youth, Child Traumatic Stress, Complex Trauma in Children and Adolescents, Human Trafficking, Nurtured Heart, Understanding Child Abuse and Mandatory Reporting Laws, Working with Traumatized and Aggressive Youth, Six Core Stratifies for Reducing Restraint and Seclusion, Evidence Based Practices, Domestic Violence, DV - Assessment and Safety Planning, Risk Assessment and Mental Health, Working with LGBT Youth.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In total, 8,132 provider agency staff received training in trauma focused care This represents an increase of 95% over SFY 2017. Trainings included: Adverse Childhood Experiences (ACE) & the Neurobiology of Trauma, Connection is Protection, Crisis Intervention for Traumatized Youth, Child Traumatic Stress, Complex Trauma in Children and Adolescents, Complex Trauma, Developmental Attachment & Trauma Informed Care, Evidence-based Practice, Human Trafficking, Nurtured Heart, Intellectual and Developmental Disabilities and Trauma, Risk Assessment and Mental Health, Self-Care Strategies for Providers, Taming Trauma, Understanding Child Abuse and Mandatory Reporting Laws, Understanding Self-Injury, Working with Traumatized and Aggressive Youth, Six Core Stratifies for Reducing Restraint and Seclusion, Evidence Based Practices, Domestic Violence, DV - Assessment and Safety Planning, Risk Assessment and Mental Health, Working with LGBT Youth, Working with Trans Youth, Transforming Challenging & Aggressive Behavior in Residential Environments Through Implementation of the Nurtured Heart Approach

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

In total, 8,193 provider agency staff received training in trauma focused care. during SFY 2019 This represents an increase of 200% over SFY 2017 (2395). 387 individual training sessions were provided. Trainings included: Adverse Childhood Experiences (ACE) & the Neurobiology of Trauma, Connection is Protection, Crisis Intervention for Traumatized Youth, Child Traumatic Stress, Complex Trauma in Children and Adolescents, Complex Trauma, Developmental Attachment & Trauma Informed Care, Evidence-based Practice, Human Trafficking, Nurtured Heart, Intellectual and Developmental Disabilities and Trauma, Risk Assessment and Mental Health, Self-Care Strategies for Providers, Taming Trauma, Understanding Child Abuse and Mandatory Reporting Laws, Understanding Self-Injury, Working with Traumatized and Aggressive Youth, Six Core Stratifies for Reducing Restraint and Seclusion, Evidence Based Practices, Domestic Violence, DV - Assessment and Safety Planning, Risk Assessment and Mental Health, Working with LGBT Youth, Working with Trans Youth, Transforming Challenging & Aggressive Behavior in Residential Environments Through Implementation of the Nurtured Heart Approach

Priority #: 6

Priority Area: Integration of community-based physical and behavioral health services to children, youth and young adults with SED and/or substance use disorders chronic medical conditions.

Priority Type: MHS

Population(s): SED

Goal of the priority area:

To increase the availability of community based treatment options, services and supports for youth with co-occurring physical and behavioral health challenges

Strategies to attain the goal:

During SFY 2016, 280 unique, unduplicated youth were provided with integrated services through Behavioral Health Homes located within two counties in New Jersey. During SFY 2017 an additional three counties provided Behavioral Health Home services. CSOC will continue to provide BHH services. Each BHH is a designated Care Management Organization (CMO). NJ enhanced the current care management teams to include medical expertise and health/wellness education for purposes of providing fully integrated and coordinated care for youth who have chronic medical conditions. Behavioral Health Home Services are a "bridge" that connects Prevention, Primary Care, Specialty Care. .. New Jersey is the first State using Targeted Case Management (TCM) for youth only. Provider structure of CMO is a natural fit for the health home program

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: CSOC will increase the number of children, youth and young adults receiving Behavioral Health Home services.

Baseline Measurement:

First-year target/outcome measurement: SFY 2016 will use the same database to measure a specified percentage of change.

Second-year target/outcome measurement: SFY 2016 will use the same database to measure a specified percentage of change.

New Second-year target/outcome measurement(if needed):

Data Source:

Reports generated by the CSOC CSA

New Data Source(if needed):

Description of Data:

The number of children, youth, and young adults receiving Behavioral Health Home services during given SFY.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

During SFY 2018, 503 unique, unduplicated youth provided integrated services through Behavioral Health Homes located within five counties in New Jersey. This represents an increase of 13%% over SFY 2017.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

During SFY 2019, 526 unique, unduplicated youth were provided integrated services through Behavioral Health Homes located within five counties in New Jersey. This represents an increase of 18%% over SFY 2017 (446).

Priority #: 7

Priority Area: CSOC will increase the availability of community based treatment options, services and supports for youth with co-occurring behavioral health and SU challenges

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Increase access to and availability of community based treatment options, services and supports for youth with co-occurring behavioral health and SU challenges

Strategies to attain the goal:

Since 2013, DCF/CSOC has assumed management of and/or expanded services for Outpatient (OP), Partial Care (PC), Short-Term Residential (ST-RTC) and Long-Term Residential (LT-RTC), subacute detoxification, and co-occurring mental health and substance use programs.

Inclusion of substance use services integrates the care of New Jersey's youth into a system in which youth and their families can access a single point of entry into a seamless continuum of services for behavioral health, intellectual/developmental disabilities, and/or substance use treatment. The majority of youth with SUDs have a co-occurring mental health disorder. Youth with SUDs also face considerable academic, health-related, relational, and legal challenges. These issues also bring costs and consequences to families, communities, and society. CSOC supports seamless access to substance use services including, but not limited to, system of care services, specialized treatment needs of transition age youth, and helping community partners to recognize indicators of substance use and how appropriate services may be accessed. CSOC will implement the use of CIACC needs assessments. With the introduction of Substance Use Navigators state-wide, CSOC will be better able to identify local needs, develop strategic plans, improve access and build the network of SU services and supports.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Identify gaps in SU supports and services within the Children's System of Care; increase SU services and supports to address identified needs and gaps in service.

Baseline Measurement: Baseline (inventory and needs assessments) to be conducted SFY 2018

First-year target/outcome measurement: will use baseline to develop targets/outcomes

Second-year target/outcome measurement: will use baseline to develop targets/outcomes

New Second-year target/outcome measurement(if needed):

Data Source:

CSOC CSA; CIACC Needs Assessments and Monthly Reports, Substance Use Navigator needs assessments, outcome measurements, and

reports.

New Data Source(if needed):

Description of Data:

Inventory of CSOC Utilization Management reports; assessments generated nationally, statewide, county-wide and locally; input from stakeholders, Boards and Advisory councils, ad-hoc reports.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

none

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

CSOC fully launched the Substance Use Navigator program in July 2018. The Navigators have been tasked with assisting CSOC to identify gaps in the service continuum and to assist in identifying barriers to treatment. The first Navigators were hired in October of 2017 however most vacancies were not filled until February 2018. A period of orientation and adjustment occurred as this was a new role, but not a direct service, and was a new experience to many. CSOC found that the existing provider network was much more robust than initially anticipated. CSOC has now developed a tool to survey and identify the full provider network. It has been transferred to a user-friendly survey model which will be distributed and the responses will be compiled.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The purpose of the Children's System of Care (CSOC) substance use navigator (SUN) program, which was initiated in 2017, was to identify needs in the community and system barriers faced by youth and families impacted by substance use, and to increase access to substance use resources. The substance use navigators were stationed at the awardee agencies to cover every vicinage throughout New Jersey. The navigators demonstrated commitment to identifying and addressing needs in their vicinages by collaborating with system and community partners, including Care Management Organization (CMO), Mobile Response and Stabilization Services (MRSS), Family Support Organization (FSO), Children's Interagency Coordination Council (CIACC), Division of Child Protection and Permanency (DCP&P), and other system partners. Additionally, the navigators developed relationships with schools, police departments, treatment providers, and other community partners. The navigators collaborated and strengthened relationships with system and community partners by attending ongoing meetings and events, serving on committees, and maintaining contact with partners to provide guidance for youth substance use services. Furthermore, the navigators attempted to educate the communities by facilitating trainings for system and community partners and they furthered their knowledge on substance use and related needs by attending trainings themselves. The substance use navigators assisted in strengthening relationships between system and community partners and increasing knowledge of youth substance use in their communities. The navigators' progress and identification of needs were demonstrated in monthly reports, and they will be providing CSOC with a final needs assessment report due November 1, 2019 before the program's conclusion December 2019.

Priority #: 8

Priority Area: Community Support Services

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Provide community support services to individuals with SMI

Strategies to attain the goal:

Provide consumers with Comprehensive Rehabilitative Needs Assessment (CRNA) to assess rehabilitation needs and develop achievable goals; Develop an Individualized Rehabilitation Plan (IRP) with goals and objectives.

Community Support Services (CSS) assists persons 18 years of age and older with functional disabilities resulting from a mental illness to develop, enhance or retain: psychiatric stability, social competencies, personal adjustment, and/or independent living competencies so that they can experience more success and satisfaction in the environment of their choice and can function as independently as possible. These services should occur concurrently with clinical treatment.

When an Individual has a mental health disorder that requires professional evaluation and treatment, the individual should be treated in the least restrictive and integrated setting able to meet the individual's needs.

Once an individual is assessed to meet CSS eligibility, a Comprehensive Rehabilitation Needs Assessment (CRNA) is completed within 14 days and an Individual Rehabilitation Plan (IRP) is developed with interventions and goals that are skill based to assist the individual to achieve a life that is as interactive and inclusive in the community as possible.

DMHAS started training on CSS over two and one half (2 ½) years ago to 44 provider agencies with over 800 staff. That goal of the training was to work with supportive housing providers to become acquainted with rehabilitation principals to assist individuals in learning the necessary skills that will allow them to be independent and integrated in their communities. CSS assists with work readiness skills and employment interactions and be less dependent on the provider agency and be more self-sufficient.

CSS enlists credentialed professionals from physicians, APN's, licensed Clinical professionals of the healing arts to peers who can bill Medicaid for the services that are included in their IRP.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: completion of the Comprehensive Needs Assessment (CRNA)

Baseline Measurement: To be determined after first year of implementation of Community Support Services (CSS)

First-year target/outcome measurement: 90% completion

Second-year target/outcome measurement: 100% completion

New Second-year target/outcome measurement(if needed): 98% completion

Data Source:

DMHAS audits and QCMR Reports

New Data Source(if needed):

Description of Data:

DMHAS will conduct audits of the completion of the CRNA. CSS QMCR contains aggregate data that is reported on a quarterly basis by each provider via a web-based application.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data and reporting requirements for CSS need to be clearly defined as this is a new program element. Training of reporting staff is key.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

There are 40 CSS providers. DMHAS has finished audits on 14 providers. The audits show that 93% of the consumers in the CSS programs have participated in the CRNA. DMHAS is conducting the audits on remaining CSS providers and expects that the audits of all CSS providers will be complete by February 2019.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Agencies completed CRNAs for all consumers active in CSS.

Indicator #: 2
Indicator: completion of Individualized Rehabilitation Plan (IRP)
Baseline Measurement: To be determined after first year of implementation of Community Support Services (CSS)
First-year target/outcome measurement: 90% completion
Second-year target/outcome measurement: 100% completion
New Second-year target/outcome measurement(if needed): 98% completion

Data Source:

DMHAS data systems

New Data Source(if needed):

Description of Data:

QMCR data contains aggregate data that is reported on a quarterly basis by each provider via a web-based application. NJMHAPP (New Jersey Mental Health Application for Payment Processing) allows Agencies contracted with DMHAS for mental health services to submit eligible encounters/billing for all fee for service (FFS) programs for payment processing.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Data and reporting requirements for CSS need to be clearly defined as this is a new program element. Training of reporting staff is key.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

There are 40 CSS providers. DMHAS has finished audits on 14 providers. 93% of the consumers in the CSS programs have participated in the CRNA. All the consumers who completed the CRNA also participated in the IRP. DMHAS is conducting the audits on remaining CSS providers and expects that the audits of all CSS providers will be complete by February 2019.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Agencies completed IRPs for all consumers active in CSS.

Priority #: 9
Priority Area: Housing Services in Consumer Support Services
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Maintain housing stability in community settings and improve utilization of housing service slots for mental health consumers served in Consumer Support Services (CSS).

Strategies to attain the goal:

Community Support Services (CSS) is a mental health rehabilitation service that assists the consumer in achieving mental health rehabilitative and recovery goals as identified in an individualized rehabilitation plan (IRP). CSS promotes community inclusion, housing stability, wellness, recovery, and resiliency. Consumers are expected to be full partners in identifying and directing the types of support activities that would be most helpful to maximize successful community living. This includes use of community mental health treatment, medical care, self-help, employment and rehabilitation services, and other community resources, as needed and appropriate. The adoption of CSS enhances Supportive Housing.

The SMHA will utilize a number of strategies to help attain the objective.

1. The creation of the Office of Olmstead, Compliance, Planning, and Evaluation has allowed the centralized collaboration of many key disciplines involved in implementing an overall paradigm of community integration.
2. Continued use of the Individual Needs for Discharge Assessment (INDA) facilitates the treatment and discharge planning processes. The INDA serves as both an assessment tool geared toward evaluating needs or barriers that the consumer may face upon discharge and a mechanism by which to assign state hospital consumers to prospective community service providers. The INDA will be continually used by the SMHA to facilitate transition into the community and anticipate and address any barriers that may hinder or preclude placement within the community.
3. Separation of Housing and Services in service delivery has enabled consumers to choose a housing provider and a different service provider. Consumers will no longer be restricted to the same agency. This separation will also enable the SMHA to track expenditures, utilization, outcomes, and demands for services.
4. The Bed Enrollment Data System (BEDS)/Vacancy Tracking System was developed to help DMHAS manage and track vacancies. The system has replaced the process of cold calls to agencies and the utilization of quickly outdated paper tracking sheets. Utilization of a web-based system provides real-time access to vacancy information and helps facilitate assignments and avoid outdated spreadsheets. Analysis of the utilization of Supportive Housing vs. supervised settings (e.g. group homes and supervised apartments) allows for assessment of the Division's progress toward community integration. The system will also enable planning at both the individual consumer level for placement purposes and system-wide for purposes of enhancements in community resources.
5. Assignment Process - In May 2015, New Jersey DMHAS revised its Administrative Bulletin 5:11, directing engagements of consumers by community providers. Under this revision, assignments of consumers replaced the concept of referrals to community providers by hospital treatment teams, requiring providers to either accept the assigned consumer or communicate their needs to DMHAS for additional supports necessary to serving the assigned consumer. The goal of this new policy was the early familiarity of consumers and providers through mandatory provider participation in the discharge planning process and engagements such as recreational day trips; visits to prospective apartments for rent; discharge preparations; and overnight visits (upon request of the consumer and/or hospital treatment team).

SMHA staff will monitor the continued development of new Supportive Housing opportunities. The BEDS data system will foster more timely and accurate tracking of residential resources, as well as facilitate their more efficient utilization (e.g., to reduce vacancy rates and increase community placements), and enable monitoring of compliance with Administrative Bulletin 5:11 (Residential Placement from Psychiatric Hospital).

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Consumers who remain in Consumer Support Services during the fiscal year as a proportion of total consumers served in Consumer Support Services.
Baseline Measurement:	At this time, the number of clients served by supportive housing in SFY 2017 and number of clients served by Consumer Support Services were unknown. In SFY 2016, a total 6,274 consumers were served by supportive housing and no clients were served by Consumer Support Services. Based upon previous data and knowledge, the target for SFY 2018 and SFY 2019 were set.
First-year target/outcome measurement:	The percentage of consumers who remain in Consumer Support Services during SFY 2018 will be no less than 85% of total consumers served in Consumer Support Services.
Second-year target/outcome measurement:	The percentage of consumers who remain in Consumer Support Services during SFY 2019 will be no less than 85% of total consumers served in Consumer Support Services.

New Second-year target/outcome measurement(if needed):

Data Source:

The number of consumers served by Supportive Housing in SFY 2016 and 2017 is tracked by the SMHA's QCMR database. The number of consumers served by Consumer Support Services will be tracked by the SMHA's QCMR database starting in SFY 2018 with a new QCMR that is in development. Until baseline data from CSS is reported, the SMHA will use QCMR data from Supportive Housing.

New Data Source(if needed):

The number of consumers served by Supportive Housing in SFY 2019 is tracked by the SMHA's QCMR database. The relevant information this dataset provides to this performance indicator is the total unduplicated number of consumers served between July 1, 2018 and June 30, 2019 (i.e., SFY 2019).

Description of Data:

The QCMR Database collects quarterly, cumulative, program-specific data from each of the service providers contracted by DMHAS. The

current QCMR for Supportive Housing contains 50 data elements. The key data fields relevant for this performance indicator are “Ending Active Caseload (Last Day of Quarter)” and Number of terminations in the Quarter in the Quarter. Currently 49 agencies contracted by the SMHA to provide QCMR data for Supportive Housing.

New Description of Data:(if needed)

The Quarterly Contract Monitoring Review (QCMR) database—as its name suggests collects quarterly, cumulative, program-specific data from each of the service providers contracted by DMHAS. QCMR data is self-reported by contracted agencies. The current QCMR for Supportive Housing contains approximately 50 data elements. The key data fields relevant for this performance indicator are “Ending Active Caseload (Last Day of Quarter)” and Number of terminations in the Quarter. Currently 49 agencies contracted by the SMHA to provide QCMR data for Supportive Housing.

Data issues/caveats that affect outcome measures:

The QCMR emphasizes aggregate program processes and units of service/persons served, rather than individual consumer outcomes. Proposals awarded under current and forthcoming RFPs for Supportive Housing and Consumer Support Services will be monitored through contract negotiations and data will be maintained through the QCMR database.

New Data issues/caveats that affect outcome measures:

Community Support Services (CSS) is a newly developed program to both provide consumers with stable, community-based permanent housing, as well as the supports consumers feel they need in order to maintain permanency and community tenure. CSS replaced Supportive Housing and Residential Services in June, 2017. CSS data are collected using QCMR.

The QCMR emphasizes aggregate program processes and units of service/persons served, rather than individual consumer outcomes. Also some terminations reported in the QCMR (e.g., consumer mortality) represent programs terminations that have nothing to do with the ability of the program to foster long-term community tenure.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The percentage of consumers who remain in Consumer Support Services during SFY 2018 was 94% of total consumers served in Consumer Support Services in SFY 2018.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The percentage of consumers who remain in Consumer Support Services during SFY 2019 was 86% of total consumers served in Consumer Support Services in that same fiscal year. Specifically, QCMR data for SFY19 indicates that there were 5,806 unduplicated consumers served by CSS, and of those, 840 were terminated. That is a termination rate of 14%, and a retention rate of 86%

Indicator #: 2

Indicator: Improved Utilization of Housing Service Slots measured by occupancy rates

Baseline Measurement: In SFY2017, the occupancy rate (without an assignment) is 80.9%. This value was generated by hard copy reports.

First-year target/outcome measurement: In SFY 2018, the occupancy rate (without an assignment) will be 83%.

Second-year target/outcome measurement: In SFY 2019, the occupancy rate (without an assignment) will be 85%.

New Second-year target/outcome measurement(if needed): The targeted SFY19 occupancy rate is 90%

Data Source:

The SMHA Bed Enrollment Data System (BEDS)

New Data Source(if needed):

In reporting this indicator the SMHA is using the Provider Weekly Reports (PWRs) submitted by 33 different contracted providers of CSS services as of July 2019 (the end of SFY19).

Description of Data:

The SMHA has developed the Bed Enrollment Data System (BEDS) which will be used to track the development of community based supportive housing and residential referrals and vacancies. This is a secure, web-based system that has been in the planning stages since 2010, and in development since 2012. The system has replaced the process of cold calls to agencies and the utilization of quickly outdated paper tracking sheets. Utilization of a web-based system provides real-time access to vacancy information and helps facilitate assignments and avoid outdated spreadsheets. Analysis of the utilization of Supportive Housing vs. supervised settings (e.g. group homes and supervised apartments) allows for assessment of the Division's progress toward community integration. The system will also enable planning at both the individual consumer level for placement purposes and system-wide for purposes of enhancements in community resources.

For purposes of residential placement, BEDS is a real-time system that allows the SMHA Olmstead Office, hospital staff, and community providers to match consumers in need, with available community housing opportunities. For the purpose of data-driven planning, BEDS is a powerful utilization management and planning tool that will allow the SMHA to observe resource utilization, vacancy rates, and the geographic distribution of resources and housing requests.

At the time of writing, the BEDS system is a success-in-progress. Forty six out of forty nine contracted agencies have reported successful data validation, which empowers them (and our state hospitals) to actively use the BEDS system to track the assignment process as well as to inventory the SMHAs stock of community-based housing. DMHAS staff are in continual contact with agency users to ensure that the data is up-to-date and accurate.

New Description of Data:(if needed)

For the 2020-2021 application, this priority indicator has been refined to focus on increased access to community-based housing among its largest segment—those served by Community Support Services (CSS). Although DMHAS has developed data systems (e.g., the Bed Enrollment Data System/BEDS) that are well-suited for the tracking of group homes and supervised apartments, different reporting mechanisms are preferable for the tracking of CSS housing—which is uniquely client-driven. Therefore, the data used for this indicator is from an analysis of Provider Weekly Reports, which are submitted to the SMHA on a weekly basis by each contracted CSS agency. Provider Weekly Vacancy Reports gather data from the community providers regarding their current census, current occupancy, and identify availability for state hospital assignments. These reports provide current information regarding active assignments, which includes any unforeseen post-assignment barriers, identifies any follow-up needed, and provides additional information used for tracking the progress of the assignment to allow for timely discharge and/or intervention. The new report has standardized the process in all three regions and across all providers. The Provider Weekly Vacancy Report provides information in order to validate the current BEDs Data System, as well as provide continuous updates to maintain its accuracy. This report is also used to develop and maintain the Hospital Vacancy Report, which is used for notifying state hospital treatment teams of bed vacancies and assignment opportunities. The Provider Weekly Vacancy Report went into effect on July 1st, 2019. The 2019 values were calculated by dividing the sum of the reported number of requested assignments, by the sum of the reported capacities at each program. The SMHA collected this data from 33 CSS providers at the end of SFY19.

Data issues/caveats that affect outcome measures:

The SMHA has been providing technical assistance as requested to provider agencies as frequently as needed in order to ensure the utilization of the system as well as to provide consistency in use across the provider agencies. DMHAS has provided technical assistance via webinars or by phone. The Regional Olmstead Coordinators (ROCs) and the Placement Entities (PEs) are tasked with reviewing the hard copy vacancy reports with the data report in BEDS to validate the data on a weekly basis. When discrepancies are found, the ROCs and the PEs reach out to the provider agencies to reconcile the data and work with the agencies to make the necessary adjustments to the reporting.

New Data issues/caveats that affect outcome measures:

The reporting of occupancy strictly among CSS provider agencies necessitated the use of the Provider Weekly Reports (PWRs). For SFY19 the denominator is the 1,824 vacancies reported by the providers in Provider Weekly Report in July. The numerator are the 75 vacancies with assignments needed -- as reported by the providers in the same report. The vacancy rate is therefore 4.1% and the occupancy rate is 95.9%.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The new targeted SFY19 occupancy rate is 90%. For SFY19, 1,824 vacancies was reported by the providers in Provider Weekly Report. 75 vacancies with assignments needed were reported by the providers in the same report. The vacancy rate is therefore 4.1% and the occupancy rate is 95.9%.

Priority #: 10

Priority Area: First Episode Psychosis

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Early treatment and intervention of psychosis helps change the trajectory of psychotic disorders in young adults by improving symptoms, reducing the likelihood of long-term disability so that they are able to lead productive and independent lives.

Strategies to attain the goal:

Objectives will be addressed through the implementation of a Coordinated Specialty Care (CSC) model. CSC is an evidence-based recovery-oriented approach involving clients and family members as active participants. All services are highly coordinated with primary medical care.

The New Jersey CSC model emphasizes treatment through the following components: outreach, low-dosage medications, cognitive and behavioral skills training, Individualized Placement and Support (IPS), supported employment and supported education, case management, and family psychoeducation. The CSC team is comprised of six team members of mostly masters' level clinicians that all contribute to a high supportive level of care. A CSC team is comprised of these roles: Team Leader; Recovery Coach; Supported Employment and Education Specialist; Pharmacotherapist; Outreach and Referral Specialist; and Peer Support Specialist. All CSC staff are full-time with the exception of the Pharamcotherapist (0.2 FTE). Each CSC team in New Jersey is currently staffed with a total of 5.2 FTE's (Full Time Equivalent) units.

In November 2017, three teams in New Jersey were funded and started to provide CSC services. They are Oaks Integrated Care (Southern region); Rutgers University Behavioral Health Center (Central region); and CarePlus Inc NJ (Northern region). Each team carries a caseload of up to 35 clients. CSC teams provide services in areas of: 1) Recovery Coach services; Psycho-education, preventive counseling, and crisis; 2) Supported Employment and Education; Job coaching and educational support; 3) Medication Monitoring, medication management and primary medical care; 4) Peer Support, recovery support and case management; and 5) Community Outreach and referral, outreach and recruitment activities, and client evaluation.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	The percentage of clients who adhere to prescribed psychotropic medication for FEP treatment.
Baseline Measurement:	CSC services for individuals with first episode psychosis are new in NJ, therefore, a baseline measurement is going to be determined by collecting clients' medication information from the three CSC providers. The baseline measure will show the percentage of clients who are taking or in need of antipsychotic medication for the treatment of their psychosis at intake.
First-year target/outcome measurement:	An increase of the percentage of clients adhering to antipsychotic medication regimens in FY 2018. The percentage will be determined when the baseline measure is set.
Second-year target/outcome measurement:	An increase of the percentage of clients adhering to antipsychotic medication regimens in FY 2019. The percentage will be determined when the baseline measure is set.
New Second-year target/outcome measurement(if needed):	In SFY 2019, the percentage of clients adhering to the antipsychotic medication regimens is 80%.

Data Source:

The CSC clinical diagnostic database will be used for tracking medication monitoring across all three agencies by the Division of Mental Health and Addiction Services (DMHAS).

New Data Source(if needed):

Description of Data:

All client level data from the three CSC service providers will be recorded in the CSC clinical diagnostic database; a compressive database that tracks: 1) Identification, Intake and Enrollment; 2) Client Residential Status; 3) Program Involvement; 4) Client Education Status; 5)

Client Employment Status; 6) Client Medication Adherence and Substance Abuse; 7) Suicide Ideation; 8) Physical Health; and 9) Legal Issues. All agencies are to report on and update their client data in 3 month and 6 month time points to maintain data accuracy.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Clients who participate in medication monitoring may not always be forthright with service providers on their medication adherence patterns and this may introduce possible error into the data interpretation.

The state is in the process of creating a compressive CSC clinical diagnostic database tracking all FEP client level data from the three CSC service providers. The database is to measure critical information about FEP clients among 10 areas to coincide with federal data reporting requirements requested by NRI. The database will be used to give a detailed description of the FEP population receiving CSC services to better understand early serious mental illness (ESMI) in New Jersey and also to compare to national statistics on the FEP population. The goal of this data system is to maintain the progress of CSC clients during treatment so the state can better plan for services for ESMI individuals going forward.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The baseline data of SFY 2017 showed that 51 clients out of a total 57 clients were in need or took antipsychotic medication. Among those 51 clients that were prescribed an antipsychotic medication, 38 clients adhered to their medication regimens in FY 2017, i.e. $38/51=74.5\%$.

In SFY 2018, a total of 97 clients were in need or took antipsychotic medication. 76 clients out of the 97 clients adhered to their medication regimens. Therefore, the percentage of clients that adhered to the antipsychotic medication regimen was $76/97=78.4\%$.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

In SFY 2019, a total of 189 clients were in need or took antipsychotic medication. 167 clients out of the 189 clients adhered to their medication regimens. Therefore, the percentage of clients that adhered to the antipsychotic medication regimen was 88.4%.

Indicator #:

2

Indicator:

The percentage of clients who show symptom improvement over the duration of a year in the program. Three clinical inventories: the (PANNS) Positive and Negative Syndrome Scale; MIRECC GAF (Mental Illness Research Education and Clinical Centers Global Assessment Functioning tool); and SAMHSA NOMS (National Outcome Measures): Client Symptom Improvement according to the Adult MHSIP (Mental Health Statistics Improvement Program) Survey will be the core measures for measuring client symptom improvement.

Baseline Measurement:

Number of clients shown symptom improvement after six months in the CSC program as a percentage of all clients in the CSC program in FY 2017. The three CSC programs in New Jersey did not start to enroll clients until the beginning of 2017. The caseload increased gradually. For clients enrolled in June 2017, their measurement will not be available until the end of calendar year (CY) 2017. Therefore, the baseline measurement will be set by the end of CY 2017.

First-year target/outcome measurement: An increased percentage of clients that show symptoms improvement in FY 2018.

Second-year target/outcome measurement: An increased percentage of clients that show symptoms improvement in FY 2019.

New Second-year target/outcome measurement(if needed): More than 50% of clients show symptom improvement after staying in the CSC program for over three months in FY 2019.

Data Source:

The CSC clinical diagnostic database will provide for the recording of FEP client level data including: PANNS; MIRECC GAF; SAMHSA NOMS; and Client Symptom Improvement.

New Data Source(if needed):

The CSC clinical diagnostic database collected the FEP client level data, MIRECC GAF was used to measure client symptom improvement.

Description of Data:

Client data from the three CSC service providers will be recorded in the CSC clinical diagnostic database; a compressive database that tracks: 1) Identification, Intake and Enrollment; 2) Client Residential Status; 3) Program Involvement; 4) Client Education Status; 5) Client Employment Status; 6) Client Medication Adherence and Substance Abuse; 7) Suicide Ideation; 8) Physical Health; and 9) Legal Issues. All agencies are to report on and update their client data in 3 month and 6 month time points to maintain data accuracy.

New Description of Data:(if needed)

The CSC programs are required to collect MIRECC GAF functional improvement measures of all clients at the time of admission and every three months afterwards.

Data issues/caveats that affect outcome measures:

Client admission and discharge may affect the time points of data collection if clients do not receive services for an extended period of time, i.e. at least 6 months. The state is in the process of creating a compressive CSC clinical diagnostic database tracking all FEP client level data from the three CSC service providers. The database is to measure critical information about FEP clients among 10 areas to coincide with federal data reporting requirements requested by NRI. The database will be used to give a detailed description of the FEP population receiving CSC services to better understand early serious mental illness (ESMI) in New Jersey and also to compare to national statistics on the FEP population. The goal of this data system is to maintain the progress of CSC clients during treatment so the state can better plan for services for ESMI individuals going forward.

New Data issues/caveats that affect outcome measures:

Although the CSC programs are required to collect MIRECC GAF functional improvement measures of all clients at the time of admission and every three months afterwards, due to the fact that these are new programs, the agencies did not consistently take the MIRECC measurement for a substantial period of time. The FEP data evaluation specialist noticed the inconsistent data collection at the beginning of FY 2018 and emphasized the importance and accuracy of collecting MIRECC data. The data quality started to improve. Therefore, during the current data reporting, the missing values have contributed to a lower percentage of clients that showed symptom improvement in the FY 2017 and FY 2018.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

In FY 2017, MIRECC data were collected among 41 clients. 18 of them (18/41=43.9%) showed overall symptom improvement after remaining in the CSC program for six months. Therefore, 43.9% was considered to be the baseline measurement. In FY 2018, MIRECC data were collected among 69 clients. 33 of them showed overall symptom improvement, i.e. 47.8%. The target was achieved.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Out of 218 clients served, 159 showed an improvement in MIRECC scores after receiving CSC services for more than 3 months in FY2019. That is 72.9%.

Priority #: 11

Priority Area: System wide assessment for delivering services to diverse populations

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

System wide assessment for delivering services to diverse populations.

Strategies to attain the goal:

Since 1985, DMHAS has had the commitment to improve services to individuals from diverse backgrounds, including LGBTQ. The mechanism for addressing these system needs began with the 2015 reformation of DMHAS' multi-cultural activities into a Multi-cultural Services Group (MSG). The MSG has developed a process for systems assessment that will begin with all contract agencies surveying their existing planning and service delivery to diverse populations. As the SMHA reviewed the results of those surveys, areas of gaps in service, and needs for technical assistance (TA) were identified. Beginning in early 2016, TA groups were held in the north and south to assist agencies in formulating multi-cultural plans. Those plans have become a part of the SMHA's contracting process in FY 2017, and followed up through DMHAS Multi-cultural Training Centers each year to ensure that the plans continue to grow.

Each mental health community provider is required to develop a Cultural Competence Plan describing the integration of cultural and linguistic competence throughout the organization, including direct attention to issues of gender, age, and culture. An organizational self-assessment helps prioritize the steps needed to develop those congruent behaviors and improve culturally responsive services. The plan that results from that assessment, which has 47 items, should address all diverse groups that are served within the agency: for example, cultural, ethnic and linguistically diverse people, individuals who are deaf and hard of hearing, Lesbian, Gay, Bisexual, Transgender people, older people; and outline strategies for recruiting, hiring, retaining, and promoting culturally competent, diverse staff members; the use of interpreters or bilingual staff members; staff training, professional development, and education; fostering community involvement; facilities design and operation; development of cultural and diversity appropriate program materials; how to incorporate diverse treatment approaches; and development and implementation of supporting policies and procedures, including reassessment processes.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Proportion of agencies that have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment.
Baseline Measurement:	The baseline variable is the number of provider agencies that complete their self-assessments and have a written Cultural Competence Plan which contains at least three of the ingredients needed to become more culturally competent. The establishment of a baseline is still be in process and is expected to be completed in SFY 2018.
First-year target/outcome measurement:	Fifty (50) percent of all providers will have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment.
Second-year target/outcome measurement:	One Hundred percent (100%) of all providers will have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment
New Second-year target/outcome measurement(if needed):	Seventy five percent (75%) of all providers will have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment.

Data Source:

Self assessments and written plans checked by SMHA

New Data Source(if needed):

Description of Data:

The establishment of written organizational plans for addressing culture and diversity based upon agency self-assessment. The areas covered: Governance, Leadership, and Workforce; Communication and Language Assistance and Engagement, Continuous Improvement, and Accountability. Plans identify a minimum of at least three activities from these areas.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The SMHA is undergoing a dramatic transformation from a contract based funding system to a full Fee for Services system. This is a new business model for providers and many are dedicating a significant extent of their resources to accomplish which may divert staff and the effort needed to develop and implement the plans.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The evaluation data are being collected and will not be available before this report is due. Because the slowness of collecting this data from the providers, we have adjusted our FY 2019 target. The new target is 75% of all providers will have written Cultural Competence Plans which include at least three ingredients as identified in their self-assessment.

How first year target was achieved (optional):

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Although agencies are expected to complete Cultural Competence Plans, compliance continues to be an issue towards meeting targets. The Assistant Commissioner has sent a letter to all agencies reinforcing the requirement for agencies to have a Cultural Competency Plan. Agencies that do not supply a plan will be in non-compliance of their contractual agreement. The Cultural Competency Technical Assistance Training Centers will focus their efforts more on providing experiential workshops for agencies to develop and complete an outline or draft of a plan during these trainings. Training Center staff will provide outreach and follow-up to ensure plans are completed. In addition, the Multicultural Advisory Group has developed a Cultural Competence Certificate of Excellence for agencies that complete a Cultural Competence Plan and other benchmarks. Finally, the role of the SMHA diversity consultant has been expanded to collect quantitative and qualitative data to assess trends and barriers to the completion of plans.

How second year target was achieved (optional):

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Footnotes:

The second year target was changed from 100% to 98% after DMHAS conducted an audit and identified that the previously set 2nd year target of 100% was too bold to achieve.

C. State Agency Expenditure Reports

MHBG Table 2A (URS Table 7) - MHBG State Agency Expenditure Report

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding. Include ONLY funds expended by the executive branch agency administering the MH Block Grant.

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment							
2. Pregnant Women and Women with Dependent Children							
3. All Other							
2. Primary Prevention*		\$0	\$0	\$0	\$0	\$0	\$0
3. Evidence-Based Practices for Early Serious Mental Illness**		\$1,618,865	\$0	\$0	\$0	\$0	\$0
4. Tuberculosis Services							
5. HIV Early Intervention Services							
6. State Hospital			\$52,998,567	\$0	\$338,940,857	\$0	\$0
7. Other 24 Hour Care		\$89,875	\$282,475,918	\$0	\$184,664,525	\$0	\$0
8. Ambulatory/Community Non-24 Hour Care		\$17,406,056	\$207,719,951	\$2,138,077	\$314,559,149	\$0	\$400,531
9. Administration (Excluding Program and Provider Level)		\$622,009	\$0	\$583,525	\$14,898,688	\$0	\$0
12. Total	\$0	\$19,736,805	\$543,194,436	\$2,721,602	\$853,063,219	\$0	\$400,531

*States may only use MHBG funds to provide primary prevention services to the priority populations of adults with serious mental illness and children with severe emotional disturbance

**Column 3B is for expenditures related to ESMI including First Episode Psychosis programs funded through MHBG set-aside. These funds are not to be also counted in #8 Ambulatory/Community Non 24-Hour Care.

Please indicate the expenditures are actual or estimated.

Actual Estimated

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 2B (URS Table 7A) - MHBG State Agency Early Serious Mental Illness and First Episode Psychosis Expenditures Report

Source of Funds						
Activity (See instructions for using Row 1.)	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds (e.g. ACF (TANF), CDC, CMS (Medicare), SAMHSA, etc.)	D. State Funds	E. Local funds (excluding local Medicaid)	F. Other
1. CSC-Evidences-Based Practices for First Episode Psychosis*	\$1,579,962	\$0	\$0	\$0	\$0	\$0
Training for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0
Planning for CSC Practices	\$38,903	\$0	\$0	\$0	\$0	\$0
2. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	\$0	\$0	\$0	\$0	\$0	\$0
3. Training for ESMI	\$0	\$0	\$0	\$0	\$0	\$0
4. Planning for ESMI	\$0	\$0	\$0	\$0	\$0	\$0
7. Total	\$1,618,865	\$0	\$0	\$0	\$0	\$0

**When reporting CSC-Evidences-Based Practices for First Episode Psychosis, report only those programs that are providing all the components of a CSC model. If the state uses certain components of a CSC model, please report them in 'Other Early Serious Mental Illness program (other than FEP or partial CSC programs)'.

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2018	Estimated/Actual SFY 2019	Expense Type
\$20,612,000	\$157,934,764	\$162,877,405	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 4 (URS Table 8) - Profile Of Mental Health Block Grant Expenditures for Non-Direct Service Activities

This table is used to describe the use of MHBG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Activity	Total of Block Grant
1. Information Systems	\$
2. Infrastructure Support	\$
3. Partnerships, Community Outreach and Needs Assessment	\$
4. Planning Council Activities	\$7,584
5. Quality Assurance and Improvement	\$
6. Research and Evaluation	\$
7. Training and Education	\$
Total Non-Direct Services	\$7,584
Comments on Data:	

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 5 (URS Table 10) - Profiles of Agencies Receiving Block Grant Funds Directly from the State MHA

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Amount of MH Block Grant Allocation to Agency										
Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for ESMI/FEP Programs
A01	Atlantic	AtlantiCare Behavioral Health	6550 Delilah Rd., Suite 301	Egg Harbor Township	NJ	8234	\$368,461.00	\$0.00	\$0.00	
X03	Statewide	Bridgeway Rehabilitation, Inc.	615 North Broad Street	Elizabeth	NJ	7208	\$2,803,835.00	\$0.00	\$0.00	
E01	Cape May	Cape Counseling Services	1129 Route 9 South, Suite #1	Cape May Court House	NJ	8210	\$166,767.00	\$0.00	\$0.00	
B12	Statewide	Care Plus NJ, Inc.	610 Valley Health Plaza	Paramus	NJ	7652	\$406,641.00	\$0.00	\$0.00	
A40	Atlantic	Career Opportunity Development, Inc.	901 Atlantic Avenue	Egg Harbor	NJ	8215	\$213,967.00	\$0.00	\$0.00	
G05	Statewide	Catholic Charities of the Archdiocese of Newark/ Mt. Carmel Guild Behavioral Healthcare Division	590 North 7th Street	Newark	NJ	7107	\$20,504.00	\$0.00	\$0.00	
L13	Statewide	Catholic Charities, Diocese of Trenton	383 W. State St., Box 1423	Trenton	NJ	8607	\$842,715.00	\$0.00	\$0.00	
B08	Bergen	Comprehensive Behavioral Healthcare, Inc. (CompCare)	516 Valley Brook Avenue	Lyndhurst	NJ	7071	\$513,404.00	\$0.00	\$0.00	
N02	Monmouth	CPC Behavioral Healthcare, Inc.	10 Industrial Way East	Eatontown	NJ	7724	\$205,687.00	\$0.00	\$0.00	
F01	Cumberland, Salem	Cumberland County Guidance Center	2038 Carmel Road - Box 808	Millville	NJ	8332	\$381,516.00	\$0.00	\$0.00	
S01	Salem	Healthcare Commons, Inc. - Family Health Services	500 South Pennsville-Auburn Road	Carneys Point	NJ	8069	\$79,977.00	\$0.00	\$0.00	
J05	Hudson	Jersey City Medical Center	395 Grand Street, 3rd Floor	Jersey City	NJ	7302	\$701,114.00	\$0.00	\$0.00	
A43	Atlantic, Cape May	Jewish Family Service of Atlantic County	607 N. Jerome Avenue	Margate	NJ	8402	\$769,633.00	\$0.00	\$0.00	
C01	Burlington, Ocean, Mercer	Legacy Treatment Services (formerly The Lester A. Drenk Behavioral Health Center)	1289 Route 38 West, Suite 203	Hainesport	NJ	8036	\$548,250.00	\$0.00	\$0.00	
G11	Essex	Mental Health Association of Essex County	33 South Fullerton Avenue	Montclair	NJ	7042	\$1,200,012.00	\$0.00	\$0.00	
R06	Statewide	Mental Health Clinic of Passaic	1451 VanHouten Ave	Clifton	NJ	7013	\$41,154.00	\$0.00	\$0.00	
G07	Essex	Newark Beth Israel Medical Center/St. Barnabas	201 Lyons Avenue at Osborne Terrace	Newark	NJ	7112	\$239,230.00	\$0.00	\$0.00	
H01	Gloucester, Salem, Cumberland	NewPoint Behavioral Health Center	404 Tatum Street	Woodbury	NJ	8096	\$356,498.00	\$0.00	\$0.00	
C03	Burlington, Camden, Mercer	Oaks Integrated Care (formerly Twin Oaks Community Services)	770 Woodlane Road	Mt. Holly	NJ	8060	\$612,974.00	\$0.00	\$0.00	
Q01	Ocean	Ocean Mental Health Services, Inc.	160 Route 9	Bayville	NJ	8721	\$262,031.00	\$0.00	\$0.00	
Q02	Ocean	Preferred Behavioral Health of NJ	700 Airport Road, P.O. Box 2036	Lakewood	NJ	8701	\$272,968.00	\$0.00	\$0.00	
G45	Essex	Project Live	465-475 Broadway	Newark	NJ	7104	\$199,885.00	\$0.00	\$0.00	
G14	Statewide	Rutgers - University Behavioral Healthcare - NEWARK	Box 1392 - 671 Hoes Lane	Piscataway	NJ	8855	\$242,326.00	\$0.00	\$0.00	
D05	Camden	South Jersey Behavioral Health Resources (CAMcare)	2500 McClellan Avenue, Suite 300	Pennsauken	NJ	8109	\$326,753.00	\$0.00	\$0.00	
R08	Passaic	St. Joseph's Hospital & Medical Center	703 Main Street	Paterson	NJ	7503	\$481,426.00	\$0.00	\$0.00	

X04	Statewide	Trinitas Hospital (Elizabeth General)	655 East Jersey Street	Elizabeth	NJ	7206	\$567,123.00	\$0.00	\$0.00	
M04	Statewide	UMDNJ - University Behavioral Healthcare - PISCATAWAY	Box 1392 - 671 Hoes Lane	Piscataway	NJ	8855	\$560,347.00	\$0.00	\$0.00	
Total							\$13,385,198.00	\$0.00	\$0.00	\$0.00

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2017) + B2(2018)</u> 2 (C)
SFY 2017 (1)	\$479,277,139	
SFY 2018 (2)	\$476,496,393	\$477,886,766
SFY 2019 (3)	\$467,306,902	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2017 Yes X No _____
 SFY 2018 Yes X No _____
 SFY 2019 Yes X No _____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

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Footnotes:
 The SMHA will get the actuals for the Adult Medicaid SMI for FY2019 at the end of calendar year 2019 and beginning of calendar year 2020.

D. Population and Services Report

MHBG Table 7 (URS Table 1) - Profile of the State Population by Diagnosis

Expenditure Period Start Date: Expenditure Period End Date:

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

Note: This Table will be completed for the States by CMHS.

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Footnotes:

D. Population and Services Report

MHBG Table 8A and MHBG Table 8B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Table 8A

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic use only if data for MHBG Table 8B are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	2,106	3,248	2	5,356	7	9	0	20	44	0	346	626	0	0	0	0	657	928	2	754	1,135	0	0	0	0	322	506
13-17 years	4,452	5,547	28	10,027	17	35	0	79	92	0	623	858	2	0	0	0	1,656	1,802	3	1,259	1,500	2	0	0	0	818	1,260
18-20 years	4,103	4,909	13	9,025	20	31	0	77	82	0	641	907	2	0	0	0	1,728	1,743	7	888	1,140	1	0	0	0	749	1,006
21-24 years	7,162	8,500	11	15,673	37	58	1	135	162	0	1,156	1,689	1	0	0	0	2,738	3,106	2	1,330	1,640	1	0	0	0	1,766	1,845
25-44 years	53,685	52,893	201	106,779	418	459	2	922	938	2	10,945	12,159	21	0	0	0	25,899	24,696	79	9,299	9,304	20	0	0	0	6,202	5,337
45-64 years	76,062	60,739	347	137,148	834	682	2	1,009	762	4	14,693	12,215	46	0	0	0	42,412	35,223	180	11,437	7,372	36	0	0	0	5,677	4,485
65-74 years	23,709	17,469	118	41,296	262	218	4	281	172	2	3,787	2,892	16	0	0	0	14,374	11,406	60	3,714	1,901	9	0	0	0	1,291	880
75+ years	21,268	11,640	102	33,010	222	122	2	181	144	1	2,835	1,447	4	0	0	0	14,190	8,097	63	2,836	1,242	8	0	0	0	1,004	588
Not Available	1,654	834	27	2,515	18	12	1	11	4	0	137	78	2	0	0	0	1,344	658	6	75	42	1	0	0	0	69	40
Total	194,201	165,779	849	360,829	1,835	1,626	12	2,715	2,400	9	35,163	32,871	94	0	0	0	104,998	87,659	402	31,592	25,276	78	0	0	0	17,898	15,947
Pregnant Women	0	0	0	0	0			0			0			0			0			0			0			0	

Are these numbers unduplicated?

- Unduplicated
 Duplicated : between Hospitals and Community
 Duplicated : Among Community Programs
 Duplicated between children and adults
 Other : describe

Comments on Data (for Age):

Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	The New Jersey State Mental Health Authority does not collect race data for "Native Hawaiian or Other Pacific Islander" or "More than One Race Reported."
Comments on Data (Overall):	The New Jersey State Mental Health Authority does not collect data on pregnant women.

Table 8B

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 8A.
 Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	1,169	1,824	2	754	1,135	0	183	289	0	2,106	3,248	2	5,356
13-17 years	2,886	3,717	20	1,259	1,500	2	307	330	6	4,452	5,547	28	10,027
18-20 years	2,993	3,590	10	888	1,140	1	222	179	2	4,103	4,909	13	9,025
21-24 years	5,552	6,626	5	1,330	1,640	1	280	234	5	7,162	8,500	11	15,673
25-44 years	42,422	41,979	107	9,299	9,304	20	1,964	1,610	74	53,685	52,893	201	106,779
45-64 years	62,480	51,704	247	11,437	7,372	36	2,145	1,663	64	76,062	60,739	347	137,148
65-74 years	19,485	15,264	84	3,714	1,901	9	510	304	25	23,709	17,469	118	41,296
75+ years	18,069	10,181	72	2,836	1,242	8	363	217	22	21,268	11,640	102	33,010
Not Available	1,536	766	10	75	42	1	43	26	16	1,654	834	27	2,515
Total	156,592	135,651	557	31,592	25,276	78	6,017	4,852	214	194,201	165,779	849	360,829
Pregnant Women	0			0			0			0	0	0	0
Comments on Data (for Age):													
Comments on Data (for Gender):													
Comments on Data (for Race/Ethnicity):													

Comments on Data (Overall):	The New Jersey State Mental Health Authority does not collect data on pregnant women.
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0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

D. Population and Services Report

MHBG Table 9 (URS Table 3) - Profile of Persons served in the Community Mental Health Settings, State Psychiatric Hospitals and Other Settings

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children. Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	6,537	8,747	30	4,031	4,774	13	130,863	113,665	477	43,096	27,378	197	1,544	763	26	186,071	155,327	743	342,141
State Psychiatric Hospitals	0	0	0	6	13	0	663	1,739	0	133	160	0	0	0	0	802	1,912	0	2,714
Other Psychiatric Inpatient	21	47	0	58	105	0	5,474	6,917	82	1,673	1,497	23	102	64	1	7,328	8,630	106	16,064
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

D. Population and Services Report

MHBG Table 10A and MHBG Table 10B (URS Tables 5A and 5B) - Profile of Clients by Type of Funding Support

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Table 10A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic use only if data for MHBG Table 10B are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	
Medicaid (only Medicaid)	55,032	42,610	171	97,813	591	431	0	597	515	1	14,137	11,829	29	0	0	0	22,123	16,323	94	14,108	10,580	34	0	0	0	3,476	2,932	13
Non-Medicaid Sources (only)	94,101	83,425	401	177,927	929	909	8	1,374	1,150	4	12,613	12,985	36	0	0	0	59,855	51,162	215	12,320	10,516	31	0	0	0	7,010	6,703	107
People Served by Both Medicaid and Non-Medicaid Sources	13,217	11,131	58	24,406	127	110	0	138	145	0	2,890	2,503	5	0	0	0	6,820	5,705	41	2,125	1,531	2	0	0	0	1,117	1,137	10
Medicaid Status Not Available	31,851	28,613	219	60,683	188	176	4	606	590	4	5,523	5,554	24	0	0	0	16,200	14,469	52	3,039	2,649	11	0	0	0	6,295	5,175	124
Total Served	194,201	165,779	849	360,829	1,835	1,626	12	2,715	2,400	9	35,163	32,871	94	0	0	0	104,998	87,659	402	31,592	25,276	78	0	0	0	17,898	15,947	254

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Race):

The New Jersey State Mental Health Authority does not collect race data for "Native Hawaiian or Other Pacific Islander" or "More than One Race Reported."

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 10B

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 10A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	40,265	31,511	130	14,108	10,580	34	659	519	7	55,032	42,610	171	97,813
Non-Medicaid Only	80,687	71,979	274	12,320	10,516	31	1,094	930	96	94,101	83,425	401	177,927
People Served by Both Medicaid and Non-Medicaid Sources	10,882	9,430	46	2,125	1,531	2	210	170	10	13,217	11,131	58	24,406
Medicaid Status Unknown	24,758	22,731	107	3,039	2,649	11	4,054	3,233	101	31,851	28,613	219	60,683
Total Served	156,592	135,651	557	31,592	25,276	78	6,017	4,852	214	194,201	165,779	849	360,829

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Footnotes:

D. Population and Services Report

MHBG Table 11 (URS Table 6) - Profile of Client Turnover

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	1,498	1,259	1,387	0	0	0	0	0	0
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	1,498	1,259	1,387	406	158	143	122	1,986	1,077
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	15,988	559	597	0	0	0	0	0	0
Children (0 to 17 years)	68	12	9	4	1	4	1	0	0
Adults (18 yrs and over)	15,753	547	588	59	11	33	11	989	663
Age Not Available	167	0	0	0	0	0	0	0	0
Residential Tx Centers	0	0	0	0	0	0	0	0	0
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	334,286	24,517	0	0	0	0	0	0	0
Children (0 to 17 years)	13,423	4,744							
Adults (18 yrs and over)	318,568	19,765							
Age Not Available	2,295	8							

Comments on Data (State Hospital):

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

Comments on Data (Community Programs):

Footnotes:

D. Population and Services Report

MHBG Table 12 (URS Table 12) - State Mental Health Agency Profile

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Populations Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. Aged 4 to 17	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes			
4. Forensics	<input checked="" type="checkbox"/> Yes			
Comments on Data:				

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

- Serious Mental Illness
 Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:

39.0 %

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

36.9 %

3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

23.3 %

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

2.1 %

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

28.8 %

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

9.1 %

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders.

There are two steps to identifying co-occurring clients in our USTF database: 1. Do they meet the SMI requirement of a GLOF of 0-5? 2. Do any of the following areas in the database indicate drug or alcohol abuse: 1. Referral Source (e.g. from Alcohol & Drug Treatment Program). 2. Past Services History. 3. Current Services Involvement. 4. Non-Mental Health Needs. 5. Primary

4. State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

1. State Medicaid Operating Agency
 2. Setting Standards

they meet the SMI requirement of a GLOF of 0-5? 2. Do any of the following areas in the database indicate drug or alcohol abuse: 1. Referral Source (e.g. from Alcohol & Drug Treatment Program). 2. Past Services History. 3. Current Services Involvement. 4. Non-Mental Health Needs. 5. Primary Problem. If both criteria are met, then the consumer is coded as a co-occurring client.

- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative? Yes Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care? Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs Yes
- 4.b.4 Setting Standards for mental health services Yes
- 4.b.5 Coordination with state health and Medicaid agencies Yes
- 4.b.6 Resolving mental health consumer complaints Yes
- 4.b.7 Input in contract development Yes
- 4.b.8 Performance monitoring Yes
- 4.b.9 Other

5. Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

Are the data reporting in the tables?

- 5.a. **Unduplicated:** counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. **Duplicated:** across state hospital and community programs
- 5.c. **Duplicated:** within community programs
- 5.d. **Duplicated:** Between Child and Adult Agencies
- 5.e. **Plans for Unduplication:** If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6. Summary Administrative Data

6.a. Report Year:	FY 2019
6.b. State Identifier:	NJ

Summary Information on Data Submitted by SMHA:

6.c. Year being reported:	7/1/2018 12:00:00 AM to 6/30/2019 12:00:00 AM
6.d. Person Responsible for Submission:	Donna Migliorino
6.e. Contact Phone Number:	609-438-4295
6.f. Contact Address:	5 Commerce Way, Suite 100, Hamilton, NJ 08691
6.g. E-mail:	Donna.Migliorino@dhs.nj.gov

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Footnotes:

D. Population and Services Report

MHBG Tables 13A and 13B (URS Tables 14A and 14B) - Profile of Persons with SMI/SED Served By Age, Gender and Race/Ethnicity

Table 13A

This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. URS Table's 2A and 2B included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as URS Table's 2A and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			Hispanic use only if data for MHBG Table 13b are not available			More Than One Race Reported			Race Not Available			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 years	720	1,242	1	1,963	2	3	0	8	20	0	134	273	0	0	0	0	191	324	1	277	430	0	0	0	0	108	192	0
13-17 years	1,594	2,112	5	3,711	5	13	0	23	30	0	248	417	1	0	0	0	566	646	1	509	616	1	0	0	0	243	390	2
18-20 years	1,537	1,941	2	3,480	4	9	0	27	27	0	281	439	0	0	0	0	617	659	1	351	515	1	0	0	0	257	292	0
21-24 years	2,335	3,152	3	5,490	8	21	0	40	56	0	504	792	0	0	0	0	853	1,098	0	517	747	1	0	0	0	413	438	2
25-44 years	18,876	20,930	60	39,866	111	145	0	336	374	0	4,473	5,488	9	0	0	0	8,274	8,903	32	3,674	4,199	9	0	0	0	2,008	1,821	10
45-64 years	27,217	25,288	128	52,633	255	244	1	371	287	1	6,508	5,991	24	0	0	0	13,302	13,483	76	4,793	3,565	15	0	0	0	1,988	1,718	11
65-74 years	8,777	7,245	40	16,062	101	80	1	111	64	1	1,755	1,408	8	0	0	0	4,689	4,400	23	1,708	980	3	0	0	0	413	313	4
75+ years	9,433	5,378	46	14,857	94	58	1	80	62	1	1,489	775	2	0	0	0	5,967	3,568	36	1,381	681	4	0	0	0	422	234	2
Not Available	765	343	4	1,112	7	7	1	4	1	0	62	39	0	0	0	0	635	268	1	35	17	0	0	0	0	22	11	2
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	71,254	67,631	289	139,174	587	580	4	1,000	921	3	15,454	15,622	44	0	0	0	35,094	33,349	171	13,245	11,750	34	0	0	0	5,874	5,409	33

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (for Race/Ethnicity):

The New Jersey State Mental Health Authority does not collect race data for "Native Hawaiian or Other Pacific Islander" or for "More than One Race Reported."

Comments on Data (Overall):

1. State Definitions Match the Federal Definitions

Yes No Adults with SMI, if No describe or attach state definition:

Diagnoses included in the state SMI definition:

Yes No Children with SED, if No describe or attach state definition:

Diagnoses included in the state SED definition:

Table 13B

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A. Please report the data under the categories listed - "Total" are calculated automatically.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	380	681	1	277	430	0	63	131	0	720	1,242	1	1,963
13-17 years	969	1,360	4	509	616	1	116	136	0	1,594	2,112	5	3,711
18-20 years	1,080	1,344	1	351	515	1	106	82	0	1,537	1,941	2	3,480
21-24 years	1,682	2,283	0	517	747	1	136	122	2	2,335	3,152	3	5,490
25-44 years	14,271	15,946	43	3,674	4,199	9	931	785	8	18,876	20,930	60	39,866
45-64 years	21,501	20,961	105	4,793	3,565	15	923	762	8	27,217	25,288	128	52,633
65-74 years	6,902	6,170	33	1,708	980	3	167	95	4	8,777	7,245	40	16,062
75+ years	7,954	4,638	40	1,381	681	4	98	59	2	9,433	5,378	46	14,857
Not Available	718	322	2	35	17	0	12	4	2	765	343	4	1,112
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	55,457	53,705	229	13,245	11,750	34	2,552	2,176	26	71,254	67,631	289	139,174
Comments on Data (for Age):													
Comments on Data (for Gender):													

Comments on Data (for Race/Ethnicity):	The New Jersey State Mental Health Authority does not collect race data for "Native Hawaiian or Other Pacific Islander" or for "More than One Race Reported."
Comments on Data (Overall):	

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Footnotes:

D. Population and Services Report

MHBG Table 14 (URS Table 15A) - Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings for Adults with SMI and Children with SED

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	2,283	3,322	6	1,493	1,879	2	44,011	43,675	168	16,692	11,271	78	664	280	4	65,143	60,427	258	125,828
State Psychiatric Hospitals	0	0	0	6	13	0	663	1,739	0	133	160	0	0	0	0	802	1,912	0	2,714
Other Psychiatric Inpatient	12	23	0	39	59	0	4,304	5,581	23	1,517	1,352	8	100	60	0	5,972	7,075	31	13,078
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

Note: Clients can be duplicated between Rows (e.g. The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows).

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 15A (URS Table 4) - Profile of Adult Clients by Employment Status

This table describes the status of adult clients served in the reporting year by the public mental health system, in terms of employment status. The focus is on employment for the working age population, recognizing, however, there are clients who are disabled, retired, or who are homemakers, care-givers, etc., and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Adults Served	18-20			21-64			65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	488	338	0	35,086	26,376	93	9,341	7,337	31	0	0	0	44,915	34,051	124	79,090
Unemployed	578	575	0	42,247	34,598	95	13,826	9,280	60	0	0	0	56,651	44,453	155	101,259
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	2,538	3,477	3	41,283	42,022	106	16,351	8,337	57	0	0	0	60,172	53,836	166	114,174
Not Available	427	384	10	12,247	10,669	183	3,578	2,424	49	0	0	0	16,252	13,477	242	29,971
Total	4,031	4,774	13	130,863	113,665	477	43,096	27,378	197	0	0	0	177,990	145,817	687	324,494

How Often Does your State Measure Employment Status? At Admission At Discharge Monthly Quarterly Other, describe: _____

What populations are included: All clients Only selected groups, describe: _____

Comments on Data (for Age):
Age "Not Available" was not computed since it could include children from the database.

Comments on Data (for Gender):

Comments on Data (Overall):

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 15B (URS Table 4A) - Optional Profile of Adult Clients by Employment Status by Primary Diagnosis Reported

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (F20, F25)	1,811	13,260	11,464	2,069	28,604
Bipolar and Mood Disorders (F30,F31,F32,F33,F34.1,F60.89,F34.0,F32.9)	20,427	33,792	25,991	5,756	85,966
Other Psychoses (F22,F23,F24,F28,F29)	523	1,651	1,296	203	3,673
All Other Diagnoses	36,342	29,508	47,206	7,095	120,151
No DX and Deferred DX (R69,R99,Z03.89)	19,987	23,048	28,217	14,848	86,100
Diagnosis Total	79,090	101,259	114,174	29,971	324,494

Comments on Data (for Diagnosis):

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 16 (URS Table 9) - Social Connectedness and Improved Functioning

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		695	730	95%
2. Functioning		709	733	97%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		234	334	70%
4. Functioning		172	349	49%
Comments on Data:				

Adult Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions? Yes No
Measure used
- Did you use the recommended new Functioning Domain Questions? Yes No
Measure used
- Did you collect these as part of your MHSIP Adult Consumer Survey? Yes No
If No, what source did you use?

Child/Family Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions? Yes No
Measure used
- Did you use the recommended new Functioning Domain Questions? Yes No
Measure used
- Did you collect these as part of your YSS-F Survey? Yes No
If No, what source did you use?

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17A (URS Table 11) - Summary Profile of Client Evaluation of Care

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	733	751	0.05
2. Reporting Positively about Quality and Appropriateness for Adults.	720	726	0.0471924104662655
3. Reporting Positively about Outcomes.	666	707	0.0563761346609707
4. Adults Reporting on Participation In Treatment Planning.	664	672	0.0515437364279456
5. Adults Positively about General Satisfaction with Services.	674	680	0.0494121537946592

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	283	360	95
2. Reporting Positively about General Satisfaction for Children.	247	364	95
3. Reporting Positively about Outcomes for Children.	172	349	95
4. Family Members Reporting on Participation In Treatment Planning for their Children.	298	363	95
5. Family Members Reporting High Cultural Sensitivity of Staff.	312	364	95

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

*** Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.**

Comments on Data:

Adult data based on Adult MHSIP survey. The timing of the production, receipt and analysis of adult data significantly delayed to the physical relocation of the staff responsible for the adult survey.

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used? Yes No

1.a. If no, which version:

1. Original 40 Item Version Yes

2. 21-Item Version Yes

3. State Variation of MHSIP Yes

4. Other Consumer Survey Yes

1.b. If other, please attach instrument used.

- 1.c. Did you use any translations of the MHSIP into another language? 1. Spanish
 2. Other Language:

Adult Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state) 1. All Consumers In State 2. Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used? 1. Random Sample
 2. Stratified / Random Stratified Sample
 3. Convenience Sample
 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also survey persons no longer in service? 1. Persons Currently Receiving Services
 2. Persons No Longer Receiving Services

3. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.) 1. All Adult Consumers In State
 2. Adults With Serious Mental Illness
 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input checked="" type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

- 4.b. Who administered the survey? (Check all that apply) 1. MH Consumers
 2. Family Members
 3. Professional Interviewers
 4. MH Clinicians
 5. Non Direct Treatment Staff
 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases? 1. Responses are Anonymous

- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 6,028
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 6,028
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 776
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 12.9 %
- 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? Yes No

7. Who Conducted the survey

- 7.a. SMHA Conducted or contracted for the survey (survey done at state level) Yes No
- 7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level) Yes No
- 7.c. Other, describe: Site supervisors were given instructions on randomly selecting survey respondents in a manner and for administering the survey in the least intrusive way.

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer. The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

- 1. Was the MHSIP Children / Family Survey (YSS-F) Used? Yes
- If no, what survey did you use?

If no, please attach instrument used.

- 1.c. Did you use any translations of the Child MHSIP into another language? 1. Spanish 2. Other Language:

Child Survey Approach

- 2. Populations covered in survey? (Note all surveys should cover all regions of state) 1. All Consumers In State 2. Sample of MH Consumers
- 2.a. If a sample was used, what sample methodology was used? 1. Random Sample 2. Stratified / Random Stratified Sample 3. Convenience Sample 4. Other Sample:
- 2.b. Do you survey only people currently in services, or do you also survey persons no longer in service? 1. Persons Currently Receiving Services 2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please describe the populations included in your sample: (e.g., all children, only children with SED, etc.)
- 1. All Child Consumers In State
 - 2. Children with Serious Emotional Disturbances
 - 3. Children who were Medicaid Eligible or in Medicaid Managed Care
 - 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.b. Who administered the survey? (Check all that apply)

- 1. MH Consumers
- 2. Family Members
- 3. Professional Interviewers
- 4. MH Clinicians
- 5. Non Direct Treatment Staff
- 6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?
- 1. Responses are Anonymous
 - 2. Responses are Confidential
 - 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 7,159
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 367
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 5.0 %
- 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? Yes No

7. Who Conducted the survey

- 7.a. SMHA Conducted or contracted for the survey (survey done at state level) Yes No
- 7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level) Yes No

7.c. Other, describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17B (URS Table 11A) - Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity)

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Adult Consumer Survey Results:

*State used the 2 question version for Hispanic Origin Yes No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	733	751	4	4	13	13	160	162	1	1	386	399	28	28	141	144	0	0
2. Reporting Positively About Quality and Appropriateness.	720	726	5	5	13	13	155	156	1	1	388	391	28	28	130	132	0	0
3. Reporting Positively About Outcomes.	666	707	5	5	13	13	147	154	1	1	352	377	25	27	123	130	0	0
4. Reporting Positively about Participation in Treatment Planning	664	672	3	4	12	12	143	144	1	1	357	361	25	25	123	125	0	0
5. Reporting Positively about General Satisfaction	674	680	5	5	12	12	141	141	1	1	364	366	28	28	123	127	0	0
6. Social Connectedness	695	730	5	5	13	13	154	158	1	1	365	388	27	28	130	137	0	0
7. Functioning	709	733	5	5	13	13	158	159	1	1	375	393	26	28	131	134	0	0

Child/Adolescent Family Survey Results:

*State used the 2 question version for Hispanic Origin Yes No Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2. Reporting Positively About General Satisfaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reporting Positively Participation in Treatment Planning for their Children.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Reporting Positively About Cultural Sensitivity of Staff.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 18 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period

All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	13,607	183	69	0	41	60	8	47	200	1,168	15,383
18-64	206,905	1,902	9,834	0	449	2,651	1,308	6,970	7,101	31,530	268,650
65+	46,959	184	5,595	0	5	2,018	164	1,327	3,100	14,954	74,306
Not Available	1,090	7	215	0	0	192	3	6	120	857	2,490
TOTAL	268,561	2,276	15,713	0	495	4,921	1,483	8,350	10,521	48,509	360,829
Female	148,762	1,080	6,908	0	250	2,141	301	3,277	5,519	25,963	194,201
Male	119,312	1,188	8,737	0	244	2,742	1,179	5,056	4,979	22,342	165,779
Not Available	487	8	68	0	1	38	3	17	23	204	849
TOTAL	268,561	2,276	15,713	0	495	4,921	1,483	8,350	10,521	48,509	360,829
American Indian/Alaska Native	2,146	14	189	0	7	33	8	106	263	707	3,473
Asian	3,741	45	223	0	5	41	8	59	106	896	5,124
Black/African American	49,192	976	4,079	0	160	988	575	3,074	2,272	6,812	68,128
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
White/Caucasian	141,923	827	9,351	0	183	3,192	662	3,723	5,429	27,769	193,059
Hispanic *	48,318	232	1,128	0	85	401	143	876	2,078	3,685	56,946

More than One Race Reported	0	0	0	0	0	0	0	0	0	0	0
Race/Ethnicity Not Available	23,241	182	743	0	55	266	87	512	373	8,640	34,099
TOTAL	268,561	2,276	15,713	0	495	4,921	1,483	8,350	10,521	48,509	360,829

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	216,928	2,029	14,385	0	405	4,445	1,324	7,380	8,361	37,543	292,800
Non Hispanic or Latino Origin	48,318	232	1,128	0	85	401	143	876	2,078	3,685	56,946
Hispanic or Latino Origin Not Available	3,315	15	200	0	5	75	16	94	82	7,281	11,083
TOTAL	268,561	2,276	15,713	0	495	4,921	1,483	8,350	10,521	48,509	360,829

Comments on Data:	
How Often Does your State Measure Living Situation?	<input checked="" type="checkbox"/> At Admission <input checked="" type="checkbox"/> At Discharge <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: Describe <input type="text"/>

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available*

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Age	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years					0	0	0	0
13-17 years					0	0	0	0
18-20 years	0	0	0	0	0	0	0	0
21-64 years	0	0	0	0				
65-74 years	0	0	0	0				
75+ years	0	0	0	0				
Not Available	6,046	1,833	2,587	132,388	0	140	431	48,794
Total	6,046	1,833	2,587	132,388	0	140	431	48,794

Gender	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0
Not Available	6,046	1,833	2,587	132,388	0	140	431	48,794

Race/Ethnicity	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED

	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black / African American	0	0	0	0	0	0	0	0
Hawaiian / Pacific Islander	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0
Hispanic *	0	0	0	0	0	0	0	0
More than one race	0	0	0	0	0	0	0	0
Not Available	6,046	1,833	2,587	132,388	0	140	431	48,794

Hispanic/Latino Origin	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	0	0	0	0	0	0	0	0
Non Hispanic / Latino	0	0	0	0	0	0	0	0
Not Available	6,046	1,833	2,587	132,388	0	140	431	48,794

	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Do you monitor fidelity for this service?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
IF YES,								
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Have staff been specifically trained to implement the EBP?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	

* Hispanic is part of the total served. Yes No

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Comments on Data (Therapeutic Foster Care):

Comments on Data (Multi-Systemic Therapy):

Comments on Data (Family Functional Therapy):

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19A (URS Table 16A) - Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

Program Name	Number of Adult Admissions into CSC Services During FY	Current Number of Adults with FEP Receiving CSC FEP Services	Number of Child/Adolescents Admissions into CSC Services During FY	Current number of Children/Adolescents with FEP Receiving CSC FEP Services	Do you monitor fidelity for this service?	What fidelity measure do you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
Oaks Integrated Care	25	52	4	6	Yes <input checked="" type="radio"/> No <input type="radio"/>	a 25-domain fidelity tool based on Ontrack NY Fidelity measures	SMHA staff overseeing the CSC programs	Annually	Yes <input checked="" type="radio"/> No <input type="radio"/>
Rutgers UBHC	42	76	6	7	Yes <input checked="" type="radio"/> No <input type="radio"/>	a 25-domain fidelity tool based on Ontrack NY Fidelity measures	SMHA staff overseeing the CSC programs	Annually	Yes <input checked="" type="radio"/> No <input type="radio"/>
CarePlus NJ Inc.	40	69	3	8	Yes <input checked="" type="radio"/> No <input type="radio"/>	a 25-domain fidelity tool based on Ontrack NY Fidelity measures	SMHA staff overseeing the CSC programs	The CSC program started to monitor fidelity in FY2019. The SMHA has not conducted a fidelity evaluation of Careplus, NJ. A site visit to measure fidelity is being organized in FY2020.	Yes <input checked="" type="radio"/> No <input type="radio"/>

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 20 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services during the Year

This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management and Recovery	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75+	0	0	0	0
Not Available	2,598	0	5,294	0
TOTAL	2,598	0	5,294	0

Gender				
Female	0	0	0	0
Male	0	0	0	0
Not Available	2,598	0	5,294	0

Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
Hispanic *	0	0	0	0
More Than One Race	0	0	0	0
Unknown	2,598	0	5,294	0

Hispanic / Latino Origin

Hispanic / Latino origin	0	0	0	0
Non Hispanic / Latino	0	0	0	0
Not Available	2,598	0	5,294	0

Do you monitor fidelity for this service?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
IF YES,				
What fidelity measure do you use?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who measures fidelity?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How often is fidelity measured?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have staff been specifically trained to implement the EBP?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

*Hispanic is part of the total served. Yes No

Comments on Data (overall): <input type="text"/>
Comments on Data (Family Psychoeducation): <input type="text"/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>

Comments on Data (Illness Self Management and Recovery):

Comments on Data (Medication Management):

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 21 (URS Table 19A) - Profile of Criminal Justice or Juvenile Justice Involvement

1. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer self-report items on criminal justice, you may report them here.
2. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
4. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	3	54	2	1	56	2	1	2	0	0	52	2	8	2	4	43	1	58
Total Children/Youth (under age 18)	3	44	2	1	46	2	1	2	0	0	42	2	6	1	4	36	1	48
Female	0	9	1	0	10	0	0	0	0	0	8	1	1	1	0	8	0	10
Male	3	34	0	1	35	1	1	2	0	0	33	1	5	0	4	28	0	37
Not Available	0	1	1	0	1	1	0	0	0	0	1	0	0	0	0	0	1	1
Total Adults (age 18 and over)	0	10	0	0	10	0	0	0	0	0	10	0	2	1	0	7	0	10
Female	0	2	0	0	2	0	0	0	0	0	2	0	1	1	0	0	0	2
Male	0	8	0	0	8	0	0	0	0	0	8	0	1	0	0	7	0	8
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

	T1	T2	T1 to T2 Change	Assessment of the Impact of Services
--	----	----	-----------------	--------------------------------------

	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	4	256	6	0	260	6	0	4	0	1	255	0	13	5	4	232	12	266
Total Children/Youth (under age 18)	2	242	6	0	244	6	0	2	0	1	241	0	11	4	3	220	12	250
Female	1	95	0	0	96	0	0	1	0	0	95	0	6	1	2	87	0	96
Male	1	136	0	0	137	0	0	1	0	1	135	0	5	3	1	125	3	137
Not Available	0	11	6	0	11	6	0	0	0	0	11	0	0	0	0	8	9	17
Total Adults (age 18 and over)	2	14	0	0	16	0	0	2	0	0	14	0	2	1	1	12	0	16
Female	0	4	0	0	4	0	0	0	0	0	4	0	0	0	0	4	0	4
Male	2	10	0	0	12	0	0	2	0	0	10	0	2	1	1	8	0	12
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Time period in which services were received: 7/1/2018 - 6/30/2019

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:

- 1. Consumer survey (recommended questions)
- 4. State criminal justice agency
- 2. Other Consumer Survey: Please send copy of questions
- 5. Local criminal justice agency
- 3. Mental health MIS
- 6. Other (specify)

Sources of children/youth criminal justice information:

- 1. Consumer survey (recommended questions)
- 4. State criminal/juvenile justice agency
- 2. Other Consumer Survey: Please send copy of questions
- 5. Local criminal/juvenile justice agency
- 3. Mental health MIS
- 6. Other (specify)

Measure of adult criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Measure of children/youth criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

Mental health programs included:

- 1. Adults with SMI only
- 2. Other adults (specify)
- 3. Both (all adults)
- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both (all Children)

Region for which adult data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

Region for which children/youth data are reported:

- 1. The whole state
- 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

Child/Adolescents Adults

1. If data is from a survey, What is the total Number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 22 (URS Table 19B) - Profile of Change in School Attendance

1. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
2. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
4. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

For Consumers in Service for at least 12 months

T1			T2			T1 to T2 Change						Impact of Services					
"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																	
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																	
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

T1			T2			T1 to T2 Change						Impact of Services					
"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have					
# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																	
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																	
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:

1. Consumer survey (recommended items)
 2. Other Survey: Please send us items
 3. Mental health MIS
 4. State Education Department
 5. Local Schools/Education Agencies
 6. Other (specify) _____

Measure of School Attendance:

1. School Attendance
 2. Other (specify): _____

Mental health programs include:

1. Children with SED only
 2. Other Children (specify) _____
 3. Both

Region for which data are reported:

1. The whole state
 2. Less than the whole state (please describe) _____

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?

Child/Adolescents:

1. If data is from a survey, what is the total number of people from which the sample was drawn? _____

2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	1127	35	155	3.11 %	13.75 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	7	0	1	0.00 %	14.29 %
21-64 years	1001	33	146	3.30 %	14.59 %
65-74 years	96	1	7	1.04 %	7.29 %
75+ years	23	1	1	4.35 %	4.35 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	398	7	45	1.76 %	11.31 %
Male	729	28	110	3.84 %	15.09 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	3	0	0	0.00 %	0.00 %
Asian	36	0	5	0.00 %	13.89 %
Black/African American	355	15	54	4.23 %	15.21 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	720	20	95	2.78 %	13.19 %

Hispanic *	8	0	1	0.00 %	12.50 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	5	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	8	0	1	0.00 %	12.50 %
Non Hispanic/Latino	1119	35	154	3.13 %	13.76 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

Are Forensic Patients Included? Yes No

Comments on Data:

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	161	4	14	2.48 %	8.70 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	4	0	0	0.00 %	0.00 %
21-64 years	148	4	13	2.70 %	8.78 %
65-74 years	7	0	1	0.00 %	14.29 %
75+ years	2	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	21	1	2	4.76 %	9.52 %
Male	140	3	12	2.14 %	8.57 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	3	0	0	0.00 %	0.00 %
Black/African American	86	3	9	3.49 %	10.47 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	71	1	5	1.41 %	7.04 %

Hispanic *	1	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	1	0	0	0.00 %	0.00 %
Non Hispanic/Latino	160	4	14	2.50 %	8.75 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

Comments on Data:

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2018 Expenditure Period End Date: 6/30/2019

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	0	0	0	0.00 %	0.00 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	0	0	0	0.00 %	0.00 %
21-64 years	0	0	0	0.00 %	0.00 %
65-74 years	0	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %

Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	0	0	0	0.00 %	0.00 %
Hispanic *	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %

Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

1. Does this table include readmission from state psychiatric hospitals? Yes No

2. Are Forensic Patients Included? Yes No

Comments on Data:

**Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available*

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Footnotes: