

# Sussex County Mental Health Plan



**2008**

# Sussex County Comprehensive Community Mental Health Plan

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## Executive Summary

In 2006 the Sussex County Mental Health Board and its Professional Advisory Committee (PAC) began the process of updating the County's Mental Health Plan which was last updated in 1991. The Mental Health Board and the Professional Advisory Committee were most interested in identifying and addressing the current mental health service needs, trends and priorities of the County. It is the intention of the Mental Health Board to use this information to set priorities for future funding and advocacy initiatives. The mental health planning committee made up of representatives from the PAC, consumers, family members and Board members met throughout 2006 to develop the process for gathering the quantitative and qualitative data for planning. Utilizing the main methods employed in mental health service planning and needs assessment, it was decided to use information previously obtained from other sources such as the County Planning Department, the Department of Health, the U.S. Census Report, relevant national and state epidemiological data, and data on recent local service utilization (rates under treatment). The committee also reviewed information gathered from other County processes that have identified mental health needs. The last component of the planning process was to systematically elicit input about mental health service needs from key informants by bringing in a knowledgeable consultant to plan and conduct focus groups with consumers, families and service providers.

The process found that mental illness is a most significant healthcare issue at the national, state and local levels. There is a tremendous direct and indirect human and financial cost of untreated mental illness. There are about 33,000 Sussex County citizens experiencing a diagnosable mental illness in any given year, of whom between 7,500 and 10,000 experience moderate to serious symptoms and functional impairment in the areas of care of self and others, work or school, and relationships. Given the annual number of persons in treatment with community-based and private mental health and health care professionals, it is self-evident that the great majority of County citizens in need are neither identified nor receiving mental health services, yet the need and demand for such services has already outstripped available resources. The mental health system in Sussex County is over burdened, highly strained and functioning at crisis level. In an effort to prioritize which goals to address, the Professional Advisory Committee approved the following list of priorities as the focus to create short term and long term goals to address these needs:

- Advocate for Additional Funding for Outpatient Psychiatric and Counseling Services
- Improve Accessibility of Existing Programs and Services
- Increase Community Awareness of Existing Programs and Services
- Develop Wellness and Recovery Philosophy by Empowering Consumers

In addition to focusing on the priority areas of need within the continuum of care for mental health services the committee also identified the populations most in need. These populations were previously identified by the State of New Jersey as most in need of mental health services and are listed below:

- Adults and children with serious and persistent mental illness
- Homeless persons with a mental illness
- Persons with co-occurring disorders
- County jail inmates
- Aging-out youth

The Sussex County Mental Health Board also included veterans, especially Iraq and Afghan war veterans, as a recognized population in need of mental health services. With the prioritization of both the key populations and identified gaps in service needs, Sussex County can now have a systematic approach to assist in strengthening the continuum of care for mental health services to ensure the health and well being of our community.

## **Introduction**

Health care experts recognize that mental health is essential to overall health. In his landmark report of 1999 the US Surgeon General identified mental illness as the foremost public health problem in the country. This conclusion is echoed in the 2003 report of the President's New Freedom Commission on Mental Health. National Institute of Mental Health data show that cost-effective treatments of mental disorders exist and success rates of treatment for mental disorders equal and often surpass those of most other medical conditions.

National data show 1/5<sup>th</sup> of our population has a mental illness in any year, yet more than 85% of those affected are not receiving regular mental health treatment.<sup>1</sup> Mental disorders represent 4 of the 10 leading causes of disability.<sup>1,2,3</sup> The World Health Organization has identified the single mental illness, depression, to be the leading cause of disability, lost economic output, and lost wages throughout all industrialized nations.<sup>14</sup>

In addition to the human cost, the annual financial cost in the United States is calculated at well over \$100 billion in lost productivity alone. Cost offset and return on investment data show a savings and return of \$6-20 for every dollar invested in mental health treatment due to diminished cost—in such realms as medical care, housing, social services, criminal justice, disability, unemployment, institutional care, absenteeism—and increased employment and productivity on the job.<sup>4</sup>

The findings in the 2004 report by the NJ Psychiatric Association on state mental health needs and services were “alarming”. 1.6 million New Jersey citizens including 500,000 youth have a diagnosable mental illness, and services are in “short supply”.<sup>5</sup> Likewise, the 2005 New Jersey Governor's Task Force Report on Mental Health documented the pressing need for increased community-based mental health services.<sup>3</sup>

Epidemiological data show that the prevalence of mental disorders in rural-suburban areas like Sussex County equals that of urban areas, and in the case of certain disorders is higher (e.g. depression, alcohol and substance abuse, stress-related health problems, family and other relational problems).<sup>1, 6</sup>

Extrapolating from the robust and consistent national and state data, there are about 33,000 Sussex County citizens experiencing a diagnosable mental illness in any given year, of whom between 7,500 and 10,000 experience moderate to serious symptoms and functional impairment in the areas of care of self and others, work or school, and relationships. Given the annual number of persons in treatment with community-based and private mental health and health care professionals, it is self-evident that the great majority of County citizens in need are neither identified nor receiving mental health services, yet the need and demand for such services has already outstripped available resources.

The 2003 Sussex County Health and Human Services Needs Assessment identified mental/behavioral health services as the second most pressing priority. Citing demographic and growth trends, the report “guarantees” that need and demand for such services will continue to increase. The findings of the 2004 Sussex County Human Services Gap Analysis and the 2005 County Department of Health, Community Health Improvement Plan both reaffirm the great and growing need for such services.

In summary, mental illness is a most significant healthcare issue at the national, state and local levels. There is a tremendous direct and indirect human and financial cost of untreated mental illness. ***Cost-effective treatments exist. Investment in treatment of mental illness simply makes ethical and economic sense.***

### **Authority**

The New Jersey Community Mental Health Services Act of 1957 contributed to the expansion of public funding and other resources supporting community mental health services and mandated the establishment of a Mental Health Board and Mental Health Professional Advisory Committee in each county. The New Jersey Division of Mental Health Services *Regulations (N.J.A.C. 10:37)* stipulate that County Mental Health Boards develop a Plan for mental health services, to serve as a basis for future funding and program development. The Sussex County Board of Chosen Freeholders appointed and maintains a County Mental Health Board.

### **Guiding Principles**

The mission of the Sussex County Mental Health Board is to promote the access to and the availability of efficient, adequate and effective mental health services for adults with serious mental illness and children and adolescents with emotional and behavioral disorders in order that they achieve recovery and fulfill the maximal potential to live, work, learn, and socialize in communities of their own choice.

The Sussex County Mental Health Board will:

- 1) Pursue its stated purposes to:
  - advocate for the development of mental health services
  - sponsor and promote community education about mental health
  - support community efforts for the prevention and treatment of mental illness
- 2) Embrace the following principles for mental health planning:
  - consumer focused
  - community based
  - philosophy of Wellness and Recovery
  - best practices
  - cultural awareness and competence
- 3) Adopt the following operating principles of the Division of Mental Health Services:
  - Services are to be delivered by means of a comprehensive system of care, which emphasizes the most appropriate, least restrictive settings to promote the highest level of functioning;
  - There must be continuity of care and coordination of services within the State and between the public and private sectors;
  - The range of services within the system of care must respond to the needs of the individual consumers and to the special populations served;

The Sussex County Department of Human Services, Division of Community and Youth Services is the unit of government designated to support the Mental Health Board and the plan for mental health services in Sussex County. The mission statement of the Department is "To improve the quality of life of Sussex County residents through an integrated approach to comprehensive services that meets the needs of individuals, families, and communities."

The plan shall identify the current mental health service needs of the residents, the resources currently available and the resource gaps and deficiencies to be addressed. In approaching these matters the plan will take into consideration the current factors and influences affecting mental health services such as the general economy, relevant government reports, the identification of groups in special need, evidence-supported treatments, and best practices.

### **Planning Procedure**

In 2006 the Sussex County Mental Health Board and its Professional Advisory Committee (PAC) began the process of updating the County's Mental Health Plan which was last updated in 1991. The Mental Health Board and the Professional Advisory Committee were most interested in identifying and addressing the current mental health service needs, trends and priorities of the County. It is the intention of the Mental Health Board to use this information to set priorities for future funding and advocacy initiatives.

The Sussex County Department of Human Services in partnership with the Mental Health Board and the Professional Advisory Committee (PAC) coordinated the development of the plan and established a planning committee. The mental health planning committee made up of representatives from the PAC, consumers, family members and Board members met throughout 2006 to develop the process for gathering the quantitative and qualitative data for planning. Utilizing the main methods employed in mental health service planning and needs assessment, it was decided to use information previously obtained from other sources such as the County Planning Department, the Department of Health, the U.S. Census Report, relevant national and state epidemiological data, and data on recent local service utilization (rates under treatment). The committee also reviewed information previously gathered including the Community Health Improvement Plan; several years of Homeless Surveys, the Priority Populations Plan and the County-Wide Health and Human Services Needs Assessment. In order to systematically elicit input about mental health service needs from key informants the committee brought in a knowledgeable consultant to plan and conduct focus groups with consumers, families and service providers.

The 2008 Sussex County Mental Health Plan will be presented to the Professional Advisory Committee and the Mental Health Board for review, comment and approval prior to submission of the Plan to the County Board of Chosen Freeholders. The Board of Chosen Freeholders is responsible for final approval of the Plan. A copy of the Plan will be forwarded to the Division of Mental Health Services after it is approved by the County.

### **National, State and County Data on Mental Illness**

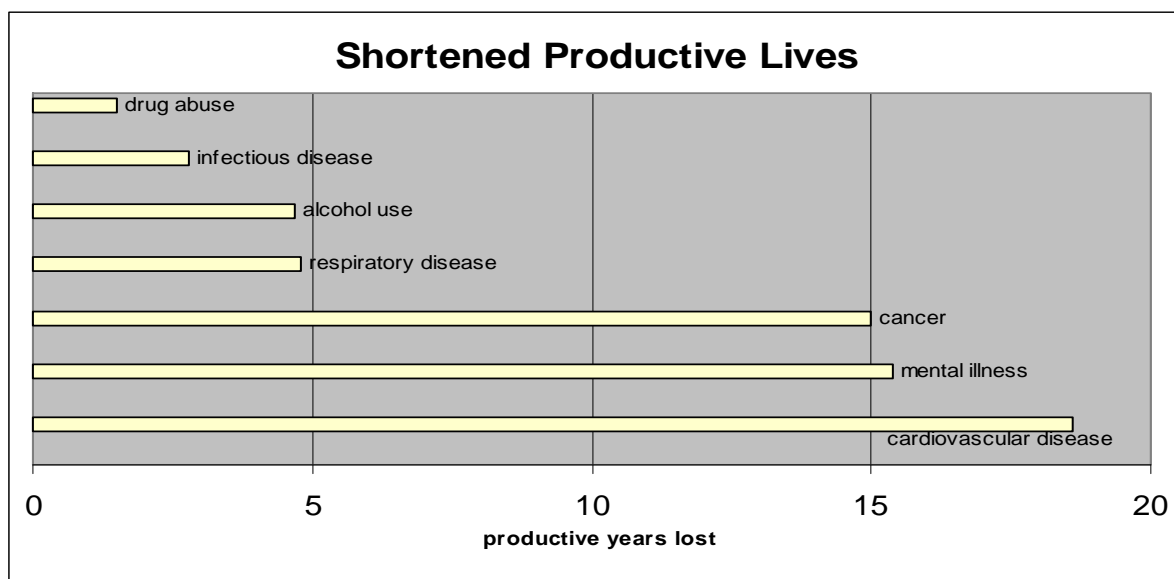
National data show more than 20% of the population has a diagnosable mental illness in any year. This is consistent with state data showing more than 1.6 million New Jersey citizens with a diagnosable mental illness. Epidemiological data shows the overall prevalence of mental illness in rural-suburban areas like Sussex County equals that of urban areas. Extrapolating from this information we can estimate that there are about 33,000 Sussex County citizens experiencing a diagnosable mental illness in any year. About 7,500 to 10,000 of these individuals experience moderate to serious symptoms and impact on their lives.<sup>1, 3, 5, 7</sup>

National Institute of Mental Health

<b>ESTIMATED NUMBER OF SUSSEX COUNTY RESIDENTS WITH A MENTAL HEALTH DIAGNOSIS</b>	
(BASED ON "THE NUMBERS COUNT: MENTAL DISORDERS IN AMERICA" FROM THE NATIONAL INSTITUTE OF MENTAL HEALTH, 2004)	
<u>Anxiety Disorders</u> Panic Disorder, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, Anxiety Disorder, and Phobias.	10,970
<u>Mood Disorders</u> Major Depressive Disorder, Bipolar Disorder,	16,666
Attention Deficit Hyperactivity Dis.	6,355
Schizophrenia	1,640
<b>Total</b>	<b>35,631*</b>

\*The sum of boxed figures exceeds the estimated total of 33,000 due to the incidence of co-occurring mental disorders, particularly mood & anxiety disorders.

The severe impact of mental illness is reflected not only by the large number of citizens affected, but also by the devastating effects on an individuals' ability to function and work. The graph below depicts the large number of lost productive years for those with mental illness as compared to other diseases.



Carlos Zarate, M.D., Director of Mood and Anxiety Disorder Program, National Institute of Mental Health June 7, 2008



## Consumer, Family and Practitioner Needs Assessment

The 2006 mental health needs assessment involved a series of focus groups that were facilitated by a consultant, Peter Basto. Mr. Basto is an assistant professor at the University of Medicine and Dentistry of New Jersey in the Department of Psychiatric Rehabilitation and Behavioral Health Care, and has consulted with other counties in planning and facilitating mental health based focus groups. Four focus groups were conducted beginning in June 2006. Three of the focus groups were directed to specific populations – mental health consumers, family members of consumers, and provider agencies or professionals who work with mental health consumers. The planning committee considered the most appropriate time and location for each group to meet and by providing incentives for the community to attend. Each group was publicized in several formats (postcards, cable television and direct contact) to reach a wide audience. The fourth and final focus group was held in November 2006 and was open to all previous participants and the community at large. Professor Basto provided a summary of the information gathered from the three previous focus groups and asked the audience for additional information. Online and paper copies of the needs assessment were also available for those who could not attend a focus group. A final report of the focus groups and online survey was prepared and presented to the Planning committee. See appendix for complete report.

***The significant findings from this report include: services for emergent acute mental health crises are adequately provided; demand for non-emergent ambulatory services exceeds available resources, particularly for the uninsured and those with limited income; lack of conveniently located services outside of Newton; no public education or prevention services; insufficient County and State funding of mental health services.***

## Homeless Needs Survey

National and state data show half of the adult homeless population has a mental illness and/or a substance abuse disorder. Beginning in 2004 the Homeless Needs Survey was first conducted in Sussex County. This survey later became known as the Point in Time Count. In 2004, 288 surveys were completed by homeless individuals in the county. ***Mental health ranked as the present and past most needed service by respondents.***

In 2005, 320 surveys were completed by homeless individuals in the county. When asked about their particular service needs, ***51% of respondents indicated that they would benefit from mental health services and 125 of these stated it was their number one need.***

In 2006 the Point in Time Count surveyed 371 adults. ***When asked about their particular service needs, 41% indicated mental health services were a need.***

In 2007 the Point in Time Count, surveyed 284 adults and **54% of respondents indicated that they would benefit from mental health services.**

***In Sussex County, mental health services have been identified as a substantial unmet need and in one survey the number one need by a majority of respondents in surveys of the homeless.***

#### Community Health Improvement Plan

In 2005, the County Department of Health conducted the survey for the Community Health Improvement Plan. This survey asked a variety of questions pertaining to physical and behavioral health, including mental health. Information was collected from 1,243 County residents. ***Some of the significant findings from this report include: mental health services were needed but residents could not get care in the County; and more 18-54 year olds reported significantly more days that mental health was not good as compared to senior participants, ages 55 and up. Mental health services were the 4th highest health service needed by County residents.***

#### Priority Populations Plan

The Sussex County Human Services Advisory Council Priority Populations Plan of December 2004 used the findings of the County Human Services Needs Assessment completed November 2003 to identify service gaps. The following gaps and mental health service needs were identified:

- Outpatient therapy and case management services
- Outpatient psychiatric and psychiatric nursing services
- Adolescent partial hospital service
- Outpatient services for people with co-occurring mental health and substance abuse disorders
- Preventative services and support groups
- Outpatient services for people with co-occurring developmental disabilities and mental illness
- Group services for children of domestic violence.
- Outpatient sex offender treatment service

Proposed action steps included:

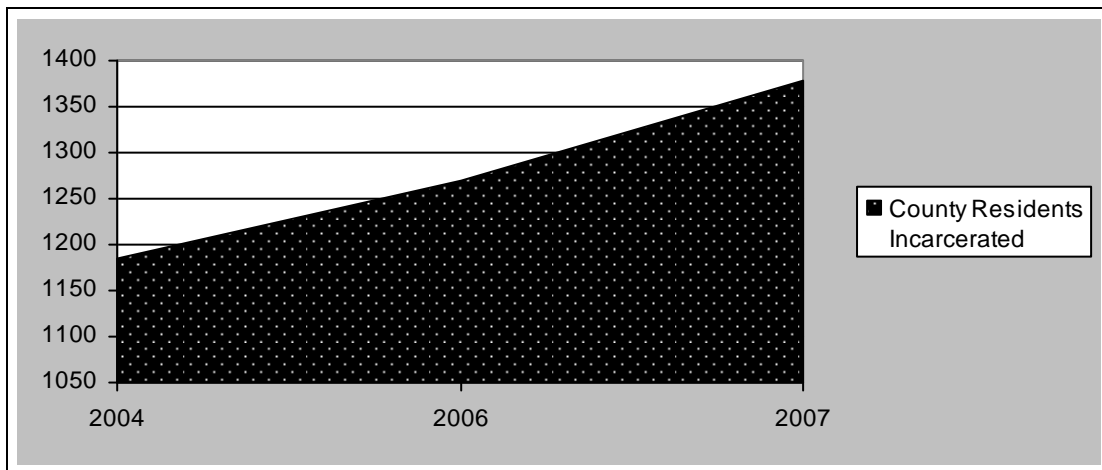
- Advocacy for an increase in existing funding streams
- Advocacy for County contribution to mental health service funding
- Identification of potential new funding streams.

### County-Wide Health and Human Services Needs Assessment

In 2003 the County-Wide Health and Human Services Needs Assessment was completed. **Results from this report showed behavioral health (mental health) services and healthcare access for the poor and underinsured ranked second in order of priorities of unmet needs.** Employment and prevention education ranked first.

### County Department of Corrections

National and state data shows one-third to one-half of incarcerated adults have a mental illness or substance abuse disorder.<sup>8</sup> The number of Sussex County residents who were incarcerated in the County Jail in 2004 was 1,184. 2005 data is unavailable. In 2006 this number increased to 1,269 and in 2007 there were 1,379 incarcerated County residents. It is estimated that about 500 County residents in the Keogh-Dwyer Correctional Facility experience a mental illness and/or substance abuse disorder.

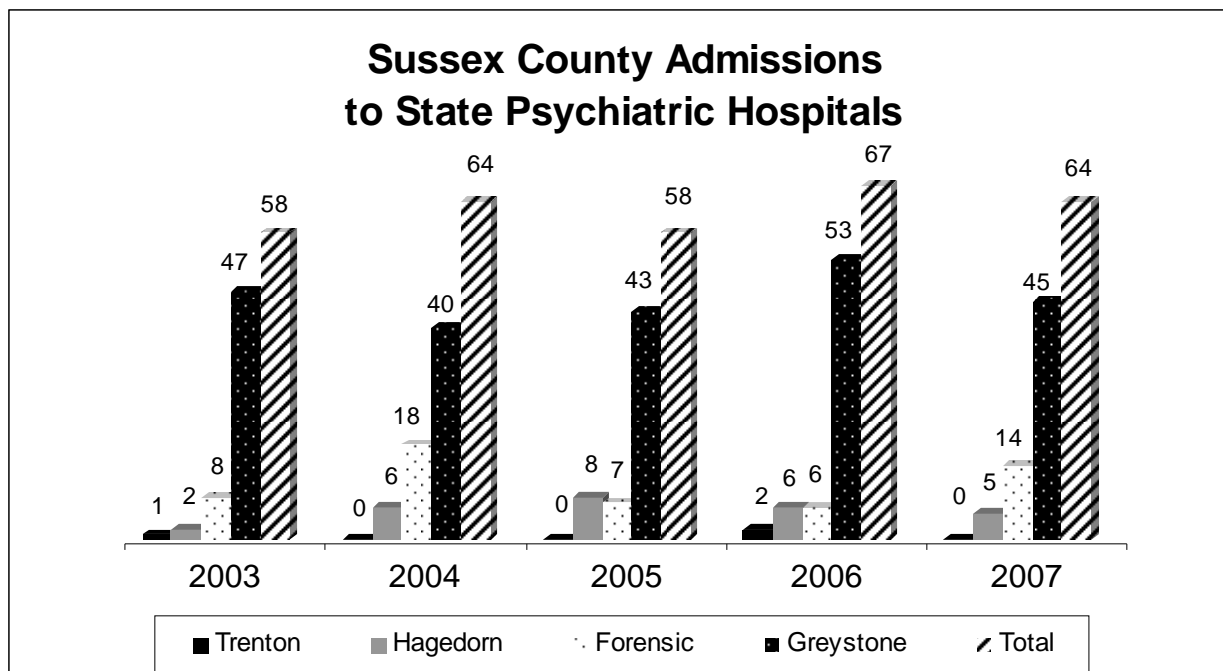


Source: NJ County Correction Information System

Programs that redirect nonviolent offenders with a mental illness and/or substance abuse disorder from the criminal justice system into community based treatment have great potential to benefit the individual, the criminal justice system and the community at large in terms of both improved outcomes and reduced cost.

### State Psychiatric Hospitals

The following table illustrates the number of County residents admitted to a State Psychiatric Hospital for long-term involuntary treatment since 2003. Greystone Park Psychiatric Hospital is the primary State funded hospital for this level of care for Sussex County.



Source: NJ Unified Services Transaction Form (DMH)

Newton Memorial Hospital has a 16-bed psychiatric unit and is under contract with the Division of Mental Health Services to provide 4 short term care facility (STCF) beds. These 4 beds are for consumers that come into the Emergency Department and need involuntary psychiatric hospitalization. Demand for these beds exceeds availability thus Newton Memorial Hospital was unable to provide short term care facility beds for 99 consumers in 2006 and 133 in 2007. These crisis patients often endured long waits in the Emergency Department pending placement. When they were eventually hospitalized it was frequently farther away from family and friends and their home, only contributing to their stress level.

The following two tables illustrate the utilization of mental health services by Sussex County residents. These services are contracted by the New Jersey Division of Mental Health Services with Saint Clare's and Newton Memorial Hospital.

### Saint Clare's

Program Element	2006	2007
<b>CCIS</b> Children's Crisis Intervention Service	123 admissions	112 admissions
<b>IFSS</b> Intensive Family Support Services	80 families	60 families
<b>PACT</b> Program of Assertive Community Treatment	18 consumers	20 consumers
<b>CHIP</b> Children's' Homebased Intervention Program	3 families	8 families

### Newton Memorial Hospital

<b>Program Element</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Integrated Case Management	249	272	277	291	253
Youth Case Management	53	46	77	128	66
Designated Screening	87	210	171	237	285
Emergency Services	870	1724	1609	1788	2196
Inpatient (includes involuntary beds)	540	577	603	487	507
Partial Care	285	404	305	420	366
Outpatient Services	774	849	925	999	804
Residential Services (group homes)	24	24	24	22	23
Other (Supported employment & Psychiatric clients)	1263	1380	1500	1616	1790
<b>Total*</b>	<b>4145</b>	<b>5486</b>	<b>5491</b>	<b>5988</b>	<b>6290</b>

\*This number is not unduplicated individuals, so the number of distinct individuals is lower than these totals.

### Division of Youth and Family Services

The Division of Youth and Family Services (DYFS) Sussex office contracts with 3 separate agencies to provide a myriad of mental health services for DYFS clients. These services include psychiatric and psychological assessments, in-home and office based treatment, anger management, therapeutic groups and therapeutic visitation for children in care. These services are offered for both adults and children and are free to Division clients in need of these services as part of their child abuse and neglect safety plan. At any given time there are approximately 250 families and about 700 children receiving services from the Sussex office. A high percentage of these families receive one or more of the mental health services previously listed. No quantitative data is generated for these services due to the method of contracting that the Division is currently utilizing.

## Grant in Aid

Grant in Aid (GIA) is County funding allocated to meet human service needs. The amount of County funding for GIA is determined annually through the County budgeting process. The human services needs assessment which is conducted every five years determines the priority services that will be included in the request for proposal (RFP) process. The Human Services Advisory Council allocation committee review the RFP's and recommends to the Freeholder's which programs should receive funding.

In 2007 two agencies were awarded County funding for mental health services through the Grant In Aid program. Advance Housing receives \$36,155.00 to provide support services for nine (9) clients diagnosed with a severe mental illness to remain in their own apartment in the community. Project Self-Sufficiency (PSS) and Domestic Abuse Services Incorporated (DASI) were jointly awarded \$50,000.00 to provide evaluations, medication management and outpatient counseling. As of June 2008, fifty one (51) unduplicated clients were provided counseling services from Grant in Aid funding.

## Implications of Demographic Trends and Geography for Mental Health Services

Sussex County is one of the largest counties in geographic size in the State. The highest growth, by percentage of population over the last several years has been in Hardyston Township (largely, but not exclusively as a result of the Crystal Springs project). Though agriculture (primarily dairy farming) is on the decline and because the County has few industries, Sussex County is considered a "bedroom community" as most residents commute to neighboring counties such as Bergen, Essex and Morris Counties or to New York City for work. Per capita income is about the State average but average wage has been below the State average. The business forecast over the decade is (relative to the State) for growth in the labor forces in the realm of trades (wholesale & retail) and services (notably technical, paraprofessional, and professional—especially in the areas of education and health). Thus we can continue to expect a wide income spectrum and continued sizeable representations of insured, Medicare, Medicaid, uncompensated care and direct pay service recipients.

Comparative evaluation of U.S. census data shows the following results which have human service implications:

- The County population is slightly younger than the state average due to a relative prevalence of baby boom echo families in prime child producing years.
- The County has a disproportionate number of baby boomers compared to the state average.
- The County senior population is growing faster than the state average.

Epidemiological data on mental illness shows the prevalence of certain disorders in rural-suburban areas like Sussex County is greater than that in suburban-urban areas. This data disclose a relatively higher prevalence of: substance abuse, depression, anxiety, stress-related health problems, relationship problems, domestic violence, child-adolescent antisocial behavior, co-occurring substance abuse & mental illness, and legal involvement.<sup>2, 6, 9,</sup>

Putting these findings together we may expect growing demand and need for the following mental health service resources:

- Services to youth-families, adults and senior adults
- Services for those with depression, anxiety, stress-related health problems, co-occurring disorders, and the criminal justice population.
- Services that are geographically accessible.
- Services based & located in a network of community service resources.

## **GENERAL FINDINGS**

Mental illness is a most significant healthcare issue at the national, state and local levels. There is a tremendous direct and indirect human and financial cost of untreated mental illness. Cost-effective treatments exist. Investment in treatment of mental illness simply makes ethical and economic sense. The 2003 Sussex County Health and Human Services Needs Assessment identified mental/behavioral health services as the second most pressing priority. Citing demographic and growth trends, the report “guarantees” that need and demand for such services will continue to increase. The findings of the 2004 Sussex County Human Services Gap Analysis and the 2005 County Department of Health, Community Health Improvement Plan both reaffirm the great and growing need for such services.

There are about 33,000 Sussex County citizens experiencing a diagnosable mental illness in any given year, of whom between 7,500 and 10,000 experience moderate to serious symptoms and functional impairment in the areas of care of self and others, work or school, and relationships. Given the annual number of persons in treatment with community-based and private mental health and health care professionals, it is self-evident that the great majority of County citizens in need are neither identified nor receiving mental health services, yet the need and demand for such services has already outstripped available resources.

The populations already identified by the State of New Jersey as most in need of mental health services are:

- Adults and children with serious and persistent mental illness
- Homeless persons with a mental illness
- Persons with co-occurring disorders
- County jail inmates
- Aging-out youth

In addition to the populations identified above the Mental Health Board recommends that veterans, especially Iraq and Afghan war veterans, be recognized as a population in need of mental health services. One third of returning veterans have developed a mental illness, post-traumatic stress disorder or traumatic brain injury which requires intensive and protracted treatment.<sup>10, 11, 12, 13</sup> Federal agencies are currently unable to provide all the services needed. Our community needs to prepare for the return of those veterans whose needs may be unaddressed and whose families will also require support. The New Jersey Department of Veterans Affairs contracts with Newton Memorial Hospital to provide services to veterans and their spouses. Many Iraq and Afghan war veterans are not enlisted military but volunteers from the National Guard and are not eligible for services through this contract.

### **Recommendations and Action Plans**

The mental health system in Sussex County is over burdened, highly strained and functioning at crisis level. In an effort to prioritize which goals to address, the Professional Advisory Committee approved the following list of priorities and short and long term goals.

#### **County Mental Health Priorities**

- Advocate for Additional Funding for Outpatient Psychiatric and Counseling Services
- Improve Accessibility of Existing Programs and Services
- Increase Community Awareness of Existing Programs and Services
- Develop Wellness and Recovery Philosophy by Empowering Consumers

Listed below are the short term and long term goals of each priority stated above.

#### **❖ Advocate for Additional Funding for Outpatient Psychiatric and Counseling Services**

The Sussex County Consumer, Family and Practitioner Needs Assessment report concludes that forum and survey participants agreed “that the acute mental health system is working. If someone is in crisis they can usually obtain treatment and services immediately. The problem occurs when the crisis is over and access to services means long waiting lists and lack of programs. In addition, someone who is not in crisis and needs services is not a priority, so treatment choices are very limited or non-existent.”

Short term goal: Create a data collection process in which provider agencies can document the numbers of consumers that were not able to access the following services in the County: outpatient therapy and case management services, outpatient psychiatric and psychiatric nursing services, adolescent partial care, outpatient services for people with co-occurring mental health and substance abuse disorders, outpatient services for people with co-occurring mental health and developmental disabilities, outpatient sex offender treatment, preventative services and support groups and group services for children of domestic violence.



Short term goal: Request an annual report from the Sussex County Dept. of Human Services detailing the year's activity, and progress made, in addressing the critical shortage of mental health services in the County.

Short term goal: Request an annual report from the Human Services Advisory Council (HSAC) allocations committee indicating the special needs populations being served by each grant that they have recommended for funding.

Short term goal: Collaborate with the HSAC and mental health service providers to research and advocate for additional resources to meet the demand for out-patient services. This should include research of grants through foundations and fundraising as well as advocating for additional funding on a state and local level.

#### ❖ Improve Accessibility of Existing Programs and Services

All of the surveys identified the lack of transportation as a barrier to utilizing the mental health services that are available in the County. Changing the accessibility of existing services may be more efficient than expanding transportation options. Some of the ideas that were discussed revolved around decentralizing services. Since Newton Memorial Hospital is the primary provider of county services all of the programs are in one location at the Center for Mental Health in Newton. The Hospital recently closed the only satellite mental health office in Vernon. The Children's Behavioral Health System is primarily home-based and relies heavily on mobile therapists; the system for adults requires that they provide their own transportation but for various reasons often economic they must rely on the public transit system.

The Sussex County Transit service recently came under the direction of the Division of Social Services. Creating a more user friendly system that meets the consumers' needs would enable them to access existing agency programs, especially during evening and weekend hours.

Short term goal: Partner with existing programs and agencies whose primary focus is not mental health – Project Self Sufficiency, DASI, Samaritan Inn, CFPC etc. to provide additional resources to consumers through collaborative relationships with these agencies.

Short term goal: Work with the Division of Social Services Transit Service to discuss current system of operations and discuss alternatives to modify the current system.

Short term goal: Request agencies to begin collecting data on the number of Sussex County residents sent out of county to receive specified services that could not be obtained in Sussex County.

Long term goal: Reduce the number of clients who remain on outpatient caseloads due to non mental health needs. Often providers delay discharging clients who are psychiatrically stable because they lack appropriate support services for chronic medical needs. If left untreated both medical and psychiatric conditions could deteriorate and require more intensive care. Community support services (e.g. peer support services, outpatient case management services) are needed so these outpatient slots can be opened up for a client in need of psychiatric services.

❖ Increase Community Awareness of Existing Programs and Services

A recurring theme from the Consumer, Family and Practitioner Needs Assessment was the lack of information about services available in the County and no awareness of any centralized information resource. Often provider agencies are not aware of all the other resources in their community. Creating a user friendly resource directory both online and in paper would help to disseminate this information to the community.

The planning committee agreed that increasing public awareness and decreasing the stigma of mental health issues is a priority. However the committee is concerned about the impact of referring clients to identified mental health programs that already have waiting lists and are not able to accommodate additional clients.

Short term goal: Create a comprehensive resource directory.

Short term goal: Provide opportunities for networking and collaboration with providers so that staff can be familiar with the resources in the community. As an example, a yearly in-service for Social Service workers to become familiar with all of the community agencies and services that they provide.

Short term goal: Host a Behavioral Health Fair for the community to increase their knowledge of local resources.

Long term goal: Distribute resource directory to the community through provider agencies and outreach to professional groups such as Chamber of Commerce, Sussex County Medical Society, Ecumenical Groups, and Schools etc.

Long term goal: Provide ongoing community education to combat the stigma associated with mental illness.

❖ Develop Wellness and Recovery Philosophy by Empowering Consumers

Short term goal: Create a peer to peer “warm line” in Sussex County. There are no services “after hours” except the Psychiatric Emergency Department. Often consumers are not having a crisis and just need to talk to someone but have no means to do this. A “warm line” modeled after similar programs in the State utilize trained consumers as peer counselors.

Long term goal: Provide training opportunities for professionals in cross disciplines about the wellness and recovery model utilizing professionals with psychiatric disabilities.

Long term goal: Collaborate with the New Jersey Division of Mental Health Services (DMHS) to develop, implement, evaluate and improve County-based mental health services in accord with the Division's 3 year wellness and recovery transformation plan. <sup>15</sup>

**DMHS-proposed System Enhancements include:**

- Increasing the role of consumer & family in the mental health system.
- Implementing tools for consumer empowerment including mental health advance directives, integrated recovery plans supplanting treatment plans, & increasing use of evidence-based practices including supported employment, supportive housing, illness management & recovery.
- Improving integration of primary & mental health care.
- Improving integration of cross-system services within DHS & between DHS & other agencies.

Proposed Data Driven Decision Making enrichments include:

- Establishing & mandating use of wellness & recovery outcome measures.
- Implementation of recovery & wellness oriented performance based contracting & licensing.
- Conducting county-level needs assessments relative to enhancing a recovery & wellness oriented system.

Proposed Workforce Development enhancements include:

- Staff training in wellness & recovery approaches & how staff can best support consumers in their recovery.
- Training in relevant evidence-based practices including motivational interviewing, cognitive behavioral interventions, facilitated skill development, & stage-based intervention.
- Adoption & assessment of wellness & recovery core competencies for all mental health professionals.

For 2008 and beyond The DMHS Plan goals include:

- Funding for further development & enhancement of a County peer-run self-help center & to strengthen the role of consumer-operated services.
- Initial implementation of peer specialists in Screening Centers.
- Creation of a Consumer & Family Advisory Committee that will have a role in service design, delivery & implementation in state-licensed organizations.
- Assuring implementation of Mental Health Advance Directives (MHADs)—including benchmarking & monitoring services for completion of MHADs, & training on MHADs.
- Forthcoming recommendations for the integration of mental health & primary care, including collaborative healthcare models.

- Increased funding for expanded jail diversion & re-entry programs.
- Forthcoming recommendations regarding co-occurring competent service systems & continued funding of training in the EBP of integrated dual disorders treatment.
- Increased funding for supportive housing to further decrease State hospital census.
- Increased funding for expanded supported employment & supported education projects.
- Expansion of consumer & family psychoeducation services including establishment of multiple family psychoeducation groups in existing services.
- Training & implementation of illness management & recovery (which will be mandated in all partial care & partial hospital services).
- Liaison with the County Mental Health Administrator to develop needs assessment & service planning process.
- Development & adoption of a mental health workforce development plan that will identify core competency targets for training tied to identified outcomes for the transformed MH services system.

## **Resource Inventory /Continuum of Care**

### Sussex County Mental Health Provider Network

#### Outpatient Services

- Newton Memorial Hospital, Center for Mental Health
- Center for Evaluation and Counseling
- Family Intervention Services
- Capitol Care
- Center for Prevention and Counseling
- Partnership for Social Services
- Saint Clare's Behavioral Health (DYFS clients only)
- Project Self-Sufficiency/DASI

#### Partial Care Services

- Capitol Care
- Sussex House

#### Therapeutic Residential Services

- Advance Housing
- Newton Memorial Hospital, Center for Mental Health
- Capitol Care
- Community Hope

#### Case Management & Crisis Screening Services

- Newton Memorial Hospital, Center for Mental Health
- Saint Clare's Behavioral Health – CCIS (children's crisis intervention service)

#### Inpatient Services

- Greystone Park Psychiatric Hospital – long term involuntary treatment
- Newton Memorial Hospital, Center for Mental Health – short term voluntary and involuntary treatment
- Saint Clare's Behavioral Health – CCIS – child/adolescent treatment

#### Family/Consumer Support Services

- Saint Clare's Behavioral Health – Intensive Family Support Services
- A Way to Freedom – Consumer Self Help Program
- Sussex Baptist Church Self Help Program

## Acknowledgments

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### PAC Members:

Carmine Deo – Community Hope  
 Wendy Douglas – Division of Social Services  
 Cindy Everitt – Advance Housing  
 Mary Dolan – Division of Youth and Family Services  
 Sister Thomasina Gebhart – Partnership for Social Services  
 Betty McTeague – A Way to Freedom  
 Carrie Parmelee – Saint Clare’s IFSS  
 Laura Woody - Newton Memorial Hospital  
 Tina M. Cooke – Capitol Care

### Planning Committee and Community Participants:

Dr. Mark Perrin – NAMI-NJ president  
 Peter Basto – UMDNJ  
 Roger Cherney – Newton Memorial Hospital  
 Mr. and Mrs. Notary – Former Board members  
 Virginia Shamlian and the residents of Brookside Terrace  
 Jackie Shepherd and the clients of Capitol Care  
 Sussex House staff and clients  
 Deidre Holland - Sussex Health Dept.  
 Ralph D’Aries - Sussex Health Dept.  
 Lorraine Hentz – Sussex County Division of Community/Youth Services  
 Theresa Corbitt – NJ Division of Mental Health Services  
 Carolyn Mynett - NJ Division of Mental Health Services

### 2009 Mental Health Board Members:

George Appell – Chair  
 Ernest Hemschot – Vice Chair  
 Ed Szabo  
 Patricia Packard  
 Kathleen Fitzsimmons  
 Melanie Arpaio  
 Nicole Lewis

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**Results of Consumer,  
Family and Practitioner  
Needs Assessment**

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## Section I: Introduction

During the summer and fall of 2006, people who have psychiatric disabilities (consumers), their family members, and practitioners were invited to attend a series of forums. These forums were developed to elicit input regarding mental health services in Sussex County. There were three separate forums for each group, along with a fourth meeting where all groups were invited to hear a summary of the results and were asked to provide any additional information. In addition, a Sussex County Mental Health Needs Assessment Survey was developed and made available at the forums, online and at the Sussex County Fair.

The forums were conducted by the same facilitator, Peter M. Basto, MS, CPRP, Assistant Professor, University of Medicine and Dentistry, School of Health Related Professions, Psychiatric Rehabilitation and Behavioral Health Care Department. Peter has worked with Morris County over the past four years conducting similar forums and has extensive experience working in mental health before joining the faculty at UMDNJ. Two students from UMDNJ were utilized to take extensive and detailed minutes of the forums which were then utilized to extract data for this report. A semi-structured question format was used in the forums. Questions such as: “Describe the types of mental health services in Sussex County that have been helpful for you or your family member”; “Tell me about the services that you have found that were not helpful to you or your family member”; “As a practitioner, describe what mental health services are working well”; “As a practitioner what needs to be done to improve services in the county”.

The minutes of the forums and the completed Needs Assessment surveys were analyzed for themes and content. Three major themes emerge: Helpful Services, Difficulties with the Mental Health System, and Needed Services and or Programs. Section II of this report covers demographic information from the respondents obtained from the Needs Assessment survey. Feedback from consumers, families and practitioners gathered from the forums and from the needs assessment survey begin in Section III which describes Helpful Services, Section IV covering Difficulties with the Mental Health System, Section V, Needed Services or Programs and Section VI conclusions.

## Section II: Demographic Information

A total of 43 Needs Assessment surveys were obtained and 73 people signed-in at the three forums. It is noted that approximately 10-15 additional people attended the forums but did not sign-in. The summary forum was attended by approximately 55 people of whom 42 people signed an attendance sheet. Many of these attendees had also attended the previous forums. See table 1 for a breakdown of participants at the forums.

**Table 1: Participants from the signed attendance at the forums:**

Date	Forum	#	Location
7/18/06	Consumer	29	Brookside Terrace, Community Room, Newton
7/24/06	Family	16	Tri-Co Building, Community Room, Augusta
8/22/06	Practitioner	28	Tri-Co Building, Community Room, Augusta
	<b>Total</b>	<b>73</b>	
11/30/06	Summary Forum	42	First Presbyterian Church of Newton, Fellowship hall, Newton

Demographic information from the 43 completed surveys show that 16 people identified themselves as consumers while 8 people were family members. Three people said they were both consumers and family members. It is noted that 16 people refused to identify themselves as belonging to either group. Most people were from Newton (16) while the rest were scattered from towns around the county. It is interesting to see that while people were reluctant to say they were a consumer or family member, only two people did not indicate the towns where they live. See table 2 for demographic information by town.

**Table 2: Consumer and Family Survey Demographics by Town**

<b>Town</b>	<b>Consumer</b>	<b>Family</b>	<b>Both</b>	<b>Unidentified</b>	<b>Total</b>
Andover, Twp.	1	0	1	1	<b>3</b>
Branchville	0	1	0	0	<b>1</b>
Frankford	0	1	1	0	<b>2</b>
Franklin	1	0	0	0	<b>1</b>
Fredon	1	0	0	0	<b>1</b>
Hamburg	1	0	0	0	<b>1</b>
Hopatcong	1	1	0	0	<b>2</b>
Lafayette	1	0	0	0	<b>1</b>
Newton	4	1	0	11	<b>16</b>
Ogdensburg	0	1	0	0	<b>1</b>
Sparta	1	0	1	1	<b>3</b>
Stillwater	0	2	0	0	<b>2</b>
Sussex	4	0	0	0	<b>4</b>
Vernon	1	0	0	1	<b>2</b>
Wantage	0	1	0	0	<b>1</b>
None	0	0	0	2	<b>2</b>
<b>Total</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>16</b>	<b>43</b>

The average age of survey respondents was 49 years old and there were 27 females and 16 males. In the consumer group, there were nine females and seven males for a total of 16 with an average age of 48. For the family group, there were 4 females and 4 males totaling eight with an average age of 59. There were three people who identified themselves as both a consumer and a family member, one was female and 2 were male with an average age of 43. The group that did not identify themselves as a consumer or a family member totaled 16, where 13 were female and three were male with an average age of 47. See table 3 for gender and age demographics.

**Table 3: Gender and Age Demographics**

	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Average Age</b>
<b>Consumer</b>	9	7	16	<b>48</b>
<b>Family</b>	4	4	8	<b>59</b>
<b>Both</b>	1	2	3	<b>43</b>
<b>Unidentified</b>	13	3	16	<b>47</b>
<b>Total</b>	<b>27</b>	<b>16</b>	<b>43</b>	<b>49</b>

### **Section III: Results of the Forums and Surveys, Helpful Services:**

#### **Section III: Consumer Data**

Data from the consumer forum and from the surveys completed by consumers indicated that a variety of services in the county were perceived as being useful and helpful for people who have psychiatric disabilities. Some services described by consumers are outside of the mental health system but are utilized by consumers to supplement existing mental health services.

The self-help center in Sussex County, A Way to Freedom, was described as a place where consumers can go for peer support and where transportation is provided. Consumers stated that members without access to transportation are therefore able to attend meetings in the evening and weekends.

Capital Care was noted as providing “good one-to-one counseling services, small group therapy, and good education regarding medication” management. They were also seen by consumers as having a helpful integrated dual disorders treatment program for people who have mental illness and substance use problems.

Care Point was described as being very helpful in helping consumers find housing, helpful with parenting issues, and has good one-on-one counseling meetings. They were also helpful in providing linkage to other services for a consumer and her child, and provided advocacy training to teach consumers how to negotiate the system. In addition, low staff turnover was seen as contributing to the client engagement process and in producing positive outcomes toward recovery.

The Center for Mental Health at Newton Memorial Hospital was seen as being able to provide good therapists, with good relationship building between consumers and staff who can help motivate people for change. They have a person first philosophy, and “create a safe and trusting environment”. In addition, Psychiatric Emergency Services located at the hospital provides a hotline that consumers said is extremely helpful if used during daytime hours when they are in a crisis. Sussex House located at the hospital was described as proving good groups such as relaxation, & meditation. Consumers also said that support from staff and peers were fostered at Sussex House and that staff were helpful in linking people to community services. In addition, experienced staff was described as being helpful in teaching people socialization skills.

Other programs mentioned as helpful include: DASI which provides support and education to consumers, and Interfaith for the Homeless and the Samaritan Inn both helpful for families who are experiencing homelessness.

#### **Section III: Family Data**

Information gathered from the family forum and surveys showed several programs as being very helpful to families and their family members. Consumer self-help services in the county was seen as being very useful as they provide peer support and socialization opportunities outside of the mental health system. Consumer Credit Counseling, a program not specifically for people with psychiatric disabilities, was described as being very helpful in working with people who have mental illness and who are in debt to help resolve financial issues.

The Center for Prevention and Counseling was said to have a list of publicly funded programs that families and consumers can use to help locate services. Families stated that the Center “treated family members with dignity”.

The employment specialist located at the supported employment program at Newton Memorial Hospital was said to provide support, therapy, coaching, job skill development and training to people with mental illness to help them to become employed.

Family members stated that Intensive Family Support Services (IFSS) program from St Clare's Hospital was very helpful. IFSS provides families with support, self-help, information on services, and education for families on mental illness, and the mental health system. In addition, IFSS provides referrals to other services including Programs of Assertive Community Training (PACT). "IFSS provides hope to families as the focus is on the positive".

The PACT program was seen by families as being very helpful in helping their family members develop social skills, with medication compliance, in developing vocational interests, and with resolving financial issues.

NAMI Sussex was described as a self-help group for families that provides support and is a great resource for family members.

Ginny's house was also seen as being helpful to consumers by family members.

### **Section III: Practitioner Data**

Feedback from practitioners was primarily obtained from the practitioner forum. When asked to describe what services are working well in Sussex County, the group was reluctant to respond as they said the system was broken and not working. With further discussion they were able to identify several areas that were seen as working well and are helpful to people who have psychiatric disabilities. The group stated there is good interagency coordination between the service providers in the county and with social services. In addition, they stated that they provide the best services possible with the limited funding they receive.

There have been two housing agencies that have located programs in Sussex County: Community Hope, and Advanced Housing. The practitioners stated that these two new housing programs have been a great help with providing housing to people with psychiatric disabilities in the county.

The expansion of PACT services to Sussex County was also seen as being very helpful in helping consumers to get their needs met and in helping with recovery.

At the time of the forum, Newton Memorial Hospital was currently developing a Twenty-four Hour Mobile Outreach Crisis Service. Practitioners stated support for this service and they are looking forward to program implementation.

### **Section IV: Difficulties with the Mental Health System:**

#### **Section IV: Consumer Data**

Information obtained from the consumer forums and surveys about the difficulties with the mental health system were divided up into categories. These categories cover services, staff, program activities, and other. Consumers stated that services need a lot of improvement and were very vocal on the difficulties they have experienced.

In terms of services, consumer's feedback covered several different areas. One area of concern is system issues. Consumers stated that most services are geared to people who are in crisis. Non-crisis related services have long waiting lists. In addition access to non-crisis services can be difficult because they do not have the money to pay program fees. Most mental health services are concentrated in Newton. This creates transportation problems that limit access to services from people who live in other parts of the county. Consumers also noted there is a lack of information about services available in the county and were unaware of any centralized information resource.

Another service issue that was brought up concerns agency issues. Consumers said they had often experienced a significant delay in agencies returning their telephone calls. Therapy appointments at times are cancelled and rescheduled by the agency without the consumer being notified. People discussed how there is a lack of individualized services where everyone is grouped together and receive the same type of treatment despite having different needs and different types of mental illnesses.

Consumers also identified services that are missing in the county. They said there is a lack of programs for children who have psychiatric disabilities and there is a lack of homeless shelters for men.

The next area is staff issues. Consumers stated that most programs seem to have high staff turnover which is very disruptive to the therapeutic relationship, impeding recovery. Some people said that they have experienced staff who have "limited compassion and understanding of the needs of the individual" and who do not focus on the forward movement of consumers. In addition, some consumers discussed how there is a lack of normalized interaction between staff and clients in some programs.

In terms of program activities, consumers indicated that activities in some programs are out of date. Some groups are "boring" and lack meaningful activities. Consumers said they regularly see peers sleeping in groups and that there are too many peer arguments and fighting at some programs. In addition they cited there is a lack of one-to-one counselors for individual counseling.

Consumers also discussed a couple of other problems with the system. They stated that the Psychiatric Emergency Services Hotline after 5:00 PM is transferred to the adult in-patient unit. When a consumer calls after 5:00 PM staff on the unit does not always have the time to talk to them. Some consumers said they have had staff hang up when they have called. Another problem noted included the lack of public transportation in the county particularly on weekends and evenings, and difficulties accessing quality medical care. Some consumers said existing housing programs were too restrictive.

#### **Section IV: Family Data**

The following describes the data obtained from family members about problems with services they have experienced in the county. The data was broken up into the following categories: Service issues, staff issues, children's services, Medicaid and Medicare issues, and other.

Families at the forums and in surveys indicated that they have experienced difficulty accessing services for their family member due to long waiting lists at programs. They stated that after hospitalization there is often “waiting lists for outpatient services for as long as 10 weeks”. A person could “fall through the cracks” and not receive any services. Family members also said there is a lack of information about available services and that many of them have heard about services such as NAMI and IFSS through word of mouth and not from agency staff. They also said that they experienced hospital staff not being informative about community services available in the county

In looking at general service issues, families discussed how they have seen no services to prevent people from getting ill. The focus of existing services is for people who are in crisis and acutely ill. Programs concentrate on mental health issues exclusively so other needs are not met so a wellness perspective is missing. Social skills training for consumers conducted in programs have not been successful since the skills are not transferable to the community, and trainings are not geared to the individuals needs. Families said they see warehousing of people in programs and that programs are “too satisfied with maintaining the status quo”. A recovery focus is missing from services. Families also stated they have experienced that there is no transitional services available to provide support to their family members once someone is discharged from the hospital to the community. Families have also observed a lack of interagency cooperation and a lack of consistency in how services are conducted. They added that with the increased county population, the county is in transition and “needs to increase current mental health services”.

Families discussed several issues regarding mental health staff. Some families stated they have encountered uncompassionate staff and condescending psychiatrists who have poor interpersonal skills. They stated that some staff are “very inept in helping the mentally ill, either not understanding or they are not educated” in best practice and recovery based services. They also said that they have experienced agencies not returning telephone calls, and that there is insufficient staff at programs so if someone goes on vacation there is no replacement or backup counselors. Families added that they have experienced their family members being over medicated, and that too many medications are prescribed by psychiatrists that are difficult to keep track of and to administer. They said they believe psychiatrists sometimes are too quick to send people to state psychiatric hospitalization and are unwilling to try other options. Families also stated they have seen a lack of staff follow up for blood tests for people who take medication that require periodic monitoring.

In discussing children’s services, families said there is a lack of programs for children who have a mental illness. The few children’s programs in the county, are not easily accessible, are too expensive, and have long waiting lists. In addition, transitional services for children moving from the children’s system to the adult system are not available.

Families identified some Medicaid and Medicare issues. They have observed limited choices of services for their family member due to having Medicaid and or Medicare. Some agencies do not take Medicaid so low income consumers can not use these services. There are also no choices for consumers of their psychiatrists if they have Medicaid.

Another issue that families mention was the lack of transportation options for their family members. They also stated that the family groups have small membership and someone wrote on the survey that “Family groups too much self-interest, greed, and political ambition”.

#### **Section IV: Practitioner Data**

Practitioner's comments on problems with the system focused on system issues, funding issues, and lack of programs.

Some of the system issues identified by practitioners are the lack of coordination between the legal system and social services for people with mental illness. In addition, it has been found that court ordered mental health evaluations can take up to 6 months to complete. Having these done in a timely manner does not occur in the county. Another system issue discussed was how Integrated Case Management Services (ICMS), only focuses on information, referral, linkage, and advocacy. It does little with people who are non-compliant with services, and does not provide transportation to get people to services. Practitioners said there is a general lack of needed services and or programs in the county. They have seen that there is a limited number of psychiatrist and therapist available which creates a lack of choices for clients in terms of service provision. Consumers can't switch therapist because there are no other therapists to use. In addition they noted there is not enough transportation available to get people to attend services.

In terms of funding issues, practitioners stated that there has been stagnant funding over the past several years which has lead to a reduction of services by agencies. The mental health system was described as being overburdened to the point where agencies can't keep up with the provision of services they are currently providing. They stated there is a lack of funding sources to meet the needs of people needing mental health services in Sussex County. Practitioners said services are currently being utilized to maximum capacity. Therefore Programs have to prioritize people served based on clinical need so they find they only work with the most acute cases. Programs have had to institute waiting lists. At the time of the meeting, Newton Memorial Hospital had 34 children under the age of 18 on a waiting list for counselors, and that for adults, the waiting list was closed after having 24 people listed. Services are also closed for out of county residents. People who need counseling services and do not have insurance have no options in obtaining help and often can't pay the "low fee" of \$50.00 offered by private clinicians. People who are not in immediate crisis but need mental health services and don't have insurance have a very difficult time accessing treatment. It was reported that students attending Sussex County Community College who need counseling can only use up to four sessions at the college due to staffing restraints and then are referred out to the community which "just isn't possible".

Practitioners spoke about some of the difficulties they have observed regarding the lack of programs in the county. They stated there is not enough housing for people who have mental illness in the county. For example at the time of the meeting it was reported that there were 20 Sussex County residents who are in Greystone Park Psychiatric Hospital who need highly supervised housing and are ready for discharge, but there are no available housing programs in the county for them to be discharged to live. There are also no mental health services for sex offenders in the county. Currently 16 sex offenders are living in the county who need mental health services but are not receiving treatment. In addition, there are limited services for people with dual disorders (mental illness and substance abuse). Capital care does provide integrated dual disorders services but most people can not use the services due to Medicaid restrictions. Other groups that have limited or no services include people who have mental illness and a developmental disability, the aging population with mental illness, and services for higher functioning individuals. Practitioners also stated there are no prevention services available in the county.



## **Section V: Needed Services and Programs**

### **Section V: Consumer Data**

Consumer feedback regarding needed services and programs covered areas such as access to services, system change, and new or expanded services and programs.

Consumers stated that better access to services was needed in the county because they have seen or experienced people who “fall through the cracks” and end up not receiving any services. They said they would like to see services for people who do not belong to agencies or day programs but who need mental health treatment. The group was interested in having some type of hotline available that listed all of the services available in the county. Consumers also said agencies need to advertise the types of services they provide so people will know what treatment options exist so they can use these programs.

The consumer group provided feedback regarding changing the existing mental health system. They suggested having agencies and programs make public results of outcome measurements so the consumer can see which services work and which ones do not work. They would like to see choices in services so there will be more day programs and not just two options. Consumers are interested in having more in-home services instead of agency based programs, increased one-to-one services, and more non-treatment related events open to all consumers. Consumers spoke about wanting to see an increase in funding for services, the use of sliding fee scale for all services, and the elimination of waiting lists. The group also said they would like to see a better integration of services and an increased interagency cooperation. Consumers had some suggestions regarding system staff issues and would like to see better retention of psychiatrists, psychologists, and other employees so they stay longer on the job, and the group would like to see more clinicians hired. In addition, they would like to see training programs established for staff and psychiatrists to learn the wellness and recovery model and to learn about the consumer view. Consumers would also like to see the group structure in programs revised so that new groups including leather craft, ceramics, occupational therapy, anxiety, depression, spirituality and self-esteem are included.

In providing input for services and programs, the consumers stated that more children’s services are needed including access to psychiatric evaluations, crisis intervention services, mentoring programs, and teen pregnancy groups. Consumers said more services for families are also needed including psycho-education groups for parents and for children.

Consumers would like to see the expansion of consumer provided services including peer support, increased self-help center hours, a consumer advocacy program, and more support groups for different types of illnesses such as Asperger’s. Another suggestion was for the development of a peer run help line that would be available for consumers who are not in crises but who need to talk to someone for support in non-emergency situations.

Resolving transportation issues is another service area consumers looked at. They would like to see increased bus hours and more routes added to the existing system along with other options including train service. They also said having increased transportation to the self-help groups in the county would be helpful.

Housing is another area consumers examined. They would like to see the development of more supported housing, group homes and affordable housing in the county. Having different levels of housing based on consumer’s functioning such as supervised apartments for people who

are higher functioning is desirable. Consumers would also like to see more housing programs developed for people who are homeless. In addition they said there is a need for in home services to help people with recovery.

Other services consumers would like to see developed in Sussex County are varied and cover several different areas. They would like to see the development of Double Trouble self-help groups for people who have mental illnesses and substance use problems. Consumers are interested in the development of short term (few weeks) transitional housing or transitional services for people discharged from the hospital so they can have supports to help them re-enter the community. In addition, some consumers said case management programs should be created and available for everyone who has a mental illness. Finally, they would like increased employment services, the development of more food banks, and a police training program so law enforcement personnel will learn how to respond to situations with consumers.

## **Section V: Family Data**

Information from family members on needed services covered areas such as system changes, and new or expanded services and programs.

Under system changes, families stated they would like to see agencies better utilize or create consumer satisfaction surveys that can be used to change programs to meet consumer needs. Families said agencies and programs should use consumer input in all of the services they provide in order to focus on consumers recovery. They also said program staff should be monitored to ensure they are producing acceptable outcomes with the consumers they work with. Families would like to see staff members “that care” including the hiring of “good psychiatrists” in all programs, individualization of services, choices of outpatient programs in the county, and better marketing of services so that families and consumers are aware of all of the programs available in the area. In addition, families would like to see agencies conduct financial analysis to make sure money is being spent appropriately, better use of services such as the self-help clearing house by practitioners in order to find out about self-help programs that are available, and better monitoring of medication by physicians to ensure blood work is completed on schedule.

Families said they would like to see the current system change to have a better family component to services. Having professional and family cooperation from the start of treatment should be a part of all programs. In addition, families would like to have greater family advocacy to help improve existing services, and more family attendance at Mental Health Board meetings so families can voice their needs and concerns.

One service families would like to see enhanced is consumer run services. They stated more self-help groups based on the 12 step model should be developed in the county. They would also like to see the creation of a self-help program based on the Club House Model developed by Fountain House in New York City. In addition, they would like to see current self-help programs to include meals when conducting social programs.

Children’s service is another area that families would like to see improved in Sussex County. Families said increased funding for programs are needed to create services such as Mental Health Day programs for children aged 6-12, and 12-17, some type of centralized youth center, recreational programs, more group therapy, and more children’s psychiatrists and counselors.

Other services families would like to see developed in the county include the creation of Wellness Centers that will take a holistic approach toward working with people who have mental illness. These centers would include programs covering topics such as: nutrition, medication monitoring, medication education, exercise, recreation, socialization, and would provide transportation and meals. Some families also see a need for the development of complimentary and alternative medical services that include other options to help stabilize people beside just medication. Families had a suggestion for a model to use to help people access medical care and other services. The Navigator program is a pilot program where paraprofessionals go with clients through the medical system for treatment and services. They may help a person with doctor's appointments as well as employment concerns. There is a key contact person that helps individuals navigate their way through the system and helps with crisis situations.

Other services families would like to see developed in the county include: centralized information and referral number that has information on all services available in Sussex County, and training to teach people how to connect with services.

Existing programs that families would like to see enhanced include: more employment services, more services for individuals suffering with anorexia, bulimia and dual diagnosis (substance abuse and mental illness), more housing programs including assisted living, and supported living, and expansion of PACT services for people who have mental illness and are homeless and/or have legal problems.

## **Section V Practitioners Data**

Practitioner feedback on needed services covered the areas of system change, and services. One overriding theme from the practitioners was the need for increased funding of services for all agencies as they see their current services as being utilized to maximum capacity. Practitioners would like to have increased linkage of consumers to all needed services, and the development of collaboration between mental health and physical health services. In addition, practitioners would like to see services de-centralized by breaking existing services up into regional programs scattered around the county in order to reach people where they live. They also stated they would like to have ongoing forums where practitioners can meet to voice concerns about services and to develop strategies that will produce outcomes.

In terms of new services, practitioners said court ordered mental health evaluations could occur at the court house by qualified practitioners. The courts would pay for these assessments similarly as they currently pay for substance abuse evaluations. They stated that the development of an adolescent partial hospitalization program is needed and must include funding for children who are uninsured. In addition practitioners said prevention programs should be developed in the county. They also said they would like to see the expansion of consumer managed self-help centers/drop-in centers to other areas of the county, and funding to hire more therapists for children and adults.

Transportation is another area practitioners discussed as needed to be enhanced in the county. They stated there is a need to develop more transportation programs and discussed better interagency transportation coordination as an option but they were concerned about liability issues which would have to be negotiated. Practitioners also said NJ transit needs to expand services to cover the whole county and they could use smaller busses/vans to make sure all areas have transportation options available.

## Section VI: Conclusions

As can be seen from the above report, consumers, family members, and practitioners were able to provide feedback and input into their experiences with mental health services in the county. They all agreed that the acute care mental health system is working. If someone is in crisis they can usually obtain treatment and services immediately. The problem occurs when the crisis is over and access to services means long waiting lists and lack of programs. In addition, someone who is not in crisis and needs services is not a priority so treatment choices are very limited to non-existent. This is especially true if the person has no insurance or they have limited income. All groups see a need to increase existing services and to create new programs to better meet the needs of consumers. Mental health agencies in Sussex County should be encouraged to apply for all new funding that becomes available from the New Jersey Division of Mental Health Services (NJDMHS). In addition, foundations and other sources of funding should be pursued. Some programs suggested by the three groups can be accomplished through low cost endeavors. For example the NJDMHS has made the transformation of the current mental health system in NJ to a wellness and recovery based system a priority. Agencies are encouraged to use NJDMHS as a resource to change programs to a wellness and recovery focus.

Transportation was another area in which all three groups saw as a problem in terms of access to services. Practitioners were able to discuss one solution to this problem by looking at sharing existing interagency transportation resources. Agencies should be encouraged to explore this solution and to work out liability issues. In addition, practitioners said they would like to meet periodically to tackle systems issues so solutions can be found for common problems.

Children's services remain an area that all groups agreed need to be developed and expanded in the county. Ways of accomplishing this should be examined.

Areas such as increasing self-help services, creating a peer telephone line, and developing a centralized information and referral resource guide could be done with relatively low cost.

The other suggestions in this report should be considered and looked out in terms of feasibility, practicality, and funding. Prioritizing items could be helpful in developing a mental health plan for the county. Continuing to use consumers, families, and practitioners in the process will help to ensure that all stakeholder views are considered.