Sussex County
Mental Health Plan

2013

Sussex County Department of Human Services
One Spring Street
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Introduction

Mental illness can affect anyone, regardless of race, age, religion or economic status. One in four adults experiences a mental health disorder in any given year and one in seventeen adults lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder. [1] Of youth ages 8–15, thirteen percent live with mental illness severe enough to cause significant impairment in their day-to-day lives. [2] This figure jumps to twenty-one percent in youth ages 13-18. [3] Mental illness is like any other disease in that the earlier it is identified and treated, the better the outcome. Effective treatments are available, yet less than one third of the adults and one half of the children with a diagnosable mental health disorder receive mental health services in a given year. [4] As a result, the health and wellness of the individual is jeopardized and unnecessary costs to society are experienced across our communities and health care delivery systems. In the United States, the annual economic, indirect cost of mental illness is estimated to be $79 billion. Most of that amount – approximately $63 billion – reflects the loss of productivity as a result of illness. [5]

Mental health is essential to overall health. Addressing mental illness is a necessary component of health care policy at the local, state and national level. Early intervention and prevention programs can promote health and reduce the likelihood of mental illness. Research and workforce development can improve access to evidence-based treatments. Integrated community-based resources can provide support to individuals across their life span as well as across service locations. In these challenging economic times, we must be innovative and efficient in developing health care initiatives that ensure access to quality care while utilizing resources with maximum efficiency. In this way the needs of the individual and the population at large can be addressed.

Mental Health Board Overview

The Sussex County Mental Health Board, operating under the Department of Human Services, Division of Community and Youth Services, is established under the provisions of the New Jersey Community Mental Health Services Act of 1957 (N.J.A.C. 10:37). In order to participate under this act, the county Board of Chosen Freeholders appoints a Mental Health Board (MHB), consisting of seven to twelve residents of the county. The legislation stipulates that the MHB shall provide public leadership to the county in the development of mental health resources. The members shall be representative of the County's population and include a minimum of two consumers of mental health services. Members shall serve for three years, with terms to begin July 1 and terminate June 30. Members may not be reappointed after serving two full terms, until two years have elapsed since the expiration of said terms.

One of the MHB's major responsibilities is planning for mental health services. The MHB is responsible for initiating and implementing a Mental Health Plan that will provide a framework for addressing the mental health needs of the county. The Plan shall include identification of the County mental health authorities along with their respective roles and functions. The Plan shall also include specific goals, recommendations and actions steps to address the planning priorities.

Another major responsibility of the MHB pertains to funding. This includes review and recommendations of funding applications from agencies within the County to the Division of Mental Health and Addiction Services (DMHAS). In addition, the MHB monitors the service delivery and administration of all programs under its jurisdiction, reporting their findings to the appropriate agency or department.

Mission Statement
The mission of the Sussex County Mental Health Board is to promote access to, and availability of, efficient, adequate, integrated health care services for adults with serious mental illness and/or substance use disorders, and for children and adolescents with emotional, behavioral, mental health and substance use disorders.

Guiding Principles
To accomplish this mission, the Mental Health Board will embrace the following principles for health planning:

1. Consumer-focused Services

2. Individualized Care

3. Wellness and Recovery Model

4. Evidence-based Practices

5. Cultural Competence

National and State Data on Mental Illness
<u>Mental Illness is Common</u>

- National data show that one in four adults – approximately 57.7 million Americans – experience a mental health disorder in a given year. [6]
- One half of all lifetime cases of mental illness begin by age 14 and three quarters by age 24. [7]
- Of New Jersey's approximately 8.7 million residents, close to 259,000 adults live with serious mental illness [8], and about 93,000 children live with serious mental health conditions. [9]

Untreated Mental Illness is Associated with Deadly and Serious Consequences for Children

- Over 50 percent of students with a mental disorder age 14 and older drop out of high school, the highest dropout rate of any disability group. [10]
- Suicide is the third leading cause of death for youth ages 15-24; more youth and young adults die from suicide than from all natural causes combined. [11]

Untreated Mental Illness has Deadly and Costly Consequences

- Individuals living with serious mental illness face an increased risk of chronic medical conditions. [12]
- Adults living with serious mental illness die 25 years earlier than other Americans, largely due to treatable medical conditions. [13]
- More than 90 percent of those who die by suicide have a diagnosable mental disorder. [14]
- In July 2007, it was reported that male veterans are twice as likely to die by suicide as compared with their civilian peers in the general U.S. population. [15]
- In 2006, 585 New Jersey residents died by suicide. [16]

Criminal Justice Systems Bear a Heavy Burden

- In 2006, more than half of all prison and jail inmates, including 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of local jail inmates, were found to have a mental health problem. [17]
- In 2008, approximately 6,200 adults with mental illnesses were incarcerated in prisons in New Jersey. [18]
- In June 2009, 46.91% of inmates in the Sussex County Jail had a mental health diagnosis. [19]
- Seventy percent of youth in juvenile justice systems have at least one mental health disorder, with at least 20 percent experiencing significant functional impairment from a serious mental illness. [20]
- In 2006, 1,704 children were incarcerated in New Jersey's juvenile justice system. [21]

Serious Mental Illness Co-Occurs with Substance Use Disorders

- Among the 18.9 million adults with a past year substance use disorder, 42.3 percent (8.0 million adults) had a co-occurring mental illness in 2011. In comparison, among adults without a substance use disorder, 17.6 percent had mental illness. [22]
- In 2011, 21.4 percent of youths ages 12 to 17 (367,000 youths) with substance dependence or abuse in the past year also had a past year Major Depressive Episode. The prevalence of past year Major Depressive Episode among youths with past year substance dependence was 22.8 percent (199,000 youths). [23]
- Youths ages 12 to 17 with Major Depressive Episode in the past year were more likely than those without Major Depressive Episode to have a substance use disorder in the past year (18.2 vs. 5.8 percent). [24]

Public Mental Health Services are Inadequate to Meet Needs

- New Jersey's public mental health system provides services to only 46 percent of adults who live with serious mental illnesses in the state. [25]
- Nationally an average of 70 percent of mental health agency spending is spent on community mental health services and 28 percent on state hospital care. [26]
- In 2006, 62 percent of New Jersey state mental health agency spending was on community mental health services; 37 percent was spent on state hospital care. [27]

County Data on Mental Illness

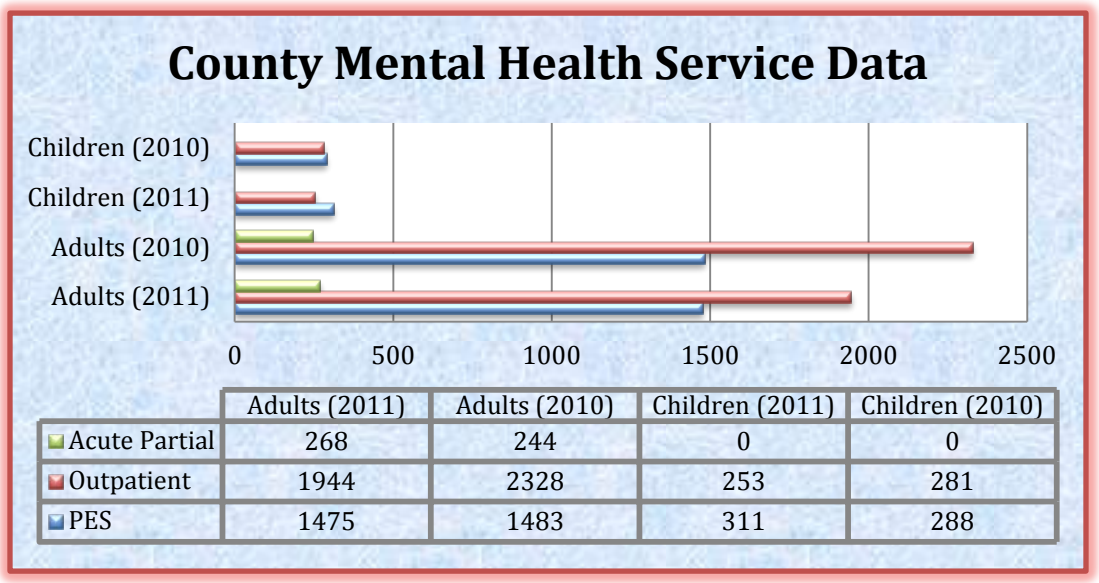
Sussex County Population

According to the most recent U.S. Census data of 2010, the population of Sussex County totaled 149,265. This represents a 3.5% increase since the year 2000 when the population was 144,166, but a 1.5% decrease from the 2005 recorded population of 151,443. Sussex County's population ranks fifth lowest across the state of the twenty-one counties, with Salem County having the lowest population of 66,058 and Bergen County having the highest population of 906,541.

Sussex County Mental Health Statistics

(Data Source: Newton Medical Center, Newton, New Jersey)
For the time period 2010 to 2011, there was an 8% increase in children receiving Psychiatric Emergency Services (PES), while there was a 10% decrease of children receiving outpatient services. For this same time period in regard to adult services, there was a 1% decrease in Psychiatric Emergency Services (PES), a 17% decrease in outpatient services, and a 10% increase in acute partial services. Both PES and Outpatient services are available to children and adults; however, Acute Partial Care services are only for adults, as represented in the data.

Table 1 details Psychiatric Emergency Services (PES), Outpatient and Acute Partial Care services data for 2010 and 2011.

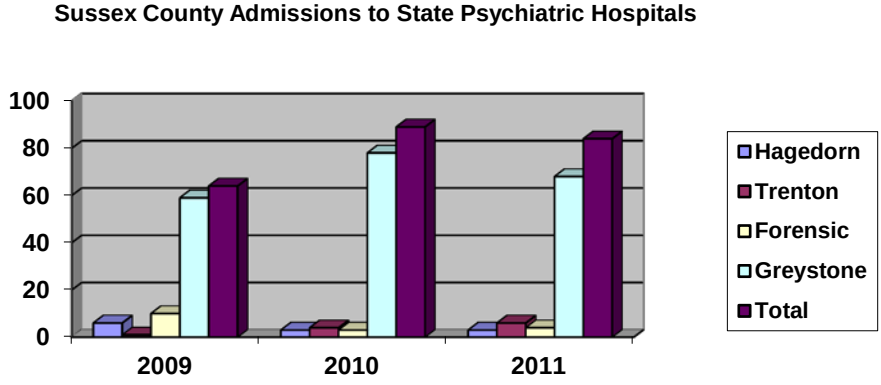


	Adults (2011)	Adults (2010)	Children (2011)	Children (2010)
Acute Partial	268	244	0	0
Outpatient	1944	2328	253	281
PES	1475	1483	311	288

Newton Medical Center, Newton, NJ

Psychiatric Admissions

Table 2 displays the admissions of Sussex County residents to state psychiatric hospitals for the years 2009, 2010 and 2011.



Sussex County Adjuster's Office, Newton, NJ

2012 Sussex County Human Services Needs Assessment

The Department of Human Services, in partnership with the Planning Committee of the Human Services Advisory Council, conducted the 2012 County-Wide Human Services Needs Assessment. The assessment included secondary data, a needs survey and consumer/community focus groups. From June through August 2012, a trained moderator conducted eleven focus groups. Outreach materials were distributed through county advisory boards and committees. One of the focus groups conducted was for individuals with mental illness.

Individuals with Mental Illness Needs Assessment Focus Group

Forty-six participants attended the focus group for individuals with mental illness. Seventy four percent were women and twenty six percent were men. Fourteen percent were between the ages of 26 and 46, forty two percent were between the ages of 46 - 55 years old, twenty percent were between the ages of 56 – 65, and twenty percent were 65 years of age or older. Participants reported having the following diagnoses: Depression, Anxiety, Bipolar Disorder, Schizophrenia, and Post-Traumatic Stress Disorder. Thirteen percent reported that they suffer from both mental health and substance abuse issues. Sixty seven percent were currently receiving treatment for their mental health issue(s), while thirty three percent were not actively in treatment. Eighty nine percent had insurance for mental health treatment, while eleven percent had no insurance to cover mental health treatment.

Half of the group reported that they are only receiving five minutes per appointment with their psychiatrists, and they expressed their dissatisfaction with the shortness of the visits. Participants in the group also expressed the following concerns:

- Inadequate supply of mental health services, especially individual psychotherapy and psychiatric evaluation and treatment, for both adults and children
- Participants indicated extreme need for child psychiatry
- Lack of mental health professionals who accept Medicaid in the county
- Too strict and short time limits of psychiatry time
- Inadequate advertising of available human services in Sussex County
- Need for increased transportation services for employment opportunities, mental health treatment, etc.
- Request for agency professionals to show more compassion and sensitivity when individuals are reaching out for help and applying for services
- Stigma that is often attached to mental illness has been very debilitating for some individuals and most report having experienced discrimination at one point or another from the community at large. Some participants feel that there is greater stigma surrounding certain diagnoses compared to others, such as Borderline Personality Disorder
- Request for ongoing community education about mental illness
- Need for integration of medical care and mental health care

Planning Procedure

In March 2012, the Planning Committee of the MHB was charged with the task of developing a Mental Health Plan Update for 2013. Committee members met on a monthly basis from April 2012 through April 2013. The goal was to introduce the Plan in May 2013 as part of Mental Health Awareness Month, with the long-term objective of implementing the plan over three years, from May 2013 through May 2016.

Initial steps included reviewing the 2008 Sussex County Mental Health Plan, samples of mental health plans from other counties, the 2012 Sussex County Human Services Needs Assessment, which identified mental health services as the second top priority area in the County, and collecting national and state data regarding mental illness. Through this process, four planning priorities were identified to serve as the cornerstones of the Plan, each with goals, recommendations and action steps. The priorities include *Outreach, Education and Awareness, Collaboration, and Advocacy*.

Additionally, the MHB hosted a Mental Health Forum in January 2013. The purpose of the Forum was to obtain input from the Sussex County community involved in the delivery and utilization of mental health services. More than 60 individuals participated, including representatives from provider groups, consumer groups, family members, schools, faith-based organizations, law enforcement and legislators. The four planning priorities were reviewed at this meeting. Stakeholders identified specific needs within the county and resources that could be utilized to fulfill these priorities.

Finally, the Planning Committee designed an infrastructure to further define and implement the specific action steps associated with this Mental Health Plan. The Planning Committee Chair will collaborate with four Task Leaders, appointed by the MHB, who will oversee each of the planning priorities. Four sub-committees, consisting of stakeholders who have demonstrated interest and expertise in one of the priority areas, will be populated. Annual goals will be established with measurable outcomes. The Planning Committee Chair will meet with each of the Task Leaders on a regular basis to coordinate strategic planning and monitor the progress of the subcommittees. The Task Leaders will meet with their respective subcommittees on a regular basis and updates will be presented at the Mental Health Board meetings.

This new infrastructure will allow for an effective and efficient sharing of information and resources, will allow for an expedient response to time sensitive issues, and will reduce duplication of services. The process will allow the MHB and its subcommittees to adapt and respond to changes in the future such as fiscal challenges, health care reform, and emerging science and technology.

Goals, Recommendations and Action Steps
The four planning priorities include Outreach, Education and Awareness, Collaboration, and Advocacy. These priorities are specific to the systemic needs identified during the planning process and are thoroughly interconnected to one another.

OUTREACH
Outreach efforts will support the Mental Health's Board's involvement with the community to ensure that the community is aware of the Mental Health Board and its Plan and that, concurrently, the Mental Health Board is aware of the mental health service needs of county residents. In addition to providing information, the Board will also continue to receive and gather information from members of the community in order to exchange information about new and ongoing mental health issues.

GOAL 1: The Mental Health Board will provide information to the community in order to increase its visibility and transparency.

Recommendation 1.1: The Outreach Subcommittee will develop a message that is in keeping with the mission and guiding principles of the Mental Health Board.

Action Step 1.1.1: Members of the Professional Advisory Committee will be involved in developing the message.

Action Step 1.1.2: The message will be approved by the Mental Health Board, the Sussex County Department of Human Services and the Sussex County Board of Chosen Freeholders.

Recommendation 1. 2: The Outreach Subcommittee will develop print and on-line resources that reflect that message.

Action Step 1.2.1: The Outreach Subcommittee will explore opportunities for funding to support the development of said resources.

Action Step 1.2.2: The Outreach Subcommittee will work with the County Webmaster to enhance the Mental Health Board's page on the Sussex County website.

Recommendation 1.3: The Mental Health Board will deliver that message to county providers, consumers and their families, and other stakeholders.

Action Step 1.3.1: The Mental Health Board will host an annual County Mental Health Forum.

Action Step 1.3.2: Additional outreach efforts will target schools, mental health provider groups, primary care providers, consumer and family groups, faith-based organizations, members of law enforcement, and similar individuals or organizations that are considered first points of contact for many individuals with mental illness.

Action Step 1.3.3: The Outreach Subcommittee will identify other organizations to partner with in these outreach initiatives.

GOAL 2: The Mental Health Board will utilize information from the community in order to improve its effectiveness.

Recommendation 2.1: The Outreach Subcommittee will enhance existing mechanisms for receiving and gathering information.

Action Step 2.1.1: The Outreach Subcommittee will publicize open public meetings of the Mental Health Board.

Action Step 2.1.2: The Outreach Subcommittee will publicize contact information for the Mental Health Administrator.

Recommendation 2.2: The Outreach Subcommittee will assess the need for creating new mechanisms for receiving and gathering information.

Action Step 2.2.1: The Outreach Subcommittee will create a new data collection form utilizing the four planning priorities.

Action Step 2.2.2: The Outreach Subcommittee will utilize web-based technology in the data collection process so as to preserve anonymity.

Recommendation 2.3: The Mental Health Board will inform the community of the system that is established to receive and gather information.

Action Step 2.3.1: Outreach efforts will target schools, mental health provider groups, primary care providers, consumer and family groups, faith-based organizations, members of law enforcement, and similar individuals or organizations that are considered first points of contact for many individuals with mental illness.

Action Step 2.3.2: The Outreach Subcommittee will partner with other organizations in these outreach initiatives.

EDUCATION AND AWARENESS

Educational goals will be developed to raise awareness and reduce stigma associated with mental illness. Programs will target all members of the community and will utilize a variety of methods and formats. The importance of early identification and intervention will be highlighted.

GOAL 3: The Mental Health Board will support educational programs that will raise awareness and reduce stigma associated with mental illness.

Recommendation 3.1: The Education and Awareness Subcommittee will identify and enhance opportunities for provider-to-provider cross training. At least one new educational initiative will be identified annually.

Action Step 3.1.1: The Education and Awareness Subcommittee will partner with other organizations to identify these training opportunities.

Action Step 3.1.2: Educational opportunities will be identified for primary care providers who are in a unique position to recognize early signs of mental illness and assist individuals in accessing mental health services.

Action Step 3.1.3: Educational opportunities will be created for mental health providers across service locations.

Action Step 3.1.4: The Education and Awareness Subcommittee will develop a "Speakers Bureau," a list of providers in the community who can give presentations, with an emphasis on evidence-based treatments and programs. The Mental Health Board will maintain this list and serve to match community requests with providers.

Recommendation 3.2: The Education and Awareness Subcommittee will identify and enhance opportunities for providers to better educate consumers and families on mental illness and existing services. At least one new educational initiative will be identified annually.

Action Step 3.2.1: Consumers will be an integral part of the planning and implementation of consumer and family education efforts. The Education and Awareness Subcommittee will partner with consumer and family groups such as A Way to Freedom, the Mental Health Association, the National Alliance on Mental Illness and the Family Support Organization, to improve access to educational programming for consumers and families that already exist.

Action Step 3.2.2: The Education and Awareness Subcommittee, in collaboration with these other organizations, will identify and address barriers which are associated with the under-utilization of programs already in existence.

Action Step 3.2.3: Educational programs will be identified for consumers to assist them in becoming better self-advocates.

*Recommendation 3.*3: The Education and Awareness Subcommittee will create and enhance opportunities to provide community education. At least one new community-wide educational initiative will be identified annually.

Action Step 3.3.1: Members of the Professional Advisory Committee will be an integral part of the planning and implementation of community education efforts.

Action Step 3.3.2: The Education and Awareness Subcommittee will explore innovative strategies for community education, including partnering with local schools at all levels, from elementary school to college.

Action Step 3.3.3: The Education and Awareness Subcommittee will identify opportunities to utilize media as a method for disseminating information to the public.

Action Step 3.3.4: The Education and Awareness Subcommittee will strive to include mental health consumers in recovery in public presentations whenever possible, as a way to reduce stigma and give hope to consumers who are just beginning their recovery process.

COLLABORATION

Establishing and strengthening partnerships within the county will enhance agencies' abilities to work towards common goals and reduce duplication of services. Collaboration will be the cornerstone of most planning initiatives across the four Planning Priorities, as stakeholders will recognize the benefit of effectively and efficiently sharing information and resources.

GOAL 4: The Mental Health Board will serve as an organizing influence within Sussex County bringing together stakeholders from various agencies and systems.

Recommendation 4.1: The Collaboration Subcommittee will identify and close the gaps in current collaborative relationships.

Action Step 4.1.1: Each year, the Collaboration Subcommittee will identify at least one organization that is currently working with the Mental Health Board in joint initiatives and will target resources to review the effectiveness of the current partnership with the organization.

Action Step 4.1.2: The Collaboration Subcommittee will explore and establish mechanisms to more effectively and efficiently share information and resources with this organization.

Recommendation 4.2: The Collaboration Subcommittee will formalize new collaborative relationships.

Action Step 4.2.1: Each year, the Collaboration Subcommittee will identify at least one new organization and will target resources to build a working relationship.

Action Step 4.2.2: The Collaborative Subcommittee will explore and establish mechanisms to effectively and efficiently share information and resources with this organization.

GOAL 5: The Mental Health Board will work with partner organizations to develop a centralized database of mental health resources for Sussex County.

Recommendation 5.1: The Collaboration Subcommittee will identify a method for creating a centralized database.

Action Step 5.1.1: The Collaboration Subcommittee, working with partner organizations, will explore updating and expanding the already existing resources such as MorrisSussexResourceNet, United Way's NJ211, and the Sussex County website.

Action Step 5.1.2: The Collaboration Subcommittee, working with partner organizations, will explore the feasibility of creating and distributing a comprehensive Mental Health Resource Guide to reflect the range of mental health services that are available across service locations.

ADVOCACY

State and local advocacy initiatives will serve to educate policymakers and administrators about issues affecting individuals with mental illness. Opportunities will be identified for proactive, reactive and strategic initiatives. The Board will identify partners to join in advocacy efforts. All activities will be data driven, including data regarding needs and data regarding evidence-based treatment.

Goal 6: The Mental Health Board will advocate for improved policies and services for children, youth and adults with mental illness.

Recommendation 6.1: The Advocacy Subcommittee will seek and utilize opportunities to advocate for improved access to care and improved delivery of care.

Action Step 6.1.1: The Advocacy Subcommittee will explore opportunities at the local, county and state level to meet with legislators and policy makers.

Action Step 6.1.2: The Advocacy Subcommittee will consider distinct formats for advocacy initiatives, such as participating in town hall meetings, drafting white papers and writing press releases.

Action Step 6.1.3: The Advocacy Subcommittee will identify and support initiatives that will combat stigma and promote consumer rights.

Recommendations 6.2: The Advocacy Subcommittee will develop and maintain a tool kit of resources to utilize with policy makers and legislators.

Action Step 6.2.1: The Advocacy Subcommittee will identify mental illness fact sheets.

Recommendation 6.3: The Advocacy Subcommittee will serve to unite stakeholders in advocacy initiatives in an effort to share resources and strengthen the message.

Action Step 6.3.1: The Advocacy Subcommittee will develop a list of organizations involved in mental health advocacy that may serve as a resource.

Action Step 6.3.2: The Advocacy Subcommittee will identify and initiate opportunities to form coalitions to advocate for improved policies and services for mental health consumers.

Action Step 6.3.3: The Advisory Subcommittee will explore and identify opportunities for Board Members to attend county advisory board meetings and Freeholder meetings.

Recommendation 6.4: The Advocacy Subcommittee will explore centralized resources for collecting and maintaining mental health data from the county.

Action Step 6.4.1: The Advocacy Subcommittee will enlist the support of other county agencies and service providers.

Conclusion

In April 2012, the Planning Committee of the Sussex County Mental Health Board was charged with the task of developing a Mental Health Plan for 2013.
The Plan has been crafted to advance the mission of the Mental Health Board and to respond to the specific mental health needs of Sussex County residents. Four planning priorities have been identified to serve as the cornerstones of the Mental Health Plan: *Outreach, Education and Awareness, Collaboration*, *and Advocacy*. Furthermore, at the center of this plan are six goals:

Goal 1: The Mental Health Board will provide information to the community in order to increase its visibility and transparency.

Goal 2: The Mental Health Board will utilize information from the community in order to improve its effectiveness.

Goal 3: The Mental Health Board will support educational programs that will raise awareness and reduce stigma associated with mental illness.

Goal 4. The Mental Health Board will serve as an organizing influence within Sussex County bringing together stakeholders from various agencies and systems.

Goal 5: The Mental Health Board will work with partner organizations to develop a centralized database of mental health resources for Sussex County.

Goal 6: The Mental Health Board will advocate for improved policies and services for children, youth, and adults with mental illness.

Goals and recommendations as outlined above will serve as the framework for strategic planning, which will take place in conjunction with other provider and consumer groups. Specific action steps will be implemented from May 2013 through May 2016.

The Plan establishes a new infrastructure for the Mental Health Board and its committees. The Mental Health Board will serve as an organizing and motivating influence within Sussex County, facilitating communication and collaboration between stakeholders. The Plan also emphasizes the process of strategic planning that will allow the Mental Health Board and its subcommittees to adapt and respond to future changes in healthcare policy and delivery, thus ensuring that this plan will remain relevant over the next three years. Finally, the utilization of annual goals and measurable outcomes will allow the Mental Health Board and the community at large to monitor the progress of the Mental Health Planning Committee.

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Partnership for Social Services
Project Self-Sufficiency
Saint Clare's Intensive Family Support Services
Sussex County Division of Social Services
A Way to Freedom

County Resources

2012 Sussex County Human Services Needs Assessment
http://www.sussex.nj.us/documents/dhs/2012-human-services-needs-assessment-web.pdf

MorrisSussexResourceNet – a free web tool providing a wide range of information about support, resources and services for families in Morris and Sussex County
www.morrisussexresourcenet.org

NJ Mental Health Cares Helpline – New Jersey's mental health information and referral service
877-294-HELP (4357)
www.mhanj.org/nj-mental-health-cares-helpline

NJ211 – provides comprehensive information and referral services about a variety of issues including mental health resources
http://search.nj211.org/

Sussex County Website – including information about the Department of Human Services and Division of Community and Youth Services
www.sussex.nj.us

Sussex County Mental Health Board
http://www.sussex.nj.us/Cit-e-Access/webpage.cfm?TID=7&TPID=13638

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