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2010 MENTAL HEALTH PLAN

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Atlantic County Mental Health Plan

2010

I. Introduction

1. Purpose and Goal

As developed by the Atlantic County Mental Health Advisory Board, the purpose of this Plan is to serve as a guide for the future delivery and funding of mental health services in Atlantic County. The Board acts as advisor to Atlantic County Government and to the NJ Division of Mental Health Services for the development of mental health services in the community. This Plan is the result of a collaborative process involving the Board, its Professional Advisory Committee, the Mental Health Planning Collaborative, consumers and their families, advocates, and community providers.

The final reports of President George Bush's New Freedom Commission on Mental Health in 2003 and of former NJ Governor Richard Codey's Task Force on Mental Health in 2005 both clearly called for a shift in the mental health service delivery system toward a recovery orientation that promoted wellness. In February 2006, the Division of Mental Health Services launched its state mental health system transformation initiative to plan and develop its three-year Wellness and Recovery Transformation Action Plan. Implemented in 2008, the Division's Action Plan incorporates the recovery model into all of its policies, procedures and systems of care and services.

At the county level, the Board promotes a recovery-oriented mental health system that recognizes and builds upon the strengths and potential in consumers, that ensures access to timely and effective treatment and that emphasizes a life in the community with real community inclusion.

The Plan serves as a guide for the expansion, enhancement and delivery of mental health services to adults with serious and persistent mental illness residing in Atlantic County. It identifies unmet needs and barriers that exist within the mental health continuum of care as well as describing the progress made over the last five (5) years. The Plan will also briefly consider the unique challenges faced by people with special access needs including, but not limited to, developmental disabilities and individuals with co-occurring mental illness and substance misuse disorders. It offers recommendations for improving service delivery, reducing stigma and promoting the principles of wellness and recovery.

2. Authority

In 1977, New Jersey's **Community Mental Health Services Act (NJSA 30:9A)** authorized the establishment of state and county level mental health boards. The county level boards are organized as volunteer citizen bodies, with members appointed by the Freeholders and are staffed by the County Mental Health Administrator. These Boards are responsible for monitoring the local mental health delivery system, planning and, with the approval of county government, recommending funding for local mental health services. The Atlantic County Department of Human Services – Division of Intergenerational Services support the Mental Health Advisory Board.

3. State Funded Mental Health Services

The NJ Department of Human Services, Division of Mental Health Services (DMHS) oversees the State's public system of adult mental health services. In Atlantic County, as in all counties in New Jersey, adult mental health services are primarily funded through DMHS, utilizing a combination of Federal Community Mental Health Services Block Grant and State funds. The Division contracts directly with community provider agencies to provide an array of community based programs and services.

4. Guiding Principles

The following principles provide a context for the delivery of mental health services and for the 2010 Atlantic County Mental Health Plan:

- Services are grounded in a recovery orientation, promote wellness and emphasize a life in the community and true community inclusion.
- Services that are consumer driven and family involved based on wellness and recovery.
- Services that are accessible, at any stage of life, which promote continuity of care and are integrated across systems for individuals with multiple needs.
- Services that are culturally competent, integrated and collaborative.
- Services are held accountable, are cost effective, and monitored at the local level.
- Services provide quality care emphasizing evidence based and best practices to ensure consumer goals are attained.
- Services will recognize and understand the negative effects of stigma and increase community education and awareness of mental illness and mental health.

5. Atlantic County Demographics

According to the U.S. Census Bureau's population estimates, between 2000-2009, Atlantic County has been growing at a rate (7.6%), more than double that of the state (3.5%). The 2009 estimated population was 271, 712. The top ten (10) municipalities with large numeric gains of population in New Jersey included Egg Harbor Township, which added an estimated 9,513 residents from 2000-2009. The county's ethnic and racial demographics reflect a population that remains primarily Caucasian (73.6%) followed by African American (17.6%), persons of Hispanic or Latino Origin (14.9%) and Asians (6.6%).

The 2009 population estimates for selected age groups indicated that the total numbers of persons under 18 years old was 63,321 while the total number of persons ages 18-64 was estimated to be 169,273 and the total of persons aged 65 and over was estimated to be 39,118. In 2008, the estimated median household income was \$52,409; the percentage of persons below poverty level was estimated to be 8.7%. Given the economic downturn and high rates of unemployment, the percentage of persons under the poverty line in Atlantic County is much higher in 2010.

II. Mental Health System in Atlantic County

1. Service Expansion and Enhancements Since 2005

Since the publication of the Governor's Task Force on Mental Health Final Report (2005) and the phase-in of the Division of Mental Health Services (DMHS) three year Wellness and Recovery Transformation Action Plan (2008-2010), the number and types of community mental health services has grown and diversified to meet the needs of mental health consumers throughout New Jersey. Significant funding was made available during Governor Codey's administration to respond to many of the recommendations made by the Task Force on Mental Health; funding for mental health services was maintained during Governor Corzine's tenure as governor, until FY 2009.

The mental health system in Atlantic County has benefited from initiatives launched by the State during the past five years. The shift toward a recovery-oriented system of mental health services emphasizing wellness and a life in the community provided a framework for service expansion and enhancement and for the development of new programs to complete a continuum of services within the Acute Care System. Consumers in our county have benefited from increased housing opportunities to meet their changing needs throughout recovery; supported employment and education programs; hospital diversion programs; justice system involved consumers, from jail diversion and re-entry programs and from the involvement of consumers in all aspects of the mental health system; the development of a peer workforce has improved service delivery in Atlantic County (Appendix A – Agency Service Inventory).

The following are examples of some, but not all, of the improvements in community-based mental health services:

- Behavioral Health Collaborative at the Atlantic City Rescue Mission – 5 beds for males at risk of hospitalization (2004-2005).
- Full Implementation of telepsychiatry at the Screening Center has proven to be cost effective and succeeded in reducing the length of the screening and expediting the commitment process.
- Designated Screening Center received additional funds to increase staffing and expand the capacity of mobile outreach (FY2007).
- Family Advocate and Peer Support positions were developed for the Designated Screening Center.
- Expansion of beds at the Short-Term Care Facility to meet the increased demand for community-based inpatient hospitalization. Bed capacity was increased to 32; additional beds are expected to be operationalized in the coming year.
- Availability of DMHS contracted beds at Hampton Hospital for Short Term Care Facility patients at high risk of hospitalization at State psychiatric hospitals provide additional 21 days of care.
- Development of a new state of the art Screening Center at the AtlantiCare Regional Medical Center – City Campus within its new building.
- The establishment of a Multicultural Training Center to provide regional training and technical assistance to mental health professionals and provider agencies for multicultural issues (Family Services Association).
- Incorporation of evidence-based and best practices into community-based services including Illness Management and Recovery (IMR) training (multiple programs)
- Provision of funding to the Mental Health Association in Atlantic County (MHA) for the purchase of a facility to permanently house the ICE (Individuals Concerted in Effort) Self Help and Wellness Center.
- Establishment of a Peer Warm Line to provide telephone support to consumers utilizing the emerging best practice of Intentional Peer Support (MHA-Atlantic)
- Screening Center Early Intervention and Support Services / Early Intervention Outpatient Demonstration Project, which has developed two new programs; Adult Intervention Services and the Mental Health Intensive Outpatient Program. The purpose of these programs is to assess whether a combination of early mobile

response, non-emergency room based walk-in center with respite options and dedicated outpatient services can begin to move the focus of screening services away from the hospital emergency room (AtlantiCare).

- Three (3) Prevention Beds were developed by Project for Independent Living (PIL) as a respite option for consumers served by the Screening Center and Adult Intervention Services Program. Utilization has been expanded to include PATH (Project for Assistance in Transition from Homelessness) and certain other programs.
- The Division's Disaster and Terrorism Branch increased efforts to train and credential a qualified workforce to respond to disasters.

These examples do not include the many contract expansions that provided additional resources for supportive services, additional psychiatric hours, the hiring of Advanced Practice Nurses or the funding of additional staff positions that occurred since 2005. While some of these enhancements have provided lasting gains, the economic downturn coupled with flat funding, budget reductions and loss of operational incentives have negatively impacted long-term retention of staff in some agencies and programs.

2. Services Available in Atlantic County for Adults

Emergency Screening Services / Mobile Outreach
Short Term Care Facility
Atlantic City Rescue Mission Crisis Diversion Collaborative
Adult Intervention Services
Mental Health Intensive Outpatient Program
Integrated Case Management Services
PACT (Program of Assertive Community Treatment)
Acute Adult Partial Care Hospitalization Program
Partial Care Programs
PATH
Peer Advocate Services
Jail Diversion / Re-Entry Program
Systems Advocacy / Consumers
Intensive Family Support Services
Boarding Home Outreach Residential Housing Program
Supported Education
Supported Employment
Supportive Housing
Self Help Center

III. Mental Health Planning Process

1. Methodology

In December of 2009, the Atlantic County Mental Health Advisory Board proposed the development of an updated Mental Health Plan for 2010. During January 2010, the Board, in concert with its Professional Advisory Committee (PAC), determined that a larger body of stakeholders be developed to participate in the planning process. The Mental Health Planning Collaborative was established to accomplish this purpose.

A thirty-six (36) member Mental Health Planning Collaborative was established which was comprised of representatives of the Board, its PAC, consumers, family members, advocates, as well as public and private community providers. The Planning Collaborative contributed a conceptual framework for the Plan, examined separate aspects of the mental health service delivery system and in a half day session in May formed workgroups that analyzed the needs of specialty populations and offered recommendations for clinical and supportive services.

Early on in the planning process, it was recognized that the principles of wellness and recovery supported a larger role for consumers and their families in the development of the Plan. To ensure the consumer and family voice a place in the planning process, it was agreed that focus groups would be conducted in natural settings with facilitators who were familiar to consumers and family members.

2. Data Collection and Analysis

Quantitative and qualitative data was collected from various sources to assess service volume and needs. System Review Committee statistics on acute care services were reviewed and information on levels of service was solicited from agencies contracted by the Division of Mental Health Services (DMHS). Provider agencies provided information on the expansion and/or enhancement of their programs and services from 2005 to 2010. A one-page survey was developed and distributed to related planning bodies including the Human Services Advisory Board and the P.A.C.A.D.A. (Professional Advisory Committee on Alcohol and Drug Abuse).

Members of the Board, its PAC, and of the Mental Health Planning Committee/members of their staff conducted a series of 21 focus groups in 14 agency/organizational settings between February and June 2010. Staff members from two programs participated in focus groups while staff from a third agency completed surveys. Consumers and family members who were unable to attend focus groups were given the opportunity to complete surveys. Sixty surveys were collected.

The same open-ended questions that were contained on the survey were utilized to frame discussions in the focus groups. The questions were as follows:

- What are the most serious issues faced by individuals affected by mental illness in Atlantic County?
- Please identify challenges or barriers with regard to mental health services and access to care.
- What are the strengths within the Atlantic County mental health system?
- Looking ahead, can you offer any recommendations for addressing the identified challenges or barriers to care?

Conducting focus groups with consumers at various stages of their recovery process and with families in natural settings proved successful in gathering a broad range of qualitative data. More than 400 consumers, family members and provider agency staff participated in the planning process with responses being collected through focus groups and surveys (See Appendix B – Focus Group Data).

Analysis of the data collected revealed several recurrent themes, identified perceived strengths and weaknesses of the mental health service delivery system and made recommendations for improving services in Atlantic County. These findings will be presented in Section IV.

IV. Interpretation of Data

1. Recurrent Themes

Responses were collected from focus groups, surveys and from the three (3) Mental Health Collaborative workgroups. In reviewing the data, several recurring themes emerged. An overview of the most serious issues faced by individuals affected by mental illness as identified by consumers and family members will be presented together with the challenge faced by consumers seeking mental health services.

Additional areas of concern involving special populations will be presented in Section V.

Stigma

Stigma and the discrimination associated with mental illness were identified by consumers in approximately 50% of the reports received from focus groups. Discrimination was most frequently described by individuals dually diagnosed as having a mental illness and a developmental disability.

The stigmatization of people with mental illness has persisted throughout history. Manifestations of stigma include: bias, stereotyping, fear, anger and avoidance. Detrimental effects of stigma for the consumer include: delays in seeking treatment, loss of housing and vocational opportunities, low self-esteem, hopelessness, and in severe

cases, suicide. The Governor's Council on Mental Health Stigma presented a statewide training for professionals addressing the needs of returning veterans of the Iraq War in 2008. In that training, "Life Doesn't Have to be a Battlefield," it was noted that stigma is a primary barrier to men and women in the military seeking help for mental health problems. Untreated Post Traumatic Stress Disorder has been identified as a factor in many suicides by many researchers as well as by the Department of Military and Veteran Affairs.

In the **Community Mental Health Report (Vol. 3, No. 6, Sept/Oct, 2003)** it was reported that stigma is widespread in the United States. It was noted that responding to stigma, people with mental health problems internalize public attitudes and become ashamed, withdrawn and isolated.

It was reported that one young man in a Partial Care focus group for young adults shared that the most serious issue that he had faced was stigma and stereotyping which had robbed him of his self-esteem. He indicated that once he had entered treatment, he was able to get his self-confidence back and was able to begin to socialize with other young people in the program.

It is essential that the mental health community confronts stigma by promoting a better understanding of mental illness through education and sensitivity to the challenges faced by individuals affected by mental illness and by introducing the public to the principles of wellness and recovery.

Housing

In 14 of the 21 focus groups conducted, lack of appropriate and affordable housing was cited as the most serious issue faced by mental health consumers. Supportive Housing is a model designed to pair permanent housing with flexible support services. Supportive Housing employs a "housing first philosophy" which recognizes the essential need for housing first and then addressing the treatment, rehabilitation, social, health and vocational needs of the individual. The types of housing are varied, safe, and affordable and not contingent on participation in mental health programs, services are provided as needed and desired. Supportive services are designated to foster community integration, wellness and recovery.

Feedback from focus groups identified Supportive Housing in Atlantic County a strength in the mental health system. The demand for Supportive Housing and Residential Programs, while always strong, has increased due to the settlement of the Olmstead lawsuit and the Division of Mental Health Services implementation of its Home to Recovery – CEPP (Conditional Extension Pending Placement) Plan for individuals on CEPP status in State psychiatric hospitals. The continuum of residential programs ranges from group homes with 24 hour staffing to supervised apartments providing up to 4 hours/week of residential services. These programs differ from Supportive housing in that services are Medicaid reimbursable.

Demand for residential and supportive housing continues to rise. An Atlantic County provider of both services reported a 60% increase in the total number of persons served in residential programs between the FY ending June 30, 2005 and FY ending June 30, 2009. During the same period, the number of persons in supportive housing increased 100%.

While the Special Needs Trust Fund provides capital funds for the development of new supportive housing opportunities, additional funding sources include HUD (811 program, McKenny Vento Homeless Assistance Program, Section 8 Voucher Programs) as well as a variety of other housing and operating funds; substantial cuts to 811 have been proposed. Advocacy for the replenishment of capital and operating funds and development of additional funding resources for supportive housing is essential.

Health Care

Access to health care is a major concern of consumers and family members. Medical care and dental care are essential components in a person's overall wellness and recovery. Division of Mental Health Services mandates that consumers receiving inpatient care or any contracted mental health service have the right to receive prompt and adequate treatment (N.J.A.C. 10:37). Certain outpatient services, partial care, PACT and residential services are required to integrate care for previous and current physical problems into their comprehensive plan. PACT is also required to directly assist consumers to obtain basic physical and dental care; consumers must be referred to a medical doctor within 3 months of admission to PACT. Housing providers, including supportive housing, require health care linkages ensuring that residents have access to medical and dental care. Other residential services require health care monitoring and oversight.

These concerns about lack of access to medical and dental care were reported by consumer focus groups at two (2) private for profit and one (1) public non-profit Partial Care programs; by one family organization; by Boarding Home residents and at focus group for staff at a Division contracted provider agency. Information on Medicaid/Medicare providers, services through Federally Qualified Health Care Facilities and other notable resources for these services should be made available to consumers receiving services from private service providers. Resources for affordable medications prescribed for medical and/or dental conditions should be made available to individuals with limited financial resources.

Transportation

Lack of affordable transportation was identified as the primary barrier to mental health treatment and to accessing other community resources that foster wellness, recovery, and economic self-sufficiency on surveys and in focus groups. Consumers have indicated that lack of available and affordable transportation interferes with their ability to work. Lack of transportation in certain geographic areas or for individual work schedules results in lost opportunities for employment and education.

Many consumers indicated that lack of accessible public transportation or of other transportation alternatives affected their ability to get to their outpatient appointments. No show rates for scheduled appointments have been identified by community mental health providers as a significant factor in long wait times for appointments.

In rural areas, the ability to shop for basic necessities such as groceries and needed personal and household items or to participate in recreational, social, or religious activities is severely limited by the lack of transportation resources. The inability to attend Self Help Center activities deprives individuals of peer support and the value of shared life experiences and access to an array of recovery-oriented resources.

The development of additional housing opportunities for consumers may be in areas away from established transportation routes preventing consumers from enjoying true inclusion in community life. Several consumers reported feeling isolated and lonely due to the inability to access community and self-help activities.

Providers and peer advocates should assist consumers in navigating the public transportation system. The mental health community should investigate innovative approaches such as consumer-run transportation services initiated in Burlington County, discuss transportation needs with consumers and collaborate with transportation providers to identify consumer needs and discuss service options.

Staff Issues

Many providers report the challenge of recruiting and retaining qualified staff across program elements. Low salaries, high caseloads and lack of incentives primarily contribute to staff turnover, these factors are pivotal in undermining the recruitment of bilingual staff. Burnout and staff turnover were identified by family members as a problem in the delivery of quality care. Several consumers shared that staff turnover disrupted the therapeutic relationship and progress in treatment. Closely tied into this problem was access to psychiatric services.

Medicaid reimbursement rates have remained relatively stagnant since they were established almost 30 years ago. Advocacy for increase of Medicaid rates for mental health services rather than proposed reductions must be promoted throughout the mental health community.

2. Responses to Survey and Questions Used to Guide Discussion in Focus Groups

- Most Serious Issues Facing Individuals with Mental Illness (listed in order of prevalence):

- Stigma
- Housing
- HealthCare

- Lack of Medicaid/ Medicare providers
 - Access to affordable medications
 - Access to Psychiatric Services
 - Access to medical prescribers
 - Lack of mental health services for dual diagnosis of mental illness and developmental disabilities
 - Limited availability of services for individuals with co-occurring disorders of mental illness and substance abuse
 - Communication between primary care physicians and psychiatric/acute care providers
- Barrier or Challenges to Accessing Mental Health Services
 - Transportation
 - Wait times for initial appointments and between appointments
 - Lack of accepted insurance providers – Medicaid/Medicare
 - Lack of service continuum for co-occurring disorders of mental illness and substance abuse
 - Lack of ability of mental health providers to adequately treat dually diagnosed individuals MI/DD
 - More focus on wellness and recovery orientation
 - Partial Care attendance requirements for medication prescriptions
 - Lack of interface between primary care and mental health provider/psychiatrists
 - Medication issues
 - Lack of access to individual counseling (young adults)
 - Lack of information on resources and services (people outside the acute care system)
 - Lack of adequate, age appropriate services for young adults aging into adult system of care
 - Strengths of the Current Mental Health Service Delivery System*
 - Wellness and recovery orientation
 - New Screening Center Facility/Mobile Outreach/Continuum of Acute Care Services
 - Ongoing efforts to improve services/new service offerings; jail diversion, adult intervention services, mental health intensive outpatient program, hospital diversion
 - Supportive Housing – PIL, CSP, JFS
 - Service Development through provider agency collaboration and cooperation
 - Peer Workforce/Self Help Activities/Consumer Involvement at all levels of the mental health system
 - Family Support Services/Involvement

*Strengths were viewed/interpreted as having similar importance in various groups.

V. Special Populations

1. Overview

The Division of Mental Health Services (DMHS) serves adults with serious and persistent mental illness. Individuals with special access needs are also prioritized; these are referred to as special populations. The Board wished to consider several special populations including young adults aging into the adult mental health system, adults dually diagnosed with mental illness and a developmental disability and those with co-occurring disorders of substance abuse and the elderly. Brief mention will also be made of mentally ill individuals in the justice system and of homelessness among the mentally ill.

2. Special Populations

Aging In/Aging Out Population includes youth transitioning out of the children's system of care (ages 18 through 21) and into the adult mental health system as well as young adults up to the age of 25. The workgroup on special populations reported that some young people, especially those who have been in Residential Treatment Centers, chose to discontinue services when they reach 18, the age of emancipation in New Jersey, before they have acquired life skills and experience that support independent living. Youth who have discontinued services that are available for individuals involved with the Division of Youth and Family Services (DYFS) or the Division of Child Behavioral Health Services (DCBHS) between the ages of 18 through 21 may find themselves unprepared for independent living. Unfortunately, some of these young people find themselves homeless, raising children, or involved with the court system due to their inability to function independently.

A range of services is available for young adults who wish continued services through DYFS and DCBHS. Types of services include, but are not limited to, educational, vocational and housing, reinforced life skills and mental health and case management services.

Several focus groups were conducted with transitioning youth (DYFS/Covenant House) and with members of a Young Adult Partial Care Program at Crossroads. Some of their recommendations involved the development of clinical services geared to the needs of younger adults. More substance misuse/co-occurring support groups, partial care for young adults, access to individual counseling and linkages for affordable medication. One group indicated that transitional living facilities were needed for young adults without family or other community living arrangements.

The workgroup suggested that DFYS/DCBHS/DMHS explore model programs such as Nancy's Place/Covenant House in the central region that serves Axis I and II diagnosed

young people. The program is based on the **Therapeutic Community Model**, which provides housing, life skills and a wellness and recovery approach. The consensus of the group was that some form of case management services should be available to young adults through age 25.

In terms of the DMHS system of mental health services, it was emphasized that consideration be given to the development of young adult tracks across the available service delivery system. Young adults would find these services to be more attractive and may be more likely to utilize services.

Co-Occurring Disorders of Mental Illness and Substance Misuse/Abuse – The lack of integrated services for this population was mentioned in almost all of the focus groups. This was a prominent theme among participants in the young adult groups; it was noted that few, if any AA, NA or Dual Recovery Anonymous Groups (for co-occurring disorders) are available exclusively for young adults. Although co-occurring services are available in some outpatient programs in community mental health centers in Atlantic County, there was a perception by some respondents in focus groups and surveys that an integrated treatment model wasn't necessarily being employed.

The Special Populations Workgroups identified The Lighthouse in Mays Landing and the John Brooks Institute in Atlantic City (both private providers) as being able to provide services to adults with co-occurring disorders with psychiatric support and medications, provided that the individual's mental illness was stabilized to the point that participation in substance abuse services was possible. At this time, no inpatient treatment through DMHS for co-occurring disorders is available in Atlantic County.

A recommendation from a Collaborative member was that in addition to collaborating with the Division of Addiction Services (DAS) to increase community based integrated treatment services, that DMHS/DAS might consider re-establishing a social detoxification facility in Atlantic County to minimize the numbers of people who are inappropriately utilizing the AtlantiCare Regional Medical Center – City Campus emergency room and screening center services for substance abuse (not co-occurring) related services.

Individuals Dually Diagnosed with Mental Illness and a Development Disability – Individuals with developmental disabilities and mental illnesses encounter significant obstacles to receiving mental health services in New Jersey.

The prevalence of mental health disorders in the developmentally disabled, as estimated by the Department of Human Services (DHS) Dual Diagnosis Task Force Report (2008), ranges from 30-40%. When dually diagnosed individuals are hospitalized in State psychiatric hospitals, their average length of stay is 3 times as long as the stays of the non-developmentally disabled population.

As related by staff members and in focus groups, at the Arc in Atlantic County, the human costs of an ineffective or unresponsive mental health system create the same

reactions in dually diagnosed individuals as stigma and any other type of discrimination. This situation can cause family disruption, lost opportunities for wellness, and in certain circumstances may exacerbate the mental health problem of dually diagnosed individuals who are victims of physical or sexual abuse.

In term of supportive services, the dually diagnosed are often excluded from housing opportunities and from enjoying many community resources available to other individuals with co-existing conditions.

No Wrong Door New Jersey conducted an assessment of the needs of women with intellectual and developmental disabilities and mental illness to find effective ways to enhance services to these women. Some key findings that impact service delivery in Atlantic County and that were noted in the Executive Summary (2009) included the following:

- Inconsistency in perceptions among service providers and staff members for providing mental health service for DD/MI consumers.
- Scarce community based resources to address the needs of the DD/MI population who have suffered physical trauma or been victims of domestic violence.
- Lack of cross training and understanding of issues of violence in the lives of survivors and women with developmental disabilities.
- Inadequate access to effective mental health services due to attitudinal barriers and beliefs such as that the developmentally disabled simply demonstrate behavioral disorders; failures to recognize that mental health disorders such as depression, anxiety and other disorders in the developmentally disabled, and often therapists/counselors aren't cross trained to treat mental health disorders in the developmentally disabled.

Sensitivity training as well as cross training in treatment for the DD/MI population is urgently needed within the provider community; efforts to dispel stigma and discrimination are encouraged on a statewide basis.

The Elderly

The estimated population of individuals over the age of 50 was reported under Atlantic County Demographics in the Introduction Section of this plan. According to the National Association of Chronic Disease Directors (CDD), between 11% and 18% of adults over 50 surveyed in New Jersey report that they rarely or never receive social or emotional support they need, and lack of such support is associated with increased mental illness, physical illness and mortality.

DMHS has noted that the demand for DMHS-funded programs for people over 55 has grown and continues to grow in New Jersey; population increases of older people are

consistent with the rise in program enrollments. An age breakdown in the data available during the first 3 quarters of FY 2009 indicated an increase to 39,863 unduplicated consumers of community based services among those aged 55-64 (up from 38,189 for FY 2008) and to 34,815 for those age 65 and older (up from 33,328 in FY 2008).

The Division doesn't carve out mental health services by age categories and all age groups may utilize the continuum of DMHS community based services. All four (4) Adult State Psychiatric Hospitals serve older consumers, however Hagedorn Psychiatric Hospital offers unique programming geared toward older consumers.

With the growth of the "older boom population" well underway, it may well be the time to refocus on the needs of this aging population. Older adults often don't seek treatment due to their perception of stigma surrounding mental illness, many prefer to utilize their primary care physicians for physical complaints that may be rooted in mental health disorders rather than seeking out mental healthcare. Often the elderly have co-existing medical problems that make accessing community mental health treatment difficult, lack transportation, or just aren't knowledgeable regarding available services. The end result of this is that the mental health problems of many of the elderly go undetected and/or undertreated.

It's time to explore innovative practices to meet the needs of the elderly. While issues affecting the aging population were not identified in our focus groups or surveys, this may be an indicator of how hidden these problems in the elderly are from other consumers of mental health services. Policy changes, which address the shortage of psychiatrists and other mental health professionals accepting Medicaid or Medicare, may need to be initiated. Alliances of people from diverse backgrounds who will advocate that the mental health needs of the elderly be met in the environments of the elderly – in their own homes, in adult daycare facilities, in nursing homes or co-located with social services agencies. Public education, de-stigmatization of mental illness and rethinking the service delivery needs of the older generation will be needed to effectively care for our older citizens.

Individuals Involved with the Justice System - Atlantic County was a prime mover in establishing a Jail Diversion Program and Re-Entry services for inmates at our county jail. The lead agency for these services is Jewish Family Service (JFS) which has staff members working with inmates with mental illnesses or co-occurring disorders of mental illness and substance abuse. Working in collaboration with AtlantiCare Behavioral Health (ABH) and Family Services Association (FSA), the Jail Diversion Program/Re-Entry Program promotes the early discharge of mentally ill inmates with minor, non-violent offenses and provides case management services during and often after release of the individual providing linkages to needed community based supportive services. ABH and FSA provide clinical services to these individuals upon release from the jail.

The Jail Diversion Program has entered a new phase of diversion; it has instituted a pre-booking diversion process for these individuals prior to arrest and incarceration in the county jail. This is accomplished through partnering with individual police departments

which receive extensive training on mental illness and the mentally ill. Police contact JFS to discuss cases, which may be eligible for pre-booking diversion and linkages to needed community services, thereby avoiding incarceration. In cases where individuals may need to be screened for possible involuntary inpatient hospitalization, the Mobile Outreach Team from the Screening Center responds to the situation. Recruitment of police departments to be trained and involved in pre-booking diversion is ongoing. Additional training is provided on mental illness, approaches to effectively handle the mentally ill and the identification of available resources are presented to law enforcement officers during refresher courses at Atlantic County's Police Training Academy.

Many family members, as well as members of the professional community, encourage ongoing training of law enforcement officers on mental health issues and how to effectively utilize the Jail Diversion and Mobile Outreach Teams. Funding for Atlantic County's Jail Diversion and Re-Entry Programs must be maintained and implementation of such programs are encouraged throughout the state.

Homelessness and Mental Illness – In the wake of the worst economic recession since the Great Depression, Atlantic County has been severely impacted, as has all of New Jersey. With the rate of unemployment climbing to a high of 10% and remaining over 9%, housing foreclosures, reduced incomes and increased debt are changing the face of homelessness. Now along with the chronically homeless, which include high numbers of individuals challenged by mental illness, substance abuse and co-occurring disorders, individuals and families with low incomes who had previously managed to get by have now become homeless or are threatened with becoming homeless. This situation has created an increased demand for social, mental health, and supportive services.

The Atlantic City Rescue Mission slept approximately 2,180 people in their dormitories during 2009; 1748 men and 432 women. Of these, 321 (18%) men and 141 (33%) women were identified as being mentally ill. The Rescue Mission reported that on average, each day there are approximately 50 mentally ill persons residing at the Mission, however it was noted that these numbers are actually lower than the true number of mentally ill people in residence.

From October 1, 2008 – March 31, 2009, an estimated 9,363 HUD defined homeless persons used emergency shelter or transitional services in New Jersey. In Atlantic County, over 400 homeless adults participated in the **Point in Time** count of homeless, conducted in January 2009; 47% of these counted reported they were living without shelter and a large number of respondents indicated a need for mental health or substance abuse services.

While detailing further characteristics and needs of the homeless is beyond the scope of this overview, continuing economic conditions will increase the demand for services when funding for programs has been reduced and further cuts may be forthcoming in the coming year(s).

VI. 2010 Planning Recommendations

Planning
<p>Maintenance of current mental health services to preserve a needed continuum of care through effective utilization of resources and collaboration between community providers.</p> <p>Board to schedule an annual meeting with PAC members to receive information on emergent trends, changing services needs, or on new services for the purpose of updating the Mental Health Plan for 2011.</p>
Stigma
<p>Increase public and professional awareness through education, media campaigns to reduce stigma by promoting a better understanding of mental health, wellness and recovery.</p> <p>Encourage all providers of services to mental health consumers and their families to evaluate their existing protocols to avoid or address any institutional stigma impacting service delivery.</p>
Wellness and Recovery
<p>Promote wellness and recovery principles throughout mental health service delivery system including private, public, and non-profit providers and programs.</p> <p>Providers to support staff, including medical and psychiatric staff, in emergency, screening and inpatient settings to promote the principles of wellness and recovery and wherever possible, to consult with the consumer's community-based psychiatric provider, to avoid unnecessary medication changes and maintain continuity of treatment.</p>
Housing
<p>Expand housing initiatives for consumers in need of residential rehabilitation services, supportive housing and transitional housing alternatives for young adults entering the adult mental health system</p> <p>Advocate for State and Federal funding for the development of additional supportive housing beds/programs for special populations including, but not limited to, mental health consumers with co-existing medical conditions, adult developmental disabilities, and/or substance abuse disorders.</p>

Access to Mental Health Services

Expand the availability of Mobile Outreach beyond the current hours and days of operation.

Increase consumer and family awareness of mental health provider agencies which provide on-call services for their clients afterhours, on holidays or weekends.

Support community-providers to educate their front line staff and clients on the availability of pre-crisis intervention services available through the Adult Intervention Program to decrease need for emergency screening and need for inpatient treatment.

Provide training to mental health providers in all acute care settings on the provision of integrated treatment to individuals dually diagnosed with developmental disabilities and mental illness and the incorporation of therapy with pharmacological treatment.

Outpatient

Expand services for co-occurring disorders of mental illness and substance abuse utilizing integrated treatment models; development of additional support groups, such as Dual Recovery Anonymous, to address co-occurring issues; consider the re-establishment of social detoxification services.

Continue efforts to decrease wait times for initial appointments and between appointments by developing additional strategies to reduce no-show rates.

Provide agency staff with training on treatment delivery models for individuals with developmental disabilities and mental illness especially including treatment for dually diagnosed individuals traumatized by physical abuse.

Peer Advocates / Consumer Provider Services

Expand the employment of peer advocates throughout the range of the mental health service delivery system. Advocate for enhanced funding to ensure ongoing provision of Boarding Home Outreach, POST and for consumer management of Consumer Self-Help and Wellness services.

System Issues

Improve collaboration and communication between providers of acute mental health care and primary care physicians/community providers to foster better care for consumers and for medication reconciliation.

Continue to enhance community-based services through training in and provision of evidence-based practices, psychoeducation and recovery.

Develop strategies for the successful recruitment and retention of bilingual staff throughout the mental health system.

Research the emergent needs of aging individuals in Atlantic County across mental health provider systems for the development alternative or innovative service delivery systems.

Provide system advocacy for funding and training needed for enhanced ability to engage police departments in training on mental health issues and participation in jail diversion program; continue outreach efforts to homeless individuals for the provision of treatment and supportive services.

Transportation

Advocate for the expansion of transportation services for consumers wherever possible and develop strategies to address the current consumer transportation issues; seek consultation from county and other providers of transportation for the disabled.

Provide information on various types of transportation and eligibility requirements to provider agencies to share with front line staff and consumers.

Encourage providers/case managers to provide consumers with coaching on the use of public transportation systems.

Consult with the PAC on programs which can provide transportation.

Advocacy

Continue to support and expand services providing advocacy, education and assistance to individuals challenged by mental illness and their families. (NAMI-Atlantic; MHA Programs)

References

- American Community Survey (2008). U.S. Census Bureau
- Council of State Governments (2002) *Criminal Justice/Mental Health Consensus Project*
- Dual Diagnosis Task Force Report: Collaborating to Provide Services and Support for Children and Adults with Co-Occurring Developmental Disabilities and Mental Health/Behavior Disorders* (2008) New Jersey Department of Human Services
- GAO Report Young Adults with Serious Mental Illness* (2008) ASHBTC@GAO.GOV
- Governor Codey's Task Force on Mental Health Final Report: New Jersey's Long and Winding Road to Treatment, Wellness, and Recovery.* (2005)
http://www.state.nj.us/humanservices/dmhs/wellness_recovery.htm
- Home to Recovery – CEPP Plan, prepared by the NJ Department of Human Services, Division of Mental Health Services.* (2008)
- New Jersey Economic Indicators, NJ Department of Labor and Workforce Development, Division of Labor Market and Demographic Research. (2009)
- No Wrong Door NJ Needs Assessment Report, Executive Summary; Women's Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant, Department of Justice, Office of Violence Against Women.* (2009)
- Quickfacts (2008) U.S. Census
<http://quickfacts.census.gov/gfo/states/34/34001.htm>
- U.S. Bureau of the Census Population Estimates (2009)
<http://www.census.gov/popest/states/asrh/tables/sc-est2009-01>
- Wellness and Recovery Transformation Action Plan.* (January 1, 2008 – December 31, 2010)
http://www.state.nj.us/humanservices/dmhs/welln_recov_actionplan_jan2008-dec2010.pdf

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
<p>Emergency Screening</p> <p>Designated Screening Center for Atlantic County</p>	<p>Psychiatric Intervention Program</p> <p>AtlantiCare Regional Medical Center – City Campus 1925 Pacific Avenue Atlantic City, NJ (609) 344-1118</p>	<p>24hr Emergency Screening to ascertain that an individual being considered for commitment meets the standards for both mental illness and dangerousness and that all stabilization options have been explored or exhausted. Emergency mental health services include assessment, stabilization and referral to appropriate level of care.</p> <p>Mobile Outreach Crisis/Suicide Hotline - Atlantic County</p> <p>3 Designated Extended Crisis Stabilization Beds (ECSB)</p>	<p>Screening Center enhancements: Expanded Mobile Outreach Services</p> <p>Implementation of telepsychiatry – reduced wait times for commitment / hospital admissions</p> <p>New facility within ACRMC – Behavioral Health Unit</p> <p>Hospital Diversion – Behavioral Health Collaborative, 5 beds (males) Atlantic City Rescue Mission</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Short Term Care Facility	<p>AtlantiCare Regional Medical Center – Mainland Campus One Pines Jimmie Leeds Road Pomona, NJ (609) 652-3442</p> <p>Services for Atlantic County and Cape May County</p>	<p>Acute care adult psychiatric unit in general hospital for the short term admission of individuals who meet legal standards for commitment and require intensive treatment.</p> <p>Admissions through Designated Screening Center – total 30 beds 28 involuntary beds 2 open (voluntary) beds</p>	<p>Certificate of Need (2009) approved to expand the unit by 4 additional beds; expected to be operationalized by July 2010.</p> <p>Changed ratio of involuntary/voluntary beds to meet changing service needs</p> <p>Co-occurring MI/substance abuse patient services</p> <p>State Hospital Diversion through Hampton Behavioral Health Center (DMHS contracted service): 12 beds for those who need additional time to stabilize (up to 21 days).</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
<p>Integrated Case Management Services (ICMS)</p>	<p>Jewish Family Service of Atlantic County 607 N. Jerome Avenue Margate, NJ (609) 822-1108</p>	<p>Provides personalized collaborative outreach services to individuals 18 years of age or older diagnosed with serious and persistent mental illness</p> <p>Targets individuals discharged from State / County hospitals; persons discharged from Short Term Care Facilities (STCF)</p> <p>Facilitates access to mental health, healthcare, social, educational, vocational, housing, financial, and addictions services designed to integrate consumers into their community of choice</p>	<p>Services expanded to persons with a recent history of multiple visits to psychiatric emergency services or multiple psychiatric hospitalization</p> <p>To the extent possible, without compromising services to the most vulnerable persons, will enroll person referred from within their communities</p> <p>Nurse available to address healthcare issues</p> <p>JFS Supported Housing Services</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
<p>Programs in Assertive Community Treatment (PACT)</p>	<p>AtlantiCare Behavioral Health PACT Teams A and B 400 Chris Gaupp Galloway, NJ (609) 404-1974 or (609) 404-9268</p>	<p>Mobile multidisciplinary treatment team providing psychiatric services, nursing care, assistance with daily living, substance abuse counseling, peer counseling, and vocational rehabilitation to people with severe mental illness at risk for psychiatric hospitalization and who are high service users.</p> <p>The individuals served are those who have not benefitted from traditional mental health programs.</p> <p>Service contacts are made in natural community setting, e.g. the consumer's residence.</p> <p>The teams are available for psychiatric crises 24 hours a day.</p> <p>Evidence-Based Model</p>	<p>Moved into a new facility with proximity to the Short Term Care Facility</p> <p>Site is shared with Acute Partial Hospitalization Program</p> <p>Incorporation of Wellness and Recovery; Philosophies of Illness Management & Recovery Practices (Evidence-Based Practices), and Pre-Vocational Activities.</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Adult Partial Care Programs:	AtlantiCare Behavioral Health Programs: - Providence House 12 N. Providence Avenue Atlantic City, NJ (609) 348-1468 -Acute Partial Care Hospitalization Program 400 Chris Gaupp Galloway, NJ (609) 404-1974	Biopsychosocial rehabilitation services, which are individualized and outcome-oriented. Offered in community settings to assist consumers with serious mental illness to enhance their quality of life; individuals 18 or older who have a primary psychiatric disorder that is accompanied by an impaired ability to perform living, learning, working or social roles.	During FY2006, DMHS undertook significant revision of the Partial Care standards, incorporating wellness and recovery as the context for services. Other aspects of the service were strengthened including setting staff to consumer ratios, enhancing pre-employment services, supporting the role of consumers in their own recovery and rehabilitation. Co-occurring substance abuse issues are addressed within the context of these programs.

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Adult Partial Care (continued)	<p>AtlantiCare Behavioral Health Programs:</p> <p>-Collaborative Partial Care Program Atlantic City Rescue Mission 2009 Bacharach Blvd. Atlantic City, NJ (609) 345-5517</p> <p>Family Service Association Program:</p> <p>-First Day Adult Partial Care Program 312 E. White Horse Pike Absecon Highlands, NJ (609) 652-1600</p>	<p>Short term partial care providing stabilization and supportive services for persons residing in the ACRM who experience severe and acute psychiatric symptoms; medication management services provided. <u>Case management services provided by Jewish Family Service.</u></p> <p>Comprehensive, structured, non-residential health services provided to seriously mental ill adult clients in a day program setting to maximize client's independence and community living skills. Program provides or arranges services to meet comprehensive needs of individual clients.</p>	<p>Incorporation of Wellness and Recovery Philosophies; Co-Occurring Issues of Mental Illness and Substance Abuse and Pre-Vocational Activities.</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
<p>Adult Partial Care Programs</p>	<p>Behavioral Crossroads, LLC Crossroads Partial Care Program 205 West Parkway Dr. Egg Harbor Township, NJ Private Provider (609) 645-2500</p>	<p>Private programs licensed by DHS – Must meet same requirements as DMHS state funded programs. Psychiatric evaluation, medication monitoring Case management Transportation to medical and related appointments. Relevant groups and activities. APN</p>	<p>2006 DMHS Revision of Partial Care standards including incorporating principles of Wellness and Recovery, Services for Co-occurring MI / Substance Abuse Disorders and pre-vocational activities. Expanded facility. Illness Management and Recovery (EBP) Young Adult Group (Ages 18-27) Evening Partial Care Co-occurring MI/substance abuse, management of pain medications Private insurance/private pay Young adult group.</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Adult Partial Care Programs (continued)	Helping Hand Behavioral Health 318 S. Pitney Road Galloway, NJ 08205 Private Provider (609) 383-8668	Private licensed program Psychiatric evaluation, medication monitoring and counseling, health awareness/nutrition, lab services Program Psychiatrist and nurse Case management groups/activities Transportation to and from program/to scheduled medical/ dental appointments. Work readiness contract UMDNJ – Integrated Employment Institute	Illness Management and Recovery (IMR) Pre-Vocational Activities Wellness and Recovery Action Planning (WRAP) Family Support Group – Monthly for past and present program members’ families. Consumer-run community government. Moved into new facility, 2010

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Adult Partial Care Programs (continued)	Taylor Care Adult Behavioral Health 319 Chris Gaupp Dr. Galloway, NJ Private Provider (609) 404-4220	Licensed Private Program complies with all revised DMHS standards. Addictions/Mental Health specialty Comprehensive services – Program Psychiatrist, Medication Monitoring Day Program – Adults ages 21 and over	Co-occurring, pre-vocational and wellness and recovery services.

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
<p>Adult Partial Care Programs (continued)</p>	<p>Unity Place II 121 S. White Horse Pike Hammonton, NJ</p> <p>Private Provider (609) 704-1313</p>	<p>Rehabilitation and intensive support through counseling/case management, psycho-education, social, leisure and psychiatric services.</p> <p>Transportation to and from program; medical/dental appointments and on an as-needed basis during non-program hours</p>	<p>Co-occurring services Pre-vocational service Wellness and recovery</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
<p>Outpatient Mental Health Services</p>	<p>AtlantiCare Behavioral Health Adult Outpatient Behavioral Health Services</p> <p>Atlantic City OP Office 13 N. Hartford Avenue Atlantic City, NJ (609) 348-1468</p> <p>Egg Harbor Twp. OP Office 6010 Black Horse Pike Egg Harbor Twp., NJ (609) 569-8080</p> <p>Hammonton OP Office 12 White Horse Pike Hammonton, NJ (609) 561-7911</p>	<p>Mental Health Services provided in a community setting to clients who possess a psychiatric diagnosis, including clients who are seriously and persistently mentally ill, but excluding substance abuse and developmental disability unless accompanied by treatable symptoms of mental illness. Periodic therapy, counseling. Outpatient services are provided for individuals, couples, families, and groups; medication evaluations and ongoing medication monitoring are available.</p> <p>Other services may include psychological evaluations and testing. Co-occurring MI/substance abuse services. Priority is given to clients meeting DMHS target 1 criteria.</p>	<p>Implementation of strategic planning interventions to decrease wait times and improve appointment show rates.</p> <p>Hammonton OP moved to new location.</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Outpatient Mental Health Services (continued)	<p>Family Service Association Egg Harbor Twp. Main Office 3073 English Creek Ave. Suite 3 Egg Harbor Twp., NJ (609) 569-0239</p> <p>Absecon Office 312 E. White Horse Pike Absecon Highlands, NJ (609) 652-1600</p> <p>Egg Harbor Twp., Community Center 3050 Spruce Avenue Egg Harbor Twp., NJ</p> <p>Pleasantville Family Center South Main Street Pleasantville, NJ (609) 569-0239</p>	<p>See first paragraph under service description for AtlantiCare</p> <p>Comprehensive outpatient services at multiple locations.</p> <p>Priority is given to clients meeting DMHS target 1 criteria</p> <p><u>Older Adults-</u> Adjustment to vision loss (AVL) counseling, peer and family support for individuals who are blind or visually impaired.</p> <p>Training and education for mental health professionals who treat persons who are visually impaired and for family members, spouses and significant others.</p>	<p>Multicultural competence training center – ethnic sensitivity and delivery of culturally competent services.</p> <p>South Jersey Training Institute – Organizational Development Training</p>

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Intensive Outpatient Mental Health Services	AtlantiCare Behavioral Health Mental Health Intensive Outpatient 13 N. Hartford Avenue Atlantic City, NJ (609) 348-1468	Comprehensive outpatient services for individuals with severe mental illness and/or co-occurring substance abuse disorders. Services may be utilized for as many as 9 hours/week in a time span of 2 to 3 months.	Services initiated after 2005
	Adult Intervention Services 1601 Atlantic Ave. Atlantic City, NJ Early Intervention Program (609) 572-8555 1-866-750-6612	Individuals with Acute Psychiatric Symptoms at risk of admission to the Screening Center or to a Psychiatric Hospital who are in need of immediate treatment. Services include clinical case management, brief individual and group therapy, psychiatric evaluation, medication monitoring, referral to peer and family support on site, referral to community supports, community outreach, after-hours telephone base services.	Services initiated after 2005

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Mental Health Counseling Services for Deaf and Hard of Hearing	<p>Lester A Drenk Behavioral Health Services 1289 Rt. 38, Suite 105 Hainsport, NJ 08060</p> <p><u>Access South</u> 609-267-5656 x360 609-265-9370 TTY accesssouth@aol.com</p> <p><u>Psychiatric Emergencies</u> 973-278-2373 V/TTY</p> <p><u>Local Office Hours</u> Wednesday AtlantiCare Behavioral Health 12 White Horse Pike Hammonton, NJ</p>	Clinical Services include outpatient psychotherapy, psychiatric emergencies, consultation.	

Clinical Services

Service	Provider	Service Description	Enhancements since 2005
Outpatient Counseling, Information and Referral	Vet Center – U.S. Dept. of Veterans Administration 6601 Ventnor Ave. Ventnor Building, Suite 105 Ventnor City, NJ	<p>Outreach Center providing a broad range of clinical benefits for veterans of the Vietnam War, Lebanon, Grenada, Panama, Persian Gulf, Somalia, Korean, Yugoslavian, Merchant Marines and WWII and the Global War on Terrorism.</p> <p>Services: Outreach Readjustment Counseling Consultation, Psychological Testing, Individual and Group Counseling, Marital and Family Therapy, Bereavement and Counseling on Sexual Trauma and Harassment.</p> <p>Education, referral, job training information is also available.</p> <p>*Post Traumatic Stress Support Group</p>	Afghanistan, Iraq, Iran vets

Services for Special Populations Co-Occurring Developmental Disabilities and Mental Illness

Service	Provider	Service Description	Enhancements since 2005
<p>Services for individuals with Developmental Disabilities / Mental Illness</p> <p>Statewide Clinical Consultation and Training (SCCAT)</p> <p>Designated Screening Center (Psychiatric Invention Program)</p> <p>Shore Term Care Facility (STCF)</p>	<p>Trinitas Regional Medical Center</p> <p>The Arc of Atlantic County 6550 Delilah Road, Suite 100 Egg Harbor Twp, NJ (609) 485-0800</p> <p>AtlantiCare Regional Medical Center – City Campus 1925 Pacific Ave. Atlantic City, NJ (609) 344-1118</p> <p>AtlantiCare Regional Medical Center – Mainland Campus One Pines – Jimmie Leeds Rd. Pomona, NJ (609) 652-3442</p>	<p>Clinical Outreach Team Mobile Crisis Response SCCAT assists mental health agencies and screening centers in providing their services to adults with co-occurring mental health/behavioral problems. Provides in-service trainings upon request</p> <p>Residential Living, Recreation, Case Management, Family Support, Vocational, Summer Camp</p> <p>See description within clinical services inventory.</p> <p>Short term inpatient For DD/MI patients.</p>	<p>SCCAT expanded services to provide mobile crisis response to support consumers, families, providers and DDD case managers.</p> <p>Developed since 2005</p>

Services for Special Populations Co-Occurring Developmental Disabilities and Mental Illness

Service	Provider	Service Description	Enhancements since 2005
<p>Services for individuals with Developmental Disabilities / Mental Illness (continued)</p> <p>Integrated Case Management Services (ICMS)</p> <p>Programs in Assertive Community Treatment (PACT)</p>	<p>Jewish Family Service of Atlantic County 607 N. Jerome Ave. Margate, NJ (609) 645-1108</p> <p>AtlantiCare Behavioral Health PACT Teams A and B 400 Chris Gaupp Galloway, NJ (609) 404-1974 or (609) 404-9268</p>	<p>See description within the clinical services inventory</p> <p>See description within the clinical services inventory</p>	

Services for Special Populations Co-Occurring Developmental Disabilities and Mental Illness

Service	Provider	Service Description	Enhancements since 2005
<p>Services for individuals with Developmental Disabilities / Mental Illness (continued)</p> <p>Integrated Case Management Services (ICMS)</p> <p>Programs in Assertive Community Treatment (PACT)</p>	<p>Jewish Family Service of Atlantic County 607 N. Jerome Ave. Margate, NJ (609) 822-1108</p> <p>AtlantiCare Behavioral Health PACT Teams A and B 400 Chris Gaupp Galloway, NJ (609) 404-1974 or (609) 404-9268</p>	<p>See description within the clinical services inventory</p> <p>See description within the clinical services inventory</p>	

Services for Special Populations Co-Occurring Developmental Disabilities and Mental Illness

Service	Provider	Service Description	Enhancements since 2005
<p>Adult Partial Care Programs (Private Non-Profit)</p>	<p>AtlantiCare Behavioral Health Programs</p> <p>*Providence House 12 N. Providence Ave. Atlantic City, NJ</p> <p>*Acute Partial Care / Partial Hospitalization Program 400 Chris Gaupp Galloway, NJ</p> <p>*Behavioral Collaborative Partial Care Program Atlantic City Rescue Mission 2009 Bacharach Blvd. Atlantic City, NJ</p> <p>*Family Service Association First Day Adult Partial Care Program 312 E. White Horse Pike Absecon Highlands, NJ</p> <p>*Crossroads Partial Care Program Galloway, NJ</p>	<p>See description within the clinical services inventory / phone number</p> <p>See description within the clinical services inventory / phone number</p> <p>See description within the clinical services inventory / phone number</p> <p>See description within the clinical services inventory / phone number</p> <p>See description within the clinical services inventory / phone number</p> <p>See description within the clinical services inventory / phone number</p>	<p>During FY 2006, DMHS undertook significant revision of the Partial Care standards. All partial care programs, private and publicly funded, provide services for individuals with co-occurring mental illness and substance abuse disorders.</p>

Services for Special Populations Co-Occurring Mental Illness/Substance Abuse

Service	Provider	Service Description	Enhancements since 2005
Outpatient Mental Health Services and Counseling Programs (continued)	Hartford Avenue / Intensive Outpatient Program (MHIOP)	See description within the clinical services inventory	
	Adult Intervention Services (AIS)	See description within the clinical services inventory	
Private Residential Outpatient Services	John Brook Recovery Center 1315 Pacific Ave. Atlantic City, NJ 08401	Long Term residential, outpatient, outpatient detoxification, hospital inpatient detoxification, intensive outpatient	
	John Brooks Recovery Center 20 S. Tennessee Ave. Atlantic City, NJ	Long Term residential, outpatient, intensive outpatient; co-occurring disorders of MI/Substance Abuse.	
Adult Residential Services	Career Opportunity Development, Inc. (CODI) (609) 965-6871		
Supported Housing	Career Opportunity Development, Inc. (CODI)/PIL and Jewish Family Service		
Emergency Housing	Atlantic City Rescue Mission (609) 345-5517	MI/Substance abuse services for homeless	
Homeless Case Management	Atlantic City Rescue Mission	See supportive services inventory for descriptions	
PATH Program	Jewish Family Service		

Services for Special Populations Co-Occurring Developmental Disabilities and Mental Illness

Service	Provider	Service Description	Enhancements since 2005
Behavioral Health Collaborative/Hospital Diversion	Atlantic City Rescue Mission in collaboration with Jewish Family Service and AtlantiCare Behavioral Health	Serving PIP clients	
Prevention Beds/Hospital Diversion	CODI/PIL	Serving PIP and Path clients; short term stabilization	
Mental Health/Justice Involved Services	Jewish Family Services	Jail Diversion/Re-Entry Services	
Health/Mental Health	Federally Qualified Health Centers: AtlantiCare co-located with Adult Intervention Services		
Support, Education and Advocacy	Mental Health Association of Atlantic County (609) 272-1700	Peer outreach support team, parent education, intensive family support, warm line	
	AtlantiCare-Hr Advantage CODI/PIL	Supported Employment	
	LEARN/UMDNJ	Supported Education Services	
	ICE Self Help Center (609) 272-1700	Consumer run support services; wellness and recovery focused.	

Services for Special Populations Mental Illness / Justice Involved Consumers

Service	Provider	Service Description	Enhancements since 2005
<p>Mental Health Justice Involved Services (continued)</p> <p>Jail Diversion</p>	<p>Jewish Family Service of Atlantic County 607 N. Jerome Ave. Margate, NJ</p>	<p>Jail Diversion Program: Post booking services *Municipal court charges *Non-violent offenses *Victimless offenses *Axis I Diagnosis</p> <p>Service to prevent or substantially shorten incarceration Case management/advocacy Collaboration w/ ABH and FSA providing recovery focused MH interventions.</p>	<p>Development of pre-booking diversion services: EHT Police</p> <p>Expanding to additional police departments.</p>

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Support, Education and Advocacy	Adelaide's Place 2716 Arctic Ave. Atlantic City, NJ (609) 340-8816	Drop in daytime safe haven for homeless women. Provides information, support, and referral. Coordinates engagement for PATH and PACT Teams.	

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Support, Education and Advocacy (continued)	Mental Health Association of Atlantic County 1127 N. New Road Absecon, NJ (609) 272-1700	<p>Intensive Family Support Services (IFSS): Comprise a range of supportive activities to improve the overall functioning and quality of life of family members with a mentally ill relative, which may include educational groups, system advocacy, linkage and referral. Services may be delivered at sites within the community.</p> <p>Community Advocates (CA). Individual, direct advocacy on behalf of mentally ill adults through support and education and by linking them to community-based mental health and social services.</p> <p>Peer Outreach Support Teams (POST): Consumer providers offer advocacy and peer counseling to mental health consumers in their communities.</p> <p>Consumer Connection: Employment / Training</p>	<p>Peer Recovery Warm Line: Trained supportive mental health consumers offer support to one time callers or ongoing support using the Intentional Peer Support Model.</p> <p>Acute Care Family Support: Assistance to families while their relative is being evaluated at the County's Designated Screening Center. Education on the illness, the screening process and community resources are provided.</p> <p>Services promote wellness and recovery WRAP</p> <p>Building purchased as site for ICE Self Help Center – State funding to renovate: frozen.</p>

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
<p>Support, Education and Advocacy (continued)</p>	<p>Mental Health Association of Atlantic County (continued)</p>	<p>(continued) Boarding Home Outreach (BHO): Provides services to boarding homes and residential health care facilities. Teams of peers explain social and recreational services available at the ICE Self-Help Center. Transport interested residents to the center.</p> <p>ICE Self-Help Center: Community based centers subsidized activities designed to support wellness and recovery. Support and educational groups, interact with peers in a social non-clinical setting; participate in social and recreational activities.</p> <p>For adults age 18 and older Adults with mental illness Adults with co-occurring disorders of mental illness / substance abuse</p>	

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Support, Education and Advocacy	National Alliance for the Mentally Ill – (NAMI - Atlantic County) Absecon, NJ Gail Dembin (609) 927-0215 Debra Yetter Silver (609) 442-0039 NAMI1557@comcast.net 9:00am – 9:00pm	Grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. Provides education, training and support services for consumers, family members, providers and the general public including Family-to-Family NAMI Support Group, and In Our Own Voice	NAMI Basics presented in Atlantic County – Education program for parents and other caregivers of children and adolescents living with mental illness. Provider education – Program for mental health service providers, co-taught by consumers, professionals and family members.

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Residential Services	Career Opportunity Development, Inc. 901 Atlantic Avenue Egg Harbor City, NJ (609) 965-6871	<p>Provides housing for more than 130 individuals living with mental illness. Each residence is licensed by the NJ DHS and offers a warm and supportive living environment.</p> <p>Housing Options: Group Homes Supported Housing</p> <p>Goal of program is to increase resident's ability to live independently on a long-term basis.</p> <p>Supervised and semi-supervised support in group homes and apartments.</p> <p>Case management individuals and group counseling support groups.</p> <p>Supervised residential program for consumers with co-occurring disorders of MI / substance abuse.</p> <p>Support employment job development / retention</p>	<p>Wellness and Recovery activities</p> <p>3 prevention beds for hospital diversion / homeless mentally ill collaboration with screening center / Jewish Family Service</p> <p>Continually identifying and developing housing opportunities for consumers</p> <p>FY ending June 30th, 2009 60% increase in number of persons served.</p> <p>Same time frame the number of persons served in supported housing increased 100%</p> <p>500% increase in services to persons with co-occurring disorders of MI / substance abuse</p> <p>2010 – 3 Rental Subsidies for Consumers from Ancora -9 Rental Subsidies -Funding for 1 additional staff member to assist consumers leaving Ancora.</p>

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Supportive Housing	Collaborative Support Programs of NJ Southern Regional Office 1147 N. New Road Absecon, NJ (609) 383-1190	<p>CSP Partners with Community Enterprises Corporation (CEC) to provide permanent housing for mentally ill individuals in Southern NJ.</p> <p>Provides housing for the homeless through voucher programs</p> <p>Services include individual support, service coordination, home management, illness management and groups and/or individual programs.</p> <p>86 housing units/beds are located in Atlantic County.</p> <p>Financial Services Employment Network – ticket to work program.</p> <p>Present and/or past recipient of mental health services; or individuals with special needs.</p>	<p>Wellness and Recovery incorporation of illness management and recovery.</p> <p>Increased bed availability in Atlantic County.</p> <p>*2010 Awarded funding by DMHS to provide services to 4 consumers to live in new home provided by CSP.</p>

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Supportive Housing	Jewish Family Service of Atlantic County 607 Jerome Avenue Margate, NJ (609) 822-1108	<p>Assists individuals with psychiatric diagnoses living in Atlantic County. Outreach to consumers to assist them to maintain their households, to develop natural support systems and to become integrated into their communities.</p> <p>Many of those served have successfully transitioned into housing from homeless status.</p> <p>Mentally ill individuals with co-occurring disorders MI / substance abuse.</p> <p>Medical care and coordination – primary care physician and medical specialists</p>	<p>Integration of the Project New Change component into the program; services provided to older adults on Absecon island.</p> <p>Wellness and recovery focus WRAP</p> <p>Case management nurse</p> <p>2010 – 1 rental subsidy to move a consumer from Ancora</p> <p>5 new housing vouchers</p>

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
PATH Program	Jewish Family Services of Atlantic County 607 N. Jerome Avenue Margate, NJ (609) 822-1108	<p>Provides street outreach to homeless individuals with serious mental illness / co-occurring disorders in Atlantic County.</p> <p>Staff also has regular hours at the Atlantic City Rescue Missions and Sister Jean's Kitchen.</p> <p>Program helps 20 to 30 individuals transition to permanent housing each year.</p>	

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Supported Employment	<p>AtlantiCare Behavioral Health HR Advantage 13 N. Providence Atlantic City, NJ</p> <p>CODI/PIL 901 Atlantic Ave. Egg Harbor City, NJ</p> <p>NJ Division of Vocational Rehabilitation Services 2 S. Main St., Suite 2 Pleasantville, NJ</p> <p>Disabilities Resource Center Career Quest Egg Harbor Twp., NJ</p> <hr/> <p>UMDNJ – Integrated Employment Institute www.shrp.umdj.edu/smi</p>	<p>Competitive work in integrated settings for mentally ill individuals for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of a severe disability and who because of the nature and severity of their disability need intensive supported employment services and extended support services.</p> <hr/> <p>Mission is to increase employment among people with psychiatric disabilities. Professional training, technical assistance to service providers, consumers and family groups.</p>	

Supportive Services

Service	Provider	Service Description	Enhancements since 2005
Supported Education	Preferred Behavioral Health of NJ LEARN of the Jersey Shore	<p>*New Program LEARN – Learning Enhancement And Resource Network - Atlantic County</p> <p>Ages 18 and older with history of mental illness with high school diploma who has a career goal that requires higher education.</p> <p>Provides:</p> <ul style="list-style-type: none"> -Psychiatric rehabilitation readiness determination profile. - Readiness Action Plan - Initial and ongoing education assessments using IMR and WRAP philosophies. - Assist with enrollment process for college or vocational school. 	

Organization/Program	Hours of operation/on-call	Number
Psychiatric Intervention Program(PIP screening)	24/7 365 days per year	609-344-1118
Collaborative Support Programs of NJ	8:30am-4:30pm/ On call service(press 2)	609-383-1190
Atlantic City Rescue Mission Collaborative Partial Care	9:30am-4:00pm, M-F	609-348-2717
Providence House Partial Care	8:30am-4:30pm, M-F	609-348-1468 ext.341
Atlanticare Adult Outpatient Services		
Atlantic City OP	M-Thur 8:00am -8:00pm, Fri-8:00am-4:30pm	609-348-1161
EHT OP office	M-Thur 8:00am -8:00pm, Fri-8:00am-4:30pm	609-646-5142
Hammonton OP office	M-Wed 8:00am- 8:00pm, Thur 8:00am-5:00pm	609-561-7911
Adult Intervention Services	Mon-Sat 11:00am- 8:00pm, on Call after hours	1-866-750-6612
MH IOP	M-Fri 9am-7:00pm, Sat 11am-3pm, on call after hours	609-348-1161
JFS-ICMS	M-Fri 8am-5:00pm, Sat activities most Saturdays, after hours on call services	609-822-1108, or 609-287-2466(after hours #)
JFS- Behavioral Health Collaborative(Rescue Mission)	M-Fri 9am-5:00pm, After hours ICMS service on call may be utilized	609-822-1108, or 609-287-2466(after hours #)
JFS- Justice Involved Services(Re-entry and Diversion)	M-Fri 9am-9pm, After hours ICMS service on call may be utilized	609-822-1108, or 609-287-2466(after hours #)
JFS- PATH	Mon-Fri 8am-5pm, After hours ICMS service on call may be utilized	609-822-1108, or 609-287-2466(after hours #)
JFS-Supportive Housing	Mon-Fri 8am-5pm, After hours ICMS service on call may be utilized	609-822-1108, or 609-287-2466(after hours #)
FSA-Outpatient	M-Thur 9am-9pm, Fri 9am-5pm	(609) 569-0239 ext 2
First Day Partial Care	M-Fri 8am-3:30pm	(609) 652-1600
MHA-Family Acute Care	On site- Various hours (3 days per week). On call 8:30am-12:00am/7 days per week	(609) 517-8614
MHA-Community Advocates	M-Fri 8:30-4:30pm	(609)272-1700
MHA- Boarding Home Outreach	Tues-5pm-10:00pm, and Saturday 12pm-5:00pm	(609)272-1700
MHA-IFSS	M-Fri 8:30-4:30pm	(609)272-1700
ABH- Acute Partial Hospitalization Program	M-Fri 8:45-4:30pm	(609) 404-0648
Unity Place II Adult Partial Care Program	Mon and Wed 8:30-4:30pm, Tue and Thur 9:00am-5:00pm. Fri 9am-4pm	(609) 704-1313
ARMC-STCF(1 Pines)	24/7	(609) 652-3442
ABH-PACT	8:30-4:30pm M-F, On call 24/7	(609) 404-9268
Helping Hands Behavioral Health	M-Thur 8:30am-4:30pm, Fri 8am-4pm	(609) 383-8668
Atlantic City Rescue Mission	24/7	(609) 345-5517
PIL/CODI	Hours vary by level of housing, on Call 24/7	(609) 965-6871
Behavioral Crossroads	Mon, Tue, Thur 4:30pm -9:00pm(starting Aug 3), Mon-Fri 8:30am-4:00pm	1-877-645-2502, or (609) 645-2500
*Bold indicates on call available		

Focus Groups

AGENCY/ ORGANIZATION	PARTICIPANTS	GROUP FACILITATORS
Adelaide's Place	*Drop in Center Woman's Consumer Group	Patricia Prendergast
ARC of Atlantic County	*Self Advocacy Group	Nicole Terzakis
AtlantiCare Behavioral Health	*Acute Partial Hospitalization Program Consumers	Jessie Ring Cynthia Sexton
	*Intensive Outpatient Program Group	Daniel Ginsberg
	*Providence House Partial Care Program Group	Concetta Arabia Ashley Cropper Tiffany Hood
Atlantic Regional Medical Center	*Designated Screening Center – Staff Group	Cynthia Sexton
	*Short Term Care Facility Inpatient Group	Penny DeGrossa Cynthia Sexton
CODI – Project for Independent Living	*Supported Housing	Brian Drummond
	*Staff Focus Groups	Sarai Southrey Richard Swezeny
Collaborative Support Program of NJ	*Supported Housing Group	Josephine Quinn
Covenant House / Division of Youth and Family Services	*Youth in Transition Groups	Rebecca King Gilbert Stewart
Crossroads Behavioral Health	*Partial Care – Adult and Young Adult Consumers	Joseph Accardi Stacie Byers Doug Reichert
Family Service Association	*Partial Care – First Day Consumers	Peter Genuardi

Focus Groups

AGENCY/ ORGANIZATION	PARTICIPANTS	GROUP FACILITATORS
Helping Hand Behavioral Health	*Partial Care – Family Groups	Nancy Basile
Mental Health Association in Atlantic County	*Boarding Home Outreach Consumers	Nancy Pagano
	*ICE Wellness Center Consumers	Frank Lepore
	*Intensive Family Support Services Family Groups	Christine Gromadzyn Victoria Phillips
NAMI Atlantic	*Family Members Group and Interviews	Debra Yetter Silver
Taylor Care	*Partial Care Consumer Groups	Jaime Brown Jen Holena Dan McDermott Janet Nelson Jeanine Oxley Denise Rolle Gilbert Stewart Sean Taylor

Factors Impacting Mental Health

Economic difficulties –

Unemployed -

- 4x as likely to report symptoms consistent with severe mental illness (13% of unemployed).
- 6x as likely to have difficulty meeting household expenses.
22% trouble paying utilities
50% significant difficulty obtaining healthcare
- 2x as likely to report concern with their mental health.
- 2x as likely to have used alcohol or drugs within the last 6 months than people working full time.
- Of those who have not spoken to a health professional about these concerns, 42% cited cost or lack of insurance coverage as the main reason.

Forced Employment Changes –

- 20% of respondents reported forced changes (e.g. pay cuts, reduced hours) in employment during the last year.
- Although most of these are employed, those with forced change in employment are 2x as likely to report symptoms consistent with severe mental illness than would be expected.
- 5x more likely to report feeling hopeless most or all of the time than individuals who hadn't experienced a forced change.