



CARF
Survey Report
for
Mental Health
Association of Essex
County, Inc.

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Organization

Mental Health Association of Essex County, Inc. (MHAEC)
33 South Fullerton Avenue
Montclair, NJ 07042

Organizational Leadership

Robert N. Davison, M.A., LPC, Executive Director

Survey Dates

September 17-19, 2007

Survey Team

Mwamburi A. Shake, Ph.D., Administrative Surveyor

C. Wayne Lundy, Program Surveyor

Amaal V. E. Tokars, Ed.D., Program Surveyor

Programs/Services Surveyed

Case Management/Services Coordination: Mental Health (Adults)

Case Management/Services Coordination: Mental Health (Criminal Justice)

Community Integration: Mental Health (Adults)

Outpatient Treatment: Mental Health (Adults)

Prevention/Diversion: Mental Health (Adults)

Prevention/Diversion: Mental Health (Children and Adolescents)

Employment Services: Community Employment Services: Job Development

Employment Services: Community Employment Services: Job Supports

Employment Services: Community Employment Services: Job-Site Training

Previous Survey

October 25-27, 2004

Three-Year Accreditation



Survey Outcome

Three-Year Accreditation

Expiration: August 2010

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SURVEY SUMMARY

Mental Health Association of Essex County, Inc. (MHAEC), has strengths in many areas.

- The organization has a dedicated and supportive board of directors and a management team that demonstrates a commitment to maintaining quality services.
- The management team demonstrates teamwork and good communication, which create a positive work environment that benefits the persons served.
- The organization is committed to providing services that have positive outcomes, and its outcomes data support this commitment.
- The administrative and professional staff members are skilled, dedicated, and caring individuals who are committed to the goals of the organization and to the delivery of high quality services. Staff members are motivated, responsive, and enthusiastic in serving the persons served.
- The organization's clinical staff members provide the persons served and their family members with high quality clinical services that form a secure and enduring basis for continued positive growth and development.
- The persons served and other stakeholders express a high level of satisfaction with services and the respect given by all members of the organization.
- The organization maintains a well-organized and comprehensive system of fiscal management and controls that supports the operation of services and continued fiscal stability and enables the organization to develop innovative programs for the persons served.
- The organization provides a safe and clean environment for service delivery and business functions, which demonstrates its respect for both the persons served and personnel.
- The organization's process of collecting and analyzing data from the persons served and other stakeholders and utilizing this information to make business function and service delivery improvements is truly impressive.
- The organization has well-organized documents, including its policy and procedure manuals, strategic plans, and various management reports, that provide guidance to the staff members in the operation of the organization.
- The information posted for the persons served is translated into multiple languages.
- The organization provides free medications and/or has assisted persons served with applications to become enrolled in pharmaceutical programs.
- The organization provides services to the persons served regardless of their ability to pay.
- The case management team meetings have a high standard of collaboration and coordination of services for the persons served.
- The organization provides holistic and comprehensive services and referrals that address the needs of the persons served and their families.
- The organization's collaboration with criminal justice professionals and leadership is notable and contributes to better outcomes for persons served through the criminal justice system.

In the following areas Mental Health Association of Essex County demonstrates exemplary conformance to the standards.

- MHAEC worked with a professional group (Great Projects) to produce a 25-minute television documentary on mental health education and advocacy. The funding for the project was obtained from the office of the governor of the state of New Jersey. The documentary addresses the stigma of mental illness and the reforms being undertaken in the state of New Jersey to integrate persons with mental illness into their communities. Advocates and service providers show the challenges they face in this process.
- The organization demonstrated exemplary practice in receiving recognition for participating in the benchmarking initiative of the New Jersey Association of Mental Health Agencies. There were 125 provider organizations involved that gathered data about performance levels, comparing the information and adopting evidenced best practice standards. MHAEC was labeled a Top Performer with regard to access to routine appointments for its adult outpatient program. Wait for service and wait for assignment are measures of access and efficiency; they are indicators of professionalism and operations. The standard for the thresholds of performance is fewer than five business days between the initial call and intake and between intake and assignment to service. In 2007, the MHAEC outpatient department's wait for intake was three days, and its wait for assignment was four and a half days.
- The organization's Center for Low Cost Psychotherapy, where volunteer psychotherapists provide pro bono work, provides an exceptional level of therapeutic services. Persons served who have little or no money are able to access this important service as part of their treatment.
- The utilization of the supported employment certificate program to train new staff members in employment skills is exemplary.

Mental Health Association of Essex County should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance to the standards but are offered as consultation for further quality improvement.

On balance, MHAEC demonstrates substantial conformance to the CARF standards. The clinical staff members are well qualified and are strongly focused on the provision of high quality services and supports. These factors, coupled with strong and long-tenured leadership and management, support a consistent service delivery system and the organization's ability to address the needs of the persons served. MHAEC is encouraged to use its resources address the areas for improvement noted in this report.

Mental Health Association of Essex County, Inc., has earned a Three-Year Accreditation. The board, management, and staff members are congratulated for this accomplishment and are encouraged to continue to use the CARF standards to demonstrate leadership in providing caring services to the persons served.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

There are no recommendations in this area.

Criterion B. Accessibility

Principle Statement

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

There are no recommendations in this area.

Criterion C. Information Management and Performance Improvement

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery. The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

C.12.f.(2)

It is recommended that the policy on the retention and destruction of records include a provision for stopping the destruction of records in the event that a legal process is initiated against the organization.

Exemplary Conformance

C.4.c.(3)

The organization demonstrated exemplary practice in receiving recognition for participating in the benchmarking initiative of the New Jersey Association of Mental Health Agencies. There were 125 provider organizations involved that gathered data about performance levels, comparing the information and adopting evidenced best practice standards. MHAEC was labeled a Top Performer with regard to access to routine appointments for its adult outpatient program. Wait for service and wait for assignment are measures of access and efficiency; they are indicators of professionalism and operations. The standard for the thresholds of performance is fewer than five business days between the initial call and intake and between intake and assignment to service. In 2007, the MHAEC outpatient department's wait for intake was three days, and its wait for assignment was four and a half days.

Consultation

- Although data are gathered from surveys of persons served, it is suggested that these data be more fully utilized to measure greater efficacy of programs and outcomes achieved by the persons served.
-

Criterion D. Rights of Persons Served

Principle Statement

CARF-accredited organizations protect and promote the rights of the persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
- Self-inspections twice a year
- Emergency procedures, including evacuation, tested/analyzed annually
- Access to emergency first-aid resources
- Competency of personnel in safety procedures
- Defined system for reporting/reviewing critical incidents
- Infection control plan
- Transportation requirements, if applicable

Recommendations

E.12.b.(3)

It is recommended that comprehensive health and safety inspections consistently document the actions taken to respond to the recommendations.

Criterion F. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

There are no recommendations in this area.

Consultation

- The organization calculates the turnover rate for the entire organization. It is suggested that the turnover rates be determined by each program.
-

Criterion G. Leadership

Principle Statement

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
 - Leadership guidance
 - Commitment to diversity
 - Corporate responsibility
 - Corporate compliance
-

Recommendations

There are no recommendations in this area.

Exemplary Conformance

G.9.a.

G.9.b.

MHAEC worked with a professional group (Great Projects) to produce a 25-minute television documentary on mental health education and advocacy. The funding for the project was obtained from the office of the governor of the state of New Jersey. The documentary addresses the stigma of mental illness and the reforms being undertaken in the state of New Jersey to integrate persons with mental illness into their communities. Advocates and service providers show the challenges they face in this process.

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organization review
 - Fiscal policies and procedures
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

A. Program Structure and Staffing

Principle Statement

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
 - Crisis intervention provided
 - Medical consultation
 - Services relevant to diversity
 - Assistance with advocacy and support groups
 - Team composition/duties
 - Relevant education
 - Clinical supervision
 - Family participation encouraged
-

Recommendations

A.5.a. through A.5.e.

Although the organization provides training in treatment planning, it is recommended that MHAEC determine competency and provide and/or arrange for competency-based training for personnel providing direct services that addresses other areas that reflect the specific needs of the person served; clinical skills that are appropriate to the position; interviewing skills; and program-related, research-based treatment approaches.

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
 - Ineligibility for services
 - Admission criteria
 - Orientation information provided regarding rights, grievances, services, fees, etc.
 - Waiting list
 - Primary and ongoing assessments
 - Reassessments
-

Recommendations

B.9.d. through B.9.f.

B.9.g.(3)

B.9.m.(6)(b)

Although needs, abilities/interests, and preferences were included in the primary assessment in some programs, it is recommended that this information be included in the assessment process of all programs. Furthermore, it is recommended that the efficacy of all medications and any history of neglect be included in the assessment.

B.10.b.(1)

B.10.b.(2)

It is recommended that the interpretive summaries be based on more areas of the assessment and that the information be utilized in the development of the treatment plan. The service delivery staff could benefit from inservice training in interpretive summaries, which would provide consistency in the development of the summaries across all programs.

Consultation

- It is suggested that the organization consider the development of an orientation handbook information video that could be utilized across all programs.
 - The organization might consider having advance directives for persons served to decide who will make decisions should they experience an involuntary hospitalization.
-

C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

- Development of individual plan
 - Co-occurring disabilities/disorders
 - Individual plan goals and objectives
 - Designated person coordinates services
-

Recommendations

C.3.a.(1)

Although some goals in treatment plans were expressed in the words of the persons served, it is recommended that treatment goals be consistently expressed in the words of the persons served.

C.3.a.(5)(a)

C.3.a.(5)(c)

C.3.a.(5)(d)

C.3.d.

It is recommended that the goals in treatment plans be based on the strengths, abilities, and preferences of the persons served and that the frequency of specific treatment interventions be clearly stated.

C.4.a.

It is recommended that that alcohol and other drug issues be included in an integrated manner in the treatment plans of the persons served.

C.7.a.(1)

C.7.a.(2)

Progress notes should document the achievement of goals and objectives related to the use of alcohol and other drugs when applicable.

D. Transition/Recovery Support Services

Principle Statement

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system. Transition services are critical for the support of the individual's ongoing recovery or well-being.

The discharge plan is a clinical document that includes information about the person's progress in recovery, describes the completion of goals, services, and reasons for discharge. This document is prepared when the person leaves services for any reason (against medical advice, no show, infringement of program rules, etc.).

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services are needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to the transition or discharge planning.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow up for persons discharged for aggressiveness

Recommendations

D.4.b.(1)

D.4.b.(2)

It is recommended that the transition plan document the progress made and the goals achieved by persons served throughout their entire treatment.

D.9.e.(1)

D.9.e.(3) through D.9.e.(6)

Although progress of the person served was included in some discharge summaries, it is recommended that progress be included in all summaries and that the strengths, needs, abilities, and preferences of the person served be included in all programs.

E. Pharmacotherapy

Principle Statement

Pharmacotherapy is the practice of evaluating, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and efficacious. Pharmacotherapy may be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Pharmacotherapy includes all prescribed medications, whereas medication monitoring includes prescribed medications and over-the-counter medications.

Key Areas Addressed

- Individual records of medication
 - Physician review
 - Policies and procedures for prescribing, dispensing, and administering medications
 - Training regarding medications
 - Policies and procedures for safe handling of medication
-

Recommendations

There are no recommendations in this area.

F. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
 - Patterns of use reviewed
 - Policies and procedures for use of seclusion and restraint
 - Persons trained in use
 - Designated room
-

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
 - Time frames for entries to records
 - Individual record requirements
 - Duplicate records
-

Recommendations

G.1.c.

It is recommended that all documentation in the records of the persons served be complete.

H. Quality Records Review

Principle Statement

The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
 - Review current and closed records
 - Items addressed in quarterly review
 - Use of information to improve quality of services
-

Recommendations

There are no recommendations in this area.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

C. Case Management/Services Coordination

Principle Statement

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Recommendations

There are no recommendations in this area.

Consultation

- Although the abilities and preferences of the persons served in case management are understood by staff, it is suggested that these be clearly identified in the delivery of services.
-

E. Community Integration

Principle Statement

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community integration services.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.

- Health and wellness promotion.
 - Orientation, mobility, and destination training.
 - Access and utilization of public transportation.
-

Recommendations

There are no recommendations in this area.

Q. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

Exemplary Conformance

Q.1.a.

The organization's Center for Low Cost Psychotherapy, at which volunteer psychotherapists provide pro bono work, provides an exceptional level of therapeutic services. Persons served who have little or no money are able to access this important service in their treatment.

S. Prevention/Diversion

Principle Statement

Prevention/diversion programs are proactive and evidence-based, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention/diversion programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental

disorders, physical illness, or violence and abuse; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs are provided in the community, school, home, workplace or other settings.

Organizations may provide one or more of the following three types of prevention programs, categorized according to the audience for which they are designed:

- Universal programs target the general population and seek to reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations.
- Selected programs target groups that are exposed to factors that place them at a greater than average risk for the problem behavior. These programs are tailored to reduce identified risk factors and strengthen protective factors in the individual. Selected programs may include student assistance (SAP), peer counseling, or peer mentor groups.
- Indicated programs target groups that are exhibiting early signs of the problem behavior. These individuals are at risk for continued or increased problems. Indicated prevention may include programs traditionally thought of as intervention that focus on changing outcomes for individuals and targeting antecedents of problem behavior. Indicated programs may also include diversion programs such as DUI/OWI classes, report centers, home monitoring, after-school tracking, or supervised visitation.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

Prevention/Diversion

Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Recommendations

There are no recommendations in this area.

C. Criminal Justice

Case Management/Services Coordination

Principle Statement

Criminal justice programs serve special populations comprised of accused or adjudicated individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other drug abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Criminal justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/DWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Recommendations

C.6.b.

It is recommended that information on the participation of the persons served in organizations or groups that encourage criminal behavior be included in the comprehensive assessment.

C.8.a.(1)

C.8.a.(2)

C.8.a.(4)

Although the individual plan process is person centered, it is recommended that discussion of the impact of criminal behavior on the applicable victim, family members (including children), and the community be a clear part of the plan.

SECTION 5. EMPLOYMENT AND COMMUNITY SERVICES

A. Individual-Centered Service Planning, Design, and Delivery

Principle Statement

Improvement of the quality of an individual's services requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

Key Areas Addressed

- Services are person-centered and individualized
 - Persons are given information about the organization's purposes and ability to address desired outcomes
-

Recommendations

A.9.a. through A.9.d.

It is recommended that the treatment plans of persons served be based on their strengths, needs, abilities, and preferences.

A.10.b.(2)

A.10.b.(3)

It is recommended that the individualized service plan include specific, measurable objectives and methods/techniques to be used to achieve the objectives.

B. Employment Services Principle Standards

Key Areas Addressed

- Goals of the persons served
 - Personnel needs of local employers
 - Community resources available
 - Economic trends in the local employment sector
-

Recommendations

There are no recommendations in this area.

Exemplary Conformance

B.1.a.(2)

The utilization of the supported employment certificate program to train new staff members in employment skills is exemplary.

J. Community Employment Services

Principle Statement

Community employment services assist a person seeking employment in choosing, obtaining, and retaining integrated employment in the community. Such services may be described as individual placements, contracted temporary personnel services, competitive employment, supported employment, transitional employment, mobile work crews, contracted work groups, enclaves, community-based NISH contracts, and other community-integrated designs. In Canada employment in the form of bona fide volunteer placements is possible.

Individuals may be paid by community employers or by the organization.

The following categories of service descriptors are available under Community Employment Services:

- Job Development
- Job-Site Training
- Job Supports

Key Areas Addressed

- Integrated employment choice
 - Integrated employment obtainment
 - Integrated employment retention
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Recommendations

There are no recommendations in this area.

Consultation

- Employment job development services could be enhanced through the development of an employer council that might assist in the creation of additional job opportunities.
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PROGRAMS/SERVICES BY LOCATION

Mental Health Association of Essex County, Inc.

33 South Fullerton Avenue
Montclair, NJ 07042

Outpatient Treatment: Mental Health (Adults)
Prevention/Diversion: Mental Health (Adults)
Prevention/Diversion: Mental Health (Children and Adolescents)

Integrated Case Management Services

60 Evergreen Place, Suite 402
East Orange, NJ 07018

Case Management/Services Coordination: Mental Health (Adults)
Employment Services: Community Employment Services: Job Development
Employment Services: Community Employment Services: Job Supports
Employment Services: Community Employment Services: Job-Site Training

Prospect House Partial Care

424 Main Street
East Orange, NJ 07018

Community Integration: Mental Health (Adults)

Intensive Family Support Services

60 South Fullerton Avenue
Montclair, NJ 07083

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Criminal Justice)
Prevention/Diversion: Mental Health (Adults)

Livingston Youth and Community Services

Monmouth Court
Livingston, NJ 07039

Prevention/Diversion: Mental Health (Children and Adolescents)
