New Jersey

UNIFORM APPLICATION
FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID	MLGMLZ76EMC3

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

Agency Name	New Jersey Division of Mental Health and Addiction Services
Organizational Unit	Office of Planning, Research, Evaluation, Prevention and Olmstead
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II. Contact Person for the Grantee of the Block Grant

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

From	7/1/2022
To	6/30/2023

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

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Footnotes:

B. Implementation Report

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

Priority #: 1

Priority Area: Pregnant Women/Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

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

Objective:

Increase number of pregnant women or women with children entering substance use disorder treatment.

Strategies to attain the goal:

• Annual Provider Meetings: These meetings are held with licensed contracted women's treatment providers, system partners representing NJ Department of Children and Families (DCF), Division of Family Development (DFD), Work First New Jersey Substance Abuse Initiative (WFNJ-SAI), the Maternal Wrap Around Program (MWRAP) providers, and Integrated Opioid Treatment and Substance Exposed Infants (IOT-SEI) providers. Meetings address a variety of topics ranging from information sharing, best practices, continuum of care, medication assisted treatment, referrals and access to services, recovery supports, Plans of Safe Care, systems collaboration, Substance Exposed Infants (SEI) and Neonatal Abstinence Syndrome (NAS), challenges, and training needs.

• Professional Development: Contracted licensed women's treatment providers that receive funding through the women's set aside block grant are required to address the full continuum of treatment services: family-centered treatment, evidence-based parenting programs, trauma-informed and trauma-responsive treatment using Seeking Safety, Strengthening Families, evidence-based parenting classes, recovery supports, etc. and assist women with housing supports by linking women to transitional, permanent and/or supportive or sober living homes such as an Oxford House. All providers who have DMHAS contracts for specialty services ranging from prevention, treatment and recovery supports for pregnant and parenting women (PPW) with opioid use disorder are required to have new staff successfully complete the National Center on Substance Abuse and Child Welfare (NCSACW) online tutorials "Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals" and document completion of tutorials in their employee personnel files.

• Plans of Safe Care: All women's treatment and pregnant and parenting specialty services (MWRAP and IOT-SEI Initiatives) provider contract language requires Plans of Safe Care for pregnant and postpartum women. Plans of Safe Care will address the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services. For a pregnant woman, the Plan shall be developed prior to the birth event whenever possible and in collaboration with treatment providers, health care providers, early childhood service providers, and other members of the multidisciplinary team as appropriate. Documentation of the Plan must be included in the woman's file.

• Interim Services: In 2019 NJ DMHAS added language to Fee for Service (FFS) Network Annex A's to ensure all FFS funded treatment agencies provide Interim Services as an engagement service at all levels of care to ensure priority PPW consumers awaiting admission to their assessed level of care anywhere in the state could receive interim services within 48 hours at facilities closer to home. Interim services for PPW consumers is designed to reduce the adverse health effects of substance use, promote individual health, and reduce the risk of transmitting disease to sexual partners and their infants by providing individualized education, case management, referrals and MAT if needed, while awaiting admission. Statewide technical assistance on interim services was provided to all provider contractees.

• In Depth Technical Assistance (IDTA) Neonatal Abstinence Syndrome and Substance Exposed Infants (NAS SEI): As a SAMHSA Prescription Drug Abuse Policy Academy State, NJ applied for a unique technical assistance opportunity through the SAMHSA supported NCSACW to address the multi-faceted problems of NAS and SEI. NJ DHS/DMHAS as the lead State agency, partnered with DCF and DOH, and submitted a successful application (no funding attached). The IDTA goal was to develop uniform policies/guidelines that address the entire spectrum of NAS and SEI from pre-pregnancy, prevention, early intervention, assessment and treatment, postpartum and early childhood. The IDTA provided technical assistance to NJ to strengthen collaboration and linkages across multiple systems such as addictions treatment, child welfare, and medical communities to improve services for pregnant women with opioid and other substance use disorders and outcomes for their babies. The Core Team included over 60 individuals representing multiple State Departments and Divisions, community stakeholders, treatment providers, and the medical community. Three goals were established (1) Increase perinatal SEI screening at multiple intervention points (2) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women screening positive on the 4P's Plus get connected for a comprehensive assessment by establishing formal warm-handoffs and other safety net measures; (3) Leverage existing programs and policy mechanisms to collaboratively increase the rate at which women delivering SEIs and their babies and any other eligible children, receive early support services for which they are eligible. Workgroups were formed.

• IDTA Birthing Hospital Survey: Labor, Delivery and Engagement (Infants) Workgroup developed a comprehensive survey with input from the medical community and perinatal cooperatives. The Birthing Hospital Survey was disseminated statewide March 2017 to the labor and delivery hospitals. The survey sought to understand how pregnant women with SUD and SEI are identified, treated, and triaged with partners at discharge, and if treatment for NAS was explored. The results were intended to guide Departments in establishing statewide guidelines for best practice; aid in the development of cross system models to ensure families get access to services; establish education needs on issues of SEI/NAS and identify high risk areas. In an effort to increase access to SUD treatment and reduce unmet treatment needs of pregnant or parenting women with an Opioid Use Disorder (OUD), based from the Birthing Hospital Survey findings, the DMHAS engaged Rutgers/Robert Wood Johnson Medical School (Rutgers/RWJ) to provide technical assistance and training through the ECHO Program.

• Project ECHO Maternal Child Health. Pregnant and Parenting Women with Opioid Use Disorder (MCH PPW OUD): This ECHO provides education and training to primary care practitioners, SUD treatment providers, behavioral health practitioners, and other stakeholders in multiple clinic settings and at home, utilizing a web-based video collaboration between a multi-disciplinary team of specialists and primary care practitioners on best practices for the assessment, case management, intervention, treatment and recovery support services for PPW with an OUD. The goal is to increase the capacity and competency of providers, community support organizations and clinical teams to support prevention, treatment and recovery of PPW with OUD. ECHO will position communities to reduce the NAS birth rates, improve use of medication assisted treatment, family formation and early infant development; improve access to physical and mental health care by educating more providers, midwives, doulas, and other health care professionals on best practices during prenatal and perinatal periods. The anticipated start date for the Program was set for March 2020. However, with the advent of the global COVID-19 pandemic, and the national and state orders to shelter in place effective late March 2020, limitations on who could go to the hospital added a level of complexity to care for those mothers expecting to give birth during this time or in recovery at home. These events required an immediate response to address the public health emergency. In late March, 2020 the DMHAS agreed to postpone the traditional MCH PPW-OUD ECHO Series until such time that the providers could return to a focus on pregnant and parenting women with an OUD. The ECHO team (DMHAS, Rutgers/RWJ and Hub members) refocused resources to provide COVID-19 MCH & OUD ECHO sessions. This temporary change in scope enabled the MCH PPW-OUD ECHO team to address treatment issues, access to healthcare services and how to meet the needs of specific populations of women during this crisis. The MCH PPW-OUD Hub team completed a 7 COVID-19 maternal child health and OUD sessions between April and the first week of June. The MCH PPW-OUD Hub team completed a 7 COVID-19 maternal child health and OUD sessions between April and the first week of June, 2020, and MCH PPW-OUD ECHO with COVID-19 (included as a discussion topic) reconvened June 15, 2020 through December 2020. MCH PPW-OUD ECHO series is scheduled after July of 2021. Each series is designed as 12 bi-weekly sessions.

• Maternal Wrap Around Program (MWRAP): MWRAP is a statewide program located in six regions with each region serving approximately 30 unduplicated opioid dependent pregnant women, their infants and families. MWRAP provides intensive case management and recovery support services for opioid dependent pregnant and postpartum women. Opioid dependent women are eligible for services during pregnancy and up to one year after the birth event. The MWRAP goal is to alleviate barriers to services for pregnant opioid dependent women through comprehensive care coordination that is implemented within the five major timeframes when intervention in the life of the SEI can reduce potential harm of prenatal substance exposure: pre-pregnancy, prenatal, birth, neonatal and early childhood. MWRAP is intended to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure.

The onset of the COVID-19 pandemic resulted in many significant safety precautions at the national and state level. The stay-at-home orders, such as closures of businesses, schools, restrictions in gatherings has had an impact on the social determinants of health (food, security, employment, income, access to medical care, etc.). Pregnant and parenting women with a history of substance use disorder could be at risk for increase in substance use or experience relapse due to feelings of isolation, lack of family supports, or social support systems. Their mental health could be adversely affected exhibiting depression during pregnancy and postpartum. State fiscal year, 2022 the MWRAP statewide initiative eligibility criteria will be expanded to include pregnant women with substance use disorder, not exclusive to opioid dependency and providers will serve a total of 50 (fifty) unduplicated women per region.

• Integrated Opioid Treatment and Substance Exposed Infants (IOT-SEI) Initiative: Five awards across the State, funded with the Governor's State Opioid funds. This Initiative provides an array of integrated services for opioid dependent pregnant women, their infants and family. Providers are required to ensure a full continuum of services and to establish mechanisms to develop a coordinated and cohesive approach for working together across systems that include, SUD treatment, medical community, maternal child health, and child welfare. Initiative focuses on alleviating barriers to services. Services range from: mother's medical/prenatal and obstetrical care, SUD treatment for OUD including MAT, new born/infant medical care, child welfare services as identified, intensive case management, recovery supports, assistance with housing, case management and other wraparound services. Providers must ensure that there is comprehensive care coordination from prenatal through the birth event, postpartum, and early childhood

• Data Collection (MWRAP and IOT-SEI): DMHAS Researcher is collecting and analyzing data to understand the impact of each program on outcomes for the mother and her child, to evaluate program effectiveness, make recommendations for program improvement and sustainability. As of July 2020 COVID19 specific data is also being collected; the purpose of this data is to understand how individual participants are being affected and what specific steps are being taken to address COVID19 related challenges – Data is on impact of social determinants of health on health outcomes in the time of COVID 19 such as housing, transportation and healthcare.

• Supportive Housing: DMHAS developed a Women's Intensive Supportive Housing (WISH) Program. WISH provides permanent supportive housing for pregnant and/or parenting women with a co-existing substance abuse disorder and mental illness who are homeless or at risk of homelessness and being discharged from a licensed long-term residential substance abuse treatment and/or halfway house facility. An RFP was developed and released in January 2015 for the development of a WISH team to provide case management and supportive housing services for 10 women and their children. The RFP was awarded in 2015 to a licensed treatment provider who specializes in women's gender specific treatment, offers a continuum of care, and has a longstanding history of providing supportive housing and has demonstrated success in managing permanent supportive housing programs.

Since 2014, DMHAS has a Memorandum of Understanding (MOU) with NJ DCF, DCP&P to fund ten (10) supportive housing subsidies annually for the "Keeping Families Together" (KFT) program for parents involved with the child welfare system who are homeless or at imminent risk and in which one or more adults in the family is diagnosed with a co-occurring mental health illness and substance use disorder. DCP&P contracts with a provider for the KFT program in Essex County.

• Systems Collaboration PPW: Twelve (12) of New Jersey's 21 counties have monthly DCP&P Child Welfare Substance Use Disorder Consortia meetings which are held at the local DCP&P offices. Child welfare staff, DMHAS, Division of Family Development, Substance Use Disorder Provider Agencies, Work First New Jersey, Substance Abuse Initiative (WFNJ SAI) providers, and Boards of Social Services meet each month and plan on how to better serve families, leading to more effective policies and practices to meet the needs of infants, children and families. The Consortia also addresses ASFA timelines, Plans of Safe Care, and reunification for children in out of home placement. Through collaboration, multiple agencies working with the same family can improve communication to reduce the gaps in service delivery and improve coordination of services. The Consortia allow for cross systems collaboration with local treatment programs and other community partners who can provide the expertise needed to better serve families in the child welfare system.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase the number of pregnant women or women with children entering substance use disorder treatment.
Baseline Measurement:	SFY 2021: 27,210 admissions
First-year target/outcome measurement:	Increase number of pregnant women or women with children entering substance use disorder treatment in SFY 2022 by 1%.
Second-year target/outcome measurement:	Increase number of pregnant women or women with children entering substance use disorder treatment by 2% by the end of SFY 2023. The change in SFY 2023 will be measured by calculating the percent difference from SFY 2020 to SFY 2023.

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

Data Source:

The number of pregnant women and women with children from SFY 2021 – 2023 will be tracked by the SSA's New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 2

Priority Area: Heroin/Opioid Users

Priority Type: SAT

Population(s): Other

Goal of the priority area:

To ensure medication assisted treatment (MAT) is provided as an option to individuals with an opioid use disorder (OUD) who are entering into substance use disorder (SUD) treatment.

Objective:

Increase the number of heroin/other opiate admissions for whom MAT is planned.

Strategies to attain the goal:

• Continue to utilize a public awareness campaign focusing on reducing stigma/discrimination regarding MAT to assist in engaging individuals with an OUD, their families, friends, loved ones, providers and other community members so that they understand the use of MAT is a best practice in the treatment of an OUD.

• Buprenorphine Medical Support Initiative- Continuing this initiative which will focus on the challenges faced by licensed mental health programs that require start-up funds to increase their capacity to offer MAT, specifically buprenorphine to their clients. MH programs will be expected to build capacity to offer MAT in compliance with all federal and New Jersey state regulations.

• DMHAS will continue the Vivitrol Enhancement through its Fee-for-Service (FFS) Network. This enhancement allows providers to be reimbursed for the provision of Vivitrol as well as other ancillary services in FFS initiatives. Licensed SUD agencies can be enrolled in the enhancement if have proper approval of policies and procedures from the Department of Health, Certificate of Need & Licensing (CN&L).

• DMHAS will launch a Buprenorphine Enhancement, similar to the one created for Vivitrol, that will reimburse FFS Network providers for the provision of buprenorphine at their agencies. Licensed SUD agencies will be able to participate in the enhancement will proper approval from CN&L.
• DMHAS collaborates with 20 county jails that have established MAT programs or enhanced existing MAT services for inmates. In addition, DMHAS works with county correctional facilities and have established justice involved re-entry services for detainees where case managers at county jails conduct intake assessments and establish pre-release plans for needed services in the community, which include linking individuals to community MAT services.

• DMHAS will continue to provide a statewide distribution of American Society of Addiction Medicine (ASAM) booklets entitled "Opioid Addiction Treatment: A Guide for Patients, Families and Friends" which provide facts about treatment, including MAT as a best practice, and provides NJ-specific resources to accessing treatment and recovery services. These guides are provided in both English, Spanish and Braille, and will include a video link of the booklet made in American Sign Language (ASL).

• DMHAS developed and will continue its Memorandum of Agreement (MOA) with Rutgers University, Robert Wood Johnson Medical School for a train-the-trainer program on Medication Assisted Treatment (MAT), the opioid epidemic (specific to New Jersey) and concepts of SUD (specific to OUD) for a minimum of 40 graduate students at Rutgers University. The goal of this project has been to educate, support, and mentor graduate students to give free educational talks, through use of PowerPoint presentations, to community businesses and organizations.

• Expand low threshold buprenorphine induction programming at all statewide Harm Reduction Centers (HRCs) while also continuing to encourage collaboration and affiliation agreements between the HRCs and substance use disorder agencies to ensure referral to comprehensive treatment programs, when clinically indicated.

• Development and expansion of its expanded hour Opioid Treatment Program (OTP) initiative in efforts to provide increased (i.e. evening) hours that are not typically provided in efforts to assist individuals with easier access to services.

• DMHAS will be issuing a Request for Proposal (RFP) which will fund cultural competence training that will be provided to narrow the treatment gap experienced by Black/African Americans (AA) who are diagnosed with opioid and stimulant use disorders and who are statistically less likely to receive or access services. A second goal of this initiative is to increase access to MAT through increased prescribing to the Black/AA community.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of heroin/other opiate admissions for whom MAT was planned.

Baseline Measurement: SFY 2021: 21,227 heroin/other opiate admissions for whom MAT was planned.

First-year target/outcome measurement: Increase the number of heroin/other opiate admissions for whom MAT is planned by 1%

Second-year target/outcome measurement: Increase the number of heroin/other opiate admissions for whom MAT is planned by 2%. The change in SFY 2023 will be measured by calculating the percent difference from SFY 2021 to SFY 2023.

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

Data Source:

The number of heroin/other opiate admissions for whom MAT was planned from SFY 2021 - 2023 will be tracked by the SSA's New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 3

Priority Area: Persons Who Inject Drugs (PWID)

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

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

Objective:

Increase the number of PWID entering treatment and number of heroin and other opiate dependent individuals entering treatment.

Strategies to attain the goal:

• Expand low threshold buprenorphine induction programming at all statewide Harm Reduction Centers (HRCs) while also continuing to encourage collaboration and affiliation agreements between the HRCs and substance use disorder agencies to ensure referral to comprehensive treatment programs, when clinically indicated. Providing services in convenient locations, specifically continuing to utilize and start-up new mobile medication programming, in order to reduce barriers and engage individuals in care as easily as possible.

• Development and expansion of its expanded hour Opioid Treatment Program (OTP) initiative in efforts to provide increased (i.e. evening) hours that are not typically provided in efforts to assist individuals with easier access to services. Promoting the use of medication assisted treatment (MAT) (e.g., methadone, buprenorphine, injectable naltrexone) for individuals with an opioid use disorder (OUD) who seek treatment at any level of care.
• Providing substance use disorder treatment services for individuals who are Deaf and hard of hearing and whose primary language is American Sign Language (ASL) and have a primary diagnosis of an opioid use disorder or stimulant use disorder. The goal is to provide regional services that are both culturally and linguistically accessible and utilize substance use counselors, case managers, and qualified ASL interpreters at three (3) site locations and refer to MAT programming, when appropriate.

• Educating providers, individuals with an OUD, family members and the public about the benefits of MAT through its public awareness campaign that was launched in 2020, as well as providing public presentations, in-person or virtually, on this topic.
• Contracts with three regional Opioid Overdose Prevention Program (OOPP) providers and an Opioid Overdose Prevention Network (OOPN) provider to continue to offer community education and trainings for individuals at-risk for an opioid use disorder, their families, friends and loved ones to recognize an opioid overdose and to subsequently provide naloxone kits to individuals in attendance. A component of these trainings have been and will continue to be to discuss treatment, including MAT.

• Increase the number of naloxone trainings specifically for underserved populations, such as schools, jails, licensed substance use disorder (SUD) treatment providers, Offices of Emergency Management, Emergency Medical Services teams, fire departments, homeless shelters and community health clinics.
• Linking individuals reversed from an opioid overdose, who are seen bedside by recovery specialists and patient navigators at emergency departments, via the 21 county Opioid Overdose Recovery Programs (OOPP) to treatment and/or recovery support services in their communities.

• Statewide contracts awarded to providers in all 21 counties for a Support Team for Addiction Recovery (STAR) program to provide case management and wraparound services for individuals with an OUD. Goals include linking clients to needed services, housing, primary care and treatment to include MAT.
• Maternal Wrap Around Program (MWRAP) – MWRAP is a statewide program located in six regions with each region serving approximately 30 unduplicated opioid dependent pregnant women, their infants and families. MWRAP provides intensive case management and recovery support services for opioid dependent pregnant and postpartum women. Opioid dependent women are eligible for services during pregnancy and up to one year after the birth event. The MWRAP goal is to alleviate barriers to services for pregnant opioid dependent women through comprehensive care coordination that is implemented within the five major timeframes when intervention in the life of the SEI can reduce potential harm of prenatal substance exposure: pre-pregnancy, prenatal, birth, neonatal and early childhood. MWRAP is intended to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure. The onset of the COVID-19 pandemic resulted in many significant safety precautions at the national and state level. The stay-at-home orders, such as closures of businesses, schools, restrictions in gatherings has had an impact on the social determinants of health (food, security, employment, income, access to medical care, etc.). Pregnant and parenting women with a history of substance use disorder could be at risk for increase in substance use or experience relapse due to feelings of isolation, lack of family supports, or social support systems. Their mental health could be adversely affected exhibiting depression during pregnancy and postpartum. State fiscal year, 2022 the MWRAP statewide initiative eligibility criteria will be expanded to include pregnant women with substance use disorder, not exclusive to opioid dependency and providers will serve a total of 50 (fifty) unduplicated women per region.
• In September 2016, DMHAS was awarded a “Strategic Prevention Framework for Prescription Drugs (SPF Rx)” five-year grant from SAMHSA to implement the NJAssessRx initiative. NJAssessRx expands interagency sharing of the state’s Prescription Drug Monitoring Program data and gives DMHAS the capability to use data analytics to identify prescribers, prescriber groups and patients at high risk for inappropriate prescribing and nonmedical use of opioid drugs. Informed by the data, DMHAS and its prevention partners will strategically target communities and populations needing services, education or other interventions. The target population is youth (ages 12-17) and adults (18 years of age and older) who are being prescribed opioid pain medications, controlled drugs, or human growth hormone (HGH), and are at risk for their nonmedical use.
• In FY 2020, New Jersey received a total of $120.3 million through SOR for a two-year period. In FY 2021, NJ received $65.97 million through SOR 2.0. The goal of the SOR is to address the State’s opioid crisis as well as a rising issue of stimulant use disorder by providing treatment, family and peer recovery support, community prevention and education programs and training. The key objectives of funding are to increase access to medication-assisted treatment (MAT), reduce unmet treatment need, reduce opioid-related deaths, and provide services to address individuals who have a stimulant use disorder.

• As part of SOR and state funding, DMHAS collaborates with 20 of 21 counties in NJ who have established MAT programs or enhanced existing MAT services for inmates with OUD at county correctional facilities. DMHAS will utilize funds to have its Centers of Excellence provide technical assistance to correctional facilities to assist them in the provision of these services. In addition, DMHAS has worked with county correctional facilities to establish justice involved re-entry services for detainees where case managers at county jails conduct intake assessments and establish pre-release plans for needed services in the community.

• Interim Services is a requirement of DMHAS provider contracts. A new initiative developed in October 2019 has allowed DMHAS to pay for these services through a fee-for-service (FFS) mechanism. The Interim Services initiative provides funding to all contracted FFS agencies to support individuals awaiting admission to treatment following a substance use disorder (SUD) assessment. Interim Services are an engagement level of service intended to

link individuals to services they may not be able to access due to lack of provider capacity. This service has been designed to be provided by agencies contracted for any licensed ASAM level of care. Interim services have been made available to any individual eligible for treatment within the public system who cannot be admitted for the assessed level of care within 72 hours. Prior to this initiative, agencies enrolled in the Block Grant initiatives were required to provide this service.

• DMHAS is proposing to increase access to buprenorphine and other ancillary services for individuals with a substance use disorder through current programming available at homeless shelters. It is proposed that providers will develop the capacity to provide low threshold medication as well as other support services for individuals who reside or drop in at the shelters, linking them to treatment services when appropriate.

• DMHAS will continue a train-the-trainer program through Rutgers University on MAT and NJ-specific treatment and recovery resources for graduate students. The goal of this project is to educate, support, and mentor graduate students to give free educational talks to community groups throughout the State.

• DMHAS will be issuing a Request for Proposal (RFP) which will fund cultural competence training that will be provided to narrow the treatment gap experienced by Black/African Americans (AA) who are diagnosed with opioid and stimulant use disorders and who are statistically less likely to receive or access services. A second goal of this initiative is to increase access to MAT through increased prescribing to the Black/AA community.

• DMHAS to develop a pilot program to fund one of its university partners to develop a few pilot paramedicine programs in the State to administer buprenorphine for opioid withdrawal symptoms and provide next day linkage to care to community MAT providers.

• The Division of Medical Assistance and Health Services, in collaboration with DMHAS, launched a program to cover and support MAT and Office Based Addiction Treatment (OBAT). This program coordinates the delivery of multiple reimbursable services provided by primary care providers and community behavioral health specialists to NJ FamilyCare members with an addiction diagnosis. OBAT providers link patients to OTP or other treatment services when appropriate.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase the number of PWID entering treatment.
Baseline Measurement:	SFY 2021: 21,921 admissions
First-year target/outcome measurement:	Increase the number of PWID entering treatment by 1%.
Second-year target/outcome measurement:	Increase the number of PWID entering treatment by 2% by the end of SFY 2023. The change in SFY 2023 will be measured by calculating the percent difference from SFY 2020 to SFY 2023.

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

Data Source:

The number of PWID in SFY 2021 through SFY 2023 will be tracked by the SSA's New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

time during the course of treatment.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Indicator #: 2

Indicator: Increase the number of heroin and other opiate dependent individuals entering treatment.

Baseline Measurement: SFY 2021: 39,771 admissions

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

Second-year target/outcome measurement: Increase number of opiate dependent individuals entering treatment by 2% by the end of SFY 2023. The change in SFY 2023 will be measured by calculating the percent difference from SFY 2021 to SFY 2023.

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

Data Source:

The number of opiate dependent individuals from SFY 2021 - 2023 will be tracked by the SSA's New Jersey Substance Abuse Monitoring System (NJSAMS).

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 4

Priority Area: TB

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Increase compliance rate of DMHAS' SAPT Block Grant contracted agencies offering every client a tuberculosis evaluation.

Objective:

Increase the percentage of DMHAS' SAPT Block Grant contracted agencies offering every client a tuberculosis evaluation

Strategies to attain the goal:

Ongoing monitoring. Monitors will review compliance during the annual site visit, and require an acceptable plan of correction for non-compliance. If repeat deficiencies are found, an alternate plan of correction and proof of implementation will be required.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Site Monitoring Report of DMHAS' SAPT Block Grant contracted agency indicating that client was offered a tuberculosis evaluation.

Baseline Measurement: According to SFY 2021 Annual Site Monitoring Reports of DMHAS' SAPT Block Grant contracted agencies, 83% of the agencies that were monitored (30 of 36 agencies) were in compliance with offering every client a tuberculosis evaluation.

First-year target/outcome measurement: An increase of 5% above the baseline measure.

Second-year target/outcome measurement: An additional increase of 5% above the first-year target measure.

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

Data Source:

Annual Site Monitoring Reports of DMHAS' SAPT Block Grant Contracted Agencies

New Data Source*(if needed)*:

Description of Data:

The grants monitoring program at DMHAS monitor SAPT Block Grant recipients. Onsite visits are made to each SAPT Block Grant recipient a minimum of one time per calendar year. The reviewer conducts chart reviews for the selected sample and completes an Annual Site Monitoring Report. The Annual Site Monitoring Report addresses at a minimum five core areas of performance: Facility, Staff, Treatment Records, Quality Assurance, Specialized Services, and Other contract requirements.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 5

Priority Area: Tobacco

Priority Type: SAP

Population(s): Other

Goal of the priority area:

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

Objective:

Decreased past month use of tobacco products among persons aged 12 to 17.

Strategies to attain the goal:

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

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

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

Legislation
• The State of New Jersey enacted a statute to raise the age to sell tobacco products from persons 19 years of age to 21 years of age effective November 1, 2017 (P.L.2017, Chapter 118).

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: According to 2018-2019 NSDUH data, 2.96 percent of the target population reported tobacco product use (any) during the month prior to participating in the survey.

First-year target/outcome measurement: A reduction of .40% below the baseline measure.

Second-year target/outcome measurement: An additional reduction of .15% below the first year measure.

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

Data Source:

National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia), Tobacco Product Use in the Past Month, by Age Group and State: Percentages, Annual Averages Based on 2018-2019 NSDUH data for New Jersey

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 6

Priority Area: Alcohol

Priority Type: SAP

Population(s): Other

Goal of the priority area:

Reduce the percentage of persons aged 12 – 20 who report binge drinking in the past month

Objective:

Decreased past month of binge drinking among persons aged 12 to 20.

Strategies to attain the goal:

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

Environmental Strategies
• Enhance Access/Reduce Barriers – Enhance access to effective prevention strategies and information through the use of a social media campaign and the development of human capital and networks of support.
• Enhance Barriers/Reduce Access - Increase education among merchants, bars, and restaurants who sell alcoholic beverages. Also, provide education to parents and guardians.
• Change Consequences/Enhance Access/Reduce Barriers – Work with municipal and county government to assure that underage drinking laws are enforced at the local level.
• Change Physical Design – Through the compliance check report and GIS mapping, provide municipalities and state Alcoholic Beverage Commission with details regarding how outlet density and location impact tobacco availability to youth.
• Modify/Change Policies – Enhance or create policies related to underage drinking among 12-20 years olds on a countywide level.

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Binge Alcohol Use in the Past Month by persons aged 12-20.

Baseline Measurement: According to 2018-2019 NSDUH data, 12.63 percent of the target population reported binge drinking during the month prior to participating in the survey.

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

Second-year target/outcome measurement: An additional reduction of .10% below the baseline measure.

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

Data Source:

Alcohol Use and Binge Alcohol Use in the Past Month among Individuals Aged 12 to 20, by Age Group and State: Percentages, Annual Averages Based on 2018-2019 NSDUH data for New Jersey

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 7

Priority Area: Marijuana

Priority Type: SAP

Population(s): Other

Goal of the priority area:

Decrease the percentage of persons aged 12 – 17 who report Marijuana Use in the Past Year.

Objective:

Decreased use of marijuana in the past year among persons aged 12 to 17.

Strategies to attain the goal:

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

Environmental Strategies
• Enhance Access/Reduce Barriers – Enhance access to effective prevention strategies and information through the use of a social media campaign and the development of human capital and networks of support.
• Change Consequences/Enhance Access/Reduce Barriers – Work with municipal and county government to assure that marijuana use and possession laws are enforced at the local level.
• Modify/Change Policies – Enhance or create policies, laws, and ordinances related to marijuana use among 12-17 years olds on a countywide level.

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Marijuana Use in the Past Year by persons aged 12-17.

Baseline Measurement: According to 2018-2019 NSDUH data, 11.48 percent of the target population reported marijuana use during the year prior to participating in the survey.

First-year target/outcome measurement: A reduction of .05% below the baseline measure.

Second-year target/outcome measurement: An additional reduction of .05% below the baseline measure.

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

Data Source:

Marijuana Use in the Past Year, by Age Group and State: Percentages, Annual Averages Based on 201
8-2019 NSDUH data for New Jersey

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 8

Priority Area: Prescription Drugs

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Decrease the percentage of persons who were prescribed opioids in the past year.

Objective:

Decreased prescribing of analgesic opioids in the past year to all persons in New Jersey

Strategies to attain the goal:

Education: Educational programs and webinars regarding CDC Guideline for Prescribing Opioids for Chronic Pain.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Opioid Dispensations in New Jersey.

Baseline Measurement: According to data from NJ CARES – A Realtime Dashboard of Opioid-Related Data and Information (maintained by the Office of the New Jersey Attorney General), in 2020, 3,637,522 prescriptions for opioids were provided in New Jersey.

First-year target/outcome measurement: A reduction of 1% below the baseline measure.

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

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

Data Source:

NJ CARES – A Realtime Dashboard of Opioid-Related Data and Information (maintained by the Office of the New Jersey Attorney General)

New Data Source*(if needed)*:

Description of Data:

Statewide Prescription Drug Monitoring Program data provided by the NJ Attorney General's Office

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 9

Priority Area: Heroin

Priority Type: SAP

Population(s): Other

Goal of the priority area:

Increase the percentage of persons aged 12 – 17 who report perceptions of Great Risk from Trying Heroin Once or Twice

Objective:

Increased perceptions of Great Risk from Trying Heroin Once or Twice among persons aged 12 to 17

Strategies to attain the goal:

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

Environmental Strategies
• Enhance Access/Reduce Barriers – Enhance access to effective prevention strategies and information through the use of a social media campaign and the development of human capital and networks of support.
• Change Consequences/Enhance Access/Reduce Barriers – Work with municipal and county government to assure that laws regarding the use of illegal substance (including heroin) are enforced at the local level.
• Modify/Change Policies – Enhance or create policies designed to increase perceptions of risk and harm related to the use of heroin among 12-17 years olds on a countywide level.

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Perceptions of Great Risk from Trying Heroin Once or Twice among persons aged 12-17.

Baseline Measurement: According to 2018-2019 NSDUH data, 66.82 percent of the target population reported Perceptions of Great Risk from Trying Heroin Once or Twice.

First-year target/outcome measurement: An increase of .25% above the baseline measure

Second-year target/outcome measurement: An additional increase of .10% above the first year measure

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

Data Source:

Perceptions of Great Risk from Trying Heroin Once or Twice, by Age Group and State: Percentages, Annual Averages Based on 2018-2019 NSDUH data for New Jersey

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Priority #: 10

Priority Area: Housing Services in Community Support Services

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

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

Objective:

SMHA continues to increase opportunities for community living among mental health consumers by developing additional housing units and maintaining levels of occupancy to satisfy the needs of consumers served in Community Support Services.

Strategies to attain the goal:

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

The SMHA will utilize a number of strategies to help attain the objective.
1. The Office of Planning, Research, Evaluation, Prevention and Olmstead works collaboratively with provider agencies, state hospital key personnel, DMHAS staff and other Divisions across the state to implement an overall paradigm of community integration.
2. Continued use of the Individual Needs for Discharge Assessment (INDA) facilitates the treatment and discharge planning processes. The INDA serves as both an assessment tool geared toward evaluating needs or barriers that the consumer may face upon discharge and a mechanism by which to assign state hospital consumers to prospective community service providers. The INDA will be continually used by the SMHA to facilitate transition into the community and anticipate and address any barriers that may hinder or preclude placement within the community.
3. Separation of Housing and Services in service delivery has enabled consumers to choose a housing provider and a different service provider. Consumers will no longer be restricted to the same agency. This separation will also enable the SMHA to track expenditures, utilization, outcomes, and

demands for services.
4. The Bed Enrollment Data System (BEDS)/Vacancy Tracking System was developed to help DMHAS manage and track vacancies. The system has replaced the process of cold calls to agencies and the utilization of quickly outdated paper tracking sheets. Utilization of a web-based system provides real-time access to vacancy information and helps facilitate assignments and avoid outdated spreadsheets. Analysis of the utilization of Supportive Housing vs. supervised settings (e.g. group homes and supervised apartments) allows for assessment of the Division's progress toward community integration. The system will also enable planning at both the individual consumer level for placement purposes and system-wide for purposes of enhancements in community resources.
5. Assignment Process - In May 2015, New Jersey DMHAS revised its Administrative Bulletin 5:11 directing engagements of consumers by community providers. Under this revision, assignments of consumers replaced the concept of referrals to community providers by hospital treatment teams, requiring providers to either accept the assigned consumer or communicate their needs to DMHAS for additional supports necessary to serving the assigned consumer. The goal of this new policy was the early familiarity of consumers and providers through mandatory provider participation in the discharge planning process and engagements such as recreational day trips; visits to prospective apartments for rent; discharge preparations; and overnight visits (upon request of the consumer and/or hospital treatment team).

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

Edit Strategies to attain the objective here:
(if needed)

6. DMHAS will be utilizing Covid Supplemental and ARPA funding to procure a web-based data system for tracking referrals and vacancies for beds and services. The data system will have a crisis management module for call center intakes and mobile outreach dispatch which will be the initial implementation phase of the system.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Consumers who remain in Community Support Services (CSS) during the fiscal year as a proportion of total consumers served in Community Support Services.

Baseline Measurement: The total number of clients served in CSS in SFY 2020 was 5535 with 651 individuals terminated. The percentage for SFY 2020 was 88.24%. The total number of clients served in CSS in SFY 2021 was 4,952 with 796 terminated. The percentage for SFY 2021 was 83.9%.

First-year target/outcome measurement: The percentage of consumers who remain in Community Support Services during SFY 2022 will be no less than 88% of total consumers served in Community Support Services.

Second-year target/outcome measurement: The percentage of consumers who remain in Community Support Services during SFY 2023 will be no less than 88% of total consumers served in Community Support Services.

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

Data Source:

The number of consumers served by Community Support Services is tracked by the SMHA's QCMR database.

New Data Source*(if needed)*:

Description of Data:

The QCMR Database collects quarterly, cumulative, program-specific data from each of the service providers contracted by DMHAS. The current QCMR for Community Support Services contains 50 data elements. The key data fields relevant for this performance indicator are "Ending Active Caseload (Last Day of Quarter)" and Number of terminations in the Quarter. In SFY 2020, 37 agencies contracted by the SMHA to provide QCMR data for Community Support Services.

New Description of Data:*(if needed)*

The QCMR Database collects quarterly, cumulative, program-specific data from each of the service providers contracted by DMHAS. The current QCMR for Community Support Services contains 50 data elements. The key data fields relevant for this performance indicator are "Ending Active Caseload (Last Day of Quarter)" and Number of terminations in the Quarter. In SFY 2020, 37 agencies contracted by the SMHA to provide QCMR data for Community Support Services.
Only valid terminations are included in this calculation. The list of valid terminations includes: consumers lost to contact, consumers admitted to supervised housing, consumers hospitalized for more than six months, consumers jailed/incarcerated for three months or more client refusals, and clients discharged for "other"/unknown reasons.
The calculation of this performance indicator does not include individuals terminated due to: consumer no longer requires community support, consumers who have moved out of the catchment area, and consumers whom are deceased.

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
The total number of clients served in CSS in SFY 2022 was 5575. The total number of individuals terminated in SFY 2022 was 808. Therefore, the percentage of consumers who remain in Community Support Services is 85.5%, which is less than the target rate of "no less than 88%". A number of factors were identified. They include (1) a lack of available housing stock; (2) insufficient Fair Market Rate (FMR) to cover rents; and (3) COVID effected agency staff to assist with apartment searches.

How first year target was achieved *(optional)*:

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

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

The total number of clients served in CSS housing services in SFY 2023 was 5,561 with 877 individuals with valid terminations. Therefore, the percentage of consumers who remain in Community Support Services is 84.2%, which is less than the target rate of "no less than 88%". A number of factors were identified. They include (1) a lack of available housing stock; (2) insufficient Fair Market Rate (FMR) to cover rents; and (3) COVID effected agency staff to assist with apartment searches.

How second year target was achieved:

Priority #: 11

Priority Area: Olmstead Access to Service/Occupancy Rate

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

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

Objective:

SMHA continues to increase opportunities for community living among mental health consumers by developing additional housing units and maintaining levels of occupancy to satisfy the needs of consumers served in Community Support Services.

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator:	Improved Utilization of Housing Service Slots measured by occupancy rates of Community Support Services (CSS) housing units.
Baseline Measurement:	In SFY 2020, the occupancy rate (i.e., occupied CSS housing units and those units with an assignment) was 95%. COVID-19 has caused a reduction in community placement. With the pandemic situation likely persisting for the majority of SFY 2021, the situation of community placement will not likely improve. The occupancy rate for SFY 2021 was 96%.
First-year target/outcome measurement:	In SFY 2022, the occupancy rate (i.e., occupied CSS housing units and those units with an assignment) is expected to be 96%.
Second-year target/outcome measurement:	In SFY 2023, the occupancy rate (i.e., occupied CSS housing units and those units with an assignment) is expected to be 97%.
New Second-year target/outcome measurement*(if needed)*:	In SFY 2023, the occupancy rate (i.e., occupied CSS housing units and those units with an assignment) is expected to be 91%.

Data Source:

The 2020 baseline value was generated from newer and slightly improved Provider Weekly Reports (PWR). The 2020 values were calculated by dividing the sum of the reported number of requested assignments, by the sum of the reported capacities at each program. The SMHA collected this data from 33 CSS providers at the end of SFY20.

New Data Source*(if needed)*:

The 2020 baseline value was generated from newer and slightly improved Provider Weekly Reports (PWR). The 2020 values were calculated by dividing the sum of the reported number of requested assignments, by the sum of the reported capacities at each program. The SMHA collected this data from 33 CSS providers at the end of SFY20. For the SFY 2023 this data was based on and calculated in the same manner—summing up the total capacity of CSS bed slots as self-reported to the SMHA via the Provider Weekly Report (PWR) protocol (the denominator). The numerator was calculated from the addition of the census plus the active assignments reported via the PWR (Total Census + Active Assignments) / Capacity.

Description of Data:

For the 2020-2021 application, this priority indicator has been refined to focus on increased access to community-based housing among its largest segment—those served by Community Support Services (CSS). Although DMHAS has developed data systems (e.g., the Bed Enrollment Data System/BEDS) that are well-suited for the tracking of group homes and supervised apartments, different reporting mechanisms are preferable for the tracking of CSS housing—which is uniquely client-driven. Therefore, the data used for this indicator is from an analysis of Provider Weekly Reports, which are submitted to the SMHA on a weekly basis by each contracted CSS agency. Provider Weekly Vacancy Reports gather data from the community providers regarding their current census, current occupancy, and identify availability for state hospital assignments. These reports provide current information regarding active assignments, which includes any unforeseen post-assignment barriers, identifies any follow-up needed, and provides additional information used for tracking the progress of the assignment to allow for timely discharge and/or intervention. Prior to the development of this report, two of the three catchment areas implemented a similar tool. The new report has standardized the process in all three regions and across all providers. The Provider Weekly Vacancy Report provides information in order to validate the current BEDs Data System, as well as provide continuous updates to maintain its accuracy. This report is also used to develop and maintain the Hospital Vacancy Report, which is used for notifying state hospital treatment teams of bed vacancies and assignment opportunities. All DMHAS community providers were invited to participate in a webinar training on June 19, 2019. The Provider Weekly Vacancy Report went into effect on July 1st, 2019.

New Description of Data:*(if needed)*

Starting with the 2020-2021 application, this priority indicator has been refined to focus on increased access to community-based housing among its largest segment—those served by Community Support Services (CSS). Although DMHAS has developed data systems (e.g., the Bed Enrollment Data System/BEDS) that are well-suited for the tracking of group homes and supervised apartments, different reporting mechanisms are preferable for the tracking of CSS housing—which is uniquely client-driven. Therefore, the data used for this indicator is from an analysis of Provider Weekly Reports, which are submitted to the SMHA on a weekly basis by each contracted CSS agency. Provider Weekly Vacancy Reports gather data from the community providers regarding their current census, current occupancy, and identify availability for state hospital assignments. These reports provide current information regarding active assignments, which includes any unforeseen post-assignment barriers, identifies any follow-up needed, and provides additional information used for tracking the progress of the assignment to allow for timely discharge and/or intervention. Prior to the development of this report, two of the three catchment areas implemented a similar tool. The new report has standardized the process in all three regions and across all providers. The Provider Weekly Vacancy Report provides information in order to validate the current BEDs Data System, as well as provide continuous updates to maintain its accuracy. This report is also used to develop and maintain the Hospital Vacancy Report, which is used for notifying state hospital treatment teams of bed vacancies and assignment opportunities. All DMHAS community providers were invited to participate in a webinar training on June 19, 2019. The Provider Weekly Vacancy Report went into effect on July 1st, 2019. DMHAS will be utilizing Covid Supplemental and ARPA funding to procure a web-based data system for tracking referrals and vacancies for beds and services. The data system will have a crisis management module for call center intakes and mobile outreach

dispatch which will be the initial implementation phase of the system.

Data issues/caveats that affect outcome measures:

The reporting of occupancy strictly among CSS provider agencies necessitated the use of the Provider Weekly Reports (PWRs). The rollout of the standardized PWRs came late in SFY19, so there is a small number of providers who have yet to submit their data in the proscribed fashion. This performance indicator is expressed as a proportion, and therefore it is unlikely that the SFY19 occupancy rate of 95.9% would be materially different if/when all of the data was reported.

New Data issues/caveats that affect outcome measures:

The reporting of occupancy strictly among CSS provider agencies necessitated the use of the Provider Weekly Reports (PWRs). This data is self-reported to the SMHA.

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
The proposed SFY 2022 rate was 96%. The actual calculated rate for SFY 2022 using the PWR data was 90.8%. Factors affecting the occupancy rate for housing include pandemic related staffing shortages, inflated costs for apartment rentals, and low inventory of affordable housing units.

For SFY 2023, SMHA have lowered the target to 91% as many of the challenges in FY 2022 are still an issue, particularly the staffing.

How first year target was achieved *(optional)*:

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

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

How second year target was achieved:

For SFY 2023, the target was lowered to a more reasonable 91% as many of the challenges in FY 2022 are still an issue, particularly the staffing. The actual SFY 2023 occupancy rate of 94.92% exceeded the target.

Priority #: 12

Priority Area: Early Serious Mental Illness (ESMI)

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Early treatment and intervention of psychosis helps change the trajectory of psychotic disorders in young adults by improving symptoms, reducing the likelihood of long-term disability and leading to productive independent meaningful lives.

Objective:

Among consumers who received coordinated specialty care services for individuals with early serious mental illness, including first episode psychosis, a majority will show improved symptoms and adhere to psychotic medication after receiving treatment for six months.

Strategies to attain the goal:

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

New Jersey's CSC services are provided for youth and adults between the ages of 15 to 35 years who have experienced psychotic symptoms for less than 2 years with or without treatment. Since November 2016, three teams in New Jersey have been funded to provide CSC services. They cover all 21 counties using extensive outreach efforts. The three provider agencies are Oaks Integrated Care for Southern region, Rutgers University Behavioral Health Center for Central region, and CarePlus NJ for Northern region.

Each CSC team is comprised of six members, mostly masters level clinicians, who contribute to high levels of care. They take on the roles of Team Leader, Recovery Coach, Supported Employment and Education Specialist, Pharmacotherapist, Outreach and Referral Specialist, and Peer Support Specialist. The New Jersey CSC model emphasizes treatment through the following components: outreach, low-dosage medications, cognitive and behavioral skills training, Individualized Placement and Support (IPS), supported employment and supported education, peer support, case management, and

family psychoeducation.

In SFY 2021, the three CSC programs had 285 referrals and served 364 clients in their programs. New Jersey plans to continue utilizing the 10% set-aside funding in the FY 2022-23 to support the CSC teams in providing evidence-based services for individual with FEP. The CSC programs serve up to 70 clients per agency with clinical staff at 6.6 FTE levels in FY 2021.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Medication adherence among clients who need psychotropic medication prescribed for ESMI treatment.
Baseline Measurement:	In SFY 2020, among clients who were taking or in need of antipsychotic medication for the treatment of their psychosis at intake, 87% adhere to their medication regimen. In SFY 2021, the proposed target is that 88% of the client who are taking or in need of antipsychotic medication adhered to their psychotropic medication regimens.
First-year target/outcome measurement:	In SFY 2022, it is anticipated that at least 88% of the client who are taking or in need of antipsychotic medication adhere to the medication regimen.
Second-year target/outcome measurement:	In SFY 2023, it is anticipated that at least 88% of the client who are taking or in need of antipsychotic medication adhere to the medication regimen.

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

Data Source:

The Division of Mental Health and Addiction Services (DMHAS) maintains a CSC clinical diagnostic database, which is used for tracking medication monitoring in all 3 agencies.

New Data Source*(if needed)*:

Description of Data:

The three CSC service providers submit the client level clinical diagnostic data quarterly to DMHAS. The CSC clinical diagnostic database tracks client referral and intake; functional status; program involvement; education and employment; medication and substance use; suicide ideation; hospitalization; and client discharge information.

The DMHAS is in the process of creating a comprehensive client level data system that includes data elements from all DMHAS contracted community programs. The client level data system will include all CSC program elements currently collected through the CSC clinical diagnostic database and additional measures required by federal and state data reporting and evaluation. The client level data will provide a detailed description of the ESMI population receiving CSC services in New Jersey and will help capture the treatment and recovery progress of CSC clients so that DMHAS can improve services for early serious mental illness population in New Jersey.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Clients who participate in medication monitoring may not always be forthright with service providers about medication adherence patterns and this may introduce possible errors in data interpretation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

Of the 359 clients in program in SFY 2022, there were 317 (88%) prescribed psychotropic medicine. Of these 317, 289 (91%) were adherent to their medications.

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

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

How second year target was achieved:

Of the 378 clients in program in SFY 2023, there were 332 (88%) prescribed psychotropic medicine. Of these 316 (excluding the missing data), 311 (95%) were adherent to their medications.

Priority #: 13

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

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

System wide assessment for delivering services to diverse populations

Objective:

All agencies are required to have a Cultural Competence Plan in place. The multicultural plans are required of both mental health and substance use agencies.

Strategies to attain the goal:

The Division of Mental Health and Addiction Services (DMHAS) is committed to creating and maintaining an environment that supports "Cultural Competence" by promoting respect and understanding of diverse cultures, social groups, and individuals. To address issues of culture and diversity, DMHAS formed a Multicultural Services Advisory Committee (MSAC) in 1981. The MSAC devises strategies that are appropriate to the lifestyles, special needs, and strengths of New Jersey's diverse populations and cultural groups, and most recently, addresses challenges to ensure that BIPOC (Black, Indigenous, People of Color) receive quality equitable services in the behavioral health system of care. Additionally, MSAC makes recommendations to DMHAS regarding training content, membership eligibility, statewide Cultural competency goals, agency self-assessment processes, and in collaboration with other stakeholders, ensures that cultural competency principles are disseminated across the State and to other disciplines. MSAC membership includes broad representation from providers in the behavioral health treatment community, consumer representatives, peers, LGBTQ, administrators, and academics.

All DMHAS funded behavioral healthcare agencies are required to have a written Cultural Competency Plan describing the integration of cultural and linguistic competency throughout the organization including direct attention to issues or race, ethnicity, gender, age, religion, disability, and sexual orientation. The plan establishes culturally and linguistically appropriate goals, policies, and management accountability and infuses them throughout the organization's planning and operations adhering to Culturally and Linguistically Appropriate Services (CLAS) in their delivery of services. The CLAS standards "provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." Additionally, the plan acts as a template for creating a workforce that improves outcomes for clients, delivers culturally responsive services, and reflects the diversity of the communities they serve. An organizational self -assessment helps prioritize the steps needed to develop those congruent behaviors and improve Culturally responsive services.

To assist agencies with preparing and maintaining a culturally and linguistically responsive delivery plan, the DMHAS contracts with two Multicultural Training and Technical Assistance Centers. The Centers provide technical assistance in the form of workshops, groups, and customized individualized support to assist agencies in the development of Cultural Competency Plans. Additionally, a statewide diversity consultant assists the two Centers with collecting, reviewing, and analyzing the plans. As a result of DMHAS commitment to Cultural Competency and the efforts of the Centers, the number of agencies that have submitted a Cultural Competency Plan has increased from less than 10% to over 50%. The remaining DMHAS agencies will submit plans by September 1, 2021. Agencies who meet cultural competency benchmarks will receive a certificate from the DMHAS Cultural Competence Training Center of Excellence that indicates their achievement in meeting this goal.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Proportion of agencies that have three areas identified from their self-assessment included

in their Cultural Competence Plans.

Baseline Measurement: The baseline variable is the number of provider agencies that complete their self-assessments and have a written Cultural Competency Plan containing at least three of the areas needed to enhance cultural competency. The establishment of a baseline is still in process and is expected to be completed in SFY 2022. The MSAC will complete the "Center for Cultural Competency Excellence" designation for agencies.

First-year target/outcome measurement: In SFY 2022, seventy-five percent (75%) percent of all providers will have written Cultural Competence Plans which include at least three areas identified in their self-assessment. Agencies will apply for "Center for Cultural Competency Excellence" designation.

Second-year target/outcome measurement: In SFY 2023, one hundred percent (100%) of all providers will have written Cultural Competence Plans which include at least three areas identified in their self-assessment. Agency "Center for Cultural Competency Excellence" designations will be reviewed and awarded.

New Second-year target/outcome measurement*(if needed)*: In SFY 2023, ninety percent (90%) of all providers will have written Cultural Competence Plans which include at least three areas identified in their self-assessment. Agency "Center for Cultural Competency Excellence" designations.

Data Source:

Self assessments and written plans checked by SMHA, Multicultural Training and Technical Assistance Center staff, and analyzed by the diversity consultant.

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

n/a

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
As a result of DMHAS commitment to Cultural Competency and the efforts of the Centers, the number of agencies that have submitted a Cultural Competency Plan has exceeded 50% of the total agencies by September 1, 2021. By the end of the SFY22, an additional 25% of the total agencies have submitted a Cultural Competency Plan.

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

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

Due to workforce shortages and staff changes, agencies are having difficulty in preparing and submitting cultural Plans. DMHAS continues to provide a consultant to provide TA so agencies can make efforts to comply with requirements.

How second year target was achieved:

Priority #: 14

Priority Area: Expanding system capacity to serve youth aged 0 to 5.

Priority Type: MHS

Population(s): SED

Goal of the priority area:

To increase capacity for youth-serving agencies to support families with children ages 0 to 5.

Objective:

Implement workforce development initiative, "Zero to Five: Helping Families Thrive," which will increase community collaboration and support of families and will provide youth-serving agencies with increased capacity to serve youth aged 0 to 5.

Strategies to attain the goal:

Direct service staff at all 15 agencies providing MRSS will have 39 hours of training related to supporting very young children and their families. Additionally, clinicians will be trained in professional formation and reflective supervision methods, as well as Child Parent Psychotherapy, providing capacity to support very young children and their caregiving system with urgent, and/or complex needs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: 85% of direct service staff at all 15 agencies providing MRSS will have 39 hours of training related to supporting very young children and their families by June 30, 2022, or within one year of program implementation. The remainder of MRSS direct service staff will be trained in the second year of the initiative. Supports for ongoing capacity building will be implemented during this phase of the initiative to ensure sustainability.

Baseline Measurement: 0

First-year target/outcome measurement: 85% (approximately 408) of direct service staff in all MRSS programs will receive training.

Second-year target/outcome measurement: The remainder of MRSS direct service staff will receive training (15%, approximately 72). Additional staff will be trained, as needed, as it is assumed that some staff trained in the prior year will be lost to normal, voluntary turnover. Supports for ongoing capacity building will be implemented during this phase of the initiative to ensure sustainability.

New Second-year target/outcome measurement*(if needed)*: 25% of direct service field and supervisory staff from across all 15 MRSS programs will received the 21-hour KBCM training.

Data Source:

Internal Data

New Data Source*(if needed)*:

Description of Data:

We will count MRSS direct service staff who complete the training.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
Unprecedented workforce challenges and an historic rise in utilization rates across all services lines, inclusive of Mobile Response Stabilization Services, resulted in a limited number of direct service staff being able to complete this training. For the first year, 28% were trained in Keeping Babies and Children in Mind (KBCM), a 21-hour training course. Another component of this program, referred to as "Special Topics," that would have provided the additional hours of training has not yet been implemented, as the necessary stakeholdering process had to be postponed due to staff availability. This collaborative process, which will identify the specially tailored training needs of MRSS staff and the appropriate total number of hours of this overall training initiative, will continue through FY23 and is anticipated to be implemented in FY24. Given this delay, and the continued stress on the system, we will be adjusting our second-year target, to state: 25% of direct service field and supervisory staff from across all 15 MRSS programs will received the 21-hour KBCM training.

How first year target was achieved *(optional)*:

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

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

Unprecedented workforce challenges and an historic rise in utilization rates across all services lines, inclusive of Mobile Response Stabilization Services, resulted in a limited number of direct service staff being able to complete this training.

How second year target was achieved:

Indicator #: 2

Indicator: A cohort of 24 clinicians will be trained in professional formation and reflective supervision methods, as well as Child Parent Psychotherapy, providing capacity to support very young children and their caregiving system with urgent, and/or complex needs, by June 30, 2022, or within one year of program implementation. Additional cohorts will be trained annually.

Baseline Measurement: 0

First-year target/outcome measurement: 24 clinicians will be trained.

Second-year target/outcome measurement: an additional 24 (for a total of 48) clinicians will be trained.

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

Data Source:

Internal Data

New Data Source*(if needed)*:

Description of Data:

We will count clinicians who complete the training.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
The training in professional formation and reflective supervision methods was renamed the Clinical Practice Series in Infant/Early Childhood Mental Health. 30 clinicians received six months of this training between July 1, 2021, and June 30, 2022. Twenty-seven clinicians received the separate training in Child-Parent Psychotherapy within the same time period.

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

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

How second year target was achieved:

Although unprecedented workforce challenges and an historic rise in utilization rates across all services lines resulted in fewer clinicians being trained in FY23 than we had hoped, we exceeded our two-year target of 48 clinicians trained in the Clinical Practice Series in Infant/Early Childhood Mental Health, with a total of 50 clinicians trained.

Priority #: 15

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

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Plan to implement at least one expansion or enhancement of integrated health and behavioral health services.

Objective:

Increase the number of youth authorized for Behavioral Health Homes (BHH) services across the five counties (four service areas) in which this service is available. BHH services sit within the Care Management Organizations (CMO).

Strategies to attain the goal:

Strategies will be evaluated on an ongoing basis. Collaboration among partners will be essential. CSOC will engage in a quality improvement effort by working with staff at the CMOs in order to support their ability to take up a more assertive, standardized approach to identifying and engaging BHH eligible youth, including data collection around identifying eligibility, screening/engagement with youth and families, and youth engagement in or utilization of BHH services, in order to increase the percentage of eligible youth who are screened for BHH services. Youth eligibility is based on medical and mental health diagnoses; for a list of eligible mental health diagnoses see:
https://www.state.nj.us/humanservices/dmhas/initiatives/integration/Diagnosis_Code.pdf
Continued monitoring of the Behavioral Health Homes utilization rates will inform outcomes with regard to the performance indicator.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of eligible youth who are screened for BHH services will increase as a result of the quality improvement work done by CSOC in collaboration with the CMOs.

Baseline Measurement: To be determined through a quality improvement process, utilizing data from FY20 as FY21 is an outlier year due to the public health emergency.

First-year target/outcome measurement: 75% of eligible youth will be screened for BHH services.

Second-year target/outcome measurement: 100% of eligible youth will be screened for BHH services

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

Data Source:

To be determined by a quality improvement process.

New Data Source*(if needed)*:

Description of Data:

Data will include, for each of the four BHH programs, the number of youth eligible for BHH services and the number of youth screened

for BHH services. Percentages will be formed by dividing the total number of eligible youth by number of youth screened.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Depending on the outcome of the quality improvement process, CMOs may be required to manually count eligible youth and screened youth, which could result in some data quality issues related to human error.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
Quality improvement of Behavioral Health Homes' processes around identifying youth eligible for Behavioral Health Home services resulted in 100% of youth eligible for Care Management Organization services being screened for BHH services.

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

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

How second year target was achieved:

Quality improvement of Behavioral Health Homes' processes around identifying youth eligible for Behavioral Health Home services resulted in 100% of youth eligible for Care Management Organization services being screened for BHH services.

Indicator #: 2

Indicator: The number of eligible youth provided with integrated services through the Behavioral Health Homes program will increase.

Baseline Measurement: To be determined by a quality improvement process, utilizing data from FY20 as FY21 is an outlier year due to the public health emergency.

First-year target/outcome measurement: 75% of eligible youth will engage in and utilize BHH services.

Second-year target/outcome measurement: 80% of eligible youth will engage in and utilize BHH services.

New Second-year target/outcome measurement*(if needed)*: Of the BHH eligible youth newly identified within the fiscal year, 50% will be enrolled in BHH services.

Data Source:

To be determined by a quality improvement process.

New Data Source*(if needed)*:

Description of Data:

Data will include, for each of the four BHH programs, the number of youth eligible for BHH services, with percentages formed by dividing the total number of eligible youth by the number of youth who engaged in or utilized BHH services.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Depending on the outcome of the quality improvement process, CMOs may be required to manually count eligible youth, which could result in some data quality issues related to human error.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

As this is a voluntary program, it is expected that some families with BHH eligible youth, despite the best engagement efforts of staff, will choose not to engage in services. Additionally, unprecedented workforce challenges and an historic rise in utilization rates across all services lines, inclusive of Care Management Organizations, resulted in Behavioral Health Homes being unable to provide services to 75% of BHH eligible youth. We will be adjusting our second-year target, to state: Of the BHH eligible youth newly identified within the fiscal year, 50% will be enrolled in BHH services.

How first year target was achieved *(optional)*:

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

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

How second year target was achieved:

70% of BHH eligible youth were enrolled in the BHH program, exceeding our revised year two target of 50% and only 5% lower than our year one target. Given the continued workforce challenges and the voluntary nature of the program, we are pleased with this enrollment rate.

Priority #: 16

Priority Area: Increase access to evidence-based services and supports across the CSOC service continuum.

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Increase access to evidence-based services and supports across the CSOC service continuum.

Objective:

We will enhance Intensive In-Community services providers' ability to provide healing-centered, evidence-based interventions, by collaborating with the CARES Institute to train clinicians in Trauma Focused Cognitive Behavioral Therapy (TFCBT).

Strategies to attain the goal:

A cohort of 10 clinicians who provide Intensive In-Community services to CSOC involved youth will be trained in TFCBT within one year of implementation of the training program.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: A cohort of 10 clinicians who provide Intensive In-Community services to CSOC involved youth will be trained in TFCBT within one year of implementation of the training program.

Baseline Measurement: 0 clinicians trained

First-year target/outcome measurement: 10 clinicians trained

Second-year target/outcome measurement: An additional 10 clinicians trained (for a two year total of 20)

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

Data Source:

Internal Data

New Data Source*(if needed)*:

Description of Data:

Data will be a count of clinicians who completed the training program.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:

After re-evaluating workforce readiness for professional development, it was determined that more than 10 IIC Clinicians could be offered this training. Ultimately, 17 IIC Clinicians were trained in Trauma-Focused Cognitive Behavioral Therapy between July 1, 2021 and June 30, 2022.

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

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

How second year target was achieved:

The number of clinicians who received training in Trauma-Focused Cognitive Behavioral Therapy exceeded our target of 10; 13 clinicians completed this training within the time frame of Fiscal Year 2023.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

COVID Testing and Mitigation Program Report
for the Community Services Mental Health Block Grant (MHBG)
for Federal Fiscal Year Ending September 30, 2023
Due Date: January 2, 2024

For the Federal Fiscal Year ending September 30, 2023, please upload a Word or PDF document in Table 1 of the FY24 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 31, 2023. Because of the holidays (30th, 31st, and 1st), you have grace period until January 2, 2024 to submit your report.

List the items and activities of expenditures completed from October 1, 2022 thru September 30, 2023 (if no activities were completed, note here with Not Applicable)

Description	Budget Approved and Award by SAMHSA	Actual spending before September 30, 2022	Actual spending between Oct 1, 2022 thru Sept. 30, 2023
(1) COVID-19 Rapid Testing	$970,959	$49,445.62 spent on COVID-19 testing	$ 14,816.26
(2) Prevention / Virus Mitigation	$134,631	$0	$0
(3) Personal Protective Equipment (PPE)	$134,631	$33,227.10	$30,084.76
(4) Public Education	$38,774	$0	$0
(5) Consultant	$13,463	$0	$0
Sub-TOTAL	$1,292,458	$82,672.72	$44,901.02
(6) State Administration	$53,852	$0	$0
Total	**$1,346,310**	**$82,672.72**	**$44,901.02**

C. State Agency Expenditure Report

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

This table provides information on mental health expenditures and sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other funds, and supplemental MHBG funds including COVID-19, ARP, and BSCA.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal State & Local)	D. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) [1]	I. ARP Funds (MHBG) [2]	J. Bipartisan Safer Communities Funds [3]	K. Total
1. Substance Abuse Prevention and Treatment											**$0**
a. Pregnant Women and Women with Dependent Children											**$0**
b. All Other											**$0**
2. Mental Health Prevention [3]		$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) [4]		$2,058,019	$0	$0	$0	$0	$0	$0	$0	$0	**$2,058,019**
4. Tuberculosis Services											**$0**
5. Early Intervention Services for HIV											**$0**
6. State Hospital			$76,930,866	$0	$332,640,305	$0	$0	$0	$0	$0	**$409,571,171**
7. Other Psychiatric Inpatient Care			$0	$0	$0	$0	$0	$0	$0	$0	**$0**
8. Other 24-Hour Care (Residential Care)		$5,651,785	$334,713,731	$0	$171,283,471	$0	$0	$0	$0	$0	**$511,648,987**
9. Ambulatory/Community Non-24 Hour Care		$17,813,689	$613,734,962	$2,769,976	$341,962,331	$0	$400,000	$5,718,855	$130,000	$0	**$982,529,812**
10. Crisis Services (5 percent set-aside) [6]		$602,592	$0	$0	$0	$0	$0	$0	$0	$0	**$602,592**
11. Administration (Excluding Program and Provider Level) [5]		$1,462,858	$2,796,545	$1,121,145	$12,028,858	$0	$0	$103,147	$0	$0	**$17,512,552**
12. Total	**$0**	**$27,588,942**	**$1,028,176,104**	**$3,891,121**	**$857,914,965**	**$0**	**$400,000**	**$5,822,001**	**$130,000**	**$0**	**$1,923,923,133**
Comments on Data:											

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the

expenditure period for the “standard” MHBG. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the “standard” MHBG. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[4]Column A row 2 should include Early Serious Mental Illness including First Episode Psychosis programs funded through MHBG set aside. States may expend more than 10 percent of their MHBG allocation.

[5]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

[6]Row 7 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

C. State Agency Expenditure Report

MHBG Table 2B (URS Table 7B)- MHBG State Agency Early Serious Mental Illness including First Episode Psychosis Expenditure Report

This table provides information on mental health expenditures and sources of funding specifically for the First Episode Psychosis (FEP) Programs as well as other Early Serious Mental Illness (ESMI) programs through the MHBG 10% set-aside.

Reporting Period From: 7/1/2022 Reporting Period To: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID-19 Relief Funds (MHBG) [1]	H. ARP Funds (MHBG) [2]	I. Bipartisan Safer Communities Funds	J. Total
1. CSC-Evidences-Based Practices for First Episode Psychosis[4]	$1,170,476	$0	$0	$0	$0	$0	$0	$0	$0	**$1,170,476**
2. Training for CSC Practices	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
3. Planning for CSC Practices	$887,543	$0	$0	$0	$0	$0	$0	$0	$0	**$887,543**
4. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
5. Training for ESMI	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
6. Planning for ESMI	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
7. Other[5]	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
8. Total	**$2,058,019**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$2,058,019**
Comments on Data:										

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" MHBG. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the "standard" MHBG. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3] The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16,

2024, and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column I should reflect the BSCA allotment portion used during the state reporting period.

[4] Use row 1 to report only those programs that are providing all components of a CSC model.

[5] Use row 7 if the state uses only certain components of a CSC model specifically for FEP.

Note, The Totals for this table should equal the amounts reported on Row 2 (Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychoses) on MHBG Table 2A (URS Table 7A).

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 2C (URS Table 7C) - MHBG State Agency Crisis Services Expenditures Report

This table describes expenditures for Crisis Response services provided or funded by the state mental health authority by source of funding.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Source of Funds									
Services	**A. Mental Health Block Grant**	**B. Medicaid (Federal State & Local)**	**C. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)**	**D. State Funds**	**E. Local Funds (excluding local Medicaid)**	**F. Other**	**G. COVID-19 Funds (MHBG) [1]**	**H. ARP Funds (MHBG) [2]**	**I. BSCA Funds (MHBG) [3]**	**J. Total**
1. Call Centers	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2. 24/7 Mobile Crisis Teams	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
3. Crisis Stabilization Programs	$602,592	$0	$0	$0	$0	$0	$0	$0	$0	$602,592
4. Training and Technical Assistance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5. Strategic Planning and Coordination	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total	**$602,592**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$602,592**

Comments on Data:

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" MHBG. Column H should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the "standard" MHBG. Column I should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3]The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column J should reflect the BSCA allotment portion used during the state reporting period.

Note, The Totals for this table should equal the amounts reported on Row 7 (Crisis Services (5 percent set-aside)) on MHBG Table 2a (URS Table 7a).

For definitions, please refer to the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit **(https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)**.

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Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2022**	**C** **Estimated/Actual SFY 2023**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$20,612,000	$237,485,093	$253,927,176	(●) Actual ( ) Estimated

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

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

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Footnotes:

A revision request was submitted on 12/16/24 to revise the Actual SFY 2023 number.

C. State Agency Expenditure Report

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

This table describes the use of MHBG funds including COVID-19, ARP, and BSCA supplemental funds for non-direct service activities that are funded or conducted by the State Mental Health Authority during the last completed SFY for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority. Please enter the total amount of the block grant expended for each activity.

Reporting Period From: 7/1/2022 Reporting Period To: 6/30/2023

Non-Direct-Services/System Development					
Activity	**A. MHBG**	**B. COVID-19 Funds[1]**	**C. ARP Funds[2]**	**D. BSCA[3]**	**E. Total**
1. Information Systems	$0	$0	$0	$0	**$0**
2. Infrastructure Support	$0	$0	$0	$0	**$0**
3. Partnerships, Community Outreach and Needs Assessment	$0	$0	$0	$0	**$0**
4. Planning Council Activities	$23,635	$0	$0	$0	**$23,635**
5. Quality Assurance and Improvement	$0	$0	$0	$0	**$0**
6. Research and Evaluation	$0	$0	$0	$0	**$0**
7. Training and Education	$0	$0	$0	$0	**$0**
Total Non-Direct Services	**$23,635**	**$0**	**$0**	**$0**	**$23,635**
Comments on Data:					

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023,** which is different from the expenditure period for the "standard" MHBG. Column B should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: If your state has an approved no cost extension, you have until March 14, 2024 to expend the COVID-19 Relief supplemental funds.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025,** which is different from the expenditure period for the "standard" MHBG. Column C should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3] The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 – October 16, 2024,** and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column D should reflect the BSCA allotment portion used during the state reporting period.

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of payments to recipients of MHBG funds including intermediaries, (e.g., administrative service organizations, and other organizations), which provided mental health services during the last completed SFY, including services for those with a first episode psychosis (FEP), early serious mental illness (ESMI) programs, and crisis services. This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council members reimbursements or other administrative reimbursements related to running the MHBG Program.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs	Set-aside for crisis services
24	Statewide	Acenda, Inc	42 Delsea Drive South	Glassboro	NJ	08060	$1,181,005.52	$1,126,711.52	$0.00	$0.00	$0.00	$54,294.00
20	Atlantic	AtlantiCare Behavioral Health	6010 Black Horse Pike	Egg Harbor Twp	NJ	08234	$542,045.04	$534,445.04	$0.00	$0.00	$0.00	$7,600.00
14	Statewide	Bridgeway Behavioral Health Services	373 Clermont Terrace	Elizabeth	NJ	07208	$5,053,298.50	$5,023,298.50	$0.00	$0.00	$0.00	$30,000.00
10	Ocean	Bright Harbor Healthcare	160 Route 9	Bayville	NJ	08721	$1,717,024.59	$1,717,024.59	$0.00	$0.00	$0.00	$0.00
25	Mercer	Capital Health Occupational HE	750 Brunswick Avenue	Trenton	NJ	08638	$26,000.00	$0.00	$0.00	$0.00	$0.00	$26,000.00
3	Statewide	Care Plus NJ, Inc.	610 Valley Health Plaza	Paramus	NJ	07652	$1,951,993.86	$1,316,136.86	$0.00	$635,857.00	$0.00	$0.00
22	Atlantic	Career Opportunity Development, Inc.	901 Atlantic Avenue	Egg Harbor	NJ	08215	$744,542.75	$744,542.75	$0.00	$0.00	$0.00	$0.00
5	Statewide	Catholic Charities Archdiocese of Newark	590 North 7th Street	Newark	NJ	07107	$69,214.73	$69,214.73	$0.00	$0.00	$0.00	$0.00
13	Statewide	Catholic Charities, Diocese of Trenton	383 W. State St., Box 1423	Trenton	NJ	08607	$2,694,214.20	$2,694,214.20	$0.00	$0.00	$0.00	$0.00
26	North	Clara Maass Medical Center	1 Clara Maas Drive	Belleville	NJ	07109	$5,923.00	$0.00	$0.00	$0.00	$0.00	$5,923.00
1	Bergen	Comprehensive Behavioral Healthcare, Inc.	516 Valley Brook Avenue	Lyndhurst	NJ	07071	$548,888.67	$548,888.67	$0.00	$0.00	$0.00	$0.00
34		Contract for Burlington County	PO Box 333	Moorestown	NJ	8057	$14,374.00	$0.00	$0.00	$0.00	$0.00	$14,374.00
32		Contract of Mercer County, NJ	60 S. Main Street	Pennington	NJ	8534	$31,000.00	$0.00	$0.00	$0.00	$0.00	$31,000.00
33		Contract We Care DBA Caring Con	PO Box 2376	Westfield	NJ	7090	$15,000.00	$0.00	$0.00	$0.00	$0.00	$15,000.00
12	Monmouth	CPC Behavioral Healthcare, Inc.	10 Industrial Way East	Eatontown	NJ	07724	$1,242,952.93	$1,242,952.93	$0.00	$0.00	$0.00	$0.00
15	Cumberland, Salem	Cumberland County Guidance Center, Inc.	2038 Carmel Road - Box 808	Millville	NJ	08332	$1,255,948.38	$1,228,801.38	$0.00	$0.00	$0.00	$27,147.00
27	North	Family Guidance Center of Warren	492 Route 57 W	Washington	NJ	07882	$28,388.00	$0.00	$0.00	$0.00	$0.00	$28,388.00
16	Salem	Healthcare Commons Inc. Family Health Services	500 South Pennsville-Auburn Road	Carneys Point	NJ	08069	$201,518.96	$174,371.96	$0.00	$0.00	$0.00	$27,147.00
28	North	Hunterdon Medical Center	2100 Wescott Drive/5th floor	Flemington	NJ	08822	$29,548.00	$0.00	$0.00	$0.00	$0.00	$29,548.00
4	Hudson	Jersey City Medical Center	395 Grand Street, 3rd Floor	Jersey City	NJ	07302	$400,417.41	$373,093.41	$0.00	$0.00	$0.00	$27,324.00
21	Atlantic, Cape May	Jewish Family Service of Atlantic County	607 N. Jerome Avenue	Margate	NJ	08402	$369,609.43	$369,609.43	$0.00	$0.00	$0.00	$0.00
19	Burlington, Ocean, Mercer	Legacy Treatment Services	1289 Route 38 West, Suite 203	Hainesport	NJ	08036	$56,894.89	$29,747.89	$0.00	$0.00	$0.00	$27,147.00
6	Essex	Mental Health Association of Essex and Morris	33 South Fullerton Avenue	Montclair	NJ	07042	$1,112,081.38	$1,112,081.38	$0.00	$0.00	$0.00	$0.00
23	Statewide	Mental Health Clinic of Passaic	1451 VanHouten Ave	Clifton	NJ	07013	$67,938.96	$67,938.96	$0.00	$0.00	$0.00	$0.00
29	Central	Monmouth Medical Center	300 Second Avenue	Long Branch	NJ	07740	$51,453.00	$0.00	$0.00	$0.00	$0.00	$51,453.00

30		New Jersey Mental Health Assoc	673 Morris Avenue, Suite 100	Springfield	NJ	7081	$87,500.00	$0.00	$0.00	$0.00	$0.00	$87,500.00
18	Burlington, Camden, Mercer	Oaks Integrated Care, Inc.	770 Woodlane Road	Mt. Holly	NJ	08060	$1,529,053.76	$1,039,623.76	$0.00	$459,675.00	$0.00	$29,755.00
11	Ocean	Preferred Behavioral Health of NJ	700 Airport Road, P.O. Box 2036	Lakewood	NJ	08701	$1,038,163.10	$1,038,163.10	$0.00	$0.00	$0.00	$0.00
31		Prime Healthcare Services	530 Main Ave	Passaic	NJ	7055	$5,700.00	$0.00	$0.00	$0.00	$0.00	$5,700.00
7	Essex	Project Live, Inc.	465-475 Broadway	Newark	NJ	07104	$586,356.74	$586,356.74	$0.00	$0.00	$0.00	$0.00
8	Statewide	Rutgers The State Univ of NJ,UBHC	Box 1392 - 671 Hoes Lane	Piscataway	NJ	08855	$1,299,644.44	$365,403.44	$0.00	$874,489.00	$0.00	$59,752.00
17	Camden	South Jersey Behavioral Health Resources, Inc.	2500 McClellan Avenue, Suite 300	Pennsauken	NJ	08109	$1,262,519.43	$1,262,519.43	$0.00	$0.00	$0.00	$0.00
2	Passaic	St. Joseph's Regional Medical Center	703 Main Street	Paterson	NJ	07503	$808,971.11	$799,431.11	$0.00	$0.00	$0.00	$9,540.00
9	Statewide	Trinitas Regional Medical Center - Bayonne	655 East Jersey Street	Elizabeth	NJ	07206	$8,901.74	$901.74	$0.00	$0.00	$0.00	$8,000.00
Total							$26,038,086.52	$23,465,473.52	$0.00	$1,970,021.00	$0.00	$602,592.00

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Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 07/01/2022 Reporting Period End Date: 06/30/2023

A Period	B Expenditures	C B1 (2021) + B2 (2022) 2
SFY 2021 (1)	$467,403,976	
SFY 2022 (2)	$471,210,043	$469,307,010
SFY 2023 (3)	$479,498,570	

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

SFY 2021	Yes	X	No
SFY 2022	Yes	X	No
SFY 2023	Yes	X	No

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

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Footnotes:

The calculation determining Federal & State share was incorrect, as a result overstated State portion. The calculation has been corrected and now reflects corrected amounts through a revision request on December 5, 2024.

D. Population and Services Report

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

This table summarizes the estimates of adults residing within the state with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two-time periods, one for the report year and one for three years into the future. CMHS will provide this data to states based on the standardized methodology developed and published in the Federal Register to estimate the state level of adults with SMI and children with SED.

Reporting Period Start Date: Reporting Period End Date:

	Current Report Year	Three Years Forward
Adults with Serious Mental Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

D. Population and Services Report

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

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for such programs. States and jurisdictions are to provide this information on all programs by age, gender, and race.

Table 8A

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Total							American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	18	12					0	30	0	0					0
6-12 years	530	795	0	0	0	0	0	1,325	1	2	0	0	0	0	0
13-17 years	2,106	2,732	0	0	0	0	0	4,838	7	18	0	0	0	0	0
18-20 years	2,392	3,088	0	0	0	0	5	5,485	11	17	0	0	0	0	0
21-24 years	4,914	6,060	0	0	0	0	32	11,006	21	36	0	0	0	0	0
25-44 years	47,755	50,276	0	0	0	0	164	98,195	356	455	0	0	0	0	3
45-64 years	68,927	54,172	0	0	0	0	275	123,374	734	579	0	0	0	0	3
65-74 years	29,092	22,409	0	0	0	0	129	51,630	330	293	0	0	0	0	1
75+ years	26,644	15,262	0	0	0	0	122	42,028	293	183	0	0	0	0	3
Not Available	2,626	1,234	0	0	0	0	28	3,888	25	14	0	0	0	0	1
Total	185,004	156,040	0	0	0	0	755	341,799	1,778	1,597	0	0	0	0	11
Pregnant Women	0		0	0	0	0	0	0	0		0	0	0	0	0

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	3	3					0

6-12 years	4	3	0	0	0	0	0	83	135	0	0	0	0	0
13-17 years	30	49	0	0	0	0	0	327	458	0	0	0	0	0
18-20 years	45	44	0	0	0	0	0	326	505	0	0	0	0	1
21-24 years	90	102	0	0	0	0	0	792	1,163	0	0	0	0	3
25-44 years	863	903	0	0	0	0	3	9,569	11,661	0	0	0	0	21
45-64 years	978	754	0	0	0	0	3	13,101	10,723	0	0	0	0	32
65-74 years	366	243	0	0	0	0	1	4,906	4,011	0	0	0	0	17
75+ years	248	179	0	0	0	0	2	3,605	1,997	0	0	0	0	11
Not Available	14	5	0	0	0	0	0	228	107	0	0	0	0	1
Total	2,638	2,282	0	0	0	0	9	32,940	30,763	0	0	0	0	86
Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	10	6					0
6-12 years	0	0	0	0	0	0	0	182	253	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	681	847	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	932	1,017	0	0	0	0	2
21-24 years	0	0	0	0	0	0	0	2,060	2,185	0	0	0	0	7
25-44 years	0	0	0	0	0	0	0	22,603	22,491	0	0	0	0	57
45-64 years	0	0	0	0	0	0	0	37,610	30,649	0	0	0	0	143
65-74 years	0	0	0	0	0	0	0	17,289	14,138	0	0	0	0	74
75+ years	0	0	0	0	0	0	0	17,182	10,472	0	0	0	0	76
Not Available	0	0	0	0	0	0	0	2,153	996	0	0	0	0	7

Total	0	0	0	0	0	0	0	100,702	83,054	0	0	0	0	366
Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0

	Some Other Race							More Than One Race Reported							Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	N/A
0-5 years	0	0					0	0	0					0	5	3					0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	260	402	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,061	1,360	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,078	1,505	0	0	0	0	2
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,951	2,574	0	0	0	0	22
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14,364	14,766	0	0	0	0	80
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16,504	11,467	0	0	0	0	94
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,201	3,724	0	0	0	0	36
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,316	2,431	0	0	0	0	30
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	206	112	0	0	0	0	19
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	46,946	38,344	0	0	0	0	283
Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0	0		0	0	0	0	0

Are these numbers unduplicated?

☑ Unduplicated

☐ Duplicated : between Hospitals and Community

☐ Duplicated : Among Community Programs

☐ Duplicated between children and adults

☐ Other : describe

Comments on Data (for Age):	

Comments on Data (for Gender):	The current USTF system only captures Male and Female gender catagories.
Comments on Data (for Race):	Pacific Islander and Asian are collected under "Asian/Pacific Islander" in the USTF system. All results are listed under "Asian" in the URS table; The USTF system does not collect data for "Some Other Race" and "More Than One Race Reported."
Comments on Data (Overall):	The NJ State Mental Health Authority does not collect data on pregnant women.

Table 8B

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for such programs. States and jurisdictions are to provide this information on all programs by age, gender, and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8A.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Not Hispanic or Latino							Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	13	9					0	5	1					0
6-12 years	318	445	0	0	0	0	0	160	261	0	0	0	0	0
13-17 years	1,212	1,590	0	0	0	0	0	691	879	0	0	0	0	0
18-20 years	1,607	2,039	0	0	0	0	3	587	812	0	0	0	0	2
21-24 years	3,483	4,350	0	0	0	0	23	1,067	1,457	0	0	0	0	1
25-44 years	37,158	39,277	0	0	0	0	88	8,477	9,202	0	0	0	0	13
45-64 years	55,792	45,330	0	0	0	0	193	10,755	7,090	0	0	0	0	34
65-74 years	23,968	19,523	0	0	0	0	97	4,424	2,397	0	0	0	0	12
75+ years	22,107	13,282	0	0	0	0	94	3,992	1,700	0	0	0	0	12
Not Available	2,459	1,142	0	0	0	0	10	112	62	0	0	0	0	1
Total	148,117	126,987	0	0	0	0	508	30,270	23,861	0	0	0	0	75

Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0	

	Hispanic or Latino Origin Not Available							Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
0-5 years	0	2					0	18	12					0	30
6-12 years	52	89	0	0	0	0	0	530	795	0	0	0	0	0	1,325
13-17 years	203	263	0	0	0	0	0	2,106	2,732	0	0	0	0	0	4,838
18-20 years	198	237	0	0	0	0	0	2,392	3,088	0	0	0	0	5	5,485
21-24 years	364	253	0	0	0	0	8	4,914	6,060	0	0	0	0	32	11,006
25-44 years	2,120	1,797	0	0	0	0	63	47,755	50,276	0	0	0	0	164	98,195
45-64 years	2,380	1,752	0	0	0	0	48	68,927	54,172	0	0	0	0	275	123,374
65-74 years	700	489	0	0	0	0	20	29,092	22,409	0	0	0	0	129	51,630
75+ years	545	280	0	0	0	0	16	26,644	15,262	0	0	0	0	122	42,028
Not Available	55	30	0	0	0	0	17	2,626	1,234	0	0	0	0	28	3,888
Total	6,617	5,192	0	0	0	0	172	185,004	156,040	0	0	0	0	755	341,799
Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0	0

Comments on Data (for Age):	
Comments on Data (for Gender):	The current USTF system only captures Male and Female gender catagories.
Comments on Data (for Ethnicity):	
Comments on Data (Overall):	The NJ State Mental Health Authority does not collect data on pregnant women.

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Footnotes:

D. Population and Services Report

MHBG Table 8C and MHBG Table 8D (URS Table 2C and 2D) - Profile of Persons Served, All Programs by Sexual Orientation and Race/Ethnicity (Optional Reporting Table)

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for such programs. States and jurisdictions are to provide this information on all programs by sexual orientation and race. Total persons served would be the same as the total indicated in MHBG Table 8A.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Race Reported	Some Other Race	Race Not Available	Total
Straight or Heterosexual	0	0	0	0	0	0	0	0	0
Homosexual (Gay or Lesbian)	0	0	0	0	0	0	0	0	0
Bisexual	0	0	0	0	0	0	0	0	0
Queer	0	0	0	0	0	0	0	0	0
Pansexual	0	0	0	0	0	0	0	0	0
Questioning	0	0	0	0	0	0	0	0	0
Asexual	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Not available	3,386	4,929	63,789	0	184,122	0	0	85,573	341,799
Total	3,386	4,929	63,789	0	184,122	0	0	85,573	341,799

Comments on Data (Sexual Orientation):
The current USTF system only captures Male and Female gender catagories.

Comments on Data (Race):
Pacific Islander and Asian are collected under "Asian/Pacific Islander" in the USTF system. All results are listed under "Asian" in the URS table; The USTF system does not collect data for "Some Other Race" and "More Than One Race Reported."

Comments on Data (Overall):

Table 8D

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. The profile is based on a client receiving services in

programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for such programs. States and jurisdictions are to provide this information on all programs by sexual orientation and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8B.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Not Hispanic or Latino	Hispanic or Latino	Hispanic or Latino Origin Not Available	Total
Straight or Heterosexual	0	0	0	0
Homosexual (Gay or Lesbian)	0	0	0	0
Bisexual	0	0	0	0
Queer	0	0	0	0
Pansexual	0	0	0	0
Questioning	0	0	0	0
Asexual	0	0	0	0
Other	0	0	0	0
Not available	275,612	54,206	11,981	341,799
Total	275,612	54,206	11,981	341,799

Comments on Data (Sexual Orientation):
The current USTF system only captures Male and Female gender catagories.

Comments on Data (Ethnicity):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

This provides an aggregate profile of the number of persons that received public mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient settings, residential treatment centers, and institutions under the justice system. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and gender.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Services Setting	Age 0-5							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	15	10					0	529	792	0	0	0	0	0
State Psychiatric Hospitals	0	0					0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	3	2					0	1	3	0	0	0	0	0
Residential Treatment Centers	0	0					0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0					0	0	0	0	0	0	0	0

Services Setting	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	2,093	2,719	0	0	0	0	0	2,373	3,046	0	0	0	0	5
State Psychiatric Hospitals	1	0	0	0	0	0	0	13	17	0	0	0	0	0
Other Psychiatric Inpatient	14	14	0	0	0	0	0	10	35	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A

Community Mental Health Programs	4,847	5,882	0	0	0	0	31	45,331	47,233	0	0	0	0	125
State Psychiatric Hospitals	21	84	0	0	0	0	1	192	626	0	0	0	0	2
Other Psychiatric Inpatient	62	140	0	0	0	0	0	3,079	3,561	0	0	0	0	37
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	5	0	0	0	0	0	60	184	0	0	0	0	0

Services Setting	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	67,092	51,371	0	0	0	0	252	28,338	21,419	0	0	0	0	125
State Psychiatric Hospitals	165	439	0	0	0	0	1	47	72	0	0	0	0	0
Other Psychiatric Inpatient	2,641	3,662	0	0	0	0	22	1,122	1,403	0	0	0	0	4
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	65	211	0	0	0	0	1	22	72	0	0	0	0	0

Services Setting	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	25,675	14,439	0	0	0	0	114	2,442	1,130	0	0	0	0	28
State Psychiatric Hospitals	9	12	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	1,204	943	0	0	0	0	8	192	116	0	0	0	0	1
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	17	37	0	0	0	0	1	0	5	0	0	0	0	0

Services Setting	Total

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	178,735	148,041	0	0	0	0	680	327,456
State Psychiatric Hospitals	448	1,250	0	0	0	0	4	1,702
Other Psychiatric Inpatient	8,328	9,879	0	0	0	0	72	18,279
Residential Treatment Centers	0	0	0	0	0	0	0	0
Institutions under the Justice System	164	514	0	0	0	0	2	680

Note: clients can be duplicated between rows, e.g., the same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in both rows.

Comments on Data (for Age):

Comments on Data (for Gender):
Data System only captures Male and Female gender catagories.

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

Table 10A

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. The client profile takes into account all institutional and community services for all such programs. States and jurisdictions are to provide this information on all programs by gender and race. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Total							American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	52,530	39,836	0	0	0	0	142	92,508	587	428	0	0	0	0	0
Non-Medicaid Sources Only	89,255	78,448	0	0	0	0	370	168,073	891	888	0	0	0	0	9
People Served by Both Medicaid and Non-Medicaid	12,140	10,235	0	0	0	0	47	22,422	126	109	0	0	0	0	0
Medicaid Status Not Available	31,079	27,521	0	0	0	0	196	58,796	174	172	0	0	0	0	2
Total	185,004	156,040	0	0	0	0	755	341,799	1,778	1,597	0	0	0	0	11

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	610	479	0	0	0	0	0	13,242	10,950	0	0	0	0	26
Non-														

Medicaid Sources Only	1,306	1,076	0	0	0	0	4	11,721	12,209	0	0	0	0	36
People Served by Both Medicaid and Non-Medicaid	140	152	0	0	0	0	0	2,601	2,275	0	0	0	0	4
Medicaid Status Not Available	582	575	0	0	0	0	5	5,376	5,329	0	0	0	0	20
Total	2,638	2,282	0	0	0	0	9	32,940	30,763	0	0	0	0	86

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	0	0	0	0	0	0	0	20,918	14,977	0	0	0	0	73
Non-Medicaid Sources Only	0	0	0	0	0	0	0	57,876	49,048	0	0	0	0	211
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	6,394	5,378	0	0	0	0	36
Medicaid Status Not Available	0	0	0	0	0	0	0	15,514	13,651	0	0	0	0	46
Total	0	0	0	0	0	0	0	100,702	83,054	0	0	0	0	366

	Some Other Race							More Than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-														

Medicaid Sources Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	17,173	13,002	0	0	0	0	43
Non-Medicaid Sources Only	17,461	15,227	0	0	0	0	110
People Served by Both Medicaid and Non-Medicaid	2,879	2,321	0	0	0	0	7
Medicaid Status Not Available	9,433	7,794	0	0	0	0	123
Total	46,946	38,344	0	0	0	0	283

☐ Data Based on Medicaid Services ☑ Data Based on Medical Eligibility, not Medicaid Paid Services ☐ 'People Served By Both' includes people with any Medicaid

Comments on Data (for Race):
Pacific Islander and Asian are collected under "Asian/Pacific Islander" in the USTF system. All results are listed under "Asian" in the URS table; The USTF system does not collect data for "Some Other Race" and "MoreTthan One Race Reported."

Comments on Data (for Gender):

Comments on Data (Overall):

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

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

Table 10B

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. The client profile takes into account all institutional and community services for all such programs. States and jurisdictions are to provide this information on all programs by gender and ethnicity. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid. Total persons served would be the same as the total indicated in MHBG Table 10A.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Not Hispanic or Latino							Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	38,130	29,205	0	0	0	0	102	13,529	9,991	0	0	0	0	33
Non-Medicaid Sources Only	76,247	67,586	0	0	0	0	271	11,821	9,914	0	0	0	0	31
People Served by Both Medicaid and Non-Medicaid	9,970	8,651	0	0	0	0	40	1,962	1,399	0	0	0	0	2
Medicaid Status Not Available	23,770	21,545	0	0	0	0	95	2,958	2,557	0	0	0	0	9
Total	148,117	126,987	0	0	0	0	508	30,270	23,861	0	0	0	0	75

	Hispanic or Latino Origin Not Available							Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	871	640	0	0	0	0	7	52,530	39,836	0	0	0	0	142	92,508
Non-Medicaid Sources Only	1,187	948	0	0	0	0	68	89,255	78,448	0	0	0	0	370	168,073
People Served by Both Medicaid and Non-	208	185	0	0	0	0	5	12,140	10,235	0	0	0	0	47	22,422

Medicaid															
Medicaid Status Not Available	4,351	3,419	0	0	0	0	92	31,079	27,521	0	0	0	0	196	58,796
Total	6,617	5,192	0	0	0	0	172	185,004	156,040	0	0	0	0	755	341,799

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):

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

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

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Footnotes:

D. Population and Services Report

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

This table provides information regarding the profile of client turnover in various out-of-home settings (e.g., state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected by this table includes total served at the beginning of year, admissions and discharge during the year, and lengths of stay. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age.

Reporting Period Start Date: 6/30/2022 Reporting Period End Date:

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospital	**1,160**	**673**	**678**						
Age 0-5	0	0	0	0	0	0	0	0	0
Age 6-12	0	0	0	0	0	0	0	0	0
Age 13-17	0	1	0	0	0	0	0	0	0
Age 18-20	11	20	14	210	170	195	168	403	403
Age 21-24	58	55	47	261	156	136	129	625	504
Age 25-44	517	377	363	404	229	146	125	903	693
Age 45-64	458	187	204	587	295	151	132	1,236	763
Age 65-74	98	29	42	1,139	488	144	123	1,815	1,218
Age 75+	18	4	8	2,010	752	196	273	3,099	1,521
Age NA	0	0	0	0	0	0	0	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Other Psychiactric Inpatient	**18,078**	**230**	**241**						
Age 0-5	2	4	4	9	8	9	8	0	0
Age 6-12	3	1	1	120	120	120	120	0	0
Age 13-17	26	2	0	0	0	0	0	0	0
Age 18-20	29	19	19	9	7	9	7	0	0
Age 21-24	179	26	27	9	7	9	7	0	0
Age 25-44	6,591	97	108	13	8	13	8	0	0
Age 45-64	6,272	60	62	13	10	13	10	0	0
Age 65-74	2,514	19	19	10	8	10	8	0	0
Age 75+	2,153	2	1	13	13	13	13	0	0
Age NA	309	0	0	0	0	0	0	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Residential Treatment Centers	**0**	**0**	**0**						
Age 0-5	0	0	0	0	0	0	0	0	0
Age 6-12	0	0	0	0	0	0	0	0	0
Age 13-17	0	0	0	0	0	0	0	0	0
Age 18-20	0	0	0	0	0	0	0	0	0
Age 21-24	0	0	0	0	0	0	0	0	0
Age 25-44	0	0	0	0	0	0	0	0	0
Age 45-64	0	0	0	0	0	0	0	0	0
Age 65-74	0	0	0	0	0	0	0	0	0
Age 75+	0	0	0	0	0	0	0	0	0
Age NA	0	0	0	0	0	0	0	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Community Programs	**324,627**	**3,919**							
Age 0-5	20	5							
Age 6-12	1,235	91							
Age 13-17	4,647	174							
Age 18-20	5,265	195							
Age 21-24	10,505	332							
Age 25-44	91,500	1,707							
Age 45-64	118,011	1,044							
Age 65-74	49,720	238							
Age 75+	40,127	130							
Age NA	3,597	3							

Comments on Data (State Hospital):

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment Centers):

Comments on Data (Community Programs):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

This table provides context for the data reported in the MHBG tables. This profile includes the populations that receive services operated or funded by the state mental health agency, data reporting capacities, percentage of children and adults that meet the federal definition of SED and SMI, respectively, the percentage of children and adults with co-occurring mental and substance use disorders (M/SUD), as well as other summary administrative information.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Populations Served

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

	Populations Covered		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Age 0 to 5	☐ Yes	☐ Yes	☐ Yes	☐ Yes
2. Age 6 to 12	☐ Yes	☐ Yes	☐ Yes	☐ Yes
3. Age 13-17	☐ Yes	☑ Yes	☐ Yes	☑ Yes
4. Age 18-20	☑ Yes	☑ Yes	☑ Yes	☑ Yes
5. Age 21-24	☑ Yes	☑ Yes	☑ Yes	☑ Yes
6. Age 25-44	☑ Yes	☑ Yes	☑ Yes	☑ Yes
7. Age 45-64	☑ Yes	☑ Yes	☑ Yes	☑ Yes
8. Age 65-74	☑ Yes	☑ Yes	☑ Yes	☑ Yes
9. Age 75+	☑ Yes	☑ Yes	☑ Yes	☑ Yes
10. Forensics	☑ Yes	☑ Yes	☑ Yes	☑ Yes

Comments on Data:	

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

☐ Serious Mental Illness
☐ Serious Emotional Disturbances

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

2.a.1. Percentage of adults meeting federal definition of SMI: 37.2%

2.a.2. Percentage of children/adolescents meeting Federal definition of SED: 30.9%

3. Co-Occurring Mental Health and Substance use:

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

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance use: 22%

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

3.b. Percentage of persons served for the reporting period who met the federal definitions of adults with SMI and children with SED have a dual diagnosis of mental illness and substance use:

3.b.1.	Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance use:	27%
3.b.2.	Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance use:	2%
3.b.3.	Please describe how you calculate and count the number of persons with co-occurring disorders.	The number of persons with co-occurring disorders is determined by identifying individuals who meet the federal definition of SMI for adults or SED for children, and who also receive a diagnosis of SUD.

4. State Mental Health Agency Responsibilities

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

1. State Medicaid Operating Agency	☑
2. Setting Standards	☑
3. Quality Improvement/Program Compliance	☐
4. Resolving Consumer Complaints	☐
5. Licensing	☑
6. Sanctions	☑
7. Other	

	b. Managed Care (Mental Health Managed Care)		**Are Data for these programs reported on URS Tables?**
4.b.1	Does the State have a Medicaid Managed Care initiative?	☑ Yes	☐ Yes
4.b.2	Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?	☐ Yes	

If yes, please check the responsibilities the SMHA has:

4.b.3	Direct contractual responsibility and oversight of the Managed Care Organizations (MOCs) or specialty Behavioral Health Organizations (BHOs)	☐ Yes
4.b.4	Setting Standards for mental health services	☐ Yes
4.b.5	Coordination with state health and Medicaid agencies	☐ Yes
4.b.6	Resolving mental health consumer complaints	☐ Yes
4.b.7	Input in contract development	☐ Yes
4.b.8	Performance monitoring	☐ Yes
4.b.9	Other	

5. Data Reporting: Please describe the extent to which your information systems allow the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for MHBG Table 8, which requires unduplicated counts of clients served across your entire mental health system.

Are data reporting in the tables?

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

6. Summary Administrative Data

6.a.	Report Year:	2023
6.b.	State Identifier:	NJ

Summary Information on Data Submitted by SMHA:

6.c.	Year being reported:	From: 7/1/2022 To: 6/30/2023
6.d.	Person Responsible for Submission:	Donna Migliorino

6.e.	Contact Phone Number:	609-438-4295
6.f.	Contact Address:	5 Commerce Way, Suite 100, Hamilton, NJ 08691
6.g.	E-mail:	Donna.Migliorino@dhs.nj.gov

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Footnotes:

D. Population and Services Report

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

Table 13A

This table provides an unduplicated aggregate profile of the number of persons with SMI or SED served in the reporting year. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the **Federal Definitions of SMI and SED** if they can, if not, please report using the state's definition of SMI and SED and provide information below describing your state's definition. The reporting period should be the latest SFY for your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, and race.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Total								American Indian or Alaska Native								Asian							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A		Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	
0-5 years	4	5					0	9	0	0					0		0	0					0	
6-12 years	100	197	0	0	0	0	0	297	0	0	0	0	0	0	0		1	1	0	0	0	0	0	
13-17 years	576	948	0	0	0	0	0	1,524	2	10	0	0	0	0	0		7	16	0	0	0	0	0	
18-20 years	674	1,080	0	0	0	0	1	1,755	4	4	0	0	0	0	0		7	11	0	0	0	0	0	
21-24 years	1,613	2,235	0	0	0	0	3	3,851	4	10	0	0	0	0	0		25	39	0	0	0	0	0	
25-44 years	15,649	17,979	0	0	0	0	38	33,666	79	127	0	0	0	0	0		287	325	0	0	0	0	1	
45-64 years	23,090	21,074	0	0	0	0	88	44,252	216	190	0	0	0	0	1		338	263	0	0	0	0	0	
65-74 years	10,113	9,116	0	0	0	0	50	19,279	105	115	0	0	0	0	1		127	98	0	0	0	0	1	
75+ years	10,788	6,482	0	0	0	0	53	17,323	113	81	0	0	0	0	1		104	69	0	0	0	0	1	
Not Available	1,274	556	0	0	0	0	5	1,835	10	8	0	0	0	0	1		5	2	0	0	0	0	0	
Total	63,881	59,672	0	0	0	0	238	123,791	533	545	0	0	0	0	4		901	824	0	0	0	0	3	

	Black or African American							Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	1					0	0	0					0	4	3					0
6-12 years	22	45	0	0	0	0	0	0	0	0	0	0	0	0	29	46	0	0	0	0	0
13-17 years	109	194	0	0	0	0	0	0	0	0	0	0	0	0	181	252	0	0	0	0	0
18-20 years	99	245	0	0	0	0	0	0	0	0	0	0	0	0	269	322	0	0	0	0	0
21-24 years	297	530	0	0	0	0	1	0	0	0	0	0	0	0	637	722	0	0	0	0	1
25-44 years	3,686	4,788	0	0	0	0	7	0	0	0	0	0	0	0	6,624	7,155	0	0	0	0	17
45-64 years	5,463	5,032	0	0	0	0	17	0	0	0	0	0	0	0	10,965	10,669	0	0	0	0	51
65-74 years	2,162	1,929	0	0	0	0	8	0	0	0	0	0	0	0	5,233	5,363	0	0	0	0	31
75+ years	1,777	1,008	0	0	0	0	6	0	0	0	0	0	0	0	6,418	4,169	0	0	0	0	39
Not Available	116	54	0	0	0	0	0	0	0	0	0	0	0	0	1,048	450	0	0	0	0	1
Total	13,731	13,826	0	0	0	0	39	0	0	0	0	0	0	0	31,408	29,151	0	0	0	0	140

	Some Other Race							More Than One Race Reported							Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	0	0					0	0	1					0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48	105	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	277	476	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	295	498	0	0	0	0	1
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	650	934	0	0	0	0	1
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,973	5,584	0	0	0	0	13
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,108	4,920	0	0	0	0	19
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,486	1,611	0	0	0	0	9
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,376	1,155	0	0	0	0	6
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	95	42	0	0	0	0	3
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17,308	15,326	0	0	0	0	52

Comments on Data (for Age):	
Comments on Data (for Gender):	The current data system only captures Male and Female gender catagories.
Comments on Data (Race):	Pacific Islander and Asian are collected under "Asian/Pacific Islander" in the USTF system. All results are listed under "Asian" in the URS table; The USTF system does not collect data for "Some Other Race" and "MoreTthan One Race Reported."
Comments on Data (Overall):	

Do the state definitions of SMI/SED match the Federal definition?

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

Diagnoses included in the state SMI definition:

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

Diagnoses included in the state SED definition:

Table 13B

This provides an aggregate profile of unduplicated number of persons with SMI or SED served in the reporting year. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the **Federal Definitions of SMI and SED** if they can, if not, please report using the state's definition of SMI and SED and provide information below describing your state's definition. The reporting period should be the latest SFY for your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, and ethnicity. The total persons served who meet the Federal definition of SMI or SED would be the same as the total in MHBG Table 13A.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Not Hispanic or Latino							Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	4	4					0	0	0					0	0	1					0
6-12 years	59	108	0	0	0	0	0	26	58	0	0	0	0	0	15	31	0	0	0	0	0
13-17 years	335	529	0	0	0	0	0	173	302	0	0	0	0	0	68	117	0	0	0	0	0
18-20 years	447	708	0	0	0	0	0	176	287	0	0	0	0	1	51	85	0	0	0	0	0
21-24 years	1,114	1,538	0	0	0	0	2	359	595	0	0	0	0	1	140	102	0	0	0	0	0
25-44 years	11,630	13,400	0	0	0	0	27	3,104	3,799	0	0	0	0	4	915	780	0	0	0	0	7
45-64 years	17,944	17,019	0	0	0	0	70	4,192	3,280	0	0	0	0	12	954	775	0	0	0	0	6
65-74 years	7,951	7,810	0	0	0	0	42	1,927	1,153	0	0	0	0	6	235	153	0	0	0	0	2
75+ years	8,758	5,521	0	0	0	0	47	1,895	891	0	0	0	0	4	135	70	0	0	0	0	2
Not Available	1,198	523	0	0	0	0	2	62	29	0	0	0	0	0	14	4	0	0	0	0	3
Total	49,440	47,160	0	0	0	0	190	11,914	10,394	0	0	0	0	28	2,527	2,118	0	0	0	0	20

Total								
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
0-5 years	4	5					0	9
6-12 years	100	197	0	0	0	0	0	297
13-17 years	576	948	0	0	0	0	0	1,524
18-20 years	674	1,080	0	0	0	0	1	1,755
21-24 years	1,613	2,235	0	0	0	0	3	3,851
25-44 years	15,649	17,979	0	0	0	0	38	33,666
45-64 years	23,090	21,074	0	0	0	0	88	44,252
65-74 years	10,113	9,116	0	0	0	0	50	19,279
75+ years	10,788	6,482	0	0	0	0	53	17,323
Not Available	1,274	556	0	0	0	0	5	1,835
Total	63,881	59,672	0	0	0	0	238	123,791

Comments on Data (for Age):	
Comments on Data (for Gender):	The current data system only captures Male and Female gender catagories.
Comments on Data (Ethnicity):	Pacific Islander and Asian are collected under "Asian/Pacific Islander" in the USTF system. All results are listed under "Asian" in the URS table; The USTF system does not collect data for "Some Other Race" and "MoreTthan One Race Reported."
Comments on Data (Overall):	

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Footnotes:

D. Population and Services Report

MHBG Table 14 (URS Table 14C) Profile of Persons Served in Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings for Adults with SMI and Children with SED

This table provides an aggregate profile of the number of adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) that received publicly funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, in residential treatment centers, and institutions under the justice system. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and gender.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Services Setting	Age 0-5							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	2	3					0	100	195	0	0	0	0	0
State Psychiatric Hospitals	0	0					0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	2	2					0	0	2	0	0	0	0	0
Residential Treatment Centers	0	0					0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0					0	0	0	0	0	0	0	0

Services Setting	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	607	992	0	0	0	0	0	730	1,173	0	0	0	0	1
State Psychiatric Hospitals	1	0	0	0	0	0	0	13	17	0	0	0	0	0
Other Psychiatric Inpatient	4	6	0	0	0	0	0	5	18	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A

			Woman)							Woman)				
Community Mental Health Programs	1,676	2,404	0	0	0	0	3	14,777	17,027	0	0	0	0	36
State Psychiatric Hospitals	21	84	0	0	0	0	1	192	626	0	0	0	0	2
Other Psychiatric Inpatient	37	66	0	0	0	0	0	1,676	2,042	0	0	0	0	5
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	6	0	0	0	0	0	47	195	0	0	0	0	0

Services Setting	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	21,525	18,769	0	0	0	0	77	9,421	8,214	0	0	0	0	48
State Psychiatric Hospitals	165	439	0	0	0	0	1	47	72	0	0	0	0	0
Other Psychiatric Inpatient	1,620	2,299	0	0	0	0	12	684	869	0	0	0	0	2
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	18	105	0	0	0	0	1	12	39	0	0	0	0	0

Services Setting	Age 75+							Age Age not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	9,934	5,778	0	0	0	0	47	1,117	453	0	0	0	0	5
State Psychiatric Hospitals	9	12	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	849	692	0	0	0	0	6	158	102	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	8	19	0	0	0	0	0	0	2	0	0	0	0	0

Services Setting	Total

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	59,889	55,008	0	0	0	0	217	115,114
State Psychiatric Hospitals	448	1,250	0	0	0	0	4	1,702
Other Psychiatric Inpatient	5,035	6,098	0	0	0	0	25	11,158
Residential Treatment Centers	0	0	0	0	0	0	0	0
Institutions under the Justice System	85	366	0	0	0	0	1	452

Comments on Data (for Age):

Comments on Data (for Gender):
Current Data System only captures Male and Female gender catagories.

Comments on Data (Overall):

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

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides an unduplicated aggregate profile of adults served in the report year by the public mental health system in terms of employment status. The focus is on employment for adults, recognizing, however, that there are clients who are disabled, retired or who are homemakers, caregivers, etc., and not a part of the labor force. These persons should be reported under the "Not in Labor Force" category. Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation. The reporting year is the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Adults Served	Age 18-20							Age 21-24						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	158	107	0	0	0	0	0	531	341	0	0	0	0	0
Unemployed	239	305	0	0	0	0	0	697	709	0	0	0	0	1
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	1,596	2,149	0	0	0	0	1	2,829	3,902	0	0	0	0	3
Not Available	261	306	0	0	0	0	4	588	529	0	0	0	0	27
Total	**2,254**	**2,867**	**0**	**0**	**0**	**0**	**5**	**4,645**	**5,481**	**0**	**0**	**0**	**0**	**31**

Adults Served	Age 25-44							Age 45-64						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	8,909	6,122	0	0	0	0	11	21,298	16,065	0	0	0	0	70
Unemployed	11,483	9,799	0	0	0	0	14	23,383	17,998	0	0	0	0	55
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	18,601	23,934	0	0	0	0	44	15,790	11,777	0	0	0	0	48
Not Available	4,642	4,552	0	0	0	0	46	6,177	4,689	0	0	0	0	81
Total	**43,635**	**44,407**	**0**	**0**	**0**	**0**	**115**	**66,648**	**50,529**	**0**	**0**	**0**	**0**	**254**

Adults Served	Age 65-74							Age 75+						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	8,588	6,800	0	0	0	0	27	4,760	3,690	0	0	0	0	18
Unemployed	10,053	7,872	0	0	0	0	37	8,000	4,608	0	0	0	0	36
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	7,160	4,669	0	0	0	0	26	10,670	4,746	0	0	0	0	33
Not Available	2,389	1,832	0	0	0	0	36	2,155	1,305	0	0	0	0	28
Total	**28,190**	**21,173**	**0**	**0**	**0**	**0**	**126**	**25,585**	**14,349**	**0**	**0**	**0**	**0**	**115**

Adults Served	Age Not Available							Total							
	Female	Male	Transgende (Trans Woman)	Transgende (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgende (Trans Woman)	Transgende (Trans man)	Gender Non-Conforming	Other	N/A	Total
Competitively Employed Full- or Part-Time (including Supported Employment)	0	0	0	0	0	0	0	**44,244**	**33,125**	**0**	**0**	**0**	**0**	**126**	**77,495**
Unemployed	0	0	0	0	0	0	0	**53,855**	**41,291**	**0**	**0**	**0**	**0**	**143**	**95,289**
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	0	0	0	0	0	0	0	**56,646**	**51,177**	**0**	**0**	**0**	**0**	**155**	**107,978**
Not Available	0	0	0	0	0	0	0	**16,212**	**13,213**	**0**	**0**	**0**	**0**	**222**	**29,647**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**170,957**	**138,806**	**0**	**0**	**0**	**0**	**646**	**310,409**

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

What populations are included in reported data? ◉ All clients ○ Only selected groups, describe:

Comments on Data (for Age):
The 'Not Available' age category is not computed, as it can include children from the database.

Comments on Data (for Gender):
The current USTF system only captures Male and Female gender catagories.

Comments on Data (Overall):

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the status of adult clients served in the report year by the public mental health system in terms of employment status by primary diagnosis. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation. The reporting year is the latest SFY for which data are available. Total persons reported on this table would be the same as the total indicated in MHBG Table 15A.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Clients Primary Diagnosis	Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (F20, F25)	1,669	11,563	9,389	1,793	**24,414**
Bipolar and Mood Disorders (F30, F31, F32, F32.9, F33, F34.0, F34.1)	16,679	28,712	21,182	4,935	**71,508**
Other Psychoses (F22, F23, F24, F29)	512	1,510	1,152	173	**3,347**
All Other Diagnoses	29,779	24,948	42,452	6,262	**103,441**
No Diagnosis and Deferred Diagnosis (R69, R99, Z03.89)	28,856	28,556	33,803	16,484	**107,699**
Diagnosis Total	**77,495**	**95,289**	**107,978**	**29,647**	**310,409**

Comments on Data (for Diagnosis):

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information for children/adolescents and adults regarding improved social connectedness. In addition, states are required to provide information on functional domains that provide a general sense of an individual's ability to develop and maintain relationships, cope with challenges, and a sense of community belonging.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	835	903	92%
2. Functioning	868	904	96%
Child/Adolescent Consumer Survey Results	**Number of Positive Responses**	**Responses**	**Percent Positive (calculated)**
3. Social Connectedness	604	812	74%
4. Functioning	437	860	51%
Comments on Data:			

Adult Social Connectedness and Functioning Measures

1. Did you use the recommended Social Connectedness Questions? (●) Yes ( ) No

2. Did you use the recommended Functioning Domain Questions? Measure used (●) Yes ( ) No

3. Did you collect these as part of your MHSIP Adult Consumer Survey? Measure used (●) Yes ( ) No

If No, what source did you use?

Child/Family Social Connectedness and Functioning Measures

4. Did you use the recommended Social Connectedness Questions? (●) Yes ( ) No

5. Did you use the recommended Functioning Domain Questions? Measure used (●) Yes ( ) No

6. Did you collect these as part of your YSS-F Survey? Measure used (●) Yes ( ) No

If No, what source did you use?

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information that evaluates the "experience" of care for individuals that participate in the public mental health system. Specifically, the evaluation focuses on several areas including access, quality and the appropriateness of services, outcomes, participation in treatment planning, cultural sensitivity of staff, and general satisfaction with services. Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	928	937	0.03967
2. Reporting Positively about Quality and Appropriateness for Adults.	881	886	0.041
3. Reporting Positively about Outcomes.	850	893	0.05
4. Adults Reporting on Participation In Treatment Planning.	793	807	0.0467
5. Adults Positively about General Satisfaction with Services.	924	940	0.0441

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	654	896	
2. Reporting Positively about General Satisfaction for Children.	592	903	
3. Reporting Positively about Outcomes for Children.	428	860	
4. Family Members Reporting on Participation In Treatment Planning for their Children.	695	903	
5. Family Members Reporting High Cultural Sensitivity of Staff.	739	902	

Comments on Data:

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

Adult Consumer Surveys

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

1.a. If no, which version:

1. Original 40 Item Version ( ) Yes
2. 21-Item Version ( ) Yes

3. State Variation of MHSIP ○ Yes

4. Other Consumer Survey ○ Yes

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

1.c. Did you use any translations of the MHSIP into another language? ☐ 1. Spanish

2. Other Language:

Adult Survey Approach

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

2.a. If a sample was used, what sample methodology was used?

○ 1. Random Sample

◉ 2. Stratified / Random Stratified Sample

○ 3. Convenience Sample

○ 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?

☑ 1. Persons Currently Receiving Services

☐ 2. Persons No Longer Receiving Services

2.c. If yes, please describe how you survey persons no longer receiving services

3. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)

☑ 1. All Adult Consumers In State

☐ 2. Adults With Serious Mental Illness

☐ 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care

4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

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

	Self-Administered	Interview
Phone	☐ Yes	☐ Yes
Mail	☐ Yes	
Face-to-face	☐ Yes	☐ Yes
Web-Based	☑ Yes	☐ Yes

4.a. Who administered the survey? (check all that apply) ☑ 1. MH Consumers

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

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

6. Sample Size and Response Rate

6.a. How Many surveys were Attempted (sent out or calls initiated)?	95,610
6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?	4,872
6.c. How many surveys were completed? (survey forms returned or calls completed)	952
6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)	19.5%

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? ○ Yes ◉ No

7. Who Conducted the survey

7.a. SMHA Conducted or contracted for the survey (survey done at state level) ◉ Yes ○ No

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

7.c. Other, describe:

* Report Confidence Intervals at the 95% confidence level

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

Child / Family Consumer Surveys

1. Was the MHSIP Youth Services Survey for Families (YSS-F) used? ☑ Yes

   If no, what survey was used?

   If no, please attach instrument used.

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

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)

- (●) 1. All Consumers In State
- ( ) 2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?

- ( ) 1. Random Sample
- ( ) 2. Stratified / Random Stratified Sample
- ( ) 3. Convenience Sample
- ( ) 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?

- ☐ 1. Persons Currently Receiving Services
- ☑ 2. Persons No Longer Receiving Services

2.c. If yes, please describe how you survey persons no longer receiving services

3. Please describe the populations included in your sample (e.g.,all children, only adults with SED, etc.)

- ☑ 1. All Child Consumers In State
- ☐ 2. Children with Serious Emotional Disturbances
- ☐ 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

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

	Self-Administered	Interview
Phone	☐ Yes	☐ Yes
Mail	☐ Yes	
Face-to-face	☐ Yes	☐ Yes
Web-Based	☑ Yes	☐ Yes

4.a. Who administered the survey? (check all that apply)

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

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

☐ 2. Responses are Confidential

☐ 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

6.a. How Many surveys were Attempted (sent out or calls initiated)?	19,938
6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?	19,938
6.c. How many surveys were completed? (survey forms returned or calls completed)	909
6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)	5.0%

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? ○ Yes ◉ No

7. Who Conducted the survey

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

7.c. Other, describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17B (URS Table 11A) Consumer Evaluation of Care by race and Ethnicity (Optional Reporting Table)

This table requests information that evaluates the "experience" of care for individuals that participate in the public mental health system, broken down by race, ethnicity, and age category (adult or child/adolescent). Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Adult Consumer Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		Some Other Race		More Than One Race Reported		Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	928	937	4	4	21	21	237	238	3	3	427	433	64	64	53	53	119	121	131	131
2. Reporting Positively About Quality and Appropriateness.	881	886	4	4	19	19	229	230	3	3	403	405	57	58	51	51	115	116	119	120
3. Reporting Positively About Outcomes.	850	893	4	4	18	19	220	230	3	3	388	411	61	61	49	51	107	114	121	122
4. Reporting Positively about Participation in Treatment Planning	793	807	3	3	17	18	206	210	3	3	359	365	50	52	46	47	109	109	104	108
5. Reporting Positively about General Satisfaction	924	940	4	4	21	22	234	238	3	3	428	435	61	63	53	53	120	122	128	131
6. Social Connectedness	835	903	4	4	18	20	216	230	3	3	382	413	56	62	48	52	108	119	117	124
7. Functioning	868	904	3	4	20	20	223	231	3	3	400	416	58	61	49	51	112	118	118	124

Child/Adolescent Family Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		Some Other Race		More Than One Race Reported		Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	654	896	4	5	15	21	106	140	1	2	321	433	43	58	37	54	127	183	196	259
2. Reporting Positively About General Satisfaction	592	903	4	5	15	21	96	141	1	2	282	436	45	59	36	54	113	185	184	261
3. Reporting Positively About Outcomes.	428	860	4	5	13	21	70	140	0	2	207	435	31	59	28	54	75	144	148	261
4. Reporting Positively																				

Participation in Treatment Planning for their Children.	695	903	4	5	18	21	110	141	1	2	334	436	45	59	41	54	142	185	202	261
5. Reporting Positively About Cultural Sensitivity of Staff.	739	902	4	5	18	21	116	141	2	2	357	436	51	59	42	54	149	184	218	261
6. Social Connectedness	604	812	5	5	17	21	104	140	1	2	333	436	40	59	41	54	63	95	203	261
7. Functioning	437	860	4	5	13	21	71	140	0	2	211	435	34	59	29	54	75	144	147	261

Comments on Data:

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides an unduplicated aggregate profile of persons served in the reporting year by the public mental health system in terms of living situation. Living situation categories include, but are not limited to, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should be based on the most recent assessment in the reporting period. Specifically, information is collected on the individual's last known living situation. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
0-5	21	0	3	0	0	0	0	1	0	5	30
6-12	1161	10	4	0	0	0	0	2	10	138	1,325
13-17	4166	65	16	0	2	2	0	16	67	504	4,838
18-20	4814	73	25	0	3	4	1	11	83	471	5,485
21-24	9486	182	96	0	23	13	12	68	205	921	11,006
25-44	80080	1339	2102	0	439	491	662	1474	1813	9795	98,195
45-64	91061	431	5110	0	57	964	402	3224	4015	18110	123,374
65-74	35554	126	3274	0	7	709	130	1213	1895	8722	51,630
75 and older	25862	99	3115	0	2	1027	67	469	1939	9448	42,028
Not Available	1835	10	354	0	0	253	7	14	187	1228	3,888
TOTAL	**254,040**	**2,335**	**14,099**	**0**	**533**	**3,463**	**1,281**	**6,492**	**10,214**	**49,342**	**341,799**
Female	141276	1107	6251	0	251	1623	273	2589	5371	26263	185,004
Male	112346	1220	7795	0	281	1805	1003	3889	4820	22881	156,040
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0

Other	0	0	0	0	0	0	0	0	0	0	0
Not Available	418	8	53	0	1	35	5	14	23	198	755
TOTAL	**254,040**	**2,335**	**14,099**	**0**	**533**	**3,463**	**1,281**	**6,492**	**10,214**	**49,342**	**341,799**
American Indian/Alaska Native	2088	13	183	0	7	30	6	89	259	711	3,386
Asian	3607	46	200	0	8	29	5	54	101	879	4,929
Black/African American	46058	1011	3610	0	190	643	453	2464	2224	7136	63,789
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
White	136266	829	8372	0	181	2332	552	2775	5210	27605	184,122
Some Other Race	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	0	0	0	0	0	0	0	0	0	0	0
Race/Ethnicity Not Available	66021	436	1734	0	147	429	265	1110	2420	13011	85,573
TOTAL	**254,040**	**2,335**	**14,099**	**0**	**533**	**3,463**	**1,281**	**6,492**	**10,214**	**49,342**	**341,799**

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
Hispanic or Latino Origin	46168	243	1018	0	90	270	166	692	2034	3525	54,206
Non-Hispanic or Latino Origin	204464	2074	12872	0	439	3150	1096	5713	8089	37715	275,612
Hispanic or Latino Origin Not Available	3408	18	209	0	4	43	19	87	91	8102	11,981
TOTAL	**254,040**	**2,335**	**14,099**	**0**	**533**	**3,463**	**1,281**	**6,492**	**10,214**	**49,342**	**341,799**

Comments on Data:	The 'Other' category refers to Cooperative Living Situation (No MH Services) - Individuals living with roommates(s) or in family-like situations. See General Comments.
How Often Does your State Measure Living Situation?	☑ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other, please describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19A (URS Table 16A) Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services

This table provides a profile of adults with SMI and children with SED receiving specific evidence-based practices in the reporting year. In addition, the table captures information on if and how States and Jurisdictions monitor the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-5					0	0	0	6,124
6-12					0	4	36	26,005
13-17					0	44	130	25,559
18-20	0	0	0	0	0	0	2	2,969
21-24	0	0	0	0				
25-44	0	0	0	0				
45-64	0	0	0	0				
65-74	0	0	0	0				
75+	0	0	0	0				
Not Available	5,577	1,297	2,294	120,126	0	0	0	54
Total	5,577	1,297	2,294	120,126	0	48	168	60,711

Gender	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	0	0	0	0	0	14	84	28,860
Male	0	0	0	0	0	34	84	31,846

Transgender (Trans Woman)	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Not Available	5,577	1,297	2,294	120,126	0	0	0	5

Race	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	0	0	0	0	0	1	0	55
Asian	0	0	0	0	0	0	0	1,567
Black / African American	0	0	0	0	0	14	33	13,958
Hawaiian / Other Pacific Islander	0	0	0	0	0	0	0	23
White	0	0	0	0	0	11	105	24,524
Some Other Race	0	0	0	0	0	18	21	12,274
More than one race	0	0	0	0	0	2	8	4,116
Not Available	5,577	1,297	2,294	120,126	0	2	1	4,194

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino Orign	0	0	0	0	0	30	29	25,666
Non-Hispanic / Latino Origin	0	0	0	0	0	17	134	31,625
Not Available	5,577	1,297	2,294	120,126	0	1	5	3,420

	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	**N Receiving Supported Employment**	**N Receiving Assertive Community Treatment**	**Total unduplicated N - Adults with SMI Served**	**N Receiving Therapeutic Foster Care**	**N Receiving Multi-Systemic Therapy**	**N Receiving Family Functional Therapy**	**Total unduplicated N - Children with SED**
Do you monitor fidelity for this service?	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No		○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	
IF YES,								
What fidelity measure do you use?								
Who measures fidelity?								
How often is fidelity measured?								
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	○ Yes ○ No	○ Yes ◉ No	○ Yes ◉ No		○ Yes ○ No	○ Yes ◉ No	○ Yes ◉ No	
Have staff been specifically trained to implement the EBP?	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No		○ Yes ○ No	◉ Yes ○ No	◉ Yes ○ No	

Comments on Data (overall):

Comments on Data (Supported Housing):
Community Support Services are entered in lieu of Supported Housing, which terminated at SFY 2018.

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Comments on Data (Therapeutic Foster Care):
NJ CSOC does not offer therapeutic foster care which is why there is no data collection.

Comments on Data (Multisystemic Therapy):

Comments on Data (Family Functional Therapy):

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19B (URS Table 16B) - Profile of Adults with Serious Mental Illness Receiving Specific Services During the Year

This table provides a profile of adults with SMI receiving specific evidence-based practices in the reporting year. In addition, this table provides information on if, and how, states and jurisdictions monitor the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	**Receiving Integrated Treatment for Co-occurring Disorders (M/SUD)**	**Receiving Illness Self Management and Recovery**	**Receiving Medication Management**
Age				
18-20 years	0	0	0	0
21-24 years	0	0	0	0
25-44 years	0	0	0	0
45-64 years	0	0	0	0
65-74 years	0	0	0	0
75+ years	0	0	0	0

Not Available	0	0	5,169	0
TOTAL	**0**	**0**	**5,169**	**0**

Gender				
Female	0	0	0	0
Male	0	0	0	0
Transgender (Trans Woman)	0	0	0	0
Transgender (Trans Man)	0	0	0	0
Gender Non-Conforming	0	0	0	0
Other	0	0	0	0
Not Available	0	0	5,169	0

Race				
American Indian / Alaska Native	0	0	0	0
Asian	0	0	0	0
Black / African American	0	0	0	0
Hawaiian / Pacific Islander	0	0	0	0

White	0	0	0	0
Some Other Race	0	0	0	0
More than one race	0	0	0	0
Not Available	0	0	5,169	0

Ethnicity				
Hispanic / Latino Origin	0	0	0	0
Non-Hispanic / Latino	0	0	0	0
Not Available	0	0	5,169	0

Do you monitor fidelity for this service?	○ Yes ○ No	○ Yes ○ No	○ Yes ◉ No	○ Yes ○ No
IF YES,				
What fidelity measure do you use?				
Who measures fidelity?				
How often is fidelity measured?				
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	○ Yes ○ No	○ Yes ○ No	○ Yes ◉ No	○ Yes ○ No

Have staff been specifically trained to implement the EBP?	○ Yes ○ No	○ Yes ○ No	○ Yes ◉ No	○ Yes ○ No

Comments on Data (overall):
Comments on Data (Family Psychoeducation): After consulting with NRI, as of 3/23/21, New Jersey decided not to report the number of family members receiving family psychoeducation services in Table 16B.
Comments on Data (Integrated Treatment for Co-occurring Disorders): NJ data system does not provide the capacity to collect this data.
Comments on Data (Illness Self-Management):
Comments on Data (Medication Management): NJ data system does not provide the capacity to collect this data.

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of adults with SMI and children with SED that were admitted into and received Coordinated Specialty Care (CSC) evidence-based first episode psychosis (FEP) services as well as the number of individuals that were successfully discharged from CSC programs, and the number of individuals who discontinued FEP services prior to discharge. In addition, the table provides information on if, and how, states and jurisdictions monitor the fidelity for the CSC FEP services. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Program Name	Number of Admissions into CSC Services During FY									Number of Clients with FEP Successfully Discharged from CSC Services During the FY								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available
CarePlus NJ	0	14	9	5	6	0	0	0	0	0	3	7	14	16	0	0	0	0
Oaks Integrated Care	0	13	6	7	1	0	0	0	0	0	3	7	9	7	0	0	0	0
Rutgers UBHC	0	14	15	17	5	0	0	0	0	0	7	14	20	19	0	0	0	0

Program Name	Number of Clients with FEP who Discontinued Services Prior to Discharge During the FY									Current Number of Clients with FEP Receiving CSC FEP Services								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available
CarePlus NJ	0	21	23	31	43	0	0	0	0	0	0	0	0	0	0	0	0	0
Oaks Integrated Care	0	14	31	31	27	0	0	0	0	0	0	0	0	0	0	0	0	0
Rutgers UBHC	0	19	36	59	33	0	0	0	0	0	0	0	0	0	0	0	0	0

Program Name	Do you monitor fidelity for this service?	What fidelity measure do you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
CarePlus NJ	Yes (●) No ( )	a 25-domain fidelity tool based on Ontrack NY Fidelity measures	SMHA staff overseeing the CSC programs	Goal is to conduct the visit annually.	Yes (●) No ( )
Oaks Integrated Care	Yes (●) No ( )	a 25-domain fidelity tool based on Ontrack NY Fidelity measures	SMHA staff overseeing the CSC programs	Goal is to conduct the visit annually.	Yes (●) No ( )
Rutgers UBHC	Yes (●) No ( )	a 25-domain fidelity tool based on Ontrack NY Fidelity	SMHA staff overseeing the CSC programs	Goal is to conduct the visit annually.	Yes (●) No ( )

		measures			

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19D (URS Table 16D) Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis who have Experienced No Psychiatric Hospitalization or Arrest

This table provides information on the percentage of individuals enrolled in Coordinated Specialty Care (CSC) First Episode Psychosis (FEP) services who experienced no psychiatric hospitalization in the current fiscal year and the percentage of adults with SMI and children with SED enrolled in CSC FEP services who experienced no arrest in the current fiscal year. The reporting year should be the latest sate fiscal for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Psychiatric Hospitalization in the FY[1]									
Program Name	**Age 0-5**	**Age 6-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-65**	**Age 65-74**	**Age 75+**	**Age Not Available**
CarePlus NJ	0	100.00%	100.00%	100.00%	100.00%	0	0	0	0
Oaks Integrated Care	0	92.86%	96.77%	96.77%	96.30%	0	0	0	0
Rutgers UBHC	0	52.63%	77.78%	84.75%	93.94%	0	0	0	0

Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Arrest in the FY[2]									
Program Name	**Age 0-5**	**Age 6-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-65**	**Age 65-74**	**Age 75+**	**Age Not Available**
CarePlus NJ	0	0	0	0	0	0	0	0	0
Oaks Integrated Care	0	0	0	0	0	0	0	0	0
Rutgers UBHC	0	0	0	0	0	0	0	0	0

1 Report the percentage of individuals who experienced no psychiatric hospitalization while enrolled in the CSC program during the fiscal year.

2 Report the percentage of individuals who experienced no arrest while enrolled in the CSC program during the fiscal year.

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 20 (URS Table 17) - Profile of Persons Receiving Crisis Response Services

This table provides the number of persons that received crisis response services. In addition, this table also provides the estimated percentage of persons with access to crisis response services. The reporting year should be the latest SFY for which data are available.

Crisis services should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather an integrated part of a coordinated continuum of care. Crisis services include centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time (please see page 39 of the **National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit**). The crisis services are for anyone who is in a mental health crisis regardless of their SMI or SED status.

Reporting Period Start Date: Reporting Period End Date:

	Actual Number of Persons Served Via Service										Estimated Percentage of Population with Access to Service									
Service	**Age 0-5**	**Age 6-12**	**Age 13-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-64**	**Age 65-74**	**Age 75+**	**Age Not Available**	**Age 0-5**	**Age 6-12**	**Age 13-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-64**	**Age 65-74**	**Age 75+**	**Age Not Available**
Call Centers	0	0	0	0	0	0	0	0	0	57,163	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
24/7 Mobile Crisis Team	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis Stabilization Programs	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Comments on Data:																				

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of children/youth and adults with an arrest in T1 (prior 12 months) and T2 (most recent 12 months) to measure the change in arrests over time. Information required includes information on arrests and impact of services.

1. The SAMHSA National Outcome Measure for Criminal Justice or Juvenile Justice measures change in arrests over time.
2. If your SMHA has data on arrest records from alternative sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 column. If you can calculate the change in arrests from T1 to T2, please use all those columns.
3. Please complete the checkboxes at the bottom of the table to help explain the data sources that you have used to complete the table.
4. Please tell us anything else that would help us to understand your indicator (e.g., list surveys or MIS questions; describe linking methodology and data sources; specify time period for criminal or juvenile justice involvement; explain whether treatment data are collected).

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	**33**	**497**	**1**	**43**	**421**	**79**	**15**	**15**	**3**	**24**	**406**	**67**	**69**	**36**	**12**	**455**	**0**	**572**
Total Children/Youth (under age 18)	**0**	**53**	**1**	**1**	**53**	**0**	**0**	**0**	**0**	**0**	**53**	**0**	**5**	**4**	**3**	**42**	**0**	**54**
Female	0	21	0	0	21	0	0	0	0	0	21	0	1	1	2	17	0	21
Male	0	32	1	1	32	0	0	0	0	0	32	0	4	3	1	25	0	33
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	**33**	**444**	**0**	**42**	**368**	**79**	**15**	**15**	**3**	**24**	**353**	**67**	**64**	**32**	**9**	**413**	**0**	**518**
Female	13	215	0	20	166	50	7	4	2	13	161	41	23	13	3	207	0	246

Male	18	219	0	16	198	29	6	11	1	10	186	23	40	17	5	193	0	255
Transgender (Trans Woman)	1	1	0	1	1	0	1	0	0	0	1	0	1	0	0	2	0	3
Transgender (Trans Man)	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	2	0	3
Gender Non-Conforming	1	3	0	4	1	0	1	0	0	0	3	0	0	1	0	4	0	5
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	5	0	0	2	0	0	0	0	0	2	3	0	0	1	5	0	6

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

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	**45**	**841**	**2**	**24**	**838**	**2**	**19**	**26**	**0**	**9**	**831**	**1**	**65**	**28**	**14**	**787**	**4**	**898**
Total Children/Youth (under age 18)	**5**	**620**	**2**	**4**	**614**	**2**	**4**	**1**	**0**	**3**	**616**	**1**	**22**	**13**	**5**	**583**	**4**	**627**
Female	0	298	1	2	295	2	0	0	0	2	295	1	12	7	2	275	3	299
Male	5	315	1	2	319	0	4	1	0	1	314	0	10	6	3	301	1	321
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	7
Gender Not Available	0	7	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0
Total Adults (age 18 and over)	**40**	**221**	**0**	**20**	**224**	**0**	**15**	**25**	**0**	**6**	**215**	**0**	**43**	**15**	**9**	**204**	**0**	**271**
Female	17	111	0	6	110	0	4	13	0	2	109	0	17	9	4	105	0	135

Male	21	104	0	13	107	0	10	11	0	3	101	0	24	6	5	94	0	129
Transgender (Trans Woman)	1	1	0	0	2	0	0	1	0	0	1	0	0	0	0	1	0	1
Transgender (Trans Man)	1	0	0	1	1	0	1	0	0	0	0	0	1	0	0	1	0	2
Gender Non-Conforming	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	0	1
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Gender Not Available	0	4	0	0	3	0	0	0	0	1	3	0	1	0	0	1	0	2

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:

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

Sources of children/youth criminal justice information:

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

Measure of adult criminal justice involvement:

- (●) 1. Arrests
- ( ) 2. Other (specify)

Measure of children/youth criminal justice involvement:

- (●) 1. Arrests
- ( ) 2. Other (specify)

Mental health programs included:

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

Region for which adult data are reported:

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

Region for which children/youth data are reported:

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

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

	Child/Adolescents	Adults
1. If data is from a survey, what is the total number of people from which the sample was drawn?		95,610
2. What was your sample size? (How many individuals were selected for the sample)?		4,872
3.How many survey Contracts were made (surveys to valid phone numbers or addresses)?	19,938	4,872
4. How many surveys were completed (survey forms returned or calls completed), if data source was not a Survey. How many persons were CJ data available for?	909	952
5. What was your response rate (number of completed surveys divided by number of contracts)?	5.0%	19.5%

State Comments/Notes: Survey sample data are nonapplicable as NJ does not use a sample. Survey is sent to all consumers.

Instructions: If you have responses to a survey by person not in the expected age group, you should include those responses with other responses from the survey (e.g., if a 16 or 17 year old responds to the Adult MHSIP survey, please include their responses in the Adult categories, since that was the survey they used)."

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of children with suspension and expulsion from school in T1 (prior 12 months) and T2 (most recent 12 months) to measures the change in school attended over time. Information required includes information on suspensions/expulsions, and impact of services.

1. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time.
2. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
4. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specifiy time period for school attendance; explain whether treatment data are collected).

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	**8**	**57**	**0**	**9**	**56**	**0**	**3**	**5**	**0**	**6**	**51**	**0**	**18**	**24**	**8**	**15**	**0**	**65**
Gender																		
Female	2	20	0	2	20	0	0	2	0	2	18	0	8	6	3	5	0	22
Male	6	37	0	7	36	0	3	3	0	4	33	0	10	18	5	10	0	43
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non - Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	7	47	0	9	45	0	3	4	0	6	41	0	15	20	8	11	0	54

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

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	**64**	**579**	**0**	**47**	**598**	**2**	**21**	**43**	**0**	**26**	**553**	**0**	**124**	**227**	**34**	**262**	**0**	**647**
Gender																		
Female	21	288	0	19	292	1	8	13	0	11	277	0	75	99	19	119	0	312
Male	42	285	0	27	300	1	13	29	0	14	271	0	47	125	15	141	0	328
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non - Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Gender Not Available	1	6	0	1	6	0	0	1	0	1	5	0	2	3	0	2	0	7
Age																		
Under 18	63	560	4	47	578	2	21	42	0	26	534	0	120	221	33	253	0	627

Sources of School Attendance Information:
- [x] 1. Consumer survey (recommended questions)
- [ ] 2. Other Survey: Please send copy of questions
- [ ] 3. Mental health MIS
- [ ] 4. State Education Department
- [ ] 5. Local Schools/Education Agencies
- [ ] 6. Other (specify)

Measure of School Attendance:
- (●) 1. School Attendance
- ( ) 2. Other (specify):

Mental health programs include:
- [ ] 1. Children with SED only
- [ ] 2. Other Children (specify)
- [x] 3. Both (all Children)

Region for which data are reported:
- (●) 1. The whole state
- ( ) 2. Less than the whole state (please describe):

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

	Child/Adolescents:
1. If data is from survey, what is the total number of people from which the sample was drawn?	
2. What was your sample size? (How many individuals were selected for the sample)?	
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)?	19,938
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?	909
5. What was your response rate? (number of Completed surveys divided by number of Contacts)?	5%

State Comments/Notes:

1 and 2 above are nonapplicable as we do not use a sample, survey is sent to all consumers.

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of civil discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**433**	**6**	**49**	**1.39%**	**11.32%**
Age					
0-5	0	0	0	**0.00%**	**0.00%**
6-12	0	0	0	**0.00%**	**0.00%**
13-17	0	0	0	**0.00%**	**0.00%**
18-20	10	0	0	**0.00%**	**0.00%**
21-24	30	1	2	**3.33%**	**6.67%**
25-44	221	3	30	**1.36%**	**13.57%**
45-64	130	2	13	**1.54%**	**10.00%**
65-74	35	0	3	**0.00%**	**8.57%**
75+	7	0	1	**0.00%**	**14.29%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	151	3	19	**1.99%**	**12.58%**
Male	261	3	29	**1.15%**	**11.11%**
Transgender (Trans Woman)	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Man)	0	0	0	**0.00%**	**0.00%**
Gender Non-Conforming	0	0	0	**0.00%**	**0.00%**
Other	0	0	0	**0.00%**	**0.00%**

Not Available	21	0	1	**0.00%**	**4.76%**
Race					
American Indian/Alaska Native	2	0	0	**0.00%**	**0.00%**
Asian	0	0	0	**0.00%**	**0.00%**
Black/African American	152	2	17	**1.32%**	**11.18%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	237	4	28	**1.69%**	**11.81%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	0	0	0	**0.00%**	**0.00%**
Race Not Available	42	0	4	**0.00%**	**9.52%**
Ethnicity					
Hispanic/Latino Origin	4	0	1	**0.00%**	**25.00%**
Non Hispanic/Latino	406	6	47	**1.48%**	**11.58%**
Not Available	23	0	1	**0.00%**	**4.35%**

Are Forensic Patients Included? ○ Yes ◉ No

Comments on Data:

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of forensic discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**245**	**3**	**7**	**1.22%**	**2.86%**
Age					
0-5	0	0	0	**0.00%**	**0.00%**
6-12	0	0	0	**0.00%**	**0.00%**
13-17	0	0	0	**0.00%**	**0.00%**
18-20	4	0	0	**0.00%**	**0.00%**
21-24	17	1	1	**5.88%**	**5.88%**
25-44	142	1	3	**0.70%**	**2.11%**
45-64	74	1	3	**1.35%**	**4.05%**
65-74	7	0	0	**0.00%**	**0.00%**
75+	1	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	26	1	1	**3.85%**	**3.85%**
Male	202	2	6	**0.99%**	**2.97%**
Transgender (Trans Woman)	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Man)	0	0	0	**0.00%**	**0.00%**
Gender Non-Conforming	0	0	0	**0.00%**	**0.00%**
Other	0	0	0	**0.00%**	**0.00%**

Not Available	17	0	0	**0.00%**	**0.00%**
Race					
American Indian/Alaska Native	0	0	0	**0.00%**	**0.00%**
Asian	2	0	0	**0.00%**	**0.00%**
Black/African American	115	3	6	**2.61%**	**5.22%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	103	0	1	**0.00%**	**0.97%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	0	0	0	**0.00%**	**0.00%**
Race Not Available	25	0	0	**0.00%**	**0.00%**
Hispanic/Latino Origin					
Hispanic/Latino Origin	2	0	0	**0.00%**	**0.00%**
Non Hispanic/Latino	225	3	7	**1.33%**	**3.11%**
Not Available	18	0	0	**0.00%**	**0.00%**

Comments on Data:

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of discharges from inpatient care units within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

	Total number of Discharges in Year	Number of Readmissions to Any State Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**0**	**0**	**0**	**0.00**	**0.00**
Age					
0-5	0	0	0	**0.00%**	**0.00%**
6-12	0	0	0	**0.00%**	**0.00%**
13-17	0	0	0	**0.00%**	**0.00%**
18-20	0	0	0	**0.00%**	**0.00%**
21-24	0	0	0	**0.00%**	**0.00%**

25-44	0	0	0	**0.00%**	**0.00%**
45-64	0	0	0	**0.00%**	**0.00%**
65-74	0	0	0	**0.00%**	**0.00%**
75+	0	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	0	0	0	**0.00%**	**0.00%**
Male	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Woman)	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Man)	0	0	0	**0.00%**	**0.00%**
Gender Non-Conforming	0	0	0	**0.00%**	**0.00%**
Other	0	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Race					

American Indian/Alaska Native	0	0	0	**0.00%**	**0.00%**
Asian	0	0	0	**0.00%**	**0.00%**
Black/African American	0	0	0	**0.00%**	**0.00%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	0	0	0	**0.00%**	**0.00%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More Than One Race				**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Ethnicity					
Hispanic/Latino origin	0	0	0	**0.00%**	**0.00%**
Non-Hispanic/Latino	0	0	0	**0.00%**	**0.00%**
Hispanic/Latino Origin Not Available	0	0	0	**0.00%**	**0.00%**

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

2. Are forensic patients included? ○ Yes ○ No

Comments on Data:
Systems are not integrated to allow for this table to be completed.

Footnotes:

F. State General Data Notes

State General Data Notes

States may utilize this table to provide additional data notes deemed necessary to provide context for the data reported.

MHBG Table Number	General Data Note
7A	MHBG Expenditures: Primarily due to an increase in Community Care payments in 2023 resulting from the inclusion of 5 quarters verus 4 quarters in 2022; Other Funds Expenditures: In FY23, some COVID grants ended or one quarter of charge was completed due to ending at 9/30/2023; EBP for ESMI Expenditures: Increase in Grant Expenditures from 5% in 2022 to 10% in 2023; COVID-19 Relief Funds Expenditures: 2023 reflects the ramp up of the grant which includes additional programs compared to 2022 which reflects initial expenditures; Crisis Services: Grant established in 2023.
6	Total Admissions to Community Program During the Year: The number utilized the current USTF Access-based data system. The data for 2022 and 2023 has been verified. Some providers were not able to submit the data in the current system in FY 2022 due to the limitation of the current system. DMHAS is in the process of implementing an online web-based client level data system for providers to submit data going forward. However in reviewing the Quarterly Contract Monitoring Report data, 141,257 number of community admissions in 2022, 143,908 admissions in 2023 yielding a 2% increase of admissions from SFY 2022 to 2023. The 3919 (2023) and 6205 (2022) community admissions are from the legacy USTF CLD data system. Therefore, the discrepancy is resulted from numbers from the different data systems. They are not comparable.
4	The data on the employment status of adults (ages 18+) in community MH programs includes all clients. However, this is an unduplicated count based on admission date, while table 3 is a duplicated count for different service settings.
15	The 'Other' category refers to Cooperative Living Situation (No MH Services) - Individuals living with roommates(s) or in family-like situations. The mental health services are not provided by the cooperative living situation. They are provided outside the living situation.
14C	There has been an increase the numbers of consumers served in Other Psychiatric Inpatient services. Additionally, NJ has found about 3,700 records that were coded as children that were not part of the adult mental health system. At this time, the state is not sure whether it is a data entry error by the providers or if this data should be included. The option for this children's level of care has been eliminated in the new data system.
12	Percent of adults served by the SMHA with co-occurring MH/SA diagnoses: NJ enhanced the analysis to include additional substance use disorder diagnoses.
10	All Block Grant allocation amounts are listed in the Adult SMI Column as NJ is unable to provide a breakdown. Variance between Total Block Grant Fund and Amount of MH Block Grant Allocation to Agency was due to Preliminary MHBG Allocation for SMI being calculated as Total Block Grant Fund
7B	CSC-Evidence-Based Practices: 2023 includes expenses for unfilled vacant positions in 2022.
16B	Regarding future plans for data overall and Integrated Treatment: the new client level data system (USTF+) will have the flexibility for additional data fields including the ability to capture the data for the quantity of adults with SMI whom are receiving family psycho education services however there are several other phases of implementation that are necessary precursors of this. Target date for these changes are 2025. At this time, NJ does not collect data for integrated treatment for co-occurring disorders. The increase in Illness Self-Management services was likely influenced by the delivering agencies who have a larger community reach and access to programming. The transition of FY22 to FY23 allowed for most agencies to return to “in person” care that dominated the delivery of care, however, there was a leveraged use of technology as the agencies reported being able to easily switch to telehealth services when needed. Therefore, navigating traditional need to close program(s) or miss programming due to inclement weather, transportation issues, and other competing factors helped to address these often-identified barriers to receiving care. The increase is also due to an increased number of clients seeking out IMR services. Regarding Family Psychoeducation services: NJ's data system does not capture number of adults with SMI receiving family psychoeducation services. It only captures number of family members of individuals with SMI receiving this service.After consulting with NRI, as of 3/23/21, NJ decided not to report the number of family members receiving family psychoeducation services in Table 16B.
16A	Total unduplicated N - Children with SED data for Ages 0-20, provided by the Children's System of Care (CSOC). Community Support Services (CSS) consist of mental health rehabilitation services and supports necessary to assist consumers in achieving the goals identified in their individualized rehabilitation plans. These include achieving and maintaining valued life roles in the social, employment, educational and/or housing domains, restoring a consumer’s level of functioning to that which allows community integration, and remaining in an independent living setting of his/her choosing. NJ Children's System of Care (CSOC) does not offer therapeutic foster care which is why there is no data collection. From 2022 to 2023, the total number of youth receiving MST services decreased by 25% and the total number of youth receiving FFT services decreased by 32%. This may reflect a decline in the utilization of these services due to

	continued workforce capacity issues as a result of the pandemic. Although the percent changes may seem significant, it must be noted that the total volume of youth utilizing these services has historically been relatively small. Smaller numbers mean the changes will be reflected in larger percentages. Regarding FFT services, workforce challenges have resulted in decreased utilization of some CSOC services, including FFT. Children's System of Care (CSOC) continues to work with all of of the providers to address staff shortages and their engagement with the community, as well as to identify specific challenges regarding the clarity and efficiency of the referral process. While CSOC still considers workforce challenges to be the primary driver of this decrease in utilization, NJ would also like to note that, for some CSOC services, utilization has increased. One such service is Care Management, which, as it is considered a duplicative service with regard to FFT, may also help to explain the decrease in FFT utilization, as youth and families cannot engage in both FFT and Care Management simultaneously.
16C	The "current number" means the time period from 7/1/2022-6/30/2023.
21	Systems are not integrated to allow for this table to be completed.

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Footnotes: