New Jersey

UNIFORM APPLICATION
FY 2025 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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City	Hamilton Township
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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	7/1/2023
To	6/30/2024

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:

Population(s): PWWDC

Goal of the priority area:

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

Objective:

Increase number of pregnant women or women with dependent children receiving recovery support services.

Strategies to attain the goal:

• Provider Meetings. Biannual meetings are held with the Maternal Wrap Around (MWRAP) providers, Integrated Opioid Treatment and Substance Exposed Infants (IOT-SEI) providers, and the Department of Children and Families (DCF). A variety of topics such as information sharing, data collection, best practices, continuum of care, medication assisted treatment, referrals and access to services, recovery supports, Plans of Safe Care, systems collaboration, program accomplishments, challenges, and training needs are addressed.

• Professional Development. All contracted licensed women's treatment providers receiving funding through the women's set aside block grant are required to address the full continuum of treatment services. Services include 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 to provide assistance with housing supports by linking women to transitional, permanent and/or supportive or sober living homes such as an Oxford House. Providers with DMHAS contracts that provide maternal child health services for pregnant and parenting persons as per contract requirements 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.

• All women's services contracts address the continuum of care ranging from prevention, treatment and recovery supports.

• In March 2024, the NJ DMHAS Office of Treatment and Recovery Supports contracted providers (women's treatment and maternal child health special initiatives) received training on Improving Clinical Recovery Services for Pregnant and Parenting People. The training was provided by SAMHSA's State TA provider, JBS International. The two-part virtual sessions included Family Centered Treatment and Trauma Informed Care including Stigma Education.

• Plans of Safe Care. All women's treatment and pregnant and parenting maternal child health specialty services including the MWRAP and IOT-SEI Initiatives) provider contract language requires Plans of Safe Care for pregnant and postpartum persons (PPP). 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. The DMHAS Monitoring Unit has updated their monitoring site review tool to include Plans of Safe Care under the women's set aside section for block grant funded providers.

• 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 PPP 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 PPP 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. Interim services continues to be in the DMHAS FFS network.

• In Depth Technical Assistance (IDTA) Neonatal Abstinence Syndrome and Substance Exposed Infants (NAS SEI). As a SAMHSA Prescription Drug Abuse Policy Academy State, in 2014, 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; and (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. Three workgroups were formed. The Labor, Delivery and Engagement (Infants) Workgroup developed a comprehensive survey (Birthing Hospital Survey) with input from the medical community and perinatal cooperative.

• IDTA Birthing Hospital Survey. The 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 Extension for Community Healthcare Outcomes (ECHO) Program. The DMHAS Office of Treatment and Recovery Supports has supported ECHO Programs for Pregnant and Parenting Persons with Opioid Use Disorder.

• New Jersey was awarded another round of IDTA through the NCSACW 2023 Policy Academy: Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure. NJ State Policy Academy representatives includes the Departments of Health, Children and Families and Human Services. and the Governor's Office. The DMHAS Women's Treatment Coordinator represents DHS. Representatives from the medical, addictions and perinatal community also participate on this IDTA. The overall goal was increasing awareness of pregnant persons and SUD, through increased education and maximizing messaging through the perinatal work force, increase awareness and access to treatment, Plans of Safe Care, and improving screenings in hospitals and healthcare providers. Four goals have been established: Goal 1: Conduct a statewide landscape analysis of resources targeted at individuals with a Substance Use Disorder (SUD) and understand how referrals are made to appropriate resources and levels of care. Goal 2: Address gaps in the SUD system of care to establish a comprehensive and fluid collaborative approach among state agencies, healthcare providers, and community-level and non-profit organizations to address substance use during and after pregnancy. Goal 3: By 2025, create and execute a state-wide prenatal Plans of Safe Care process that enables Community and Clinical Partners to formally support a birthing person. Goal 4: Support birthing hospitals in updating their protocol related to screening and referring birthing people with SUD; and subsequently engaging in a comprehensive approach to implementing Plans of Safe Care in New Jersey.

• Project ECHO Maternal Child Health. The Pregnant and Parenting Persons with Opioid Use Disorder (MCH PPP OUD) ECHO provides education and training to primary care practitioners, SUD treatment providers, behavioral health practitioners, and other stakeholders in 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 PPP 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 PPP with OUD. ECHO positions 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, DMHAS agreed to postpone the traditional MCH PPP-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 and OUD ECHO sessions. This temporary change in scope enabled the MCH PPP-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 PPP-OUD Hub team completed seven (7) COVID-19 maternal child health and OUD sessions between April and the first week of June 2020, and MCH PPP-OUD ECHO with COVID-19 (included as a discussion topic) reconvened June 15, 2020 through December 2020. MCH PPP-OUD ECHO series is scheduled after July of 2021. Each series was designed as 12 bi-weekly sessions. Project ECHO series with the new curriculums took place early Spring 2022 and concluded late summer.

DMHAS renewed the MCH PPP-OUD ECHO series with 18 sessions scheduled through 2023. The curriculum covers the following areas: screening for SUD; new guidelines for prescribing buprenorphine; starting treatment: the patient contract, pharmacy partner and social services; managing buprenorphine treatment and follow-up; opioid dependency reporting guidelines; and hot topics. In an effort to reach out to practitioners and prescribers, the first ECHO 8 sessions were scheduled for a special evening time with a focus on the latest FDA approved techniques for MAT, integrated care, and wraparound services. DMHAS extended the MCH PPP-OUD ECHO through September 30, 2025. This ECHO's curriculum focuses on maternal opioid intervention and care coordination. Each of the series includes 18 sessions with five Community Workshops through August 2024 and another 18 sessions with five community workshops through August 2025. Didactic topics within the 18 sessions range from integrative approach to care for pregnant persons; bridging the gap from patient to plan: implementation that is meaningful and impactful; prenatal care with an opioid/substance use disorder; and navigating the system to maximize successful family formation.

• Maternal Wrap Around Program (MWRAP). MWRAP is a statewide program located in seven regions. MWRAP was awarded through an RFP in 2018 and services included intensive case management and recovery support services for opioid dependent pregnant and postpartum persons. Opioid dependent women were eligible for services during pregnancy and up to one year after the birth event. MWRAP served thirty (30) unduplicated women

in each region. The MWRAP goal was to alleviate barriers to services for pregnant opioid dependent persons through comprehensive care coordination 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 persons 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. In State fiscal year 2022 the MWRAP statewide initiative eligibility criteria was expanded to include pregnant persons with substance use disorder, not exclusive to opioid dependency. The number of unduplicated women per MWRAP region was expanded to 50.

Improving maternal child health outcomes is a major agenda for NJ through the adoption of Nurture NJ, led by First Lady Tammy Murphy. Nurture NJ is a statewide, multi-agency campaign dedicated to this issue. Reach NJ, the central call-in line for NJ residents who are looking for help with a SUD dedicated their public service announcement campaign to pregnant persons during late Fall 2022. MWRAP provided training to ReachNJ who will now offer MWRAP as a resource and provide warm hand-offs. MWRAP services provides the support needed to help pregnant and parenting women with SUD maintain a healthy recovery, resulting in less overdoses, and improved birth outcomes and maternal child health. In SFY 2024, MWRAPs received another expansion, with each MWRAP region required to provide services to sixty (60) unduplicated women. A total of 420 unduplicated pregnant persons will be eligible for services.

• Nurture NJ focuses on improving collaboration and programming between Departments, agencies and stakeholders to achieve its goal to make NJ the safest place in the country to give birth and raise a baby. Nurture NJ wants to ensure that all women are healthy and have access to care before pregnancy and is a high quality equitable system of care with services from prenatal to postpartum provided in a supportive community environment. NJ's Maternal Mortality Report (2016-2018) identified a total of 125 pregnancy associated deaths that had a temporal relationship to pregnancy within 365 days. 74 pregnancy-associated (not related deaths) were attributed to SUD occurring from day 43 postpartum to day 100. These deaths could have been prevented. Lack of continuity of care and/or proper care coordination was identified as the top contributing factor. Postpartum women with a history of SUD and co-occurring disorder are most vulnerable for relapse and should have access to resources that can help support her infant and families. Supporting maternal mental well-being strengthens not only mothers, parents and women but also their families and their communities. SAMHSA has prioritized addressing maternal mental health conditions and co-occurring SUD. The DMHAS Women's Services Coordinator submitted a successful application to the Center for Mental Health Services, Learning Collaborative: Maternal Mental Health and will be participating on this Learning Collaborative through August 2024. The goal is to build on existing policies including the MWRAP and IOT-SEI maternal child health pregnant and parenting persons initiatives to improve access to services and reduce barriers to care.

• The DMHAS Women's Services Coordinator represents DMHAS on the Maternal and Child Health Policy Innovation Program (MCH PIP) Alumni Policy Academy from August 2023 through April 2024 convened by National Academy for State Health Policy (NASHP) with support from the Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA-MCH). NJ Medicaid, DOH, DHS and DCF are state partners on the MCH PIP with NJ Medicaid as the lead state agency. The overall goal is to improve maternal health outcomes by addressing SDOH-related barriers (e.g., transportation, child care, language/low literacy, discrimination) to accessing maternity care; effective referral processes for health-related social needs of pregnant and parenting persons. DMHAS maternal child health initiatives (IOT-SEI and MWRAP) provide intensive case management, recovery supports, and specialty services to assist pregnant and parenting persons with SUD and co-occurring to access care, address barriers and SDOH to help improve maternal health outcomes.

• 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. COVID-19 specific data was collected starting July 2020. The purpose of the data was to understand how individual participants were affected and what specific steps were taken to address COVID-19 related challenges. Data collected included the 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.

• Sober Living. New Jersey contracts with Oxford House Inc. which has dedicated women's homes and women with children homes. The contract has been expanded to develop additional homes for special populations including women with children. Women and Children Oxford Houses are required to provide lockboxes to each for medication storage. Residents in Oxford Houses is responsible for their individual medication lock boxes. Outreach staff conduct annual training (Overdose Specific) at each Chapter meeting at the annual state workshop. Currently, there are 14 Oxford House Chapters throughout the state. This is in response to the heroin overdose epidemic in the state of New Jersey and its effects related to Oxford House. Each home is required to maintain Naloxone kits on site. In 2022 Oxford House continued to see an increase in members applying for membership with OUD. This increase created a more significant need for naloxone training and information on access to Medical Assisted Recovery (MAR) options. The New Jersey Oxford House outreach team continues to educate members on MAR and the importance of being an active member of their recovery community.

• Systems Collaboration PPW. Twelve (12) of New Jersey's 21 counties continue to have monthly DCP&P Child Welfare Substance Use Disorder Consortia meetings which have moved to virtual meetings. 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.

• Advertising Campaign. New Jersey continues its statewide advertising campaign centered around opioid use and bringing public awareness to call ReachNJ, the 24/7 Addiction Hotline, for treatment. New messaging, beginning in August 2022, has added pregnant women, along with student athletes and older adults, as target groups. This is a statewide campaign that utilizes television and radio advertisements, bus wraps, billboards and social media to encourage New Jerseyans to access treatment. Recently the TV ad aired on NBC during the Macy's Thanksgiving Day Parade and later that evening during an NFL football game.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of individuals receiving recovery support services in the Maternal Wraparound Program (MWRAP).

Baseline Measurement: SFY 2023: 381 individuals received recovery support services in the Maternal Wraparound Program consisting of 111 mothers, 45 babies/birth, 40 children under 1 year old and 185 children 1-17 years old.

First-year target/outcome measurement: Increase the number of individuals receiving MWRAP recovery support services in SFY 2024 by 1%.

Second-year target/outcome measurement: Increase the number of individuals receiving MWRAP recovery support services by another 1% by the end of SFY 2025. The change in SFY 2025 will be measured by calculating the percentage difference from SFY 2023 to SFY 2025.

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

Data Source:

The number of individuals receiving MWRAP recovery services from SFY 2023 – 2025 will be tracked by five providers using the MWRAP intake survey, birth survey, discharged survey, and reported through the MWRAP reporting roster.

New Data Source*(if needed)*:

Description of Data:

Data tract by the MWRAP reporting roster captures bio data, enrollment and admission data, follow-up contact data, maternal health related data, SUD and OUD related data, other care and support data, legal data, exit data, and summary of care.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Providers interactive program discussion and a structured online staff retention survey showed that some data issues/caveats that affect outcome measures, which are being effectively addressed, include the following:
• Differences in electronic health record (EHR) systems across providers
• Harmonizing plan of safe care (PSC) across providers
• Strengthening referrals across services providers at all levels of care
• Stigmatization
• Difficulty recruiting qualified staff
• Staff turnover/Attrition

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: Persons Who Inject Drugs (PWID)

Priority Type:

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 percentage of PWID entering treatment for whom MAT is planned.

Strategies to attain the goal:

• Low Threshold Buprenorphine Program at Harm Reduction Centers. Continue to implement 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.

• Mobile Medication Units. Providing services in convenient locations, specifically through existing and new mobile medication programming, in order to reduce barriers and engage individuals in care as easily as possible.

• Expanded Hour OTPs. Continuance of an 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.

• Public Awareness Campaign. Educating providers and reducing stigma and discrimination for individuals with an OUD, family members and the public about the benefits of medications for Opioid Use Disorder (MOUD) through its public awareness campaign that was initially launched in 2020.

• Opioid Overdose Prevention Trainings. 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 MOUD. In addition to populations listed above, training will continue to be inclusive of, but not limited to other populations such as schools, jails, licensed Substance Use Disorder (SUD) agencies, Office of Emergency Management, Emergency Medical Services (EMS), teams, fire departments, homeless shelters and community health clinics.

• Opioid Overdose Recovery Programs. 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 (OORPs) to treatment and/or recovery support services in

their communities.

• Support Teams for Addiction Recovery. 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 MOUD.

• Telephone Recovery Supports. Telephone Recovery Support (TRS) is a statewide program to assist individuals to reduce relapse and to enhance the recovery experience. The service calls high risk participants with an OUD, for up to four months, longer if needed, to provide encouragement, support and information.

• Maternal Wrap Around Program. Maternal Wrap Around Program (MWRAP), is a statewide program that was awarded through an RFP in 2018. MWRAP has had several expansions and is located in seven regions throughout the state, all counties provide MWRAP, with each region serving approximately 60 unduplicated pregnant women with substance use disorder, their infants and families. MWRAP provides intensive case management and recovery support services. Services are available to pregnant women 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. Improving maternal child health outcomes is a major agenda for NJ through the adoption of Nurture NJ, led by First Lady Tammy Murphy. Nurture NJ is a statewide, multi-agency campaign dedicated to this issue. Reach NJ, the central call-in line for NJ residents who are looking for help with a SUD dedicated their public service announcement campaign to pregnant women during late Fall 2022. MWRAP provided training to ReachNJ who will now offer MWRAP as a resource and provide warm hand-offs. MWRAP services provides the support needed to help pregnant and parenting women with SUD maintain a healthy recovery, resulting in less overdoses, and improved birth outcomes and maternal child health.

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• Strategic Prevention Framework for Prescription Drugs: In September 2021, DMHAS was awarded its second "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.

• State Opioid Response (SOR) Grant. In FY 2023, New Jersey received just over $133 million through SOR for a two-year period. 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.

• Jail MAT and Technical Assistance. As part of SOR and state funding, DMHAS collaborates with all 21 counties in NJ who have established Medication Assisted Treatment (MAT) programs or enhanced existing MAT services for inmates with OUD at county correctional facilities. DMHAS utilizes funds to have its two Centers of Excellence (COEs) 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. Interim Services is a requirement of DMHAS provider contracts. An 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.

• Homeless Shelter Initiative. DMHAS continues to increase access to buprenorphine and other ancillary services for individuals with a substance use disorder through current programming available at homeless shelters. Contracted providers will continue to 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 and recovery services, when appropriate.

• Community Training. DMHAS will continue a train-the-trainer program through Rutgers University to educate the community on medications that can

be utilized to support recovery and provide NJ-specific treatment and recovery resources. The goal of this project is to educate, support, and mentor graduate students to provide these free educational talks to community groups throughout the State.

• Cultural Competency Training and Practice for Opioid Treatment Providers. DMHAS contracts with a provider whose goal is to help 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. Another significant goal of this initiative is to increase the prescribing of Medication for Opioid Use Disorders (MOUD) among the Black/AA community.

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

• Office Based Addiction Treatment. The Division of Medical Assistance and Health Services (DMAHS), in collaboration with DMHAS, continues a program to cover and support medications for opioid use disorder at Office Based Addiction Treatment (OBAT) providers. 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 OTPs or other treatment services, when appropriate.

• Long-Term Residential Incentive Payment. A new innovation is paying Long Term Residential agencies for providing Medication Assisted Treatment (MAT) to clients. Effective June 1, 2020, the Long-term Residential (LTR) reimbursement rate was increased, as well as the ability to pay for MAT and MAT -related services. On August 20, 2021, the Department of Health (DOH) issued Guidance 7-2021 that reported Long Term Residential (LTR) facilities do not need to seek approval from DOH to prescribe medication, other than Methadone, for the treatment of substance use disorders. As a result, effective October 15, 2021, the base rate for Long Term Residential [H0019HF] includes the MAT add-on of $5.00 per unit and increased to $152.60 per day inclusive of Room and Board. Beginning July 1, 2020, additional incentive payments became available for the utilization of MAT and MAT capacity in LTR. The incentive rate creates the capacity to prescribe and administer MAT, which minimally includes Buprenorphine, but also may include Naltrexone and other FDA-approved products for Opioid Use Disorder (OUD) and for Alcohol Use Disorder (AUD). The rates and incentives are structured as follows:
1) The increased base LTR treatment rate with the MAT add-on plus Room and Board per diem.
2) When an LTR provider site has least 40% of eligible clients receiving an approved medication for treatment of an OUD or an AUD, the provider's rate will increase by $10.00 per unit of service. This incentive threshold applies to medications arranged for using an external provider (e.g., Methadone from an OTP; Buprenorphine from OBAT) and provided by the LTR Provider.
3) The LTR provider can bill for medications inclusive of administration costs in addition to the new rates.

To qualify for the incentive rate, Medicaid and DMHAS will determine a 40% MAT utilization rate through NJSAMS reporting at client discharge. This benchmark is measured as those individuals who are medication-eligible who receive qualifying medications as reported in the NJSAMS Discharge data. The measurement will include all discharges, including duplicated and unduplicated individuals. The medications that qualify are FDA-approved for the treatment for OUD and AUD and are inclusive of Buprenorphine, Sublocade, Methadone, Naltrexone (for OUD), and Naltrexone for Disulfiram, Acamprosate (for AUD); note that, at a minimum, Buprenorphine must be provided to receive the incentive. The benchmark will be measured by site based on the overall data, initially every three months starting July 1, 2020 for fiscal year 2021 and then every six months thereafter, which continues today. The applicable incentive rate applies to all billed LTR units for the prospective period when the provider site meets the 40% benchmark incentive criteria.

• DMHAS, through a RFP process, initiated a Building Capacity in Mental Health and Substance Use Disorder initiative focusing on medications for SUD, i.e., buprenorphine, naloxone, naltrexone and methadone. The initiative enables agencies to offset the cost to create capacity to prescribe medications in licensed mental health programs as well as in licensed SUD treatment programs who provide treatment to individuals with co-occurring disorders (COD).

• Expanded Outpatient Hours. An RFP was issued in August 2022 to expand outpatient treatment services and enhance access to treatment by removing barriers such as traditional service hours. Ten SUD outpatient treatment providers were awarded a contract to provide these services in October 2022. These expanded hours will provide increased access to outpatient treatment for individuals with an SUD. The purpose of this expansion for outpatient services is to support, enhance and encourage the emotional development and the development of consumer's life skills in order to maximize their individual functioning during alternate times from standard business hours (after hours and weekends). Providers are required to expand their hours at a minimum of six (6) days per week with the goal of extending hours into the evening and admitting new consumers for these services during these times. This program is funded with ARPA SUBG funds.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase the percentage of PWID admissions for whom MAT is planned.
Baseline Measurement:	SFY 2023: MAT planned for 60% of PWID admissions.
First-year target/outcome measurement:	Maintain a minimum of 60% of PWID treatment admissions for whom MAT is planned .

Second-year target/outcome measurement: Increase the percentage of PWID treatment admissions for whom MAT is planned by 2% from SFY 2024 by the end of SFY 2025. The change in SFY 2025 will be measured by calculating the percentage difference from SFY 2023 to SFY 2025.

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

Data Source:

The percentage of PWID for whom MAT is planned in SFY 2023 through SFY 2025 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 #: 3

Priority Area: Heroin/Opioid Users

Priority Type:

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 percentage of heroin/other opiate admissions for whom MAT is planned.

Strategies to attain the goal:

• Public Awareness Campaign. Continue to utilize a public awareness campaign focusing on reducing stigma/discrimination for individuals with an OUD, family members and the public about the benefits of utilizing medications to support recovery for an Opioid Use Disorder (MOUD).

• Building Capacity Initiative. Initiative focuses on addressing challenges faced by both licensed mental health and substance use disorder programs that require start-up funds to increase their capacity to offer MAT, specifically buprenorphine to their clients. Contracted MH and SUD programs are expected to build capacity to offer MAT in compliance with all federal and New Jersey state regulations.

• Vivitrol Enhancement. 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).

• Buprenorphine Enhancement. DMHAS will continue the Buprenorphine Enhancement, similar to the one created for Vivitrol, that reimburses FFS Network providers for the provision of buprenorphine at their agencies. Licensed SUD agencies are able to participate in the enhancement with proper approval (MAT Waiver) issued by CN&L.

• Jail MAT and Case Management Initiative. DMHAS collaborates with the State's 21 county jails that 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.

• American Society of Addiction Medicine Booklets. 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 English, Spanish and Braille and goal is to provide in additional languages that are prevalent in New Jersey. In addition, DMHAS worked with the NJ Division of Deaf and Hard of Hearing (DDHH) to create a video link in American Sign Language (ASL).

• Community Training. DMHAS will continue its Memorandum of Agreement (MOA) with Rutgers University, Robert Wood Johnson Medical School for a train-the-trainer program on Medications for Opioid Use Disorder (MOUD), the opioid epidemic (specific to New Jersey) and concepts of SUD (specific to OUD) for a minimum of 40 graduate students at Rutgers University. This project will continue to educate, support, and mentor graduate students to give free educational talks, through use of PowerPoint presentations, to community businesses and organizations in efforts to reduce stigma/discrimination around medication to support an individual's recovery.

• Low Threshold Buprenorphine Induction at Harm Reduction Centers. Continue 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.

• Expanded Hour Opioid Treatment Program. Continuance of an expanded hour Opioid Treatment Program (OTP) initiative which provides increased (i.e. evening) hours that are not typically provided in efforts to assist individuals with easier access to services/care.

• Cultural Competency Training and Practice for Opioid Treatment Providers. DMHAS contracts with a provider whose goal is to help 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. Another significant goal of this initiative is to increase the prescribing of Medication for Opioid Use Disorders (MOUD) among the Black/AA community.

• Long-Term Residential Incentive Payment. A new innovation is paying long term residential providers for providing MAT to clients. Effective June 1, 2020, the Long-term Residential (LTR) reimbursement rate was increased, as well as the ability to pay for Medication Assisted Treatment (MAT) and MAT related services. On August 20, 2021, the Department of Health (DOH) issued Guidance 7-2021 that reported Long Term Residential (LTR) facilities do not need to seek approval from DOH to prescribe medication, other than Methadone, for the treatment of substance use disorders. As a result, effective October 15, 2021, the base rate for Long Term Residential [H0019HF] includes the MAT add-on of $5.00 per unit and increased to $152.60 per day inclusive of Room and Board. Beginning July 1, 2020, additional incentive payments became available for the utilization of MAT and MAT capacity in LTR. The incentive rate creates the capacity to prescribe and administer MAT, which minimally includes Buprenorphine, but also may include Naltrexone and other FDA-approved products for Opioid Use Disorder (OUD) and for Alcohol Use Disorder (AUD). The rates and incentives are structured as follows:

1. The increased base LTR per diem rate for treatment plus Room and Board.
2. When an LTR provider site has least 40% of eligible clients receiving an approved medication for treatment of an OUD or an AUD, the provider's rate will increase by $10.00 per unit of service. This incentive threshold applies to medications arranged for using an external provider (e.g., Methadone from an OTP; Buprenorphine from OBAT) and provided by the LTR Provider.
3. The LTR provider can bill for medications inclusive of administration costs in addition to the new rates.

To qualify for the incentive rate, Medicaid and DMHAS will determine a 40% MAT utilization rate through NJSAMS reporting at client discharge. This benchmark is measured as those individuals who are medication-eligible who receive qualifying medications as reported in the NJSAMS Discharge data. The measurement will include all discharges, including duplicated and unduplicated individuals. The medications that qualify are FDA-approved for the treatment for OUD and AUD and are inclusive of Buprenorphine, Sublocade, Methadone, Naltrexone (for OUD), and Naltrexone for Disulfiram, Acamprosate (for AUD); note that, at a minimum, Buprenorphine must be provided to receive the incentive. The benchmark will be measured by site based on the overall data, initially every three months starting July 1, 2020 for fiscal year 2021 and then every six months thereafter, which continues today. The applicable incentive rate applies to all billed LTR units for the prospective period when the provider site meets the 40% benchmark incentive criteria.

• MOUD Survey. Vital Strategies is working with the DMHAS and has developed a survey on the use of MOUD to be sent to all licensed SUD providers. The goal is to better understand the utilization of MOUD by providers, if there is reluctance to use MOUD and identify what barriers exist. This information can inform DMHAS as to actions needed to promote the use of MOUD by providers.

• DMHAS finalized a Memorandum of Agreement (MOA) with the Rutgers Northern and Rowan Southern Centers of Excellence (COE) to provide technical assistance and training to the statewide county jails that participate in the County Correctional Facilities MAT and Case Management program.

• Homeless Shelter Initiative. DMHAS continues to increase access to buprenorphine and other ancillary services for individuals with a substance use disorder through current programming available at homeless shelters. Contracted providers will continue to 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 and recovery services, when appropriate.

• Mobile Medication Units. Providing services in convenient locations, specifically through existing and new mobile medication programming, in order to reduce barriers and engage individuals in care as easily as possible.

• DMHAS worked with the Department of Health, Certificate of Need & Licensing (CN&L) to eliminate the need for a MAT Waiver that was previously required at residential SUD treatment agencies.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase the percentage of heroin/other opiate admissions for whom MAT was planned.
Baseline Measurement:	SFY 2023: MAT planned for 57% of heroin/other opiate admissions.
First-year target/outcome measurement:	Increase the percentage of heroin/other opiate admissions for whom MAT is planned by 1%.
Second-year target/outcome measurement:	Increase the percentage of heroin/other opiate admissions for whom MAT is planned by another 1%. The change in SFY 2025 will be measured by calculating the percentage difference from SFY 2023 to SFY 2025.

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

Data Source:

The number of heroin/other opiate admissions for whom MAT was planned from SFY 2023 - 2025 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 #: 4

Priority Area: TB

Priority Type:

Population(s): TB

Goal of the priority area:

TB (Persons with or at risk of tuberculosis who are receiving SUD treatment services)

Objective:

Increase compliance rate 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 2023 Annual Site Monitoring Reports of DMHAS' SUPTRS Block Grant contracted agencies, 94% of the agencies that were monitored (34 of 36 agencies) were in compliance with offering every client a tuberculosis evaluation.

First-year target/outcome measurement: An increase of 3% above the baseline measure.

Second-year target/outcome measurement: An additional increase of 2% 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:

Population(s): PP

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 19 Regional Prevention Coalitions covering NJ's 21 counties, 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).

Other
• 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.

• DMHAS, the Department of Health, and the Department of Treasury collaborated in 2023 to develop strategies to reduce underage tobacco sales in New Jersey. One strategy that has been implemented in February 2023 is the addition of information on Treasury's online cigarette licensing application regarding the consequences of underage sales (fines, and/or suspension or revocation of tobacco license) and ways tobacco retailers can avoid underage sales at. Links to merchant education materials were also added to the licensing application's front page.

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 2021 NSDUH data, 1.97 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 .10% below the baseline measure.

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

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

Data Source:

2021 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 2021 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:

Population(s): PP

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 19 Regional Prevention Coalitions covering NJ's 21 counties, 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 2021 NSDUH data, 17.98 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 .05% 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 2021 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:

Population(s): PP

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 19 Regional Prevention Coalitions covering NJ's 21 counties, 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 2021 NSDUH data, 8.13 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 2021 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:

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 Prescriptions 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 2021, 3,537,890 prescriptions for opioids were provided in New Jersey.

First-year target/outcome measurement: A reduction of .75% below the baseline measure.

Second-year target/outcome measurement: An additional reduction of .25% 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: 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:

To build capacity among clinicians to be able to utilize the Attachment, Regulation and Competency (ARC) Model with the youth and families they serve. The ARC Model is an evidence-based, flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems.

Strategies to attain the goal:

In order to increase their capacity to provide this intervention to New Jersey youth and families, a cohort of IIC Clinicians will be trained in year one, with a subset of these trainees receiving "train-the-trainer" training in year two.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: A cohort of clinicians will be trained in the Attachment, Regulation, and Competency (ARC) Model, a subset of whom will also be trained to provide ARC Model training to other clinicians.

Baseline Measurement: 0

First-year target/outcome measurement: 40 clinicians will be trained in the ARC Model.

Second-year target/outcome measurement: Of the 40 clinicians trained in year 1, 10 will be provided "train-the-trainer" training to ensure sustainable capacity building.

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

Data Source:

Internal Data

New Data Source*(if needed)*:

Description of Data:

The number of clinicians who successfully completed the ARC Model 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)*:

A cohort of 46 clinicians, members of our Intensive In-Community (IIC) network, were successfully recruited for and completed the ARC model training.

Priority #: 10

Priority Area: Heroin

Priority Type:

Population(s): PP

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 19 Regional Prevention Coalitions covering NJ's 21 counties, 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 2021 NSDUH data, 60.96 percent of the target population reported Perceptions of Great Risk from Trying Heroin Once or Twice.

First-year target/outcome measurement: An increase of .50% above the baseline measure.

Second-year target/outcome measurement: An additional increase of .05% 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 2021 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 #: 11

Priority Area: Support the integration of physical health and mental health/wellness for all New Jersey youth.

Priority Type: MHS

Population(s): SED

Goal of the priority area:

To provide New Jersey pediatricians with the tools they need to support youth with mental health needs. The Pediatric Psychiatry Collaborative (PPC) provides quick access to psychiatric consultation and facilitates referrals for accessing ongoing behavioral health care. Pediatricians are encouraged to integrate behavioral health resources into their practices and work with child and adolescent psychiatrists as well as other behavioral health providers.

Objective:

To increase utilization of the PPC services and supports, we will increase the percentage of PPC-enrolled pediatricians who refer at least one youth to the PPC for services or supports.

Strategies to attain the goal:

There are currently 665 pediatricians who have partnered with the PPC; in FY22 45% of these physicians referred a youth to the PPC at least once. To improve upon this rate, additional training / reminders / opportunities for connection will be provided to member pediatricians.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of PPC-enrolled pediatricians who have made at least one referral for a youth to receive PPC services and/or supports will increase.

Baseline Measurement: For FY22, 45% of pediatricians enrolled in the PPC made at least one referral for a youth to receive services or supports from the PPC.

First-year target/outcome measurement: For FY24, the rate of pediatricians enrolled in the PPC who made at least one referral for a youth to receive services or supports from the PPC will increase to 48%.

Second-year target/outcome measurement: For FY25, the rate of pediatricians enrolled in the PPC who made at least one referral for a youth to receive services or supports from the PPC will increase to 50%.

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

Data Source:

The New Jersey Pediatric Psychiatry Collaborative

New Data Source*(if needed)*:

Description of Data:

The provider will provide the percentage of pediatricians enrolled in the PPC who referred at least one youth to the PPC for services or supports.

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)*:

In addition to increased recruitment efforts, additional training / reminders / opportunities for connection were provided to all member pediatricians. Of the 892 total pediatricians enrolled in the PPC during FY24, 437 made at least one referral, increasing the referral rate to 49%.

Priority #: 12

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:

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

Strategies to attain the goal:

A cohort of clinicians and supervisors will be trained in the Clinical Practice Series in Infant / Early Childhood Mental Health, which includes professional formation and reflective supervision methods, 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: A cohort of clinicians and supervisors will be trained in the Clinical Practice Series in Infant / Early Childhood Mental Health.

Baseline Measurement: 0

First-year target/outcome measurement: 40 clinicians and supervisors will be engaged in the Clinical Practice Series in Infant / Early Childhood Mental Health training.

Second-year target/outcome measurement: 40 clinicians and supervisors will complete the Clinical Practice Series in Infant / Early Childhood Mental Health training.

New Second-year target/outcome measurement*(if needed)*: 35 clinicians and supervisors will complete the Clinical Practice Series in Infant / Early Childhood Mental Health training.

Data Source:

Internal Data

New Data Source*(if needed)*:

Not needed.

Description of Data:

the number of clinicians who successfully completed the training.

New Description of Data:*(if needed)*

Not needed.

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

None.

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 time commitment required, coupled with the ongoing workforce challenges being experienced by all industries and jurisdictions, made this an opportunity that was not feasible for a significant portion of the Intensive In-Community (IIC) network of clinicians. Ultimately, 37 clinicians engaged in the Clinical Practice Series in Infant / Early Childhood Mental Health training. As a result, we will adjust our year two target to read: 35 clinicians and supervisors will complete the Clinical Practice Series in Infant / Early Childhood Mental Health training.

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

Priority #: 13

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 supports an individual's ability to successfully live in independent, lease-based housing (e.g. 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 are not required to use a particular provider, and their refusal to receive services will not impact their housing. This separation enables 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)

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 2022 was 5575. The total number of individuals terminated (including individuals who left voluntarily, agency-initiated terminations and individuals who transitioned to a different level of care or service) in SFY 2022 was 808. Therefore, the percentage of consumers who remain in Community Support Services is 85.5%

First-year target/outcome measurement: The percentage of consumers who remain in Community Support Services during SFY 2024 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 2025 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 starting SFY 2018.

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 2022, 39 agencies contracted by the SMHA to provide QCMR data for Community Support Services.

New Description of Data:*(if needed)*

Based on SFY 2024 QCMR data on the Community Support Services (CSS) Program, of the 5,777 consumers served by CSS, 405 preventable terminations occurred. "Preventable terminations" include: consumers terminated from CSS due to: "lost to contact", "admitted to supervised housing", "hospitalized for >6 months", "jailed/incarcerated for >3 months" , "client refusals", and "other". Terminations that are not preventable (and therefore are not calculated in this indicator) include: "no longer requires CSS", "moved out of catchment area", and "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:

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

This target was achieved in SFY 2024 (93%). Numerator (preventable terminations from CSS): 405, denominator (clients served by CSS n SFY2024): 5,777. This target was achieved by various means including quality of housing resources, staff-to-consumer engagement, and the need for housing in the state of New Jersey.

Priority #: 14

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.

New Jersey plans to continue utilizing the 10% set-aside funding in the FY 2024-25 to support the CSC teams in providing evidence-based services for individual with ESMI. The CSC programs serve up to 70 individuals per agency with clinical staff at 6.6 FTE levels in FY 2023.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Medication adherence among individuals who need psychotropic medication prescribed for ESMI treatment.

Baseline Measurement: In SFY 2022, 359 individuals were in the CSC programs. 317 of the 359 individuals were taking or in need of antipsychotic medication for the treatment of their psychosis at intake. 91% (289) of the 317 individuals were adherent to their medication regimen.

First-year target/outcome measurement: In SFY 2024, it is anticipated that at least 88% of the individuals who are taking or in need of antipsychotic medication adhere to the medication regimen.

Second-year target/outcome measurement: In SFY 2025, it is anticipated that at least 88% of the individuals 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:

Individuals 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)*:

Yes; 917 clients were prescribed psychotropic medication regimen with 803 adhering to the regimen as prescribed. 88%

Priority #: 15

Priority Area: Behavioral Health Crisis Services through the 988 Suicide and Crisis Lifeline

Priority Type:

Population(s): BHCS

Goal of the priority area:

Access to behavioral health crisis services through the 988 Suicide and Crisis Lifeline will help to de-escalate individuals in suicidal, mental health, or substance-use related crisis and connect them to appropriate mental and/or behavioral health services throughout New Jersey.

Objective:

Among individuals calling the 988 Suicide and Crisis Lifeline from within NJ, at least 90% will have their calls answered by a New Jersey 988 Lifeline center by September 30, 2025.

Strategies to attain the goal:

The objective of this project will be achieved through increasing capacity and expanding operations in current 988 Lifeline centers as well as establishing additional 988 Lifeline centers in the state.
NJ currently has five (5) 988 Lifeline centers certified by Vibrant Emotional Health (Vibrant) for meeting the minimum clinical, operational and performance standards. Those centers are: Contact of Burlington County, CONTACT of Mercer County (COMC), Caring Contact, Mental Health Association in New Jersey (MHANJ), and Rutgers University Behavioral Health Care (R-UBHC). Collectively, these centers offer statewide coverage for incoming calls to NJ's 21 counties. R-UBHC is the only center in NJ that currently offers 24/7 call services. Carelon Behavioral Health (Carelon) was recently awarded the NJ 988 Managing Entity contract. Carelon's responsibilities will include collecting, recording, and analyzing all 988 data from the NJ Lifeline centers.
In 2021, the National Suicide Prevention Lifeline in NJ received 45,819 calls. In the first eleven months of 988, NJ has received approximately 53,000 calls. By the end of year one, NJ is projected to surpass the number of calls received in 2021 by over 10,000. So far, these increases in volume have occurred without statewide messaging. Since the transition to 988, NJ's monthly in-state call answer rate has fluctuated between 70% and 85%, reaching a recent high of 85%. As a statewide Public Awareness Campaign is scheduled for the coming months, it is anticipated that the statewide answer rate will drop in response to higher call volumes. To reach the goal of at least 90% annually, additional capacity is needed (staffing, technology, IT, space, overhead, etc.) and gaps in coverage hours (evenings, nights and weekends) must be filled.

The State Fiscal Year (SFY) 2024 budget includes $10 million for 988 Lifeline operations. NJ DMHAS plans to expand 988 Lifeline center operations (for current and/or future centers) through a competitive procurement process to allocate these funds. This expansion will add capacity to the NJ 988

system and allow a higher rate of response to calls 24 hours a day, every day of the year. This funding opportunity is anticipated to be published and awarded in the Fall of 2023.
NJ DMHAS also recently applied for the SAMHSA 988 State and Territory Improvement Grant. If awarded, it would provide the state with approximately $12 million over the next three (3) years to improve the response to 988 contacts originating in NJ. Funding from this grant would be used to build/expand the NJ 988 workforce to answer at least 90% of total calls routed to NJ Lifeline centers. Award notification is expected from SAMHSA in August 2023. If awarded, a funding opportunity for current and incoming 988 Lifeline centers is expected to be published and awarded in the Spring of 2024.

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	988 Suicide and Crisis Lifeline statewide answer rate percentage
Baseline Measurement:	In SFY 2022, before the transition to the 988 Suicide and Crisis Lifeline, NJ's five National Suicide Prevention Lifeline centers answered approximately 77% of calls statewide. Post-transition, in the first eleven months of SFY 2023, the annual average in-state answer rate is approximately 79%. Since the transition to 988, NJ's monthly in-state call answer rate has steadily improved from 70%, reaching a recent high of 85%.
First-year target/outcome measurement:	In SFY 2024, it is anticipated that at least 85% of calls coming into the 988 Suicide and Crisis Lifeline from NJ will be answered by a center in-state.
Second-year target/outcome measurement:	In SFY 2025, it is anticipated that at least 90% of calls coming into the 988 Suicide and Crisis Lifeline from NJ will be answered by a center in-state.

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

Data Source:

Vibrant, the contract administrator for the 988 Suicide and Crisis Lifeline, collects and distributes monthly answer rate data to the Division of Mental Health and Addiction Services (DMHAS). Carelon Behavioral Health (Carelon), the NJ 988 Managing Entity, will also be collecting and reporting individual center data and statewide center data, including call answer rate, to NJ DMHAS on a monthly basis.

New Data Source*(if needed)*:

Description of Data:

Individual center and statewide data on Key Performance Indicators, including calls routed and those answered, are collected and reported monthly to NJ DMHAS by Vibrant. Vibrant collects this data utilizing its own internal data processes.
Individual centers will collect data utilizing their own data management systems and report that data to Carelon monthly. Once compiled and analyzed, data reports will be shared with DMHAS staff.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Discrepancies currently exist between Vibrant data and data collected in-house by the individual centers. Vibrant is working with the centers to minimize these discrepancies.

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:

In SFY24, NJ 988 Lifeline centers answered 77% of calls received (60,582/77,265); below the first-year target of 85%.

In August of 2023, NJ DMHAS, in partnership with the NJ Department of Human Services (DHS)- contracted marketing vendor, MarketSmith, launched a statewide public awareness campaign. As a result of this campaign, NJ Lifeline centers saw an increase in

contacts.

The State Fiscal Year (SFY) 2024 budget included $10 million for 988 Lifeline operations. NJ DMHAS had planned to award state funding by Fall 2023. However, due to the time-consuming nature of established state procurement rules, funding has been delayed.

In pursuit of a 90% in-state answer rate, NJ DMHAS utilized $10 million in State Fiscal Year 2024 (SFY24) appropriations to enhance NJ 988 call, chat and text services. A Request for Proposals (RFP) to award these funds was posted in March of 2024. In September 2024, approximately $7 million from this State-funding opportunity was awarded to two (2) of the preexisting 988 Lifeline centers in NJ: MHANJ and R –UBHC. Utilizing these funds, both centers will be increasing their capacity to provide greater call response and will begin providing chat and text services for NJ 988.

In SFY24, NJ DMHAS was awarded the SAMHSA 988 State and Territory Improvement Grant, providing the state with approximately $12 million over the next three (3) years to improve the response to 988 contacts originating in NJ. Using a portion of these grant funds, NJ DMHAS extended contracts with the two (2) Lifeline centers that did not receive awards from the original procurement (Caring Contact and CONTACT of Mercer County) so that they can continue their work with the Lifeline system These contracts have been extended through March 2025. Unfortunately, as of 07/31/2024, Contact of Burlington County (CBC) is no longer providing services for the 988 Suicide and Crisis Lifeline in NJ. To provide ongoing funding past this date, NJ DMHAS is drafting a Request for Letters of Interest (RLI), using a portion of these grant funds to current NJ 988 Lifeline network-approved centers to answer at least 90% of total calls and/or chats and texts that are routed to their center. NJ DMHAS plans to have this RLI posted by late Fall 2024.

NJ DMHAS is also currently drafting an RFP to further expand the 988 Lifeline workforce. The goal of this procurement is to establish an additional 24/7/365 call, chat and text center to respond to at least 90% of total contacts that are routed to the center. This procurement will include unallocated funds from the initial State funding opportunity and funds from the SAMHSA Improvement Grant. Funding awards are anticipated to be made in SFY25.

The NJ 988 system has seen a steady increase in call volume since transition, increasing approximately 16% annually. While volume has increased, the 988 Lifeline centers have also continued to increase the number of answered calls. In Calendar Year (CY) 2021, the NSPL centers in NJ received 45,820 calls of which they answered 35,756 (78%). In CY2022, the NSPL transitioned to 988 mid-year and the centers in NJ received 53,651 calls of which 41,215 (77%) were answered. In CY2023, the first full year of 988, those same centers received 62,219 calls of which 49,462 (79.5%) were answered.

NJ 988 Lifeline centers continue to recruit and onboard staff to expand the capacity for responding to calls, chats and texts. In addition, DMHAS has met with Vibrant representatives to reconfigure the routing of calls to NJ to improve the statewide answer rate. Future funding opportunities and ongoing funding streams are vital to reaching and maintaining this goal. As volume increases, the demand for staffing and other infrastructure to support 988 operations (e.g. technology, space, overhead, etc.) has increased. Therefore, in addition to current federal and state funding, NJ DMHAS is working with other State agencies and departments to identify sufficient, ongoing funding to support these expanding needs. Various options are being explored, including Medicaid Federal Financial Participation and funding from private insurance.

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

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, 2024
Due Date: December 31st, 2024

For the Federal Fiscal Year ending September 30, 2024, please upload a Word or PDF document in Table 1 of the FY25 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 31, 2024.

List the items and activities of expenditures completed from October 1, 2023, thru September 30, 2024 (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for STATE	
Item/Activity	Amount of Expenditure
COVID-19 Rapid Testing	$ 970.48
Personal Protective Equipment (PPE)	$2,325.64
Total	$3,296.12

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: 7/1/2023 Reporting Period End Date: 6/30/2024

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[3]											**$0**
2. Mental Health Prevention[4]		$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)[5]		$1,954,526	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
4. Tuberculosis Services											**$0**
5. Early Intervention Services for HIV											**$0**
6. State Hospital			$54,045,648	$0	$381,091,511	$0	$0	$0	$0	$0	**$0**
7. Other Psychiatric Inpatient Care			$0	$0	$0	$0	$0	$0	$0	$0	**$0**
8. Other 24-Hour Care (Residential Care)		$4,952,573	$384,860,338	$0	$201,270,020	$0	$0	$0	$0	$0	**$0**
9. Ambulatory/Community Non-24 Hour Care		$15,695,925	$812,390,128	$4,606,079	$364,038,982	$0	$400,000	$4,445,915	$7,595,108	$853,740	**$0**
10. Crisis Services (5 percent set-aside)[6]		$149,690	$0	$405,702	$6,229,171	$0	$0	$0	$0	$0	**$0**
11. Administration (Excluding Program and Provider Level)[7]		$1,555,881	$1,812,792	$895,912	$15,132,074	$0	$0	$119,462	$379,219	$272,629	**$0**
12. Total	**$0**	**$24,308,594**	**$1,253,108,906**	**$5,907,693**	**$967,761,757**	**$0**	**$400,000**	**$4,565,377**	**$7,974,327**	**$1,126,369**	**$2,265,153,023**
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: But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[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]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.

[5]Column B row 3 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.

[6]Row 10 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.

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

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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: 7/1/2023 Reporting Period To: 6/30/2024

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 Funds (MHBG)[1]	H. ARP Funds (MHBG)[2]	I. BSCA Funds (MHBG)[3]	J. Total
1. CSC-Evidences-Based Practices for First Episode Psychosis[4]	$1,019,536	$0	$0	$0	$0	$0	$0	$0	$0	**$1,019,536**
2. Training for CSC Practices	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
3. Planning for CSC Practices	$934,990	$0	$0	$0	$0	$0	$0	$0	$0	**$934,990**
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	**$1,954,526**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$1,954,526**
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: States that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID 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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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 Center	$0	$0	$405,702	$6,229,171	$0	$0	$0	$0	$0	$6,634,873
2. 24/7 Mobile Crisis Team	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
3. Crisis Stabilization Programs	$149,690	$0	$0	$0	$0	$0	$0	$0	$0	$149,690
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	**$149,690**	**$0**	**$405,702**	**$6,229,171**	**$0**	**$0**	**$0**	**$0**	**$0**	**$6,784,563**

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: But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[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: 7/1/2023 Reporting Period End Date: 6/30/2025

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2023**	**C** **Estimated/Actual SFY 2024**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$20,612,000	$253,927,176	$269,024,125	(●) 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.

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

Footnotes:

A revision request was submitted on 12/16/24 to change the actual FY 2024 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: 7/1/2023 Reporting Period To: 6/30/2024

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	$25,805	$0	$0	$0	**$25,805**
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	**$25,805**	**$0**	**$0**	**$0**	**$25,805**
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: But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[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.

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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: 7/1/2023 Reporting Period End Date: 6/30/2024

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
H01	Statewide	Acenda, Inc	42 Delsea Drive South	Glassboro	NJ	8060	$1,002,643.00	$965,023.00	$0.00	$0.00	$0.00	$37,620.00
A01	Atlantic	AtlantiCare Behavioral Health	6010 Black Horse Pike	Egg Harbor Twp	NJ	8234	$515,865.00	$515,865.00	$0.00	$0.00	$0.00	$0.00
X03	Statewide	Bridgeway Behavioral Health Services	373 Clermont Terrace	Elizabeth	NJ	7208	$4,308,859.00	$4,308,859.00	$0.00	$0.00	$0.00	$0.00
B12	Statewide	Care Plus NJ, Inc.	610 Valley Health Plaza	Paramus	NJ	7652	$1,803,211.00	$1,166,910.00	$0.00	$636,301.00	$0.00	$0.00
A40	Atlantic	Career Opportunity Development, Inc.	901 Atlantic Avenue	Egg Harbor	NJ	8215	$651,136.00	$651,136.00	$0.00	$0.00	$0.00	$0.00
G05	Statewide	Catholic Charities Archdiocese of Newark	590 North 7th Street	Newark	NJ	7107	$39,827.00	$39,827.00	$0.00	$0.00	$0.00	$0.00
L13	Statewide	Catholic Charities, Diocese of Trenton	383 W. State St., Box 1423	Trenton	NJ	8607	$2,505,982.00	$2,505,982.00	$0.00	$0.00	$0.00	$0.00
B08	Bergen	Comprehensive Behavioral Healthcare, Inc.	516 Valley Brook Avenue	Lyndhurst	NJ	7071	$465,017.00	$465,017.00	$0.00	$0.00	$0.00	$0.00
N02	Monmouth	CPC Behavioral Healthcare, Inc.	10 Industrial Way East	Eatontown	NJ	7724	$1,237,615.00	$1,237,615.00	$0.00	$0.00	$0.00	$0.00
F01	Cumberland, Salem	Cumberland County Guidance Center, Inc.	2038 Carmel Road - Box 808	Millville	NJ	8332	$993,743.00	$956,123.00	$0.00	$0.00	$0.00	$37,620.00
S01	Salem	Healthcare Commons Inc. Family Health Services	500 South Pennsville-Auburn Road	Carneys Point	NJ	8069	$197,751.00	$197,751.00	$0.00	$0.00	$0.00	$0.00
J05	Hudson	Jersey City Medical Center	395 Grand Street, 3rd Floor	Jersey City	NJ	7302	$314,705.00	$314,705.00	$0.00	$0.00	$0.00	$0.00
A43	Atlantic, Cape May	Jewish Family Service of Atlantic County	607 N. Jerome Avenue	Margate	NJ	8402	$237,529.00	$237,529.00	$0.00	$0.00	$0.00	$0.00
C01	Burlington, Ocean, Mercer	Legacy Treatment Services	1289 Route 38 West, Suite 203	Hainesport	NJ	8036	$24,180.00	$24,180.00	$0.00	$0.00	$0.00	$0.00
G11	Essex	Mental Health Association of Essex and Morris	33 South Fullerton Avenue	Montclair	NJ	7042	$1,221,534.00	$1,221,534.00	$0.00	$0.00	$0.00	$0.00
R06	Statewide	Mental Health Clinic of Passaic	1451 VanHouten Ave	Clifton	NJ	7013	$33,882.00	$33,882.00	$0.00	$0.00	$0.00	$0.00
N01	Central	Monmouth Medical Center	300 Second Avenue	Long Branch	NJ	7740	$19,990.00	$0.00	$0.00	$0.00	$0.00	$19,990.00
C03	Burlington, Camden, Mercer	Oaks Integrated Care, Inc.	770 Woodlane Road	Mt. Holly	NJ	8060	$1,596,442.00	$955,424.00	$0.00	$641,018.00	$0.00	$0.00
Q01	Ocean	Ocean Mental Health	160 Route 9	Bayville	NJ	8721	$1,369,247.00	$1,369,247.00	$0.00	$0.00	$0.00	$0.00
Q02	Ocean	Preferred Behavioral Health of NJ	700 Airport Road, P.O. Box 2036	Lakewood	NJ	8701	$802,276.00	$802,276.00	$0.00	$0.00	$0.00	$0.00
P03	Morris	Prime Healthcare Services	530 Main Ave	Passaic	NJ	7055	$16,840.00	$0.00	$0.00	$0.00	$0.00	$16,840.00
G45	Essex	Project Live, Inc.	465-475 Broadway	Newark	NJ	7104	$525,538.00	$525,538.00	$0.00	$0.00	$0.00	$0.00
M04	Statewide	Rutgers The State Univ of NJ,UBHC	Box 1392 - 671 Hoes Lane	Piscataway	NJ	8855	$939,703.00	$329,150.00	$0.00	$610,553.00	$0.00	$0.00
D05	Camden	South Jersey Behavioral Health Resources, Inc.	2500 McClellan Avenue, Suite 300	Pennsauken	NJ	8109	$1,177,933.00	$1,177,933.00	$0.00	$0.00	$0.00	$0.00
R08	Passaic	St. Joseph's Regional Medical	703 Main Street	Paterson	NJ	7503	$648,858.00	$648,858.00	$0.00	$0.00	$0.00	$0.00

		Center										
X04	Statewide	Trinitas Regional Medical Center - Bayonne	655 East Jersey Street	Elizabeth	NJ	7206	$39,841.00	$2,221.00	$0.00	$0.00	$0.00	$37,620.00
Total							$22,690,147.00	$20,652,585.00	$0.00	$1,887,872.00	$0.00	$149,690.00

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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: 07/01/2023

Reporting Period End Date: 06/30/2024

A Period	B Expenditures	C B1 (2022) + B2 (2023) 2
SFY 2022 (1)	$471,210,043	
SFY 2023 (2)	$479,498,570	$475,354,307
SFY 2024 (3)	$509,864,157	

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

SFY 2022	Yes	X	No
SFY 2023	Yes	X	No
SFY 2024	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 in correcting, as a result overstated State portion. The calculation has been corrected and now reflects corrected amounts.

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.

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 and the State level estimates for both adults with SMI and children with SED.

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

Note: This Table will be completed for the States by CMHS.

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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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	176	263					2	441	0	0					0
6-12 years	2,175	2,993	0	0	0	0	4	5,172	4	7	0	0	0	0	0
13-17 years	4,237	3,259	0	0	0	0	10	7,506	17	11	0	0	0	0	0
18-20 years	2,631	2,145	0	0	0	0	16	4,792	13	4	0	0	0	0	0
21-24 years	3,284	2,991	0	0	0	0	18	6,293	5	9	0	0	0	0	0
25-44 years	16,335	15,594	0	0	0	0	42	31,971	50	46	0	0	0	0	0
45-64 years	15,173	11,646	0	0	0	0	11	26,830	45	35	0	0	0	0	0
65-74 years	4,374	3,020	0	0	0	0	4	7,398	7	11	0	0	0	0	0
75+ years	1,801	933	0	0	0	0	4	2,738	9	1	0	0	0	0	0
Not Available	187	242	0	0	0	0	2	431	0	1	0	0	0	0	0
Total	50,373	43,086	0	0	0	0	113	93,572	150	125	0	0	0	0	0
Pregnant Women	324		0	0	0	0	0	324	1		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	3	6					0	48	82					2

6-12 years	33	44	0	0	0	0	0	370	531	0	0	0	0	0
13-17 years	111	74	0	0	0	0	0	616	496	0	0	0	0	1
18-20 years	106	70	0	0	0	0	1	366	324	0	0	0	0	0
21-24 years	123	124	0	0	0	0	0	620	617	0	0	0	0	1
25-44 years	411	460	0	0	0	0	0	3,153	3,452	0	0	0	0	5
45-64 years	271	203	0	0	0	0	0	2,524	2,187	0	0	0	0	3
65-74 years	57	41	0	0	0	0	0	492	373	0	0	0	0	0
75+ years	44	27	0	0	0	0	0	153	63	0	0	0	0	0
Not Available	2	6	0	0	0	0	0	49	55	0	0	0	0	0
Total	1,161	1,055	0	0	0	0	1	8,391	8,180	0	0	0	0	12
Pregnant Women	4		0	0	0	0	0	87		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	1	0					0	89	122					0
6-12 years	1	3	0	0	0	0	0	909	1,340	0	0	0	0	1
13-17 years	1	2	0	0	0	0	0	1,735	1,419	0	0	0	0	4
18-20 years	1	1	0	0	0	0	0	1,146	970	0	0	0	0	8
21-24 years	2	2	0	0	0	0	0	1,433	1,250	0	0	0	0	14
25-44 years	10	10	0	0	0	0	0	7,615	6,954	0	0	0	0	22
45-64 years	6	3	0	0	0	0	0	8,089	6,189	0	0	0	0	4
65-74 years	2	0	0	0	0	0	0	2,685	1,915	0	0	0	0	0
75+ years	1	0	0	0	0	0	0	1,161	594	0	0	0	0	3
Not Available	0	0	0	0	0	0	0	84	107	0	0	0	0	0

Total	25	21	0	0	0	0	0	24,946	20,860	0	0	0	0	56
Pregnant Women	0		0	0	0	0	0	135		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	21	26					0	5	19					0	9	8					0
6-12 years	452	492	0	0	0	0	0	129	177	0	0	0	0	0	277	399	0	0	0	0	3
13-17 years	811	579	0	0	0	0	1	207	148	0	0	0	0	1	739	530	0	0	0	0	3
18-20 years	434	391	0	0	0	0	4	114	87	0	0	0	0	1	451	298	0	0	0	0	2
21-24 years	469	511	0	0	0	0	2	104	106	0	0	0	0	1	528	372	0	0	0	0	0
25-44 years	1,980	2,179	0	0	0	0	3	518	479	0	0	0	0	0	2,598	2,014	0	0	0	0	12
45-64 years	1,452	1,115	0	0	0	0	1	355	288	0	0	0	0	1	2,431	1,626	0	0	0	0	2
65-74 years	303	192	0	0	0	0	1	97	77	0	0	0	0	0	731	411	0	0	0	0	3
75+ years	127	71	0	0	0	0	0	50	34	0	0	0	0	0	256	143	0	0	0	0	1
Not Available	25	36	0	0	0	0	0	15	19	0	0	0	0	0	12	18	0	0	0	0	2
Total	6,074	5,592	0	0	0	0	12	1,594	1,434	0	0	0	0	4	8,032	5,819	0	0	0	0	28
Pregnant Women	65		0	0	0	0	0	16		0	0	0	0	0	16		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):	DMHAS has added the category of "pregnant women" in the new USTF+ data system.
Comments on Data (for Race):	The data for "Asian or Pacific Islander" is listed under Race Asian.
Comments on Data (Overall):	DMHAS is currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	124	201					1	42	40					0
6-12 years	1,047	1,525	0	0	0	0	3	752	879	0	0	0	0	0
13-17 years	2,033	1,501	0	0	0	0	5	1,296	1,067	0	0	0	0	3
18-20 years	1,338	1,127	0	0	0	0	6	740	589	0	0	0	0	7
21-24 years	1,875	1,731	0	0	0	0	12	755	717	0	0	0	0	3
25-44 years	10,211	10,127	0	0	0	0	30	3,039	2,813	0	0	0	0	3
45-64 years	9,860	8,080	0	0	0	0	7	2,524	1,544	0	0	0	0	1
65-74 years	2,953	2,236	0	0	0	0	1	568	283	0	0	0	0	0
75+ years	1,220	654	0	0	0	0	3	245	117	0	0	0	0	0
Not Available	118	161	0	0	0	0	0	43	58	0	0	0	0	0
Total	30,779	27,343	0	0	0	0	68	10,004	8,107	0	0	0	0	17

Pregnant Women	201		0	0	0	0	0	84		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	10	22					1	176	263					2	441
6-12 years	376	589	0	0	0	0	1	2,175	2,993	0	0	0	0	4	5,172
13-17 years	908	691	0	0	0	0	2	4,237	3,259	0	0	0	0	10	7,506
18-20 years	553	429	0	0	0	0	3	2,631	2,145	0	0	0	0	16	4,792
21-24 years	654	543	0	0	0	0	3	3,284	2,991	0	0	0	0	18	6,293
25-44 years	3,085	2,654	0	0	0	0	9	16,335	15,594	0	0	0	0	42	31,971
45-64 years	2,789	2,022	0	0	0	0	3	15,173	11,646	0	0	0	0	11	26,830
65-74 years	853	501	0	0	0	0	3	4,374	3,020	0	0	0	0	4	7,398
75+ years	336	162	0	0	0	0	1	1,801	933	0	0	0	0	4	2,738
Not Available	26	23	0	0	0	0	2	187	242	0	0	0	0	2	431
Total	9,590	7,636	0	0	0	0	28	50,373	43,086	0	0	0	0	113	93,572
Pregnant Women	39		0	0	0	0	0	324		0	0	0	0	0	324

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Ethnicity):	
Comments on Data (Overall):	DMHAS is currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

Footnotes:

D. Population and Services Report

MHBG Table 8C and MHBG Table 8D (URS Tables 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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	2	43	545	3	1,121	109	278	53	2,154
Homosexual (Gay or Lesbian)	0	0	16	0	25	3	6	3	53
Bisexual	0	1	14	0	35	0	6	1	57
Queer	0	0	0	0	3	1	0	1	5
Pansexual	0	0	1	0	3	1	0	0	5
Questioning	0	0	0	0	2	0	0	1	3
Asexual	0	0	2	0	4	1	0	0	7
Other	0	2	12	0	12	4	9	2	41
Not available	273	2,171	15,993	43	44,657	2,913	11,379	13,818	91,247
Total	275	2,217	16,583	46	45,862	3,032	11,678	13,879	93,572

Comments on Data (Sexual Orientation):

Comments on Data (Race):

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	Not Hispanic or Latino	Hispanic or Latino	Hispanic or Latino Origin Not Available	Total
Straight or Heterosexual	1,616	421	117	2,154
Homosexual (Gay or Lesbian)	34	12	7	53
Bisexual	46	8	3	57
Queer	4	1	0	5
Pansexual	3	0	2	5
Questioning	3	0	0	3
Asexual	6	0	1	7
Other	30	8	3	41
Not available	56,448	17,678	17,121	91,247
Total	58,190	18,128	17,254	93,572

Comments on Data (Sexual Orientation):

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: 7/1/2023 Reporting Period End Date: 6/30/2024

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	171	256					3	2,171	2,987	0	0	0	0	4
State Psychiatric Hospitals	0	0					0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	7	8					0	6	6	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	1	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	4,225	3,244	0	0	0	0	10	2,581	2,077	0	0	0	0	16
State Psychiatric Hospitals	0	0	0	0	0	0	0	10	17	0	0	0	0	1
Other Psychiatric Inpatient	18	17	0	0	0	0	0	74	114	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	2	6	0	0	0	0	0	3	9	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	3,227	2,856	0	0	0	0	18	16,015	15,091	0	0	0	0	38
State Psychiatric Hospitals	18	78	0	0	0	0	1	190	635	0	0	0	0	0
Other Psychiatric Inpatient	110	234	0	0	0	0	0	612	911	0	0	0	0	3
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	4	22	0	0	0	0	0	31	118	0	0	0	0	1

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	14,950	11,422	0	0	0	0	10	4,322	2,981	0	0	0	0	3
State Psychiatric Hospitals	179	417	0	0	0	0	1	42	81	0	0	0	0	0
Other Psychiatric Inpatient	411	409	0	0	0	0	1	81	64	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	20	43	0	0	0	0	0	0	4	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	1,789	927	0	0	0	0	4	180	232	0	0	0	0	2
State Psychiatric Hospitals	11	12	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	20	14	0	0	0	0	0	6	12	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	Total

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	49,631	42,073	0	0	0	0	108	91,812
State Psychiatric Hospitals	450	1,240	0	0	0	0	3	1,693
Other Psychiatric Inpatient	1,345	1,789	0	0	0	0	5	3,139
Residential Treatment Centers	0	0	0	0	0	0	0	0
Institutions under the Justice System	60	203	0	0	0	0	1	264

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):

Comments on Data (Overall):
DMHAS is currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data, including community mental health and other psychiatric inpatient providers.

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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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	19,387	16,467	0	0	0	0	28	35,882	54	42	0	0	0	0	0
Non-Medicaid Sources Only	20,620	18,560	0	0	0	0	78	39,258	63	62	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	1,925	1,664	0	0	0	0	2	3,591	5	8	0	0	0	0	0
Medicaid Status Not Available	8,441	6,395	0	0	0	0	5	14,841	28	13	0	0	0	0	0
Total	50,373	43,086	0	0	0	0	113	93,572	150	125	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
Medicaid Only	352	300	0	0	0	0	0	4,052	3,910	0	0	0	0	2
Non-														

Medicaid Sources Only	635	618	0	0	0	0	0	3,057	3,145	0	0	0	0	10
People Served by Both Medicaid and Non-Medicaid	36	22	0	0	0	0	0	364	314	0	0	0	0	0
Medicaid Status Not Available	138	115	0	0	0	0	1	918	811	0	0	0	0	0
Total	1,161	1,055	0	0	0	0	1	8,391	8,180	0	0	0	0	12

	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	16	10	0	0	0	0	0	8,854	7,309	0	0	0	0	13
Non-Medicaid Sources Only	9	10	0	0	0	0	0	11,603	10,001	0	0	0	0	41
People Served by Both Medicaid and Non-Medicaid	0	1	0	0	0	0	0	1,028	942	0	0	0	0	2
Medicaid Status Not Available	0	0	0	0	0	0	0	3,461	2,608	0	0	0	0	0
Total	25	21	0	0	0	0	0	24,946	20,860	0	0	0	0	56

	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	2,703	2,324	0	0	0	0	8	682	602	0	0	0	0	0
Non-														

Medicaid Sources Only	2,492	2,466	0	0	0	0	3	776	723	0	0	0	0	3
People Served by Both Medicaid and Non-Medicaid	230	205	0	0	0	0	0	47	41	0	0	0	0	0
Medicaid Status Not Available	649	597	0	0	0	0	1	89	68	0	0	0	0	1
Total	6,074	5,592	0	0	0	0	12	1,594	1,434	0	0	0	0	4

	Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	2,674	1,970	0	0	0	0	5
Non-Medicaid Sources Only	1,985	1,535	0	0	0	0	21
People Served by Both Medicaid and Non-Medicaid	215	131	0	0	0	0	0
Medicaid Status Not Available	3,158	2,183	0	0	0	0	2
Total	8,032	5,819	0	0	0	0	28

☐ 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):

Comments on Data (for Gender):

Comments on Data (Overall):
DMHAS currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	11,142	9,988	0	0	0	0	15	4,623	3,672	0	0	0	0	8
Non-Medicaid Sources Only	13,713	12,583	0	0	0	0	51	3,482	3,110	0	0	0	0	6
People Served by Both Medicaid and Non-Medicaid	1,293	1,204	0	0	0	0	1	317	251	0	0	0	0	1
Medicaid Status Not Available	4,631	3,568	0	0	0	0	1	1,582	1,074	0	0	0	0	2
Total	30,779	27,343	0	0	0	0	68	10,004	8,107	0	0	0	0	17

	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	3,622	2,807	0	0	0	0	5	19,387	16,467	0	0	0	0	28	35,882
Non-Medicaid Sources Only	3,425	2,867	0	0	0	0	21	20,620	18,560	0	0	0	0	78	39,258
People Served by Both Medicaid and Non-	315	209	0	0	0	0	0	1,925	1,664	0	0	0	0	2	3,591

Medicaid															
Medicaid Status Not Available	2,228	1,753	0	0	0	0	2	8,441	6,395	0	0	0	0	5	14,841
Total	9,590	7,636	0	0	0	0	28	50,373	43,086	0	0	0	0	113	93,572

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):
DMHAS currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

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: 7/1/2023 Reporting Period End Date: 6/30/2024

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	**1,156**	**678**	**670**	**691**	**344**	**154**	**130**	**1,315**	**743**
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	11	18	13	134	63	90	60	657	657
Age 21-24	48	57	51	269	179	148	106	709	627
Age 25-44	536	369	338	474	306	156	133	896	688
Age 45-64	445	199	216	902	408	160	149	1,453	774
Age 65-74	97	30	45	1,371	456	143	100	2,445	1,202
Age 75+	19	5	7	4,392	1,627	226	226	6,058	4,394
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	**96**	**3,494**	**3,157**	**27**	**9**	**12**	**9**	**6,033**	**7,265**
Age 0-5	0	16	8	9	9	9	9	0	0
Age 6-12	1	11	10	21	7	21	7	0	0
Age 13-17	5	30	26	35	13	35	13	0	0
Age 18-20	4	207	173	11	9	11	9	0	0
Age 21-24	5	383	329	11	8	11	8	0	0
Age 25-44	35	1,717	1,585	12	8	11	8	1,517	1,517
Age 45-64	30	931	842	13	9	12	9	392	392
Age 65-74	8	152	137	40	11	15	11	3,476	3,476
Age 75+	1	33	28	12	8	12	8	0	0
Age NA	7	14	19	3	3	3	3	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	**52,845**	**56,465**							
Age 0-5	65	405							
Age 6-12	1,883	3,813							
Age 13-17	3,529	5,058							
Age 18-20	2,334	3,117							
Age 21-24	2,955	4,543							
Age 25-44	17,041	21,680							
Age 45-64	17,945	13,293							
Age 65-74	5,382	2,824							
Age 75+	1,635	1,379							
Age NA	76	353							

Comments on Data (State Hospital):

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment Centers):
NJ currently does not have data for the 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: 7/1/2023 Reporting Period End Date: 6/30/2024

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: 37.6%

2.a.2. Percentage of children/adolescents meeting Federal definition of SED: 34.1%

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: 18%

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:	22%
3.b.2.	Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance use:	3%
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:	2024
6.b.	State Identifier:	NJ

Summary Information on Data Submitted by SMHA:

6.c.	Year being reported:	From: 7/1/2023 To: 6/30/2024
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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	77	108					2	187	0	0					0	1	2					0
6-12 years	688	1,059	0	0	0	0	3	1,750	1	3	0	0	0	0	0	12	25	0	0	0	0	0
13-17 years	1,405	1,121	0	0	0	0	7	2,533	4	6	0	0	0	0	0	42	29	0	0	0	0	0
18-20 years	857	851	0	0	0	0	2	1,710	3	0	0	0	0	0	0	33	30	0	0	0	0	1
21-24 years	1,099	1,324	0	0	0	0	8	2,431	1	3	0	0	0	0	0	45	58	0	0	0	0	0
25-44 years	5,642	6,573	0	0	0	0	23	12,238	8	13	0	0	0	0	0	175	225	0	0	0	0	0
45-64 years	5,378	4,545	0	0	0	0	5	9,928	19	14	0	0	0	0	0	121	101	0	0	0	0	0
65-74 years	1,550	1,146	0	0	0	0	1	2,697	3	4	0	0	0	0	0	16	14	0	0	0	0	0
75+ years	692	399	0	0	0	0	3	1,094	2	0	0	0	0	0	0	28	17	0	0	0	0	0
Not Available	79	101	0	0	0	0	2	182	0	1	0	0	0	0	0	2	4	0	0	0	0	0
Total	17,467	17,227	0	0	0	0	56	34,750	41	44	0	0	0	0	0	475	505	0	0	0	0	1

	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	23	37					2	0	0					0	42	47					0
6-12 years	120	203	0	0	0	0	0	1	2	0	0	0	0	0	340	556	0	0	0	0	1
13-17 years	257	204	0	0	0	0	1	1	2	0	0	0	0	0	619	540	0	0	0	0	1
18-20 years	173	152	0	0	0	0	0	1	1	0	0	0	0	0	378	398	0	0	0	0	0
21-24 years	275	318	0	0	0	0	1	1	2	0	0	0	0	0	472	557	0	0	0	0	7
25-44 years	1,341	1,710	0	0	0	0	3	6	4	0	0	0	0	0	2,692	2,980	0	0	0	0	10
45-64 years	1,090	1,012	0	0	0	0	2	5	2	0	0	0	0	0	2,959	2,448	0	0	0	0	1
65-74 years	212	167	0	0	0	0	0	1	0	0	0	0	0	0	1,027	755	0	0	0	0	0
75+ years	77	38	0	0	0	0	0	1	0	0	0	0	0	0	457	262	0	0	0	0	2
Not Available	19	11	0	0	0	0	0	0	0	0	0	0	0	0	37	55	0	0	0	0	0
Total	3,587	3,852	0	0	0	0	9	17	13	0	0	0	0	0	9,023	8,598	0	0	0	0	22

	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	6	10					0	1	9					0	4	3					0
6-12 years	135	167	0	0	0	0	0	34	60	0	0	0	0	0	45	43	0	0	0	0	2
13-17 years	308	222	0	0	0	0	1	77	56	0	0	0	0	1	97	62	0	0	0	0	3
18-20 years	171	185	0	0	0	0	0	38	35	0	0	0	0	0	60	50	0	0	0	0	1
21-24 years	193	271	0	0	0	0	0	41	47	0	0	0	0	0	71	68	0	0	0	0	0
25-44 years	794	1,058	0	0	0	0	1	231	242	0	0	0	0	0	395	341	0	0	0	0	9
45-64 years	670	523	0	0	0	0	1	167	162	0	0	0	0	0	347	283	0	0	0	0	1
65-74 years	138	107	0	0	0	0	0	50	38	0	0	0	0	0	103	61	0	0	0	0	1
75+ years	61	42	0	0	0	0	0	27	21	0	0	0	0	0	39	19	0	0	0	0	1
Not Available	11	14	0	0	0	0	0	7	10	0	0	0	0	0	3	6	0	0	0	0	2
Total	2,487	2,599	0	0	0	0	3	673	680	0	0	0	0	1	1,164	936	0	0	0	0	20

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (Race):	
Comments on Data (Overall):	DMHAS is currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	59	82					1	14	16					0	4	10					1
6-12 years	353	577	0	0	0	0	3	258	374	0	0	0	0	0	77	108	0	0	0	0	0
13-17 years	741	562	0	0	0	0	2	512	435	0	0	0	0	3	152	124	0	0	0	0	2
18-20 years	443	454	0	0	0	0	2	293	291	0	0	0	0	0	121	106	0	0	0	0	0
21-24 years	653	785	0	0	0	0	6	289	348	0	0	0	0	0	157	191	0	0	0	0	2
25-44 years	3,714	4,547	0	0	0	0	16	1,169	1,273	0	0	0	0	2	759	753	0	0	0	0	5
45-64 years	3,545	3,280	0	0	0	0	4	1,152	686	0	0	0	0	1	681	579	0	0	0	0	0
65-74 years	1,026	860	0	0	0	0	1	289	139	0	0	0	0	0	235	147	0	0	0	0	0
75+ years	472	284	0	0	0	0	2	127	70	0	0	0	0	0	93	45	0	0	0	0	1
Not Available	50	66	0	0	0	0	0	19	25	0	0	0	0	0	10	10	0	0	0	0	2
Total	11,056	11,497	0	0	0	0	37	4,122	3,657	0	0	0	0	6	2,289	2,073	0	0	0	0	13

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
0-5 years	77	108					2	187
6-12 years	688	1,059	0	0	0	0	3	1,750
13-17 years	1,405	1,121	0	0	0	0	7	2,533
18-20 years	857	851	0	0	0	0	2	1,710
21-24 years	1,099	1,324	0	0	0	0	8	2,431
25-44 years	5,642	6,573	0	0	0	0	23	12,238
45-64 years	5,378	4,545	0	0	0	0	5	9,928
65-74 years	1,550	1,146	0	0	0	0	1	2,697
75+ years	692	399	0	0	0	0	3	1,094
Not Available	79	101	0	0	0	0	2	182
Total	17,467	17,227	0	0	0	0	56	34,750

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (Ethnicity):	
Comments on Data (Overall):	DMHAS currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

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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: 7/1/2023 Reporting Period End Date: 6/30/2024

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	74	103					2	685	1,056	0	0	0	0	3
State Psychiatric Hospitals	0	0					0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	5	6					0	4	4	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	1,398	1,110	0	0	0	0	7	830	815	0	0	0	0	2
State Psychiatric Hospitals	0	0	0	0	0	0	0	10	17	0	0	0	0	1
Other Psychiatric Inpatient	12	13	0	0	0	0	0	44	73	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	2	2	0	0	0	0	0	2	6	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	1,070	1,248	0	0	0	0	8	5,439	6,248	0	0	0	0	21
State Psychiatric Hospitals	18	78	0	0	0	0	1	190	635	0	0	0	0	0

Other Psychiatric Inpatient	71	148	0	0	0	0	0	426	657	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	3	19	0	0	0	0	0	22	74	0	0	0	0	1

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	5,223	4,403	0	0	0	0	4	1,514	1,122	0	0	0	0	1
State Psychiatric Hospitals	179	417	0	0	0	0	1	42	81	0	0	0	0	0
Other Psychiatric Inpatient	302	291	0	0	0	0	1	61	46	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	11	29	0	0	0	0	0	0	4	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	680	396	0	0	0	0	3	76	96	0	0	0	0	2
State Psychiatric Hospitals	11	12	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	18	10	0	0	0	0	0	2	7	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	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	16,989	16,597	0	0	0	0	53	33,639
State Psychiatric Hospitals	450	1,240	0	0	0	0	3	1,693
Other Psychiatric Inpatient	945	1,255	0	0	0	0	2	2,202
Residential Treatment Centers	0	0	0	0	0	0	0	0

Institutions under the Justice System	40	134	0	0	0	0	1	175

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):
DMHAS currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

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: 7/1/2023 Reporting Period End Date: 6/30/2024

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)	447	260	0	0	0	0	5	870	482	0	0	0	0	4
Unemployed	436	340	0	0	0	0	4	555	582	0	0	0	0	5
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	520	409	0	0	0	0	2	365	320	0	0	0	0	1
Not Available	1,077	932	0	0	0	0	5	1,318	1,220	0	0	0	0	6
Total	**2,480**	**1,941**	**0**	**0**	**0**	**0**	**16**	**3,108**	**2,604**	**0**	**0**	**0**	**0**	**16**

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)	3,806	2,600	0	0	0	0	9	2,251	1,545	0	0	0	0	1
Unemployed	3,696	3,345	0	0	0	0	6	3,713	2,799	0	0	0	0	2
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	1,362	1,414	0	0	0	0	2	2,599	1,828	0	0	0	0	3
Not Available	6,463	6,662	0	0	0	0	21	5,844	4,625	0	0	0	0	4
Total	**15,327**	**14,021**	**0**	**0**	**0**	**0**	**38**	**14,407**	**10,797**	**0**	**0**	**0**	**0**	**10**

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)	424	264	0	0	0	0	0	79	52	0	0	0	0	0
Unemployed	858	592	0	0	0	0	0	241	104	0	0	0	0	0
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	1,212	806	0	0	0	0	0	607	272	0	0	0	0	1
Not Available	1,682	1,148	0	0	0	0	3	701	376	0	0	0	0	2
Total	**4,176**	**2,810**	**0**	**0**	**0**	**0**	**3**	**1,628**	**804**	**0**	**0**	**0**	**0**	**3**

Adults Served	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	**7,877**	**5,203**	**0**	**0**	**0**	**0**	**19**	**13,099**
Unemployed	0	0	0	0	0	0	0	**9,499**	**7,762**	**0**	**0**	**0**	**0**	**17**	**17,278**
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	0	0	0	0	0	0	0	**6,665**	**5,049**	**0**	**0**	**0**	**0**	**9**	**11,723**
Not Available	0	0	0	0	0	0	0	**17,085**	**14,963**	**0**	**0**	**0**	**0**	**41**	**32,089**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**41,126**	**32,977**	**0**	**0**	**0**	**0**	**86**	**74,189**

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):

Comments on Data (for Gender):

Comments on Data (Overall):
DMHAS currently implementing the USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

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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: 7/1/2023 Reporting Period End Date: 6/30/2024

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)	121	513	322	2,079	**3,035**
Bipolar and Mood Disorders (F30, F31, F32, F32.9, F33, F34.0, F34.1)	1,574	1,798	915	5,727	**10,014**
Other Psychoses (F22, F23, F24, F29)	15	43	23	1,174	**1,255**
All Other Diagnoses	11,389	14,924	10,463	23,109	**59,885**
No Diagnosis and Deferred Diagnosis (R69, R99, Z03.89)	0	0	0	0	**0**
Diagnosis Total	**13,099**	**17,278**	**11,723**	**32,089**	**74,189**

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: 7/1/2023 Reporting Period End Date: 6/30/2024

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	1,174	1,213	97%
2. Functioning	1,163	1,196	97%
Child/Adolescent Consumer Survey Results	**Number of Positive Responses**	**Responses**	**Percent Positive (calculated)**
3. Social Connectedness	500	630	79%
4. Functioning	375	646	58%
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: 7/1/2023 Reporting Period End Date: 6/30/2024

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	1,216	1,231	0.035204509729703
2. Reporting Positively about Quality and Appropriateness for Adults.	1,226	1,231	0.0336628127676397
3. Reporting Positively about Outcomes.	1,188	1,223	0.0386488638528002
4. Adults Reporting on Participation In Treatment Planning.	1,203	1,231	0.0423648861414735
5. Adults Positively about General Satisfaction with Services.	1,211	1,231	0.0389386103746974

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	498	670	
2. Reporting Positively about General Satisfaction for Children.	467	676	
3. Reporting Positively about Outcomes for Children.	378	646	
4. Family Members Reporting on Participation In Treatment Planning for their Children.	526	677	
5. Family Members Reporting High Cultural Sensitivity of Staff.	557	675	

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?
- [x] 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)?	4,986
6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?	4,986
6.c. How many surveys were completed? (survey forms returned or calls completed)	1,240
6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)	24.9%

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: The adult survey was designed and executed by the SMHA, through cooperation with community-based providers who distributed the survey

* 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?
- [x] 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)?	16,576
6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?	16,576
6.c. How many surveys were completed? (survey forms returned or calls completed)	679
6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)	4.0%

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: 7/1/2023 Reporting Period End Date: 6/30/2024

Adult Consumer Survey Results:

Indicators	Total		American Indian / Alaska Native		Asian		Black / African American		Hawaiian / Pacific Islander		White		Some Other Race		More than one race		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.	1,216	1,231	2	2	19	19	289	289	3	3	435	442	63	65	43	45	362	366	125	127
2. Reporting Positively About Quality and Appropriateness.	1,226	1,231	2	2	19	19	289	289	3	3	439	442	65	65	44	45	365	366	126	127
3. Reporting Positively About Outcomes.	1,188	1,223	2	2	18	18	285	288	3	3	427	441	60	65	43	44	350	362	121	125
4. Reporting Positively about Participation in Treatment Planning	1,203	1,231	2	2	18	19	284	289	3	3	436	442	64	65	43	45	353	366	126	127
5. Reporting Positively about General Satisfaction	1,211	1,231	2	2	19	19	289	289	3	3	431	442	63	65	45	45	359	366	126	127
6. Social Connectedness	1,174	1,213	2	2	19	19	282	288	3	3	419	437	61	64	44	44	344	356	123	125
7. Functioning	1,163	1,196	2	2	19	19	277	286	3	3	428	438	63	65	44	44	327	339	122	123

Child/Adolescent Family Survey Results:

Indicators	Total		American Indian / Alaska Native		Asian		Black / African American		Hawaiian / Pacific Islander		White		Some Other Race		More than one race		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.	498	670	1	1	21	27	83	106	0	2	242	331	38	46	23	35	90	122	145	189
2. Reporting Positively About General Satisfaction	467	676	1	1	19	27	79	107	0	2	231	334	37	46	20	35	80	124	143	190
3. Reporting Positively About Outcomes.	378	646	1	1	20	27	65	107	0	2	187	334	33	46	15	35	57	94	119	190
4. Reporting Positively																				

Participation in Treatment Planning for their Children.	526	677	1	1	22	27	89	107	0	2	255	334	40	46	26	35	93	125	146	190
5. Reporting Positively About Cultural Sensitivity of Staff.	557	675	1	1	22	27	93	107	1	2	276	334	42	46	26	35	96	123	159	190
6. Social Connectedness	500	630	1	1	23	27	91	107	0	2	261	334	34	46	26	35	64	78	149	190
7. Functioning	375	646	1	1	20	27	64	107	0	2	186	334	32	46	17	35	55	94	118	190

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
0-5	374	2	2	0	1	7	1	8	1	45	441
6-12	4385	14	6	47	3	33	2	6	13	661	5,170
13-17	5838	12	7	111	25	84	11	12	31	1375	7,506
18-20	3466	0	24	4	2	174	22	48	60	990	4,790
21-24	4532	2	65	5	0	258	41	157	61	1165	6,286
25-44	21424	8	743	9	5	1178	246	1672	420	6253	31,958
45-64	16848	11	1167	9	7	881	113	1368	445	5985	26,834
65-74	4673	5	406	2	1	310	8	150	90	1768	7,413
75 and older	1770	1	54	2	0	268	1	23	35	578	2,732
Not Available	284	0	5	2	2	27	2	29	6	85	442
TOTAL	**63,594**	**55**	**2,479**	**191**	**46**	**3,220**	**447**	**3,473**	**1,162**	**18,905**	**93,572**
Female	35245	30	979	108	26	1485	100	1325	516	10559	50,373
Male	28287	25	1498	83	19	1732	347	2144	646	8305	43,086
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	62	0	2	0	1	3	0	4	0	41	113
TOTAL	**63,594**	**55**	**2,479**	**191**	**46**	**3,220**	**447**	**3,473**	**1,162**	**18,905**	**93,572**
American Indian/Alaska Native	220	0	17	1	0	4	0	19	1	36	298
Asian	1678	0	48	2	1	111	5	50	28	446	2,369
Black/African American	11604	15	835	42	15	732	184	1449	279	2423	17,578
Hawaiian/Pacific Islander	40	0	1	0	0	1	1	1	0	8	52
White	33943	35	1256	99	22	1799	155	1377	541	8064	47,291
Some Other Race	8432	2	176	39	5	463	83	422	72	2411	12,105
More than One Race Reported	0	0	0	0	0	0	0	0	0	0	0
Race/Ethnicity Not Available	7677	3	146	8	3	110	19	155	241	5517	13,879
TOTAL	**63,594**	**55**	**2,479**	**191**	**46**	**3,220**	**447**	**3,473**	**1,162**	**18,905**	**93,572**

	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	40551	47	1992	105	31	2343	309	2592	866	9354	58,190
Non-Hispanic or Latino Origin	13896	3	249	66	11	570	108	549	185	2491	18,128
Hispanic or Latino Origin Not Available	9147	5	238	20	4	307	30	332	111	7060	17,254
TOTAL	**63,594**	**55**	**2,479**	**191**	**46**	**3,220**	**447**	**3,473**	**1,162**	**18,905**	**93,572**

Comments on Data:	
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: 7/1/2023 Reporting Period End Date: 6/30/2024

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	1	6,231
6-12					0	10	55	24,290
13-17					0	49	103	23,507
18-20	5	7	2	1,710	0	0	2	2,736
21-24	12	13	6	2,431				
25-44	206	47	121	12,238				
45-64	515	34	108	9,928				
65-74	131	7	48	2,697				
75+	15	0	10	1,094				
Not Available	4,881	1,441	2,145	182	0	0	0	53
Total	5,765	1,549	2,440	30,280	0	59	161	56,817

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	419	46	109	15,297	0	14	82	26,157
Male	467	62	186	14,939	0	45	79	30,654

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	4,879	1,441	2,145	44	0	0	0	6

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	2	0	0	71	0	0	0	50
Asian	18	3	6	870	0	1	4	1,526
Black / African American	305	19	88	6,601	0	30	31	13,755
Hawaiian / Other Pacific Islander	0	0	0	24	0	0	0	17
White	408	62	157	15,497	0	7	95	23,224
Some Other Race	49	19	22	4,240	0	19	16	10,908
More than one race	13	5	2	1,116	0	1	14	4,008
Not Available	4,970	1,441	2,165	1,861	0	1	1	3,329

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	86	34	40	6,173	0	21	29	24,136
Non-Hispanic / Latino Origin	712	74	239	20,210	0	35	129	30,237
Not Available	4,967	1,441	2,161	3,897	0	3	3	2,444

	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):
DMHAS has SMI data by demographics but does not have other EBPs data by these demographics as the state transitions into the new data system.

Comments on Data (Supported Housing):
Data is from NJ's Quarterly Contract Monitoring Report Data System.

Comments on Data (Supported Employment):
Data is from NJ's Quarterly Contract Monitoring Report Data System.

Comments on Data (Assertive Community Treatment):
Data is from NJ's Quarterly Contract Monitoring Report Data System.

Comments on Data (Therapeutic Foster Care):
NJ CSOC does not offer therapeutic foster care.

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	5,063	0
TOTAL	**0**	**0**	**5,063**	**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	5,063	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	5,063	0

Ethnicity				
Hispanic / Latino Origin	0	0	0	0
Non-Hispanic / Latino	0	0	0	0
Not Available	0	0	5,063	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, NJ 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 and Recovery):
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: 7/1/2023 Reporting Period End Date: 6/30/2024

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	28	26	23	30	0	0	0	0	0	4	4	1	7	0	0	0	0
Legacy	0	0	1	0	9	16	2	0	0	0	0	0	0	0	0	0	0	0
Oaks Integrated Care	0	2	5	1	0	0	0	0	0	0	0	0	0	0	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	2	3	3	3	0	0	0	0	0	26	25	23	29	0	0	0	0
Legacy	0	0	0	0	0	0	0	0	0	0	0	3	2	15	15	1	0	0
Oaks Integrated Care	0	0	0	0	0	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 ○
Legacy	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	SMHA staff overseeing the CSC programs	Goal is to conduct the visit annually.	Yes ◉ No ○

		measures			

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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: 7/1/2023 Reporting Period End Date: 6/30/2024

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**
Legacy	0	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0	0.00%
CSC CI	0	0	0	0	0	0	0	0	0.00%
Rutgers UBHC	0	20.00%	43.00%	33.00%	29.00%	0	0	0	0.00%
CarePlus NJ	0	79.00%	69.00%	87.00%	83.00%	0	0	0	0.00%
Oaks Integrated Care	0	100.00%	100.00%	100.00%	0.00%	0	0	0	0.00%

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**
Legacy	0.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%
CSC CI	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0	0
Rutgers UBHC	100.00%	100.00%	100.00%	88.88%	100.00%	0	0	0	0.00%
CarePlus NJ	0.00%	89.00%	96.00%	96.00%	93.00%	0.00%	0.00%	0.00%	0.00%
Oaks Integrated Care	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	79,358	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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:	See General Comments.																			

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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: 7/1/2023 Reporting Period End Date: 6/30/2024

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	**34**	**530**	**0**	**27**	**436**	**0**	**13**	**19**	**2**	**14**	**413**	**103**	**83**	**21**	**14**	**454**	**2**	**574**
Total Children/Youth (under age 18)	**2**	**61**	**0**	**1**	**62**	**0**	**1**	**1**	**0**	**0**	**61**	**0**	**10**	**1**	**2**	**48**	**2**	**63**
Female	0	29	0	0	29	0	0	0	0	0	29	0	5	1	1	21	1	29
Male	2	32	0	1	33	0	1	1	0	0	32	0	5	0	1	27	1	34
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)	**32**	**469**	**0**	**26**	**374**	**0**	**12**	**18**	**2**	**14**	**352**	**103**	**73**	**20**	**12**	**406**	**0**	**511**
Female	12	222	0	11	187	0	3	8	1	8	177	37	22	10	7	197	0	236

Male	20	233	0	15	176	0	9	10	1	6	164	63	50	9	5	195	0	259
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	14	0	0	11	0	0	0	0	0	11	3	1	1	0	14	0	16

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	**50**	**640**	**0**	**46**	**644**	**2**	**30**	**20**	**0**	**14**	**616**	**10**	**71**	**30**	**6**	**588**	**5**	**700**
Total Children/Youth (under age 18)	**4**	**442**	**0**	**3**	**441**	**2**	**0**	**4**	**0**	**3**	**437**	**2**	**17**	**16**	**2**	**406**	**5**	**446**
Female	1	199	0	1	198	1	0	1	0	1	197	1	7	7	0	183	3	200
Male	3	243	0	2	243	1	0	3	0	2	240	1	10	9	2	223	2	246
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)	**46**	**198**	**0**	**43**	**203**	**0**	**30**	**16**	**0**	**11**	**179**	**8**	**54**	**14**	**4**	**182**	**0**	**254**
Female	10	91	0	11	91	0	7	3	0	3	85	3	8	4	1	93	0	106

Male	34	103	0	31	105	0	22	12	0	8	90	5	44	10	3	84	0	141
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	2	4	0	1	7	0	1	1	0	0	4	0	2	0	0	5	0	7

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) Defined by how respondent chose to answer the question.

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)
- [x] 1. Children with SED only
- [ ] 2. Other Children (specify)
- [ ] 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?	16,576	97,494
2. What was your sample size? (How many individuals were selected for the sample)?	16,576	4,986
3.How many survey Contracts were made (surveys to valid phone numbers or addresses)?	16,576	4,986
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?	679	1,240
5. What was your response rate (number of completed surveys divided by number of contracts)?	4.0%	24.9%

State Comments/Notes: CSOC administers the survey through PerformCare. The data include some adults served.

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: 7/1/2023 Reporting Period End Date: 6/30/2024

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	**9**	**68**	**0**	**8**	**66**	**3**	**4**	**4**	**1**	**4**	**62**	**2**	**20**	**34**	**12**	**11**	**0**	**77**
Gender																		
Female	3	30	0	4	26	3	1	1	1	3	25	2	8	16	6	3	0	33
Male	6	38	0	4	40	0	3	3	0	1	37	0	12	18	6	8	0	44
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	56	0	6	54	3	3	3	1	3	51	2	19	28	7	9	0	63

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	**59**	**404**	**1**	**35**	**426**	**3**	**19**	**39**	**1**	**16**	**386**	**2**	**91**	**171**	**22**	**180**	**0**	**464**
Gender																		
Female	18	185	1	9	194	1	4	13	1	5	180	0	48	67	9	80	0	204
Male	40	216	0	25	229	2	14	26	0	11	203	2	42	103	13	98	0	256
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	3	0	1	3	0	1	0	0	0	3	0	1	1	0	2	0	4
Age																		
Under 18	58	390	1	35	411	3	19	38	1	16	372	2	91	167	20	171	0	449

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:
- [x] 1. Children with SED only
- [ ] 2. Other Children (specify)
- [ ] 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?	16,576
2. What was your sample size? (How many individuals were selected for the sample)?	16,576
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)?	16,576
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?	679
5. What was your response rate? (number of Completed surveys divided by number of Contacts)?	4%

State Comments/Notes:

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

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	**391**	**4**	**30**	**1.02%**	**7.67%**
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	11	0	0	**0.00%**	**0.00%**
21-24	37	1	3	**2.70%**	**8.11%**
25-44	191	1	17	**0.52%**	**8.90%**
45-64	116	2	9	**1.72%**	**7.76%**
65-74	32	0	1	**0.00%**	**3.13%**
75+	4	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	141	1	11	**0.71%**	**7.80%**
Male	248	3	19	**1.21%**	**7.66%**
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	2	0	0	**0.00%**	**0.00%**
Race					
American Indian/Alaska Native	1	0	0	**0.00%**	**0.00%**
Asian	10	0	3	**0.00%**	**30.00%**
Black/African American	138	1	7	**0.72%**	**5.07%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	238	3	20	**1.26%**	**8.40%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	0	0	0	**0.00%**	**0.00%**
Race Not Available	4	0	0	**0.00%**	**0.00%**
Ethnicity					
Hispanic/Latino Origin	340	4	26	**1.18%**	**7.65%**
Non Hispanic/Latino	43	0	4	**0.00%**	**9.30%**
Not Available	8	0	0	**0.00%**	**0.00%**

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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	**279**	**3**	**13**	**1.08%**	**4.66%**
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	2	0	0	**0.00%**	**0.00%**
21-24	14	0	1	**0.00%**	**7.14%**
25-44	147	0	4	**0.00%**	**2.72%**
45-64	100	3	7	**3.00%**	**7.00%**
65-74	13	0	1	**0.00%**	**7.69%**
75+	3	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	50	1	2	**2.00%**	**4.00%**
Male	229	2	11	**0.87%**	**4.80%**
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	4	0	0	**0.00%**	**0.00%**
Black/African American	157	2	6	**1.27%**	**3.82%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	117	1	7	**0.85%**	**5.98%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	0	0	0	**0.00%**	**0.00%**
Race Not Available	1	0	0	**0.00%**	**0.00%**
Hispanic/Latino Origin					
Hispanic/Latino Origin	235	3	12	**1.28%**	**5.11%**
Non Hispanic/Latino	39	0	1	**0.00%**	**2.56%**
Not Available	5	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: 7/1/2023 Reporting Period End Date: 6/30/2024

	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	0	0	**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:

Footnotes:

F. State General Data Notes

State General Data Notes

Expenditure Period Start Date: Expenditure Period End Date:

MHBG Table Number	General Data Note
2A, 3. 4, 5A, 6	The 2024 URS data table numbers, across the tables and parameters, are significantly less than the 2023 numbers, which came from the legacy USTF data system. DMHAS is currently implementing the new USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client-level web-based application. The USTF+ data system first went live for FY24. Webinar trainings began in November 2022 and DMHAS staff have provided over 20 trainings with provider agencies since this time to date. DMHAS continues to train providers on the new client-level web-based application, including providing newsletters, training documents, and PowerPoint slides in addition to live and recorded webinars. Utilization progress is being tracked quarterly by comparing the USTF+ data with our QCMR data. DMHAS staff are also tracking help desk tickets for issues providers are having that hinder data entry and working with internal IT to assist providers.
3, 4	Both Table 3 and Table 4 use the same logic to define community MH settings for clients aged 18 and older. However, two key factors lead to the discrepancies when comparing these tables. First, Table 3 uses a duplicated dataset as instructed, the same client may be served in a different setting, whereas Table 4's instructions require unduplicated counts for clients, resulting a "no duplication" dataset. Second, Table 4 excludes clients in institutional settings as instructed (e.g., state psychiatric hospitals, detention centers, nursing homes). Consequently, even though Table 4's total is derived from cells X12:BM12 in Table 3, the differences in duplication and the exclusion of certain institutional residential statuses at time of discharge or last evaluation (e.g. State psychiatric hospitals, detention centers, other psychiatric inpatient, county psychiatric hospitals, CCIS inpatient, state correctional facilities, nursing homes, jails, and other settings) result in the observed discrepancies between the two tables. Data is unduplicated for each service setting. Data is duplicated between different service settings. NJ's legacy USTF system and the new USTF+ system use the same logic generating the data. NJ data is unduplicated in each service setting in both its legacy USTF system and the new USTF+ system.
6	NJ currently does not have data for Residential Treatment Centers.
7A	The increase in the Total Medicaid Expenditures, Other 24-Hour Care Expenditures, and Total Ambulatory Non-24-Hour Care Expenditures is related to greater funding and getting back to normal after Covid. The increase of the Total Other Federal Funds Expenditures is related to greater spending in Ambulatory Non-24-Hour Care expenditures and getting back to normal after Covid. Total Administrative Expenditures: 2024 reflects the increase in amount of services provided compared to 2023. Grand Total Expenditures is due to all the expenditures increasing in each funding source. Total COVID-19 Relief Funds Expenditures decreased in spending due to the increase in ARP fund expenditures. 2024 reflects an increase in Total ARP Funds Expenditures due to the amount of services provided compared to 2023. Total Crisis Services (5 percent set-aside): There was an increase in crisis related expenditures in FY24 as the crisis programs have been awarded and launched. Total Bipartisan Safer Communities Funds 2024 reflects the ramp up of the grant.
7C	The MHBG and other funds supported the call center expansion in FY 2024 that did not happen in FY 2023.
11	Percent of children/adolescents reporting positively about outcomes: with a response rate of 4%, the data reflected in NJ's survey responses cannot be called statistically significant. With such small numbers in terms of volume of respondents, large changes in percentages can be expected. NJ's Children's System of Care is working to increase satisfaction survey response rate; the state has recently changed the language of the e-mail that delivers the survey link to better align with best practices identified by a literature review of academic research and is currently working on introducing automated e-mail reminders.
12	The 2024 numbers are significantly less than the 2023 numbers, which came from the legacy USTF data system. DMHAS is currently implementing the new USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application. Also, the lack of volume and no SUD diagnosis for Emergency Services contributed to the difference between 2023 and 2024. In the new USTF+, the functionality to add a SUD diagnosis was not added for Emergency Screening until FY2025. This may have contributed to a decrease in the percent of individuals with co-occurring SUD.
14A, 14C, 15	The 2024 numbers are significantly different from the 2023 numbers, which came from the legacy USTF data system. DMHAS is currently implementing the new USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client level web-based application.

16A	Total unduplicated N - Children with SED data for Ages 0-20, provided by the Children's System of Care (CSOC). The SMI/SED and EBP "not available" values are not comparable. The overall SMI and SMI by demographics are from Tables 14A and 14B, which have few missing values. The EBP numbers came from the QCMR report and the new USTF+ system. The "not available" values are much higher for EPBs. The 2024 numbers (including number of consumers receiving Supported Employment Services, and number of adults with SMI) are significantly different from the 2023 numbers, which came from the legacy USTF data system. DMHAS is currently implementing the new USTF+ data system and onboarding the providers. Not all providers are using the system to submit the data. DMHAS continues to train providers on the new client-level web-based application. The 2024 numbers of consumers receiving MST services differ significantly from the 2023 number is due to the small number (59 vs 48). NJ CSOC does not offer therapeutic foster care. NJ plans to use a single source for the data. Until all providers onboard to the new data system for data accuracy, NJ still has to rely on two different data sources.
16B	The SMI/SED and IMR "not available" values are not comparable. The overall SMI and SED by demographics are from Tables 14A, 14B, and 14C, which have a few missing values. The IMR reported number does not have a breakdown by demographics.
16C & 16D	NJ has not been able to monitor fidelity in FY 2024. NJ is working to receive technical assistance from OnTrack NY as NJ programs are going through an expansion.
16C	NJ had three existing Coordinated Specialty Care programs in FY 2024. In March 2024, NJ added CSC programs for a total of 5 and started 5 new Coordinated Specialty Care Community Integration, Step-down programs. Data is not available from April 1, 2024 to June 2024. Oaks Integrated Care program terminated in March 2024. The newly awarded contracts in 2025 have 2 Careplus programs and 2 Rutgers programs. Legacy has one program. DMHAS has contracted with the vendor to provide technical assistance for the CSC model for the new providers.
16D	NJ had three existing Coordinated Specialty Care programs in FY 2024. In March 2024, NJ added CSC programs for a total of 5 and started 5 new Coordinated Specialty Care Community Integration, Step-down programs. The percentage of Clients with FEP Enrolled in CSC Services who Experienced No Psychiatric Hospitalization are based on Provider Data, which is not available from April 1, 2024, to June 2024. Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Arrest are based on data in USTF+. Oaks program closed in March 2024. Data was not available for Oaks program for "No Arrests."
17	NJ received 79,358 crisis calls through the 988 Lifeline. This is as reported by Vibrant's 988 Broad State Metrics report. Number of calls received does not represent the number of unduplicated callers. Additionally, age of caller is not routinely collected and not available at this time. The Call Centers are available statewide for the entire state population. 24/7 Mobile Crisis Team data: 24/7 Mobile Crisis Team (MCORT) is not available in FY2024. Crisis Stabilization Program data not available in FY 2024. Five awards have been made for implementing CRSC in FY 2025.
19A	Table 19A includes data provided independently by both the NJ Division of Mental Health and Addiction Services (DMHAS) and also by the NJ Children's System of Care (CSOC).

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Footnotes: