



Episode Seven – Toward Better Mental Health Supports and Services

With special guests Joyce Benz, Director of Intensive Family Support Services/Mental Health Association of Union County, and Michael, a community member benefitting from services within the mental health service system. Host Ellen Nalven, co-host Jason Miller

Ellen: Hello, my name is Ellen Nalven. I'm the Executive Director of Planned Lifetime Assistance Network of New Jersey, otherwise known as PLAN|NJ. I'm here with my co-host, Jason Miller, Associate Executive Director of PLAN New Jersey. We're delighted to be speaking with two experts on today's podcast episode about the New Jersey mental health system.

We'll be talking about how people and families can access services and supports they may need when experiencing mental illness. I'm delighted to welcome Joyce Benz, Director of Intensive Family Support Services, operated by the Mental Health Association in Union County. And Michael, an active community member who has benefited from a variety of services within the mental health service system.

So let's get started. Welcome, Joyce. Thank you for joining us.

Joyce: Great to be here.

Ellen: And welcome, Michael. Thank you for being with us.

Michael: It's an honor to be here, and I'm not a professional, but I do have a lot of experience through where my journey has taken me in mental health, in using mental health services.

Ellen: Which definitely makes you a very valuable guest for us, thank you! So Joyce, you are the director of the Intensive Family Support Services. Can you tell us, what is that service? And the acronym is IFSS, is that correct?

Joyce: Yes. Intensive Family Support Services is a free service designed to provide support, education, and advocacy for the families of adults who are dealing with serious and persistent mental health issues. I'm the director for Union County, so we work with the families in Union County, but there's a service like ours in each county in New Jersey.



Ellen: Great. Who is the service designed to help? And who might be eligible to receive that help?

Joyce: Well, mental health issues affect not just the individual, but the whole family. So we don't work directly with the person with the mental health issue. We work with their family, and that could be a parent, that could be a spouse, or their children. We use the term family very loosely. It could be a neighbor, somebody who is actively involved in helping the individual in their recovery. Anyone is eligible. There is no fee for any of our services. It is designed for the family whose loved one maybe has recently been hospitalized, or is at risk of hospitalization.

We are funded by the Division of Mental Health and Addiction Services, so it's kind of geared for the person I don't want to say the more severe range, but you know, it's not based on diagnosis, but on the severity of their symptoms and the level of support that they need.

Ellen: And what kind of guidance do you provide?

Joyce: It could range. Certainly we work with families with loved ones who have psychosis. It could be depression or anxiety disorders in the severe range, personality disorders in the severe range. Again, it's for people who are affected when the symptoms are acute. We're open and if people call us and they don't quite meet the criteria, say their loved one has attention deficit disorder or something, they wouldn't be considered at risk of hospitalization. We would help direct them to another service that would meet their need.

Ellen: So what kind of services do you provide? So families come to you, and let's say they meet the criteria and are eligible for those services. What kind of things do you do?

Joyce: Well, there are a range of services. Some families come to us for a specific resource; they might call and say "I hear you have been helpful with someone we know to help their loved one get connected to Social Security." Or, "How do I find my loved one affordable housing?" We are available to meet with them individually, both at the office in Springfield, New Jersey, but we also do home visits. If the person has difficulty getting to our office, we also meet with people in their community.

So we provide individual family support. We also have a couple of different family support groups. We have a general family group and we also have a group for adult siblings. So part of it is helping them with concrete services, part of it is problem-solving, and developing coping strategies.



When people come to us, they're often at a loss. For many people, maybe it's the first episode their loved one has had. Perhaps he or she had no symptoms, went off to college, and all of a sudden they're getting a call that their loved one is experiencing some psychotic symptoms. You don't need to know about these services or about these illnesses until you do, right? And there's no way to prepare. And then you have to figure out what's out there. How do I find services? What are my options?

I see the family members as the experts, in terms of their loved one. Intensive Family Support Services are the experts in terms of the resources. We work collaboratively with families to provide a roadmap to the mental health system. Otherwise, it's really trial and error. It's people talking to their friends who say, "I might know of a doctor that was helpful for my son", but that doesn't necessarily mean it's the right option for their family member. We give them a range of different options.

And the beauty of this is that because we don't bill, we can work with people as long or as short as they need. Some people come to us just to ask about social security, or how to get different benefits. They may come back later and after they found us helpful and say, "Hey, I really need to start thinking about future planning." Or, "I'm having trouble finding a doctor." Or it might be, "I'm just really feeling overwhelmed and stressed and I need support. I don't know how to best communicate with my loved one" or "My loved one's not taking medicine and I don't know what to do". To help them navigate the mental health system, which is somewhat fragmented and can be pretty complex, we are available. Some folks I've worked with on and off for 20 years, others just a short time. So, that's kind of the beauty of it, that there's a lot of flexibility.

Ellen: That's a great way to put it. You're really a resource to guide families wherever they might be. Are you intended to serve primarily families, or the people themselves who are experiencing mental health challenges, or both?

Joyce: Well, I think there are too many silos in our system, where one group works with the individual and the other group works with the family. Yes, the Division of Mental Health Services is funding us to work with the families who are coming to us to help their loved one, right? So we're all in this together. That's how I see it. So I would say we serve both, although our primary client is the family member.

Ellen: Okay, that's really helpful. You're in Union County. Are there these services available in other counties in New Jersey?



Joyce: Yes. This is one area where New Jersey shines above other states. In fact, my understanding is we're the only state in the nation that has a law that says there needs to be a family support service program in each county. And that actually came about over 20 years ago when the state was closing one of the state's psychiatric hospitals, that was Marlboro.

And family members from NAMI, the National Alliance on Mental Illness, organized and pushed the legislators [to see] that the whole idea of closing the state hospital was that the money was supposed to flow back out into the community to serve individuals with serious mental illness in the community. And the families said, "Hey, we're the primary support network for our family members." Approximately half the people coming out of the state hospitals were returning to live with families. And they said, "We need support. We need direction. We need somebody who can help us problem solve. We need an organization or a program that can support us in helping our loved one."

That's actually how intensive family support came about. So there is a service. They're not all run by the Mental Health Association. The Mental Health Association in New Jersey has the contracts in Union County and Atlantic County. There isn't a nonprofit agency that would providing similar services in each county.

Ellen: Great. So this service is accessible to anybody in the state of New Jersey. Great to know. But you have to know about it, and that's the challenge, right? Hence this podcast. That is the the main purpose. And as you said, it is a complex fragmented system. You know, our prior podcast was talking about the Division of Developmental Disabilities, and that's a little bit more straightforward, in that there's a process to become eligible. You just don't have that eligibility process [in the Mental Health system] necessarily in New Jersey. You have to find out from somebody else where you might get help, and that's the challenge.

Joyce: When I first started working in the field, and that was in the 1980s, if you were hospitalized you might be in the hospital for several months, and you had an opportunity where the social worker at the hospital would invite the family and they would talk about the diagnosis. They would talk about the medications. The family would get some education and develop an aftercare plan, not just with the individual, but with the family. Back in the day, people went home on passes from the hospital to see how things were working at home and came back and



problem solved about what wasn't working. Nowadays, the average length of stay in the hospital is 5 to 7 days.

And it's not at all a given. In fact, it's pretty unusual where there's an opportunity for a family meeting prior to discharge so that the family can voice their concerns if there are any, but also get an understanding of the plan of action, the aftercare plan, link them to a case manager, tell them about various options in terms of day programs or intensive outpatient programs. But none of that happens now.

I mean, people are admitted. Maybe the family has some input during the admission process, but then oftentimes they're just getting a call saying the person's about to be discharged, and they have no time to ask questions or to say, "Hey, that didn't really work last time," and get some guidance about what's the next step.

Years ago, social workers in the inpatient unit would maybe start the social security process, or direct somebody how to get Medicaid, you'd start to do some of that while you were in the hospital. None of that happens now. Families have to pick up the ball, but they don't have instructions about what they should be doing. So if they get connected to Intensive Family Services, we can walk them through that, but it's not something that everybody knows about.

Ellen: Yes, so it is really essential to get some guidance. Michael?

Michael: I just wanted to add that I live with schizophrenia and anxiety, and I was hospitalized for depression at the age of 11. I was on the border of being suicidal at 11 years old, and now as an adult I have some other serious mental illnesses, and I was hospitalized as an adult. What I wanted to say is that I can attest that my family members are, and were, very affected by my mental illness. Especially since we are close together, my family. They are and were very affected by what I was going through. So I appreciate the work that Joyce and her organization does because I think it's very important and very needed.

Ellen: Yes, that's a great point and I appreciate you bringing that up. Later on, we would like to talk more about how your family is involved, and how they support you. Joyce had mentioned NAMI, the National Alliance for Mental Illness, and that was actually the first time that I met you, Michael. You were doing a presentation called In Our Own Voice. Do I have that title right?

Michael: That's right.



Ellen: I was so impressed with the eloquence with which you spoke, and how openly you shared information about your background, because I think there's so much misunderstanding and stigma around these diagnoses, so it was so helpful. When you talk about your experiences and put it in context, would you talk to us about your life now? What are your successes? What are the things you like to do? Tell us something about the things you're interested in and some of the activities that you do on a daily basis?

Michael: Well, one thing that I've found is that mental illness might be one of my weaknesses, that I have these severe mental illnesses, but I find that my weaknesses are connected to my strengths. I have found that by sharing my experience openly about what I go through with mental illness - at first I was afraid to talk about it, I was so ashamed. But little by little, I've become more open by way of getting a lot of support and a lot of resources and a lot of friendship and love from my family and everything. I find that this is what I want to do, is to be open about it because there are good qualities too. It's not something for me to be cast aside or ashamed of or buried. Because everything that's a weakness about me, all of my difficulties, are intimately connected with these, with my most powerful strengths. Being compassionate, being sensitive, being attentive and caring, is all connected to all the difficulties I've been through. So it's all about sharing all of that.

Ellen: That is so true. And when you share, you really make some more people feel comfortable, more connected to you, and instead of these diagnoses being a mystery, they connect people to you, who are intelligent and forthright and compassionate. I think it's a wonderful service that you do for the community to share your experience and help normalize this experience. You mentioned a few things to me when you and I were talking before the podcast about organizations you're involved in and activities that you do. Can you talk about that a little bit?

Michael: Well, notably, I've volunteered at a local nursing home; I've done that for over 15 years. I visit with people in their rooms or lead activities and discussions. I stepped away from it a little during the pandemic. I'm starting to get a little involved again because it did so much good for me. I'm involved with a social justice organization where I live in Union County called Social Justice Matters, where we promote the opportunities that arise from diverse communities. That's from the mission statement they used to have, that with diverse communities come these opportunities to form bonds and to learn from one another. And that's what that organization promotes. And I'm also in an organization that serves refugees who have resettled in the Union



and Essex and Hudson County areas of New Jersey. So I've gone to eat lunch with refugees from countries such as Sudan and Afghanistan and Congo and many other countries.

I'm very involved with my temple. I've given two guest sermons at my temple. I'm on the committee that plans current event discussions for the temple and helps the temple members take action on important current events and be involved.

That connects to an interest of mine too. That's a little bit about what I'm involved with. Also, I volunteered (in the past, not currently) at the Arc of Union County, where I was at a day program and doing activities such as flashcards and singing and throwing a ball with adults who have developmental disabilities. Many of whom also have some degree of speech impediment.

That's challenging and they're so good natured, so all this feeds my soul. It really does feed my spirit, just to be involved in these great things. I got involved little by little, one step to one step, and it affects all of my everyday interactions with people to have been in these good programs and these good organizations, and it affects how I interact with everyone I pass on the street, everyone in my life, so it really has made a big difference.

Ellen: And you probably give back to the community more than many people. Thank you, Michael. That's amazing. Thank you. Joyce, what are some of the programs? We talked about the services you provide to families, providing that support and helping locate resources. What are some of those services out there that can help families and individuals that are experiencing mental illness?

Joyce: There's a range of services; unfortunately it's ever-changing, right? I mean, sometimes they add things, sometimes things have closed, particularly several of the day programs in our county have closed following the pandemic. In terms of a range, there's traditional outpatient where you go see your psychiatrist maybe once a month and a therapist. There's intensive outpatient programs that are time-limited, where people go maybe three days a week for a few hours a day. There are also partial care programs. So those are more the therapy kind of programs. There are also various kinds of case management.

Ellen: Like the Division of Developmental Disabilities that we discussed in the previous podcast, a lot of the programs are time limited, right?



Joyce: Integrated Case Management is a service that someone can get. The priority goes to someone who has recently been discharged from the hospital, but that service is where a case manager would come to the house, would work with the person, come maybe once or twice a week. They could help the person get connected to benefits, Social Security, SNAP, the old “food stamps”. They could help them get linked to a therapist or a psychiatrist. But that often tends to be like a maximum of a year that someone can utilize that service. We at the Mental Health Association have a peer support program, where a person with lived experience with a mental health diagnosis acts as a conduit to help people get connected to services and to share their stories of recovery. But that is also a time-limited program. People have to know how to shift from one service to another. If they're working with a peer that might be eligible for Integrated Case Management, if the person is moving outside of their home into their own apartment or home, they might be eligible for another kind of case management called Supportive Housing.

And that program can be ongoing in nature. There are [programs] for people who have had several hospitalizations and a history of not following up with traditional outpatient services. That's a program called PACT, which stands for Program of Assertive Community Treatment, and that's where a team of people – nurses, social workers, substance abuse counselors, vocational counselors – can come to the home and offer support to an individual.

There are a range of services, and there are similar services probably in each county, but it's not always so obvious to people what their options are. And that's where it's really important that we get the word out so that people know that there probably is something out there, and how to access it.

Ellen: And is that something your organization does? When they come to you and perhaps their family member is post-hospitalization, is your organization a place where they can get those resources to at least have a plan in place to access those services?

Joyce: Absolutely. And the Mental Health Association in New Jersey is a much bigger organization than just my particular program. We have a call center, we have an 800 number people can call to get resources. We have a peer support warm line where the individual themselves can call for support and also to get resources.

Ellen: So there are ways to do it.



Joyce: Absolutely.

Ellen: Michael, you mentioned the things that you're active in and how much they help you. It sounds like they help you with your confidence and with your social interaction. Joyce has talked a lot about a variety of different services that are available. Have you been able to take advantage of any of the services that Joyce has mentioned?

Michael: I haven't directly been involved with IFSS because I'm not a family. I mean, I have mentors myself. But I have taken advantage of a lot of other services. I really love the National Alliance of Mental Illness (NAMI) in New Jersey and the Union County chapter where I live. I've benefited from a lot of services there. One thing I like is they have Zoom online connection groups, which is like a support group for people with mental illness. And that's been wonderful. I've been a couple hundred times over the past few years to these small groups on Zoom.

I also want to mention that I do live in a housing and urban development building, so I only pay 30 percent of my income for rent, which has helped me afford living on my own and having my own apartment these last six years. I thank Joyce because when I was first interested in moving into an apartment, I called Joyce and we spoke on the phone and she helped me to get used to the idea; I realized this would be something good for me.

I also take a transportation service called Access Link, which is affiliated with New Jersey Transit, and that's because I have severe anxiety at times, and it can be difficult for me to ride on the public bus route when I'm having that severe anxiety. I qualified for Access Link, which is for people that find it difficult to use the regular public buses, and that's been great. It's helped me be more independent. I can go many places in New Jersey, and that's really helped me a lot. I also receive group therapy, individual therapy, I see the psychiatrists. One thing I've noticed is that when I've been involved with NAMI, I found out about a lot of these resources through them. And by being involved in one program, I've learned about other programs. And that's been a benefit to me. I've really taken advantage of a lot of resources because my mental illness can be tough and severe at times. With my schizophrenia and my anxiety these days, it's been very helpful to have the support and of all these resources. And it's really made me more active in my own recovery because I feel like I can take an active role in these programs. It's not like the mental illness is just doing a number on me or bringing me down, but rather that I can be on top of it, to whatever degree I can, by taking advantage of all these supports and resources, and it's made me active in my own recovery.



Ellen: Can you talk more about that term recovery? What does that mean to you?

Michael: Well, I like to write poetry. So when you ask me, what does it mean to me? I like to think about what things mean to me and I like to deconstruct words like “to recover”. I’m not able to write a poem about it right now, but I think for me the recovery means becoming my full self as much as I can. Because when I was deeply affected, when I was at my worst, with the really spiraling out of control schizophrenia 20 years ago – I still have schizophrenia now, but it’s better. It’s better comparatively speaking because of the treatment and medication, but when I was at my worst, it really took away a lot of the positivity and the self-sustaining confidence about me. It took that away because I was so consumed by the terrors of the mental illness. So for me, recovery means that I can start to build up my healthy and whole self, and really start to see how dynamic and good and healthy in some ways I can be, and how I can make a positive difference in myself and in others. I think it’s like, for me, it’s a lot about the words “whole” and “wellness”, for me, for my recovery.

Ellen: And if you want to write a poem about that I would love to put it on our website, that was a wonderful explanation, and very helpful in understanding what that term recovery means and what it means for you. So thank you for that.

Joyce: Ellen, I wanted to add, though, that it’s not as easy as it used to be to access some of the services that Michael was referring to. After COVID, I think there were a lot of real staffing issues with a lot of the nonprofits, and frankly a lot of the licensed clinicians chose to leave the nonprofit world and to work virtually in private practice; obviously not everyone, but after Covid. I’ve been really alarmed how difficult it has been. And we work on this all the time with families to help individuals, particularly with Medicaid, but also with Medicare, to find therapists and psychiatrists that take those insurances. In Union County, one of the primary providers, is Trinitas Hospital, and for quite a while they had such a shortage of staffing that they were no longer even taking people on the waiting list for therapy. Unless you were coming out of the Trinitas system, out of the hospital, you couldn’t get linked to see a doctor in the outpatient system; you could get into their partial hospital program for a brief period.

Now that is eased up a little bit, but it’s really been and continues to be an issue. People are expected to pay privately, which a lot of people can’t do. So I think that’s been a real concern.



When people are ready and willing and receptive to therapy, you've got to seize the moment, right? You can't wait for six months until an opening comes up. A lot of agencies are sticking to a very short term model now where you can have therapy for six months. As opposed to these are ongoing illnesses and these are ongoing challenges, and people may need support on an ongoing basis. So that's the struggle. How do we advocate for people to get what they need?

Ellen: Yes, and I think you raise a really important point about where we need to go, advocacy-wise and policy-wise, and really push to return back to access to services and resources. Thank you for that.

Joyce: And there are a few new programs in Union County that have been wonderful additions. I wanted to bring some positives as well as some of the challenges. A number of counties, or actually all counties now, have a program called EISS. It's this Division of Mental Health funded program - EISS stands for Early Intervention Support Services, and it's like an urgent care for mental health. In Union County, an EISS program started last year, and I have to say, once they opened, I thought, why haven't we had this, why is this a new thing? Because it's the idea of a walk-in option for people if they're feeling very distressed. They don't need the emergency room. They don't want to go to the emergency room. Let's face it. No one wants to go if they don't have to. They can walk into this program, their hours are something like 8 in the morning to 10 at night. They're open on the weekends. And someone can walk in and talk to a therapist. They can walk in and see someone if they need medication, maybe they've run out of medicine and their psychiatrist is on vacation, or they're just feeling very, very stressed and they want somebody to talk to. That service has been a huge addition in Union County, particularly when it's been so hard to access individual therapists, or people might be on waiting lists; they're designed to be a support. They can follow the person for up to 30 days, and then they help link them with ongoing support. So that's been a real addition in Union County.

Ellen: Actually, let me ask you a little bit more about that. So it's EISS, Early Intervention Support Services. And so it's at Bridgeway in Union County. Is it in other counties?

Joyce: Yes. My understanding is that they have been in other counties as pilot programs, but I think currently now it's in every county. Again, there are different organizations that are providing that service. They're not all through Bridgeway, but I believe it's in every county now.

Ellen: Well, that's great to know. Thank you.



Joyce: The other service that I wanted to mention, I guess it's not a service, but it's an initiative that came through the Attorney General here in New Jersey. It's called Arrive Together. It's where a police officer who's not in uniform, a plainclothes police officer, travels in an unmarked police car with a mental health clinician, and they're available when it's not a crisis where you -would call the mobile outreach team or 911, but the person maybe is not doing well. Maybe they're very upset. Maybe they haven't been on their medication. This is in a number of the towns in Union County, it's kind of a pilot program at this point. This team is available to go out and meet with people in their homes to talk to them, and they can come out more than once to be a support. Several of the families that I work with have used the service, and it's been very, very positive. It's not as intimidating as when somebody's coming in the uniform, or there are a whole group of police officers. Instead it's meeting the person where they're at, trying to help deescalate a situation, maybe link a person to services. So that's another initiative in Union County. I'm pleased to have kind of a continuum of support. Sometimes you just need a caseworker, sometimes you may need this Arrive Together, other times if it's an urgent need, the mobile crisis team – to have an option to fit the need.

Ellen: That's really good to know, and that seems to be a model that more and more counties and states are trying to develop and train police officers to approach people in a way that is less intimidating, That's great to know, Arrive Together.

Ellen: So Joyce, housing is a monstrous crisis, right?

Joyce: Absolutely. It's hard to not have that conversation around this, right? Affordable, stable housing is something that is very challenging to find in the state of New Jersey. I don't know about other states, but certainly in the state of New Jersey.

Ellen: What kind of housing supports are out there?

Joyce: I have to choose my words carefully. Again, things have really changed, because I've been doing this for almost 40 years. Up until maybe 20 years ago, 15 years ago, if someone lived with a serious mental illness, lived with parents and the parents were aging, or one of the parents passed away, families back in the day could get someone on the waiting list for a nonprofit organization for a group home, or what we used to call a supervised or semi-supervised apartment, where the person lived with other people. In a group home setting, there would be 24 hour support. In a Supervised apartment, there would be a few hours a day where someone would come to assist a few individuals living in an apartment. But all of that



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With special guest Joyce Benz, host Ellen Nalven, co-host Jason Miller

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changed, at least for families in the community. A number of years ago, there was a federal lawsuit, where people in state hospitals were languishing there. They no longer met the commitment criteria but were awaiting housing or placement. And so understandably, the need was to get those folks out of the state hospital. So people in the community now, or families in the community now, can no longer really access group home placements for their loved ones because all of those slots go to people who are currently in the state hospital. So a lot of those kind of resources in Union County, it's Volunteers of America and Easter Seals is another organization in other counties. The families can no longer get someone on a waiting list that may need that level of care. And a lot of people don't need that level of care. They need more like a regular apartment with maybe some case management support. But the options are very limited, so you really have to be planning ahead, like Michael was talking about getting into an affordable apartment. You know, the options now are someone lives at home. Maybe they can access a housing voucher. That's something I do. I'm tenacious about it. I keep lists with all my families I work with that know they need housing. And when they open up that Section 8 housing list once in a blue moon, I call everybody and I race around and help people trying to get in the lottery. And there are people that I work with who, while they're waiting for a Section 8 voucher, have been able to get a housing voucher through the Division of Mental Health and Addiction Services if there's an urgent need. But then it's not always easy to find housing. I'm working with a gentleman now where it's really not in his best interests that he stay where he is currently living. He got a voucher from the Division of Mental Health and the voucher was that he had to find a one bedroom apartment in Union County, and it couldn't be more than \$1,471 for that apartment. And I'm really fierce when I'm looking for a resource. I'm on Craig's List. We're looking all around. He's got a case manager working on it. I've got myself, my colleague, my intern, and we're beating the bushes to find something. And maybe we found a few, and then we went out with this gentleman, and the landlord said, we don't take that voucher. Which is not legal. But there are all these other people with really good jobs vying for those same apartments. And it's hard to make an argument when there's five people submitting these offers and they start saying we're going to have to do a credit check. And we want you to have this kind of income. Well, obviously the person has the voucher because they're disabled and they're not working. And so they don't get the apartment. It can sound like there are options and then you hit these brick walls.

But I'm not a defeatist. I think you can keep pushing, but you really need an advocate. You really need a team, and you know, it's really unfair, in my opinion, that you're expecting someone with a disability to be out there on their own, trying to find housing. It's really an issue where they really need to be raising the level of support; \$1,471 is not viable [rent] in Union County. And



then you're expecting people to look in areas that maybe are not super safe. You're pushing people into a very limited number of options, none of which may be really ideal for their recovery. In terms of housing, you have to plan, you have to push, keep pushing against closed doors, because it's a huge issue.

Ellen: What advice would you give to an individual that doesn't have a voucher, because you know when vouchers might be released, and you know where to look, but what would be the first thing that a family member that's providing support for an individual do when they're trying to locate affordable housing? I agree with you, how can you expect someone to stay on that path if they can't obtain basic needs, like a roof over your head? I don't think we should expect that from anybody. What would be advice that you would give someone that is searching for housing or faces that challenge where they need a home but it's out of reach?

Joyce: Well, I talk to the families about planning ahead and getting people on whatever list you can, even if they say, they don't really think that's an issue now. "My daughter or my son's fine living where they are" or whatever. "They can live with me as long as they want." That's fine, but you're getting older. I always encourage families that it's easier to make the transition for their loved one into an apartment when the parents are still alive and in good health and can have them over for dinner and, go over and help them set up the apartment, as opposed to when some tragic thing happens and their parent dies suddenly or has to go into a nursing home.

At that point, there's nothing good out there, right? Because now there are certain senior buildings that will take younger people who are disabled. There are other kinds of affordable housing places. Most of them have several year waiting lists. I always tell people to get on every list. And if the option comes up and you don't need it at that time because you have something else that you're happy with, you can always turn it down. But you have to be in it to win it, you know, so in that regard I encourage people to just throw out whatever you can and see what sticks. But it's also having to acknowledge, the individual has to acknowledge and the family has to acknowledge, that they may need certain supports; that living independently may not be the best option, or they may need to get connected to Supportive Housing. It's also kind of an emotional process, having to look at what you need. It's helping the person assess their strengths and their vulnerabilities. How can they link different pieces of the system to meet their needs.

Ellen: How do people get connected to Supportive Housing?



Joyce: Well, an individual can refer themselves, a family can refer them. Supportive Housing in Union County and I think other places isn't necessarily an actual apartment, it's case management. So it's for somebody who's interested in living independently. There are the Supportive Housing Case Managers, and they often are the ones that can help the person get a voucher, look for housing. It's making a referral, but it doesn't have to be through an agency. It doesn't have to be through the hospital. It can be through the individual or their family as well.

Ellen: Where would you apply – is it the County Mental Health Service? Where would one apply?

Joyce: Well, the Division of Mental Health and Addiction Services has a directory based on county, and in each county there would be a Supportive Housing Organization that you could apply to. And again, it would be a different nonprofit, probably, in various counties. There's a directory of all the Division of Mental Health and Addiction Services in New Jersey. So they would go find the provider, the Supportive Housing provider, in the county where they live.

Ellen: Excellent. That's great information. Yes, Michael?

Michael: Yes, I wanted to say that if you had asked me about 15 years ago, I would say that I was living with my parents. I mean, I'm 45 now, so when I was about 30 years old, I was living with my parents, and I thought I'll just live with them at least until they both pass away. But now I'm glad that I didn't stick with that, and I became interested in being proactive instead of reactive, and I got on a waiting list for a Housing and Urban Development building with subsidized rent. At the time I got on the waiting list, I wasn't ready to move, but I was on the waiting list for three years. And by the time my name came up three years later, I was ready to move. And I'm so glad that I took care of that before I absolutely needed to. You know, to be in this position where now I'm in my own apartment. And it was so good to be proactive instead of reactive.

Ellen: That's a great point. That really reinforces what Joyce said. Tell us a little bit more about your apartment. Do you have Supportive Housing services? Do you need them? Do you have a roommate?

Michael: It is my own apartment. It's in a building for senior citizens and people with disabilities who I think need to be on disability, as I am because of my mental illness. So yes, I have my own apartment. I currently do not have Supportive Housing services. In other words, I take care of the apartment on my own, but I have run into some trouble. I'm not so great with cleaning the



apartment. In the past, when was living with my parents, I did very little cleaning. So I need to improve with the cleaning. And one thing that has helped me improve with that is that I have – we call each other cleaning buddies. I meet with someone that I know from National Alliance on Mental Illness on Zoom sometimes, and we both do cleaning in our own apartments as we're on Zoom, virtually, on the computer. I'm working on it, but at first I wasn't completely prepared. I was kind of negligent in the cleaning. But I'm now focusing in more on it, so I can hope to get more control over what I need to improve in.

Ellen: I love that. It's such a creative solution. I should get a cleaning buddy! So as we close, I wondered if either of you have any final thoughts. Michael, you had mentioned about your family and how your family has supported you, does support you. Do you want to talk a little bit about that and anything else you'd like to say in closing?

Michael: Well, in terms of my family, I feel very, very blessed and fortunate. I mean, really overall I feel blessed and fortunate, but also, especially in terms of my family. There was a time a long time ago, maybe 20 or 30 years ago when I was young, where we didn't get along too well for some years. We would scream and yell at each other, and it was traumatic and hard, but now I get along with them very well. I'm glad that that we were able to repair our relationship, and they've just given. It's cliché, but it's true – they do give me unconditional love and support and I'm very fortunate for that. On a broader scale, I think about the people and services in my life, and my friends, the organizations that have helped me, and I'm just so grateful that both family and these other caring people are in our lives. We have great needs, I think each of us, in one way or another as human beings, we have great needs. There are also these people out there that are so willing to help and listen and be present with us. Sometimes it's hard to find, like Joyce was talking about, but I'm so glad there are people out there willing to help us, because we have the need, but we all have needs, and we all have ways of helping one another and being present with one another. And that's a good match between the need and the person willing to care and to love us. And it makes a good combination.

Ellen: Beautiful thoughts. Thank you so much. Joyce, any closing pearls of wisdom to share with us?

Joyce: In terms of pearls of wisdom, it's just that recovery is a process both for the individual and for the family. And it is indeed a process. And it's important that all people in the family get the support that they need. There's bewilderment, there's lots of fear initially when people first become diagnosed or are struggling with symptoms, but there's also a lot of growth, and



Michael, you exude that. It takes a village, right? I think so often the family and the individual feel like they're all alone, that there's nobody out there that understands. So they're looking for an avenue, somebody that will reach out, and certainly NAMI is a wonderful organization for that. Intensive Family Supports works very collaboratively with NAMI, but we're out there. Part of it is getting the word out that we're out there and happy to support. I have to say, the families that I work with, I'm so humbled every day. I learn so much from them. They're real heroes. I just feel very blessed. I just want people to know that we're out there to help.

Ellen: Both of you have just been remarkable guests. We so appreciate of your being so open and sharing both the challenges and successes. I think it's going to be very meaningful to families who experience mental health challenges to get the kind of hope that they experience from listening to you, Michael, and the awareness of resources, Joyce, that you have to share. So thank you both so much.