Building Blocks for a sustainable MHF

The challenges on the path to structure

MENTAL HEALTH FOUNDATION

Leopard road #1

Cay Hill

St. Maarten Dutch Caribbean

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Preface

This annual accountability report is compiled by the management team of the Mental Health Foundation (MHF) and approved by the board of the foundation on October 10, 2018.

The financial auditing report 2018 has been completed by BDO accountants and has also been approved by the board, on August 2, 2019.

The report explains the following:

- The general profile of the foundation
- The core values, mission and vision
- The governance of the foundation
- The policies, production, and performances
- The financial checks and balances
- Finally the conclusion and a way forward

Eileen Healy, Interim Director Mental Health Foundation
October 10, 2019

MOU with the Police, December 10, 2018

The objectives of the report

With this report, the foundation provides insight to the stakeholders regarding the production and expenditures, as well as the management of quality care and with the intention of providing accountability and transparency.

The main financier of care is the USZV who finances 90% of the care through the medical insurances and the chronic health care provisioning coverage AVBZ. The financing of the productivity and the quality care is highlighted in this report.

The ministry of Public Health, Social Development and Labor, established the foundation in 2001 and as such MHF resorts under this ministry and reports all developments to the minister. Therefor the primary objective of this annual social year report is transparency and accountability to the ministry.

MHF has care agreements with the White and Yellow Cross Foundation (WYCF), Mental Health Caribbean (MHC), and Turning Point Foundation and works closely with the Ministry of Justice and its departments regardless of not being able to have an official agreement with that Ministry. Further more the foundation maintains contact with all stakeholders relevant to the care of its clients in order to be able to facilitate their care needs as much as possible.

Management

The management of the foundation is based on the following Core Values

Our Care

1. Valuing people – Listening and learning to meet client's needs;
2. Ethics and transparency – Passion and open communication;
3. Service excellence – Guided by patient expectations, ambulant care;

Our Staff

4. Accountability – Take public responsibility for our actions;
5. Innovation – Be open to change and follow through;
6. Collaboration – Together we are strong and resilient;

Mission Statement

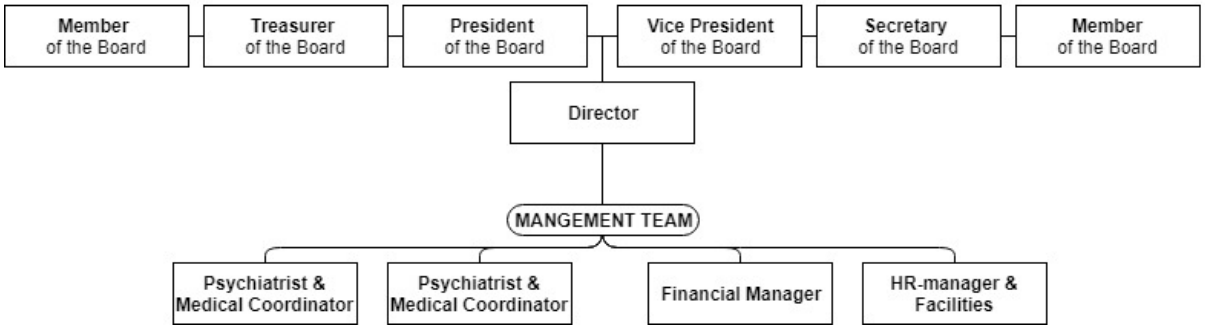
To provide quality psychiatric care and staff satisfaction within agreed budgets.

Vision Statement

Our vision is; the promotion of continuity and consistency, prevention, psychiatric treatment, cure and wellness to all of our clients. We provide for their actual needs with focus on their environment, wishes, job support and financial stability.

Presently the foundation provides the most relevant psychiatric care products to the population on St. Maarten.

In the organization structure of the foundation, a provision is made for a management team. The management team is a communication platform to share knowledge, experiences, opinions, and views and that advises the director. The management team is to create involvement in the decision-making process and the portal to the director to allow balanced decision-making. The basis for all decisions is the approved strategic plan, the approved yearly budget a year planner and the approved rules and regulations of the foundation. This organizational structure is based on the vision and mission of the organization, the seven care products, the corporate governance code of St. Maarten, and the need for transparency, accountability, productivity, and communication.
The task of the director is to monitor the implementation of the strategic plan, translate it into the annual budgets which primarily control quality care within the allocated budgets.
The management team consists of the medical coordinators (psychiatrists), the financial manager, the human resource manager and the director. In terms of an organogram this is designed as follows:



The tasks, responsibilities, and authorities of the members of the management team are described in the individual job descriptions and the management teams rules and regulations. Important objectives are quality care, budget control; policy control; input in the budget cycle; adequate instructions to and coordination of personnel; efficient use of resources; effective communication and quality control.

The coordinators are the focal points of the care products and are supervised by the director and psychiatrist. The appointed coordinators (can be seen as department supervisors, line-managers) have signed an addendum to their already existing job

description and they were internally promoted. Their main responsibilities are coordinating their departments and providing quality care by:

1. Involving patients and relatives in the care (psycho-education)
2. Planning and organizing
3. Innovation, advising and assisting with policy development

I. The profile of the organization

General organization information

General organization information based on the situation as per December 31, 2018

The profile of the foundation is an outline of; the type of care provided, the focus groups, a general overview of the types of patients, and the staff formation.

Each department of the foundation has contributed, detailed information regarding the actual production, patient care and staff formation in the different chapters.

Type of care provided by MHF	Capacity
Out-patient care treatments	6625
Admission	1 Crisis bed the max stay is 3 to 5 days. 9 beds, 2 to 3 weeks
Crisis intervention	1 bed 3 to 5 days
Short stay	3 beds 3 months
Long stay	3 beds 3 to 6 months
Day treatment (Faraja center)	20 clients (AVBZ)

Types of care	Available
Psychiatric illness	Yes
Geriatric problems	Yes
Mental challenges	Yes
Social problems that relate to mental illnesses	Yes
Psycho-education	Yes

AVBZ care	Activities
Support and guidance	Yes
Nursing care	Yes
Personal care	Yes
Daily activities and educational support	Yes
Personal care planning and evaluations	Yes
Sports	Yes

General types of patients

Focus groups	Available
Psychiatric illnesses	Yes
Psychogeriatric illnesses and restrictions	Yes
Mentally challenged	Yes
Psychotic problems	Yes

Other products	Available
Information and prevention	Yes
Jobs support	Yes
Dietitian	Yes

Staff formation

A. Staff on Payroll:	December 31, 2018 FTE
Total staff	40.35 FTE
Medical Functions	25.60 FTE
Management and Support Staff (Administration, facilities and HR)	14.75 FTE
B. Outsourced Functions (IT, security and communications, guards, cleaning)	6 FTE
C. Other Staff	16.5 FTE
Call-up nurses	11 FTE
Volunteers	3 FTE
Replacement psychiatrists and other medical support	2.5 FTE

Core activities

The strategic goals are based on MHF's mission, vision and core values, which are to provide high quality care that is acceptable and affordable.

Our strategic goals:

Improve quality care and safety for patients and clients

- Benchmark quality standards
- Implement a measurement tool for monitoring and evaluating quality and safety
- Obtain accreditation of MHF to ensure quality care
- Recruit and retain health care professionals who are highly qualified
- Increase opportunities for professional development

Improve effectiveness and efficiency.

- Update the articles of incorporation to comply with the Corporate Governance code
- Establish by-laws for the supervisory board and the board of directors
- Formulate a compliance monitoring system
- Develop a communication system
- Engage staff by communicating accomplishments and challenges

Build relationships with stakeholders

- Identify, categorize and prioritize internal and external stakeholders
- Strengthen relationships with stakeholders
- Establish communication strategies
- Set common goals for psychiatry on St. Maarten

Financial sustainability & growth

- Ensure financial performance is sustained supporting quality care and investments
- Increase production, which means more treatment for clients.
- Adjust competitive compensation levels across the institution
- Enhance financial planning, budgeting and reporting

Update information system technology across the institution

- Improve the institution's technological infrastructure and applications
- Continue the rate of availability and transparency of information

A new building facility

- Explore the financial resources for a new building
- Establish new building to provide quality client care and staff satisfaction
- Plan a new care product for the present location "Guided Living."

Treats

The Ministry of Public Health, Labor and Social Affairs acknowledges in their 'National Mental Health Plan' 2014 to 2018 which was published in 2014, the need for less stigmatizing legislation and while they refer to the alcohol and drug abuse issues in a May 2008 report, addiction is by law, until today has not acknowledged as an illness on St. Maarten.
Despite the fact that the report mentions that the legislation will be up to date by 2018, this goal has not been achieved and limits MHF in its functioning.

Public health inspectorate

No complaints were submitted to the Health Inspectorate in 2018.

Inspections on location

From the health inspectorate, no official visits were made to MHF in 2018.

Health protections

In 2018 the Foundation did not receive any inspections on hygiene, fire safety or disaster management.

Financing of care

In 2018 the care provided by MHF was financed by:

1) SZV (the social insurance) for; OZR, FZOG, ZV. and AVBZ
2) The Ministry of Justice for forensic care.
3) MHF also generates income from private entities such as private insurances, cash payments (from tourists) and contracts

with 3rd parties such as Mental Health Caribbean (Saba and St. Eustatius) and White Yellow Cross Foundation.

4) Incidental funding from private organizations and from project dossiers also are a source of income that helps to enhance the care for the patient.

SZV is the main financer and covers 90% of the care provided for by MHF through the medical insurance and the AVBZ for chronic illnesses.

Local cooperation agreements

MHF works together and has signed agreements with:

1. Turning Point Foundation for addiction
2. Prison, Police and other Justice entities
3. White Yellow Cross Foundation
4. Department of Labor Affairs and Social Services
5. St. Maarten Medical Center
6. Safe Haven

Other cooperation agreements

Are with:

1. Capriles Clinic in Curaçao, has provided all necessary to set up a Mental health Facility on St. Maarten and till date supports MHF when needed
2. Mental Health Caribbean MHC (Saba, St. Eustatius, and Bonaire) for Crisis intervention and admission care

MOU's with other relevant organizations

1. Parnassia Bavo in the Netherlands over the years has provided the foundations with technical as well as medical support, by means of conferencing, technical advice regarding construction etc.
2. Novadic Kentron also in the Netherlands has been instrumental in providing the MHF psychiatrists with an exemption to the BIG law allowing them to be able to work on Saba and St. Eustatius, which are Dutch, municipalities

Attempts to formalize agreements

1. The Justice Department for which MHF provides many services over the years never reacted to request to agree to protocols regulating the roles of players and providing safety to the patients. This on a regular basis does result in unsafe or risky situations.
2. St. Maarten Medical Center also does not have a cooperation agreement with MHF for care services there is, however, a facilities agreement is in place.

Information and Prevention

Information and prevention function was filled in 2018 after a vacancy of 2 years.

The role of this care product officer is to reduce stigma, provide information such as flyers regarding the different care products and services of the foundation.

Family participation in the developmental process of the patients, was also organized with as major event the, annual family fun day.

Often mentioned but underestimated is, the effect that services such as prevention and information could have in the future in reducing stigma, enhancing timely intervention and thus avoiding the health care expenditures getting out of hand.

II. Governance

2.1. The board and supervision

The board retreat

The minister of Public Health, Social Development and Labor, issued a Ministerial Decree dated August 11, 2017 # 1339/2017 and in this document considerations for issuing the permit for involuntary care to the foundation, establishes that the MHF is not in compliance with the changing of its articles and the cooperation agreements with other healthcare facilities. It acknowledges the receipt of the proposed changes without mentioning that the ministry had not made any attempt to approve them since they were submitted. MHF has multiple MOU's, agreements or collaborates with stakeholders as mentioned on page 14 of this document. Annually agreements are evaluated and if necessary updated in order to facilitate better and improved cooperation.

The board

As per October 1, 2018 the board extended contract with the interim director for a period of one year.

Tasks of the interim director are:

- Cooperation agreement with St. Maarten Medical Center
- The outstanding income owed to the foundation
- Recruitment of a new director
- Planning and development of a new building

The interim director responsible for providing transparency to board regarding:

- The management of the foundation
- The financial accountability of the foundation

The board consisted of the following persons per December 31, 2018

Dr. Felix Holiday	President
Ms. Erika van der Horst	Secretary
Mr. Arno Peels	Treasurer
Mr. Jimmy Challenger	Member (insurance & banking)
Dr. Sonja Mead Swanston	Member (medical)
Melinda Hoeve	New Member Per March 28, 2018 (Legal)
Vacancy	To be nominated by Government

2.2. Strategic planning

Care objectives

The objectives to achieve are based on the strategic plan of the foundation 2016 to 2018 "Consolidation and quality improvement".

This strategic plan defines the vision, mission, direction, methods, and activities of the MHF for the years 2016 – 2018. It will be further implemented by means of operational year plans that include budgets.

When developing 2016 to 2018 strategic plan the foundation's staff suggested consolidation of care for the following reasons:

1. The foundation became active in 2007 and the growth was beyond expectations.
2. All care products became active in 8 years time but finding qualified persons for the jobs was more difficult than anticipated
3. The choice was made to focus on the quality of the existing care products.

With reference to the WHO (Geneva, 4 October 2001) one in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill health and disability worldwide.

The care products delivered by the Mental Health Foundation can be divided into:

- Consultation & counseling
- Admission
- Crisis intervention;
- Short & long stay;
- Faraja day treatment center;
- Ambulant care;
- Information, prevention and knowledge center

During the period of the strategic plan 2016 to 2018, MHF intended to implement the FACT (Flexible Assertive Community Treatment) model on St. Maarten, Saba and St. Eustatius, in collaboration with MHC (Mental Health Cribbean), who has implemented this assertive community treatment method on Bonaire. Assertive Community

Treatment (ACT) is an Evidence-Based Practice Model designed to provide treatment, rehabilitation, and support services to individuals who are diagnosed with a Severe Mental Illness (SMI) and whose needs have not been well met by more traditional mental health services.
Due to the low budget for education a program did not materialize however staff did visit Bonaire, and are now acquainted with the method.

2.3. The risks

Financial insecurities, due to the lack of funding for the multi-annual plan including an urgently needed new building could risk the foundation not achieving all goals stipulated to benefit the patients' care.

Legislation and compliance, interpretations of legislation are not always clear and often implemented without considering the best interest of the patients or the global situation regarding specialists that are urgently needed.

Qualified staff, implementing quality care requires qualified staff, till date there are no local education programs for psychiatric care workers

The lack of a health care vision as mentioned in the governing accord "Setting it Right." On page 89 of mentioned document, in the section Health and Social Well-being, the initiative mentions to draft a; "**Health Care Vision and Legislation".** This would be supportive of the health care organizations on the Island.

As mentioned the 'National Mental Health Plan' 2014 to 2018 and published in 2014, the need for less stigmatizing legislation would be implemented by 2018 since this has not happened, the foundation remains at risk during the execution of its goals.

III. Policy, production, and performances

3.1. Multi-annual plan

On August 25, 2018 the board of the Mental Health Foundation established a new multi annual plan 2019 to 2021 outlining the strategic goals and vision of the foundation. The multi-annual plan is developed with input from managers and board members, after a review of the institution's success factors, strengths, weaknesses, opportunities and threats. This process demonstrates a continued commitment to advance psychiatric care on St. Maarten, while upholding its core values, mission and the vision of the institution.
The focus areas determined for 2019-2021 are:

- Patients and client's quality care and safety
- Employee efficiency and effectiveness
- Relationships with stakeholders
- Enhance financial planning, budgeting and reporting
- Increase revenues
- Deliver a new health information technology system to improve data and care communication
- Deliver a new building

Core Values established in 2018 for the future years are:

Our Care

1. Valuing people – Listening and learning to meet client's needs;
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Our Staff

4. Accountability – Take public responsibility for our actions;
5. Innovation – Be open to change and follow through;
6. Collaboration – Together we are strong and resilient;

3.2. General policy

MHF continued its efforts to upgrade the Health information system that should be finalized in 2019.
Due to the fact that in 2018 the staff situation had stabilized much focus was put into retaining the staff. External counseling options were offered to the staff, upgrading and training sessions as well as incentives such as a bonus based on achieved goals.
Through-out 2018 discussions with SZV took place regarding the budgets for 2019 and 2020 the reporting and billing of the care products were to be allocated to the different funds that SZV manages, known as, OZR, FZOG and ZV as well as for the chronic care AVBZ. The SZV requirements necessitated revamping of the whole administration to facilitate the requirements of SZV our main financer of care, this process continued into 2019. Improvement of the financial reporting is included in the new administration system.
The actual care provided by the individual care givers is now also being reported.

In August however both psychiatrists resigned, changed policies regarding qualifications and other government requirements are till date hampering the employment of new psychiatrist, which is not enhancing quality, care efforts of the foundation.

MHF however will continue its effort in providing for the urgently needed mental health care on St. Maarten

3.3. Human resource management

An organization's human resources are its most important assets and critical to organizational success, especially in health care whereby there is a direct relationship between the staff and patients. The following headers will outline how the MHF's human resources are organized and which developments took place in 2018.

3.3.1. Interim Director

Ms. Eileen Healy has been functioning as the interim director as per October 3rd, 2017. Ms. Healy was assigned with an extensive list of projects and tasks, which realistically, could not be finalized in 2018. The Board therefore requested Ms. Healy to stay on board for another year, which she agreed to. Recruitment for a new Director will commence in 2019 providing government approves the new articles of incorporation in order to commence with a supervisory board and a board of directors model.

3.3.2. Management team

In the organizational structure of the foundation, a provision is made for a management team. The management team is a communication platform to share knowledge, experiences, opinions, views, and to advice the director. The management team is intended to create involvement in the decision-making process and be the link to the director to allow him or her to make balanced decisions. The basis for all decisions is the approved strategic plan, the approved yearly budget and the approved rules and regulations of the foundation. In 2018, the management team consisted of the medical coordinators (2 psychiatrists), the financial manager, the human resource manager, and the interim director, and was assisted by the executive assistant.

In 2019, the approved strategic framework designed and approve in 2018 will be used as the guideline for the foundation's day-to-day management, and in line with the new plans and procedures, the management team will be adjusted to cater to the needs of the organization in terms of leadership with an increased focus on the medical departments.

3.3.3. Coordinators

The coordinators are the line managers of the care products and are supervised by the director and psychiatrist/medical coordinators, according to the division between care and non-care. The appointed coordinators have signed an addendum to their already existing job description and they were internally promoted.

Their main responsibilities can be summarized as coordinating their departments and staff, planning, organizing and conducting team meetings, schedule control, basic HR tasks such as sick leave and leave requests, documentation, and policy writing.

In 2018, the coordinators (appointed in 2017) continued to consolidate their departments:

Ms. Giselle Codrington as the coordinator of Faraja and short and long stay and

Mrs. Donna Wint as the coordinator of Admission.

The Ambulant care coordination function was not appointed due to the fact that the team of case-managers only consists of four team members that could function as a (self-managing) team, rather than as a hierarchy.

3.3.4. Staff and characteristics

The following data is valid as per December 31, 2018 (all in FTE):

Subject	2016	2017	2018
Staff	41.55	34.85	40.35
Medical functions	26.8	22.8	25.60
Non-medical functions (support)	14.75	12.25	14.75
Dutch nationality	32	23.8	29.05
Non-Dutch nationality	10	12	11
Permanent residence permit	5	4	3
Temporary residence permit	2	6	2.5

In 2018, the MHF employed 40.35 FTE, which were 42 persons in total (7 staff members are working on a part-time basis). Furthermore, the foundation had 11 call-ups (replacement) nurses with a 0 hours contract on the payroll, and security (3 FTE), cleaning (1 FTE), IT and Security and Communications are outsourced (on demand and are 24 hours available).

In 2018 the MHF offered internships and volunteer positions. Registered nurse- and licensed practical nurse students (NIPA, SMMC and IFE), and some high school students interned.

In 2018, 3 of MHF's licensed practical nurses were out on internship for most of the year, since they are in the process of becoming registered nurses through the accelerated registered nursing course offered by SMMC and IFE. Being a wonderful initiative and local opportunity to have the foundation's staff upgraded, it poses a considerable burden on the admission schedule. To replace 3 nurses on the schedule,

additional call-up nurses are needed, and therefore increased costs were involved.

Production in 2018

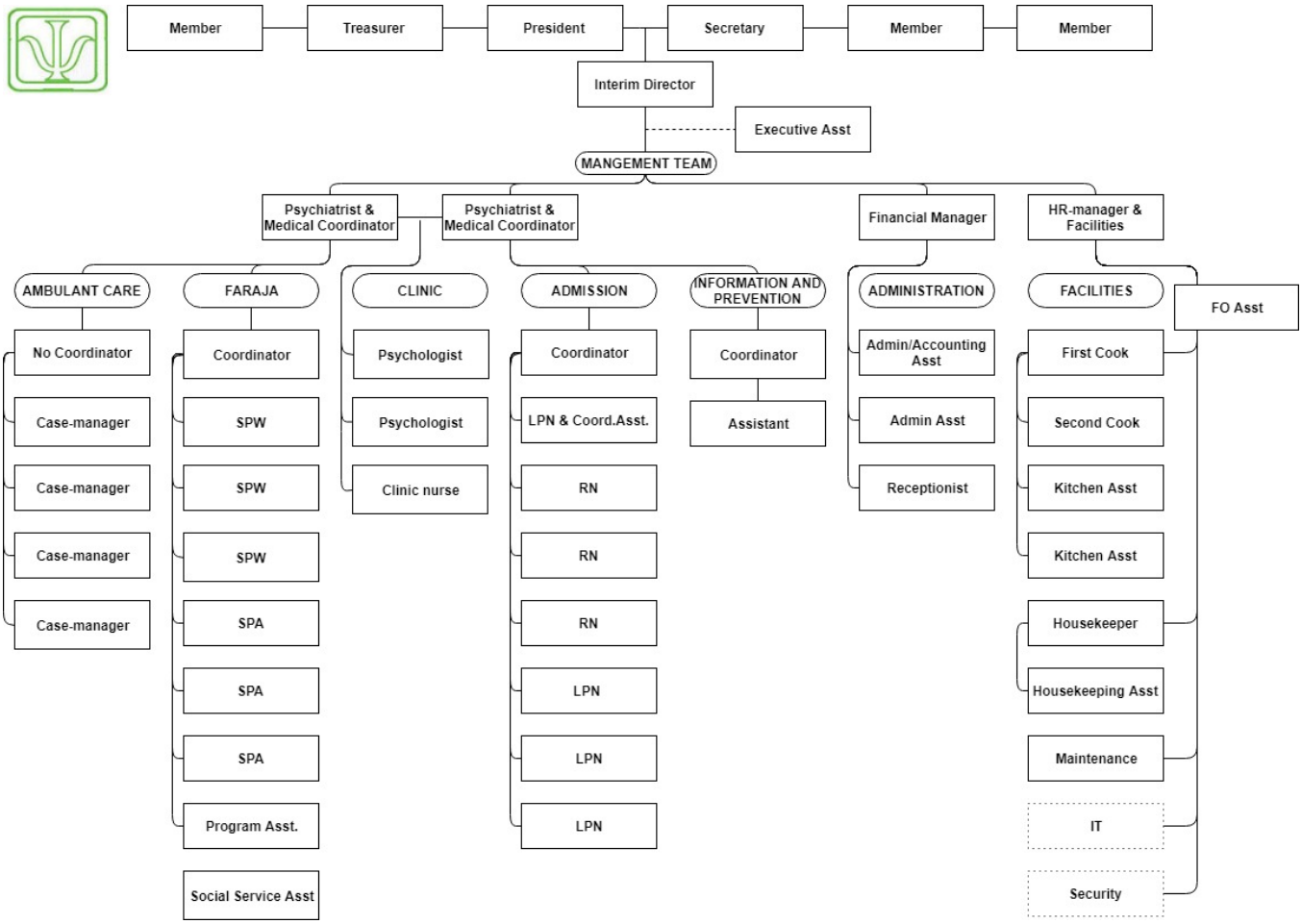
The total production 2018 reduced due to the overall situation of the foundation's management, staffing, and financial situation since 2017 (see social year report 2017). Attempts were made to recruit and hire new and additional staff, which was partly successful however the budget had to be increased, which was not yet approved in 2018. A considerable factor playing a role here was the fact that in October 2018 one of the two psychiatrists resigned from her function, giving a two months' notice period. It has proven to be impossible to replace this function within such a short time frame – but also within current budget restrictions. Many interviews were conducted however psychiatrists are able to negotiate much better employment conditions in other locations, a situation seriously jeopardizing the MHF's competitive position and therefore its ability to meet the demand of care in St. Maarten and surrounding islands. A similar situation exists for the position of MHF director.

Organizational structure & changes

In 2018, 2 internal organizational changes took place. Firstly, the function of a clinic nurse was introduced. This function was deemed necessary because of the growing demand in the clinic of the Foundation. The clinic nurse was made responsible for all intakes and follow-up of the clinic's patients. The objective was to decrease waiting time for all new patient's first intake from the moment someone contacts the Foundation for an appointment. The clinic nurse also handles a variety of medical administrative tasks such as ordering medication supplies and sending GP updates on a regular basis.

The other change in structure was the addition of the function of facilities and operations assistant. The FO assistant was appointed due to the fact that a lot of work goes into the organization of facility- related, as well as operationally related matters, to enable and support the primary process of quality care delivery. The FO assistant mainly gives lead to the cleaning, security, maintenance and kitchen departments and handles requests of issues pertaining to IT matters.

The organization was designed as follows (as per December 31, 2018)



3.3.5. Recruitment & new staff

In 2018, 9 new staff members were recruited in the following functions:

1. Executive assistant (due to the addition of the function of facilities and operations assistant, this function became vacant - local candidate)
2. Information & prevention coordinator (vacant since 2017 – candidate from the Netherlands but emigrated to St. Maarten already)
3. 2 Registered nurses (due to additional of clinic nurse and 1 vacant since 2017 - both candidates not from St. Maarten)
4. Maintenance worker (replacement after resignation - local candidate)
5. Chef (replacement - local candidate)
6. Psychologist (vacant since 2017 - local candidate)
7. Case-manager (vacant since 2017 – candidate from the Netherlands)
8. Social psychiatric assistant (additional to the team, due to an increase in demand - local candidate)

In 2018, 4 employment agreements were terminated in various functions, and for various reasons:

1. Maintenance worker (started his own business after Irma)
2. Chef (retired)
3. Psychiatrist (resigned to move to the UK for a new opportunity)
4. Medical doctor (was a temporary addition to the team after Irma)

Recruitment in 2018 took place both locally and internationally (see above).

Subject	2016	2017	2018
Vacancies submitted to the labor office	4	9	8
Vacancies advertised	4	18	8
Total incoming applications (including open applications)	68	59	84
Total interviews conducted	19	25	48
Total new staff	3	7*	8
Total leaving staff	4	11	4

*in addition to this amount, have we outsourced 1 FTE in catering.

During the first week of June 2018, the MHF was represented at the FRED fair in Rotterdam, the Netherlands:

Carina Garcia of SLS (centre) speaks with an interested student at the FRED in Rotterdam on Saturday. At left: Tess Blom of MHF. (Suzanne Koelega photo)

Click the following link for the full article: https://www.thedailyherald.sx/islands/77306-fred-recruitment-expo-again-proves-to-serve-its-purpose-well

3.3.6. Unionization

In 2018, the foundation's staff decided to change unions. Whereas in 2017 the UFA was elected, in 2018, the ABVO was selected and elected by the majority of the staff. The selection of shop stewards and drafting of a CLA is expected to commence in 2019. Management supported the unionization initiatives and welcomed the new union onboard.

3.3.7. Sick leave

The sick leave percentage has decreased compared to the previous year, and the percentage is still well below 5%. Four staff members have been on sick leave for an extended period of time, for operations and even spending time off-island for medical purposes, which significantly affects the average. On the other hand, we may also have to consider that a part of sick leave increased due to some of the problems the foundation has faced in 2018 (short-staffed), which can take its toll on staff members (see previous years below).

Subject	2016	2017	2018
	41.55	34.85	40.35
Total effective working days	249	250 (excl. Irma)	248
Total sick leave days	376.30	431.26	310.09
Total maternity leave days	162 (3 FTE)	92 (2 FTE)	105 (2 FTE)
Average sick days per employee (excl. maternity)	9.06	12.32	7.38
Average sick days per employee (incl. maternity)	12.96	14.95	9.88
Sick leave % (incl. maternity)	5.2 %	5.98 %	3.98 %

Sick leave in percentages excluding maternity leave

2013	2014	2015	2016	2017	2018
1.5%	1.62%	2.46%	3.64%	4.93%	2.97 %

3.3.8. Evaluations and employee satisfaction

In 2017, a new performance management system has been implemented, which was continued in 2018. The policy includes three annual meetings with all staff members in presence of their direct coordinator and HR. In the first meeting, the job description's core activities are reviewed and 4 objectives are identified, with the input of the staff member. Mid-way the year, a progress meeting took place, and by the end of the year, all staff was evaluated based on 360-degree feedback forms and a review of achieved objectives.

The outcome of this system is linked to the bonus, whereby staff gets the opportunity to receive a bonus (of NAf. 1,000.00) if more than 80% of the job description is satisfactorily executed, and all four objectives have been achieved.

Since 2018 was the first year of implementation evaluations were not very strict regardless the majority staff did comply with their agreed objectives only 3 staff did not receive their full bonus

At the beginning of 2018, a staff satisfaction has been completed among the staff (this is completed on an annual basis). The outcomes on "overall I am satisfied with my function at MHF" was scored with a 4 on average (on a scale from 1 to 5 whereby 1 represents poor and 5 excellent), and "all in all the MHF is an attractive employer" with a 7.42 on average (on a scale from 1 to 10).

The highest scores/most positive pointers were on average as follows (among other questions):

1. It is clear to me what is expected of me at work (4)
2. I know how to go about getting my job done (4.58)
3. I know what my duties and responsibilities are (4.32)
4. I can rely on my superior to help me solve problems (3.47)
5. I get help and support I need from colleagues (3.58)
6. I have some say over the way I work (3.59)
7. I receive the respect at work I deserve from my colleagues (3.79)
8. I am able to express my opinion in discussions and meetings (3.84)
9. I am clear about the mission and vision of the organization (3.79)

The lowest scores/biggest improvement pointers were on average as follows (among other questions):

1. Staffs' opinion is sufficiently listened to before management makes a decision (3)
2. Staff are adequately consulted about change at work (3.05)
3. I work in a secure environment (2.89)
4. I work in a pleasant environment (interior design, decorations) (3)

3.3.9. Pensions

Based on the foundation's rules and regulations all staff older than 25 years old with a permanent labor agreement eligible for a pension facility. According to the rules and regulations of the MHF, the employer will pay 2/3 and the employee 1/3 of the monthly pension premium. Thus far, eligible employees were submitted to the ENNIA pension fund however, ENNIA's pension services has not been satisfactory.

Together with the MHF's new broker (E-Surance), the search for a new and attractive pension fund was finally completed in 2018.

MHF signed a pension agreement with The Guardian Group in 2018 including more than 10 permanent employees. Due to this process being way overdue, permanent employees were registered with the fund on a retroactive basis for the year 2017 as well.

The Daily Herald press release of August 1, 2018:

CAY HILL--Mental Health Foundation (MHF) workers now have a pension plan with benefits such as an old age pension, widow/widower's pension, orphan's pension and disability insurance.

The pension plan went into effect as of July 1, 2018 and will be retroactive to 2017. A total of 24 workers are currently covered under the plan. The pension plan was tailor made for MHF thanks to the efforts of MHF staff, board and Guardian Group.

Guardian Group is the pension provider and holds the contract for the plan, while Esurance Caribbean is the broker whom provided advisory services and will be maintaining the plan in the future.

Esurance Caribbean Manager Mano van der Camp said on Tuesday the staffers at MHF are "doing an amazing job and it's satisfying to see they get rewarded with employee benefits such as a pension plan."

He said a pension plan is essential for any worker in St. Maarten. "An important aspect to know is that pension premiums are tax deductible. It's the most rewarding and safe method to build up capital and income," he said. "A pension plan can be tailored according to the needs and the budget of the employer."

In the picture from left to right: Olivier vd Gevel (The guardian group), Eileen Healy (MHF), Mano vd Camp (E-Surance).

3.3.10. Health insurances

Most of the staff members are insured based on the ZV (with SZV). In total, 5 staff members have a salary above the maximum wage line (NAf. 5,651) of SZV and are in 2018 insured at ENNIA, and 1 was insured with the Goudse verzekeringen in the Netherlands.

3.3.11. Staff training and education

It must be noted that any (psychiatric) health care facility, needs to have a large educational budget available. This is necessary to guarantee continuous delivery of quality care. Unfortunately, due to the unstable financial situation and a considerably small education budget, it was difficult for the foundation to organize structural education and training. Professional and specialized staff needs regular upgrading, and locally hired staff needs to receive formal training to work in psychiatry. However, the following activities were organized (some of the following activities were organized internally, some activities were (partially) sponsored or donated, and some were (partially) paid by MHF):

Activity	Date	Staff member	Activity description
Upgrading psychiatrist	May-18	Psychiatrist	Psychiatric conference in NYC
Upgrading psychiatrist	May-18	Psychiatrist	Psychiatric conference in NYC
Upgrading psychologist	Oct-18	Psychologist	Peer supervision program external psychologist
Upgrading psychologist	Aug-18	Psychologist	Play therapy course
Support counseling	Oct-18	All staff	Emotional support counseling Dr. Arndell
Coordinator training	Oct-18	Faraja coordinator	FMA event: phone and gaming addiction Curacao
Mental health sessions staff	2018	Faraja and ambulant care	Organization and facilitation of group sessions

Non-violent crisis intervention	2018	Faraja and security	Jeltje Ostinga
Computer course	2018	Interested staff	Computer course (6 months)
Medical staff	1-Jun-18	AVBZ staff	Solution-focused treatment and leadership
CPR (BLS course nurses)	2018	Nurses + crisis team	Basic life support

Administration	Sep-18	Financial coordinator	Financial risk management
HR conference	Sep-18	HR manager	HR conference in Aruba
Nursing conference	Oct-18	2 Nurses	International nursing conference in Barbados

For 2019, an education budget has been requested for the MHF's staff to be properly upgraded on a yearly and structural basis. The Capriles clinic in Curacao has an education department and has indicated to be willing and able to offer their major courses in St. Maarten (response aggression management, medication sharing, basic psychiatry introduction for all staff, solution/results-focused treatment)

3.3.12. Fun and staff events

In 2018, some fun activities were organized in an attempt to maintain and increase team spirit, regardless of the ongoing struggles. The foundation has a designated committee for this in place: the MHF party committee. The committee consisted of an administrative staff member, HR, the management assistant, a case-manager and a psychologist. This committee meets on a regular basis to discuss the organization and planning of events. The official holidays were celebrated and the building was decorated as well. In addition, different happy hours were organized, mostly on Friday afternoons whereby staff was invited to attend to happy hour at an external location. A baby shower was organized for a pregnant staff member, the Faraja staff and patients participated

in the WYC's annual carnival parade, and goodbye parties were given for the employees that decided to leave the foundation. During 2018 nurse's week, MHF nurse and Admission coordinator Donna Wint won an award of being an exemplary role nurse by the Oris Bell organization of the St. Maarten Medical Center.

On October 10 MHF celebrated World Mental Health day in the John 'L Armonie center collaborators for this event were Turning Point and The American University of the Caribbean AUC. The event was well attended mostly by young adults who showed much interest in the affects of drug use.

At the end of the year, the foundation's hard-working staff was treated to a Christmas dinner at Jamtillean restaurant, with the dress code of African wear:

3.4. Facilities

Facility management represents a range of critical support services, which is why they are referred to as the supporting departments and supporting staff. Without the facility functions, it would not be possible to provide the care as described above.
The facilities coordinator supports staff and client activities, well as arrangement for visiting psychiatrist and lecturers, and keeps records of the maintenance schedule and care servicing.

The departments of security, cleaning and IT are fully outsourced. The MHF makes use of an IT company Bits for Biz, Millennium Security provides guards and Red Alert for communication and alarm who are basically on-call 24/7. The facilities coordinator manages and evaluates of these contracted companies, scheduled meetings are held and if needed they are called.

Function	**FTE**
Facilities coordinator	1
Maintenance	1
Chef cook	1
Assistant chef cook	1
Kitchen assistant	2

3.5. Hurricane preparations

St. Maarten was still recovering from Hurricane Irma during 2018.The Island was fortunately was spared of another hurricane in 2018. MHF actively participated in the national hurricane preparedness through ESF 6 and internal preparations were put in place incase of a hurricane.

3.6. Transportation

The foundation has 3 cars for ambulant and crisis care, 2 secondhand cars for home visits of clients and other errands such as, clients to social services, doctors visits, external meetings, visits to government services etc.

Faraja center for day treatment has a bus to pick up and drop off clients as well as for other activities such as sports, field trips etc.

3.7. Adjustments and building challenges

No adjustment to the building were made in 2018, however attempts were made via the minister of Vromi to get the foundation hooked up to the sewage in order to save expenses regarding the pumping and resolving the neighborhood nuisance caused by the scent when pumping the septic.

MHF also commenced pursuit of acquiring land from Government via the minister of Vromi to get a suitable lot of land to construct a new building.

3.8. Other Service providers

Part of facility management is also the usage of external suppliers like AC-maintenance, maintenance on the alarm systems, phone systems, maintenance of the electronic patient dossier, maintenance of the IT network, sewage pumping, and garbage collection, maintenance on kitchen equipment and maintenance on the generator.

The amount of GEBE outages has been numerous.

MHF can unfortunately not make use of government's garbage pick-up service and has to pay a third party a weekly amount to come and pick up garbage twice per week.

Since MHF is not connected to a proper sewage system, regular payments for a sewage pump truck are to be made, to pump the sewage twice per month in order to avoid flooding of the sewage pits into building.

3.9. IT

In 2018, there were no major developments in the IT area working with the electronic patient dossier (SQlapius) remained a challenge. SQlapius is an EPD that is used by multiple healthcare providers on St. Maarten; however, the owners of the program are based in Curacao. MHF has requested multiple updates to be implemented in the program. SQlapius has been tailor-made for general physicians to work with therefor it does have some disadvantages in a multi-user, hospital environment, which currently cannot be addressed, as well as the unstable Internet connection at times. Together with IT, MHF commenced with a new EPD program that remained in the developmental stage in 2018 but will be implemented in 2019, after approval of the budget.

3.10 Information and prevention

3.10.1 Information and prevention

The information and prevention department is intended to disseminate information on mental health-related issues via different internal and external ways. Think of (social) media, awareness campaigns, newsletters and events. The main objective of this department is to educate the community at large on mental health issues and services offered by the MHF. In addition, this department tries to reduce the stigma on mental health and is a much-needed service that should be present much more in St. Maarten as part of the community remains unaware and uneducated in this area. Another aspect is to improve the internal communication structure within MHF.

3.10.2. Capacity

Ms. Julie Alcin has filled in the position of part time Information & Prevention assistant since October 2017. Mostly through social media she attempted to raise awareness and reduce the stigma and organize small art related events. In October 2018, the position was filled based on a 32-hour contract for an Information & Prevention Coordinator. The new coordinator has a Bachelor's degree in social Sociology and a Masters in Social Influence.

3.10.3. New Logo & House style

One of the projects that the information and prevention coordinator took on after a period of introduction was to create a new house style to fit the new company logo and implement that, such as business cards, brochures, outdoor signs, letterhead, uniforms etc. This project was partly finished in 2018 and will continue in 2019.

3.10.4. Protocol

As part of the aim of improving the internal communication structure within the foundation's the information and prevention coordinator took on the task of synchronizing the protocols of the different departments who we're until then fragmented and not up to date. This project will be finalized in 2019.

3.10.5. Activities

In March 2018, the MHF participated in the yearly SXM DOET, by organizing painting of the facility and a client outing. With the help of several co-workers the World Mental Health Day on October 10th was organized; an event to raise mental health awareness. MHF was also present at the yearly Nagico Health Fair to provide information regarding the Mental Health care on St. Maarten; for this particular event the focus was on stress. To improve the internal communication an overview of all known partners, stakeholders and relevant organizations or persons on the island

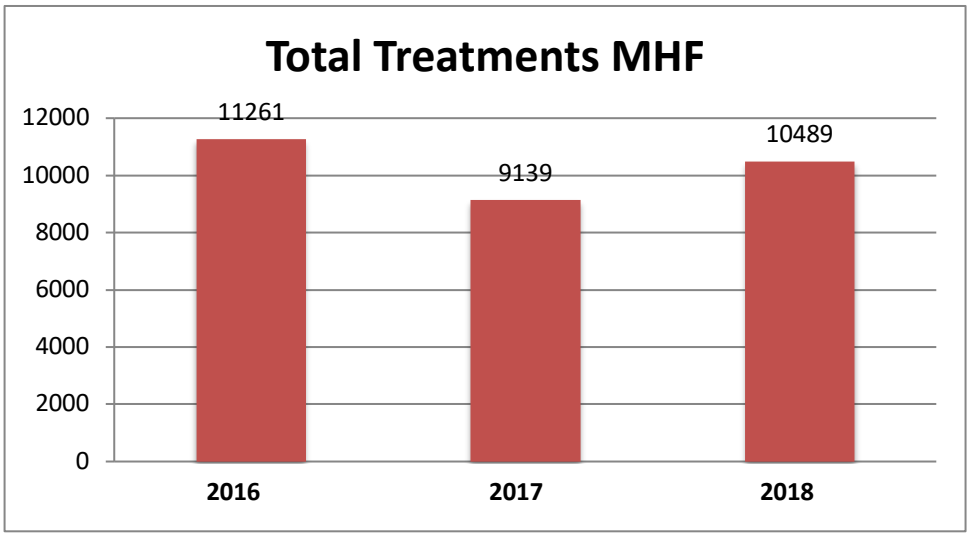
was created and is now available to all staff and digitally accessible. To improve the foundations identity and strengthen the relationships with stakeholders, the department aims to organized a new year's reception in January of 2019.

3.10.6. Future aims

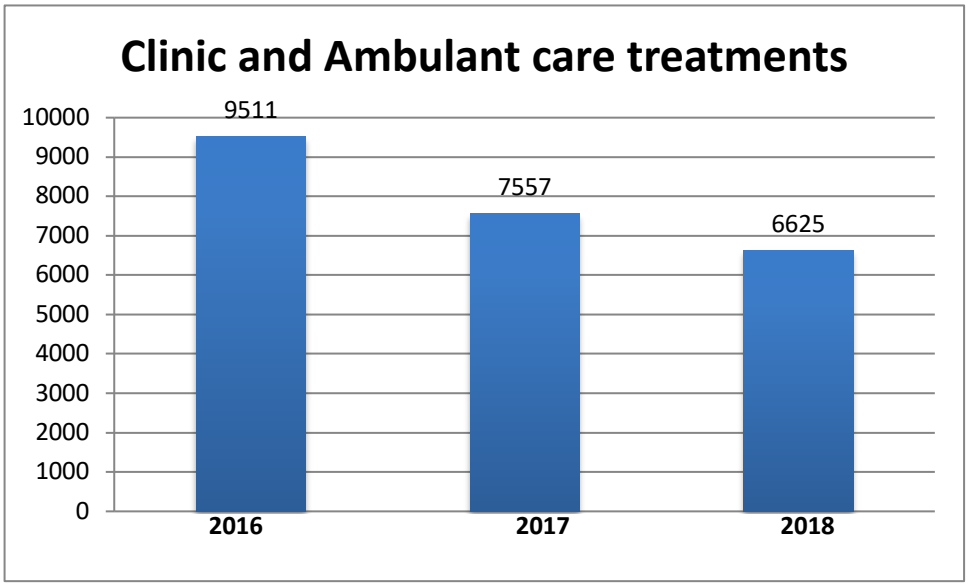
Information and prevention aims to complete the protocol in 2019. The planning for a Mental Health Stigma reduction and awareness media campaign commenced.

IV. Care products

The total treatments in al departments increased in 2018



There is a decline in Ambulant and Clinic treatments due to the resignations of the psychiatrists.



4.1. Clinic and ambulant care

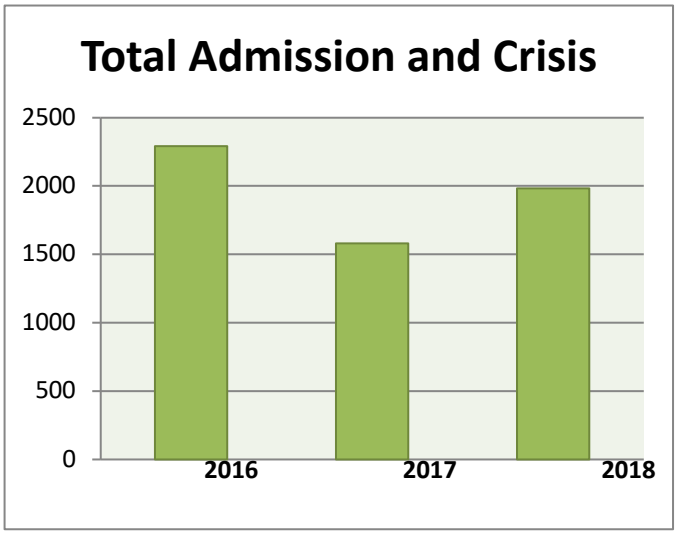
With considerable less staff, ambulant care went down from 5 to 3 nurses and from 3 psychologists to 1, the Foundation managed to still provide care to many patients in need.

In the clinic, a total of 522 therapies were offered to patients and 275 child psychotherapies.

The BES Islands Saba and St. Eustatius, as well as White Yellow Cross patients, were also catered too.

Locally emergency services were provided on location, at the police station and to patients brought in by the ambulance.

It was the intention to add a clinic nurse to the team before the end of 2017; this did not materialize but is prioritized for 2018. The objective is to better assist the clinic patients, presently the ambulant nurses function as clinic nurses and they are the crisis team including their caseload of patients to follow-up on. Due to the increased caseloads of the ambulant nurses their tasks needed to be alleviated.



The increase in crisis admission days is related to the decrease in clinic patients seen.

The decrease in clinic patients seen is related to the absence of psychiatrists.

A considerable amount of crisis patients were treated on location due to the lack of more space for involuntary admission. MHF only has one crisis room. These treatments are not include in this chart

Forensic care provides services to the Justice department after receiving a referral. In the prisons approximately 15 patients are listed for regular treatments. This does not include police station visits and prosecutor reports.

Concerning has been the rise in suicide attempts at the prison and police station MHF attempted review of the MOU with Justice in 2018 in order to implement more preventative measures for them. On December 10, 2018 however an agreement was

signed with the new Police dispatch central that will enhance communications between parties, talks will continue for further future cooperation's.

4.2. Admissions

The admission department is the inpatient unit that provides 24/7 treatments. The primary objective of the department is to provide integrated treatment and support for clients with a mental disorder. The isolation room and crisis intervention (including KZ involuntary care) is also part of the Admission ward.

Medical professionals	FTE
Psychiatrist	2 (Available for all care products till October 2018)
Registered nurses	4
LPN	5
Call up nurses (0-hours contract)	12

4.2.1. Protocols

In 2018, the medication protocol remains a top priority; one has been submitted to the protocol committee. The Admissions Protocol has been updated and is currently being reviewed. Other protocols completed this year include: hygiene, use of cell phone in the admission department, safety and therapeutic communication.

4.2.2. Developments

- Two of the LPNs of the team are currently doing the RN course, which will end in 2019.
- Two new Registered Nurses joined the admission team
- One staff member went to an educational conference in Barbados
- Admission team commenced family support meetings as an outreach to family members. Meetings are held every 3 months
- SXM Doet helpt to improve the appearance of the crisis room
- The rooms in close ward were given a face lift , they were repainted
- Work is in process to make a chill room for crisis clients
- The admission team received new uniforms
- One RN was appointed as coordinator for the unit
- One LPN was appointed as assistant coordinator for the unit
- New call-ups (2) were added to the roster of replacement nurses to replace the on-call nurses who left.

- The patient satisfaction survey has been initiated and is being maintained.
- Primary nursing was introduced to the unit and is still being maintained
- The team has been making strides in improving client care through the continued promotion of psycho-education for clients and providing recreation and distraction techniques for clients and promoting positive teamwork through monthly team meetings
- The team also empowered themselves through continuous learning with different team members doing educational presentation at the monthly team meetings
- The department continues to provide a positive learning experience for nurse interns from IFE, SMMC and NIPA
- Quarterly reports are being maintained

4.2.3. Involuntary Admissions & Crisis admission

Crises interventions is a 7 x 24 hours psychiatric emergency care unit that aims to return individuals experiencing a mental health crisis to their normal level of functioning by stabilization.

Involuntary admission is the care for patients who are at that moment a danger to themselves and their environment.

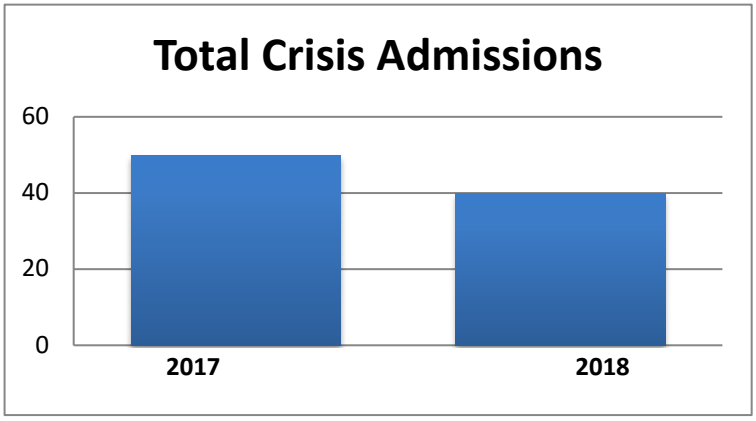
4.3. Admission and Crisis intervention days

Admission capacity	9 beds and 1 crisis room Admission days 2 to 4 weeks Crisis admission days 3 to 5
Males	51 admissions
Females	21 admissions
Crisis admissions	40 admissions
Most common diagnosis	27 Cannabis dependence with psychotic NOS, D/D paranoid schizophrenia. 13 other diagnoses

4.3.1. Capacity: The capacity for crisis intervention in 2018 is the same staff as for admissions

There is one crisis room. Discussions are still ongoing about improving the presentation of the crisis room.

In 2018 there were 40 admissions via the crisis room. The average number of days per client was 5.0 (the maximum days spent in the IR was 25 and the minimum days spent was 1). *25 Days admission in the crisis room is exceptional this was related to somatic illnesses of the patient and the difficulties getting him treated for them, this prevented effective stabilization of his mental problems.*



Crisis Admission decreases in 2018 due to the fact that there was more staff available on the ambulant team, to support the follow-up of patient and avoiding relapses. The Ambulant team also manages to stabilize patients at home reducing costly admissions

4.4. Faraja, Day Treatment

4.4.1. Developments

In 2018, the number of clients was consistently between 15 to 19 clients. This number does not reflect clients in trial period, AVBZ clients from other care products that used the day center services, or clients waiting for AVBZ to approve the application for day treatment. Trial period means clients that show interest, or are referral by a GP or family members to AVBZ care product but have not yet been approved. A client has to comply with set amount of days while staff identifies the clients interest, motivation and approach to social/economic setbacks due to mental illness.

Four new clients were added to the day treatment in 2018. 1 out of the 5 was an existing client of AVBZ day care product. A client returned to day center after not attending for 4 years. 1 employed client (referred by case manger due to the distress at work after Irma) attended day center for 3 days. 1 client referred by parent for daily structure. 1 client referred by case manager due to family conflict, interest in job searching and mental health problem.

Fluctuation in clients was due to:

- Transfer to Sister Basilia Center for after care plan
- Transfer from Day center to Short or Long Stay when home environment become unfit/unsafe for clients and completion of goals were impeded.
- There is a continuous movement between day treatment and short & long stay because day center clients may need a controlled environment to work on short-term goals. Staff prioritizes AVBZ clients' needs and allows clients to stay in a short & long room for a week to work on a specific goal. Due to the short time frame, no mutation is requested to change in care product. However, staff documents hours in care product.
- Obtained a job

Candle Making


NIPA Course Support

4.4.2. Important notice

Although, AVBZ care products (day center and Short/Long Stay) were formerly not full to capacity with AVBZ approved clients, services were rendered to admission (inpatients), potential AVBZ clients and clients of AVBZ no longer registered but returning for care. In 2018, 72 Admission clients participated in the day treatment program. This included AVBZ clients that had relapsed and were admitted for a short period. Including the above-mentioned clients is also a part of a marketing strategy and prevention of self-stigma towards seeking psychological help.

4.4.3. Care plan orientation

The activity program has been editing to clients' interest. Activities are split in low function (not good reader, prefer pictogram and role plays) and medium/high level (clients able to grasp concept through verbal presentation and completed writing assignments). Clients are involved in their care planning meetings (including staff, psychiatrist, psychologist, social worker and assigned case manager).

4.4.4. Activities

Activities include Candle making, Social skills on different topics, Supervised job training (in 2018, staff supervised clients at a furniture company and car wash), Relaxation, Tai Chi, Sports, Cooking class, Gardening with assistant of Green Finger, Field trip, Internal substance abuse therapy by Turning Point, Psycho-education sessions by psychologists, Monthly session with dietitian, Physical and Mental Exercise by Sports Instructor), and Car washing. New activities: Computer class, Salsa class, Sewing class and NIPA Course Support. See below for some activities pic:

Donations (all donations listed below are used only for clients, their program and to upkeep their activity areas)

- K1 Britannia Foundation continues to be an organization that supports MHF's needs. For the second time K1 Foundation supplied all our AVBZ clients with Christmas gifts through a project called "Angel". As a result, MHF were able make gift basket with snacks and cosmetics for AVBZ ambulant clients.
- K1 Britannia donated 10 to 12 closet doors; installed 2 closet doors.
- K1 Britannia painted MHF's building.
- SZV donated 6 food baskets.
- Office World supplied 5 mouse pads for start-up project computer lesion
- SBS donated lumber to build multi user computer desk
- Rotary Club donated 5 office chairs, paint, dress shirt and pants, work jumpsuit , washing machine and gift bags (all items are used only for clients)
- The Dutch Representation Office in Sint Maarten (VNP) gave a cheque to purchase 3 new laptop for clients computer
- Anonymous organization: Lunch at Pineapple Pete for 45 persons
- SXM Doet: Supplied materials for 3 projects (Gardening, painting the outside of the building and hosting a Craft workshop focused on suicide prevention)

2018 AVBZ Faraja (Day Treatment Center):

Faraja is open 5 days a week and treats patients in need of daily life enhancement skills with the objective to assist them to return to a normal life style taking into consideration their different abilities.

AVBZ approved clients for treatment	Day Center
Jan	18
Feb	17
Mar	17
Apr	18
May	18
Jun	15
Jul	15
Aug	15
Sep	16
Oct	16
Nov	19
Dec	19
Average	16.9
Capacity	20
Occupancy rate	84.5 %

Please note that admission clients and short and long stay clients also take part in the day treatment activities, that brings the capacity to 30 or more clients per day.

4.5. Short and Long Stay

Short and Long stay provides for 24 hour care to clients preparing for a more independent life in society. Clients are to be AVBZ approved for this care and their care plans should provide evidence they are focusing on an independent life. While most clients will need a guided living facility that is presently not available on the Island stay in this care often needs to be prolonged and other cannot make use of this kind of treatment until there is space available.
Not utilizing this capacity 100% has to do with the AVBZ processing of the requests for this care.

	Short Stay	Short Stay	Long Stay	Long Stay
	2018	2017	2018	2017
Jan	3	3	2	3
Feb	1	2	2	2
Mar	3	2	2	3
Apr	3	2	2	2
May	3	2	2	3
Jun	3	2	2	2
Jul	3	2	2	2
Aug	3	2	2	3
Sep	3	1	2	2
Oct	3	1	2	3
Nov	2	3*	2	3
Dec	2	3*	2	3
Average	2.6	2.1	2	2.6
Capacity	3	3	3	3
Occupancy rate in %	86.7 %	70* %	66.7 %	86.1 %

AVBZ clients in Ambulant care:

This care is for chronic psychiatric patients in their home environment. The AVBZ contract stipulates care for 20 clients at home, considering the increase to 115% this amount needs to be reconsidered.

	Ambulant care 2018	Ambulant care 2017
Jan	20	17
Feb	22	19
Mar	22	19
Apr	22	19
May	22	19
Jun	22	19
Jul	22	17
Aug	22	21
Sep	22	21
Oct	22	21
Nov	30	22
Dec	30	22
Average	23	19.7
Capacity	20	20
Occupancy rate %	115 %	98.5* 5

- Case managers increased production from in 2018. Nurses continue to work together to balance client follow up, family contact and documentation. It is to be noted that with this preventive approach (AVBZ ambulant weekly visit) reduction of reoccurring relapse amongst patient with chronic mental illness is considerable.

4.6. Incident and Complaints committee.

Incidents

- July 20th, 2018. An incident form was filled in after a noise was heard in the room of the client when the room was checked by security it was observed that the window was broken and the client was missing. The psychiatrist on duty and police was informed of the incident.

- October 14, 2018. An incident form was filled in because a client managed to flee from the isolation room after requesting to make use of the rest room. Client later wrestled the security guard and managed to enter an office and took the key to one of the company vehicles and left the premises with the vehicle. The car was tracked and police took the client in custody. The vehicle was received in good order.

- November 2, 2018. An incident form was filled in after a client spontaneously acted up and managed to damage the water cooler that was stationed in the admission ward. The police and the director were informed of the incident and client was locked in a room until he became calm again.

- November 13, 2018. A client filled in an incident form after she complained that she was followed into her room by the security guard on duty. Clients' complaint was taken seriously and the security was sent home until the investigation with the police and the committee was completed. Client was seen for an interview however clients story was not adding up therefore an official complaint could not be submitted at the police station. Case was closed.

Complaints

- November 12, 2018. A complaint form was filled by a care giver who voiced that she made several calls to MHF, however she was unable to get any assistance for her son by phone while she was away. The nurse that was on call during the period of the complaint was contacted and voiced that the mother of the client was informed that she should have someone in the presence of the client call, to give the exact information on the client however the mother of the client refused to do so.

- December 19, 2019. The owner of the weekender store filled in a complaint form after an employee of the foundation was rude and disrespectful towards him on back street. Employee could be identified as she was wearing MHF uniform and was saying that she has things to do and cannot be waiting on the owner of the shop speaking to someone in the vehicle in front of her blocking the road.

V. Finance checks and balances

5.1. Financial highlights

Some of the most important development in 2018 in the area of finances have been the negotiations with USZV to settle all ZV, OZR & FZOG invoices for the period 2011- 2017 and to settle AVBZ contributions for the period 2015 -2017.

For the budgets 2019 and 2020 MHF agreed to comply with the request of USZV to report revenues and expenses per fund, the funds being AVBZ, ZV, Crisis, OZR, FZOG and others. Others are to be seen as, private insurances, cash patients and the income from the Justice department.

To comply with the above mentioned it required a revamp of the administration of the foundation because previously MHF had been reporting per care product; clinic or outpatient care, admissions, crisis, ambulant care, Faraja/day treatment, and information and prevention.

MHF is now financed per agreed budget but accounts for its production through billing based on a tariff structure system that is extremely outdated.

The reason for budgeting its care products is that MHF can now calculate tariffs based on the actual expenses. The importance of this exercise is to create accurate data regarding the care needs on St. Maarten and the costs thereof.

The Appendix section of the Audit Financial report 2018 presently only reflects the detailed revenue and expenses per fund.

5.2. Analysis of the Statement of Financial Position

Financial Position

MHF's financial position is evidenced in its balance sheet. At the end of December 2018 the balance sheet clearly shows a negative net working capital (current liabilities exceeds current assets), indicating MHF financial challenges towards its obligations.

This negative working capital is mainly due to a decrease in two line items in the balance sheet:

1. Cash and cash equivalents:
   The decrease in cash from 1,125K to 697K is mainly due to restricted cash in the amount of 418K for the AVBZ settlements for the period 2011-2017.

2. Accounts Receivables:
   At the end of December 2017 the net accounts receivable total was ANG 440,974 compared to ANG 105,227 at the end of December 31, 2018. A decrease of 76% mainly caused by settlements with SZV, which leads to a write off of all ZV, FZOG & OZR outstanding invoices for the period 2011 to 2017.

Current Liabilities

The current liability amounts to ANG 1,372,309 of which 18% are other payables and accrued expenses, which consist of vacation Allowance, pension plan and professional fees, 39% is the AVBZ payable amount and other cash restrictions, 26% are short term portions of long term loans, 11% are accounts payables, 6% taxes & social security premiums.

5.3. Analysis of the Statement of Operations

Income

MHF's income comes from two main sources, AVBZ contributions & USZV. In 2018 MHF signed a contract with SZV for a new financial budget system that is based on actual production costs to give MHF more financial sustainability so it can provide adequate quality care.

One of SZV requirements is for MHF to provide production figures associated with financial figures per funds.

Chart 1 shows the actual production figures in 2018 compared with 2017.

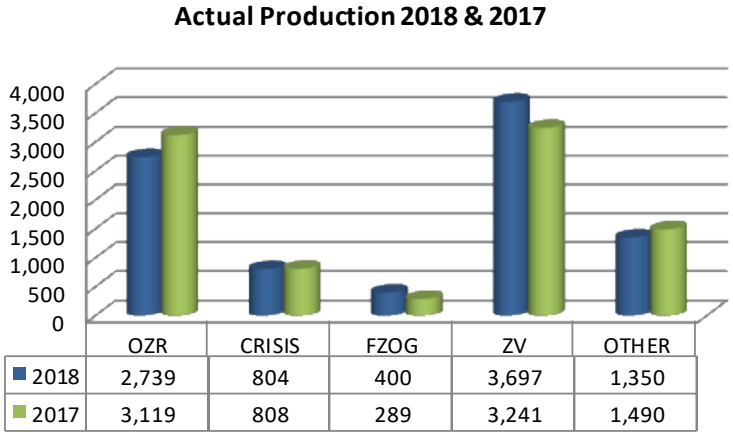


Table1, shows the revenues for the year 2018 in the amount of ANG 4,484,902 compared to ANG 4,416,923 in 2017, an increase of 1,5% as a result of an increase in the USZV Budget 2018.

Table1.

Summary Annual Financial Figures 2018

	2018	2017
Income		
Income from consultations & Contribution	4,170,304	4,090,223
Other Income	314,598	326,700
Total Income	**4,484,902**	**4,416,923**
Expense		
Salaries & Wages	2,475,183	2,490,752
Social Security & Contribution	315,026	304,116
Other personnel Expenses	418,407	266,339
Professional Expenses	101,892	154,846
Housing Expenses	533,498	496,360
Office Expenses	108,578	89,249
Client Direct Expenses	227,219	173,019
General Expenses	118,599	(302,753)
Amortisation & Depreciation	148,876	162,487
Miscellaneous Income & Expenses	673,287	351,439
Interest Income	(178)	(185)
Total Expenses	**5,120,387**	**4,185,669**
Surplus / Deficit	**(635,485)**	**231,254**

5.4. Overview Cost Allocation

With a budget financing now in place the actual production is used as a base to allocate actual expenses to the different care financiers. Table 2 gives a summary report of the allocation of income and expenses per funds. For the detailed allocation report, we referred to the Appendix in the audit financial report.

Table 2.

Summary Income and Expense by Funds

	AVBZ	ZV	CRISIS	OZR	FZOG	OTHER
Income from consultations & Contribution	1,478,191	1,053,643	308,620	862,530	91,260	376,059
Other Income	237,196	31,830	6,922	23,582	3,444	11,623
Total Income	**1,715,387**	**1,085,473**	**315,542**	**886,112**	**94,704**	**387,682**
Expense						
Salaries & Wages	908,696	610,578	164,598	445,854	63,288	282,170
Social Security & Contribution	127,367	72,479	20,162	52,415	7,843	34,759
Other personnel Expenses	181,903	96,392	22,096	71,481	10,170	36,366
Professional Expenses	43,814	23,884	5,194	17,695	2,584	8,721
Housing Expenses	244,383	96,891	71,645	71,997	9,693	38,889
Office Expenses	46,689	25,451	5,535	18,856	2,754	9,294
Client Direct Expenses	180,562	10,974	19,193	7,457	1,286	7,750
General Expenses	50,998	27,800	6,046	20,596	3,008	10,151
Amortisation & Depreciation	68,840	26,053	21,704	19,398	2,592	10,291
Miscellaneous Income & Expenses	110,050	231,622	50,372	171,602	25,061	84,579
Interest Income	(76)	(42)	(9)	(31)	(5)	(15)
Total Expenses	**1,963,226**	**1,222,082**	**386,536**	**897,320**	**128,274**	**522,955**
Surplus / Deficit	**(247,839)**	**(136,609)**	**(70,994)**	**(11,208)**	**(33,570)**	**(135,273)**

VI. Conclusion

6.1. Cooperation

Close cooperation with Government regarding their vision on health care provisioning, with stakeholders such as the Ministry of Justice and the St. Maarten Medical Center, will be prioritized to be able to adequately manage the influx of patients in need of Mental Health Care.

6.2. Stakeholders

MHF has managed an excellent cooperation with many stake holders over the years and this is ever increasing and maintains an ongoing effort to enhance these services.
Regretfully the medical psychiatric care to our patients and stake holders is compromised due to the lack of psychiatrists, for which the receipt of permits is seriously compromised. MHF will continue to work closely with the ministry of VSA to improve the permit process in order to enable continuity of quality care.

6.3. Financial

Lengthy negotiations took place with the SZV to finalize the pending financial settlements of several years in order to enable a fresh and balanced new beginning. The finalization was transferred from 2018 to 2019

6.4. New developments

That psychiatric care on St. Maarten has come a long way is evident that much still needs to happen is regretfully not clear to all. Patients are not subjects you can lock away and forget about, they are humans with needs as whishes as all others have. They just lack the ability to achieve as others do; they also have families that are concerned for their future, the ever-increasing participation in the family support group is evidence of this. Forensic care and guided living facilities are urgently needed, as are nurses to be trained to deal with differently abled persons.

MHF has commenced with planning for the expansion of care to better facilitate the mental health patient and support their families.

“Building blocks for a sustainable future.”

Attachment I.

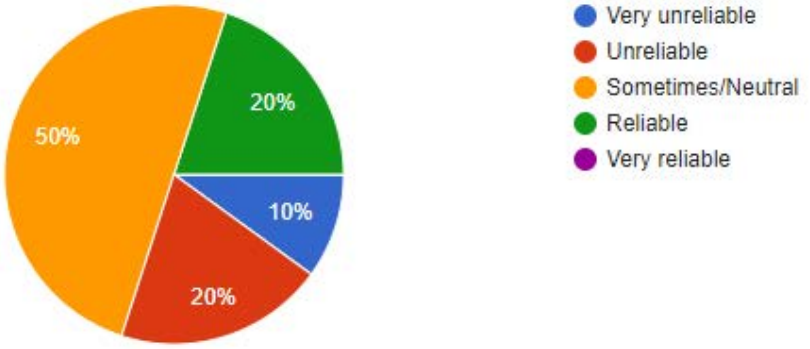
GP satisfaction survey outcomes

Period: August 2018

Responses: 10

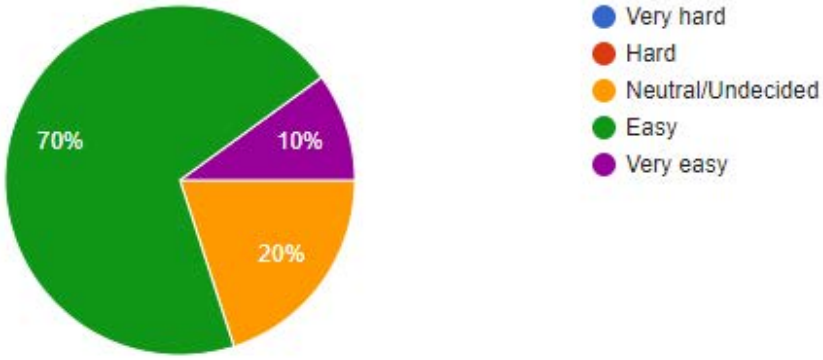
As how reliable do you experience the MHF to be? (returning calls, keeping promises, being on time)

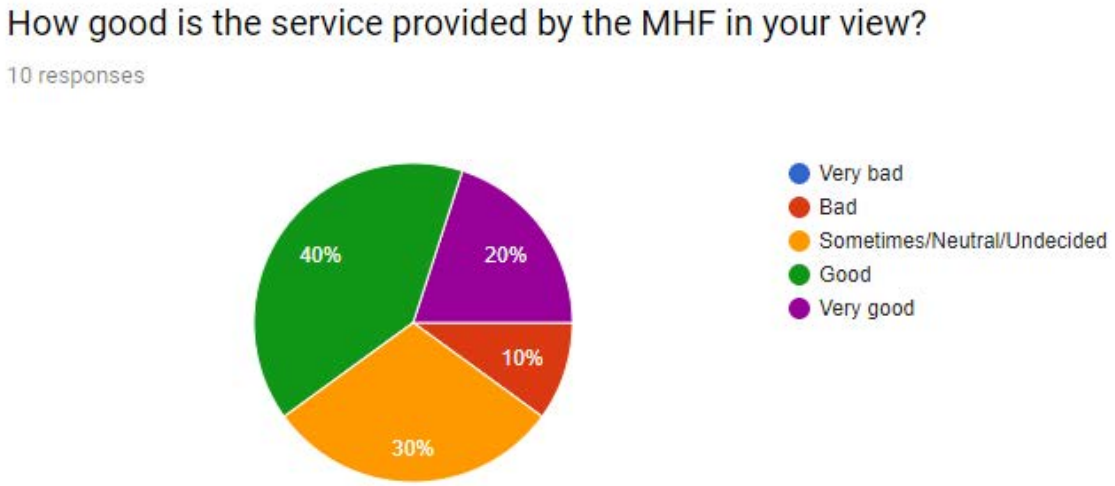
10 responses



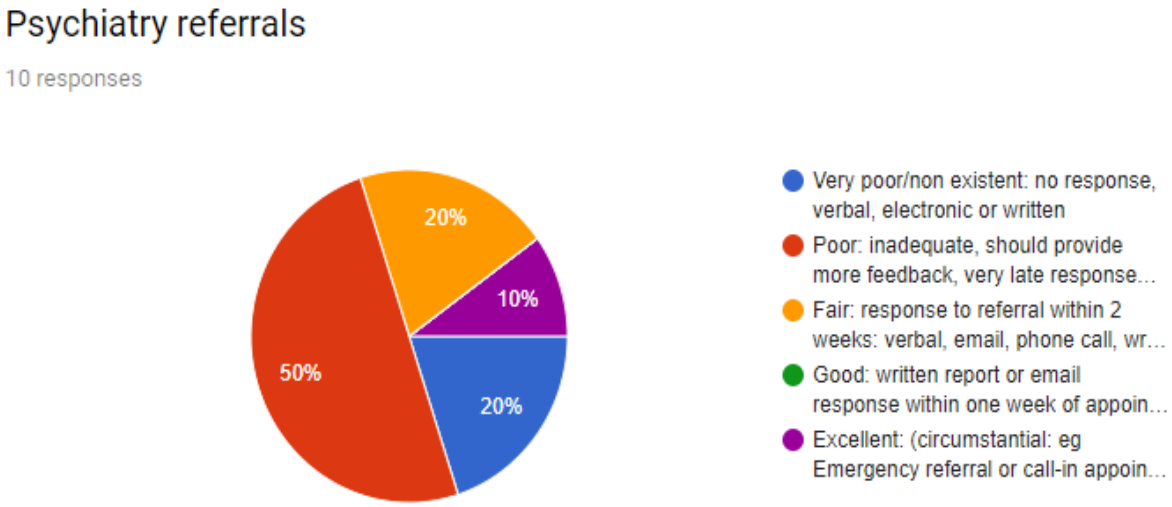
How easy is it to refer clients to the MHF?

10 responses



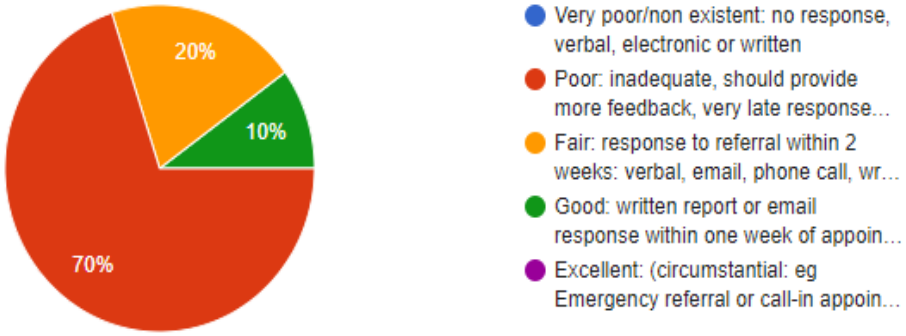


Feedback regarding the referrals: either verbal by phone, or email, or a written report detailing the evaluation, diagnosis conclusion, management



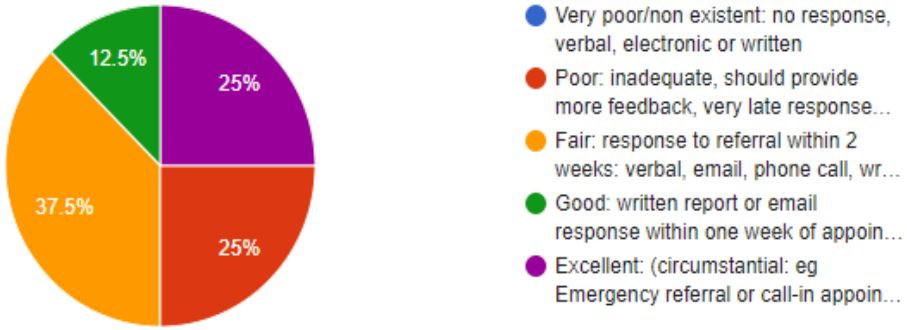
Psychologist referrals

10 responses



Crisis service (On-call nurse-led)

8 responses



Kindly indicate the approximate numbers of referrals to MHF on a monthly basis:

9 responses

1-3
3
5
1-5
2 to 3
6-8 x week included self-requested or, follow up ask by SMMC
4
2-4
1

What can the MHF improve on its clinical services?

8 responses

More timely communication that somebody is admitted in case not referred through the GP, this to streamline existing medications more efficiently and to hear in a more timely manner when person was discharged, and on which medication, plus who will do the follow up in relation to psychiatric medications and how often.
Wirh 2 psychiatrists there should not be a long waiting list and we would like more feedback and reports from the doctors
Going well
Better reporting, easier access to services, more information on services offered
Accessibility - HIS system upgrade to e- referral online. No hard copies/ no mail box drop of information. Availability of specialist for home visit with GP's is allowed and cover by Insurances. Ensure to the patient that their information is highly protected.
response and follow up to GP
feed back to GP
send discharge letters to GPs, provide info about f/u and treatment

Any further comments?

5 responses

No (2)

Overall the services of MHF are fair to good. Much better obviously then we ever had. I think if possible it would be good to hear by whom the referred patient would be treated after the intake. Now we refer the

patient and often don't hear anything anymore or a report very late. Reporting is often not done. We don't know who treated the patient, we don't know which psychologists are working with MHF and this makes it difficult to communicate directly with the treating psychiatrist or psychologist. It's a bit like....you refer to MHF, intake is usually quick and adequate (according to feedback of patients) but the GP kind of looses the entire psychological/psychiatric treatment out of sight and often there is minimal or only very late reporting back to the GP. I also have to admit that referral to MHF may be improved from GP side. Often we 'just' write an exaggerated diagnosis on the SZV referral note simply to have a bigger chance of approval by SZV. Like "Severe Depression" for somebody with mildly depressed feelings in a relationship issue, while I often refrain from writing much in a referral note because I tend to then leave that up to the patient to tell his/her story. So in general the back and forth communication should/can be improved. We need to know what minimal information MHF needs to know and timely reporting back from MHF to GP is important to pick up follow up, referral back, medication use, etc. after (if necessary during long) treatment at MHF. All in all I'm happy we have a MHF.

May be; can not recall other points at this time.

Crisis service is good /access etc. but follow up and reporting is pore.