SOCIAL YEAR REPORT

2016

"Standing strong in times of crisis"

Mental Health Foundation

Leopard road 1

Cay Hill, St. Maarten

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Contact information

Official name	Stichting voor de promotie en begeleiding van de geestelijke gezondheidszorg op St. Maarten
Name used	Mental Health Foundation St. Maarten (MHF)
Name of contact person	Dr. Felix Holiday, President Eileen Healy, Interim Director
Crib #	435.112.442
Chamber of commerce #	19061.0
Bank information	WIB # 21.47.48.03
Address	Leopard Road 1, Cay Hill, St. Maarten
E-mail address	info@mhf-sxm.com
Telephone number	+1 (721) 542 – 16 77
Website	www.mhf-sxm.com

0. Preface

The Board of the Mental Health Foundation has the obligation to comply with the Articles of Incorporation and the Laws of St. Maarten as established by the government of the country. (Article 2, paragraph 9). The objective of the foundation is summarized by providing quality care to the patients in care at the foundation.

In order to comply, the board of the foundation has consistently provided transparency regarding the quality care, human resource management as well as financial management.

- Quality care entails; protocols and procedures are up to date, reviewed and evaluated in a timely manner.
- Human resource management; is the provision of job descriptions, evaluations, rules and regulations as well as education and training. Job security and retirement provisioning are necessary in order to guarantee continuity of care for the patients.
- Financial Management; is the provision of adequate financial reporting provided in a timely manner.

The challenges that emerged in 2016, however, significantly define the compliance of the above mentioned. The most significant ones are related to 3 main issues:

1. Quality and continuity of care
2. Budget deficit causing liquidity problems
3. Human resource drawbacks

Ad. 1. Quality and continuity of care

The quality and continuity of care were more or less guaranteed in 2016 thanks to the many efforts of the dedicated staff of the foundation. Protocols and procedures however were not all reviewed regardless of the attempts made to do this. The risk of errors increases due to the lack of knowledge of procedures.

Requests for care is increasing considerably procedures become inevitable for the safety of the patients. (Chart 2, page 13)

Ad. 2. Budget deficit and liquidity problems

In order to provide for quality and continuity of care an annual balanced budget is a must. MHF submits a budget to Government on a timely basis; this budget is derived from the multi-annual plan of the foundation that is known to government and SZV.

The foundations budget is based on the actual cost to cover the care needed by the patients including the support services and facilities.

The liquidity decline started in 2015 when the subsidy payments were discontinued by government and transferred to SZV. Regretfully new tariffs that cover the actual cost to provide care were not established.

The board proposed a budget system but this has not materialized till date but discussions continued in 2017.

Ad. 3. Human resource drawbacks

It is evident that under the circumstances human resources have been difficult to manage and in addition, the director of the foundation was relieved of his function in August. Regardless, the foundation managed to continue operation as smooth as possible for the patients, due to the ongoing efforts of the board, management team, and dedicated staff.

The board in 2016 continued efforts to resolve the vacancy of a director, however, due to budget constraints, filling the function in accordance with the profile was not possible.

Conclusion

Internal as well as external factors have had inevitable consequences for the board and management team of the foundation, regardless of the circumstances quality care remained the main concern. The board commends the team of the foundation for its ongoing efforts. In order to be able to provide for the care needs of the population, continuous support from stakeholders such as government and healthcare institutions is an obligation. Regretfully the board must conclude that the ongoing tariff struggles have not been resolved and will certainly threaten the continuity of care for the patients in the future. Another serious concern is, the human resources that are entitled to a guaranteed income for their ongoing struggles in providing for the needs of the patients.

In celebrating 10 years of Mental Health Care and the hard work put into the establishment of this care a future must be prioritized.

Dr. Felix A.C. Holiday, President — Mrs. Erika van der Horst, Secretary

1. Legal structure

To get an insight in the actual functioning of the MHF, it is important to know more about the legal structure. Does the operation comply with the articles of incorporation? How is the governing structure of the foundation set up? Does MHF comply with legal requirements? Who are its corporate partners?

Legal bases

The Foundation for the promotion and guidance of mental health care on St. Maarten[1] has been established on October 10, 2001 (number 873/ 2001) on behalf of the Island Territory of Sint Maarten. On August 18, 2009 the articles 4 paragraphs 1 up to and including 4 and the paragraphs 11 up to and including 13 and the article 7 paragraphs 1, 4 and 8 of the articles of incorporation were amended.

1.1. Objectives

The objectives of the foundation (article 2 of the articles of incorporation) are (in the Dutch language):

1. De ontwikkeling en oprichting van een systeem voor de geestelijke gezondheidszorg op[2] St. Maarten;
2. Het bieden van geestelijke gezondheidszorg aan de bevolking met de nadruk op krisisinterventie, het verstrekken van advies en het voorzien in vervolgbehandeling en begeleiding voor chronische psychiatrische patiënten;
3. Het bieden van zowel psychologische als psychiatrische diagnostische diensten;
4. Het verbeteren van de kwaliteit van leven van chronisch psychiatrische patiënten;
5. Het houden van toezicht op de kwaliteit van de zorg aan patiënten met acute en chronische psychiatrische symptomen;
6. Het leggen van nadruk op preventive, educatie en samenwerking tussen de verschillende deskundigen op het gebied van de geestelijke gezondheidszorg;
7. Het opzetten van een polikliniek en dagactiviteitencentrum op St. Maarten om zorg en begeleiding op het gebied van de geestelijke gezondheidszorg te kunnen bieden;
8. De stichting zal haar doel onder meer trachten te verwezenlijken middels:
   a. Een integrale en professionele benadering, die een breed draagvlak heeft en waarborgen biedt voor de continuïteit van de geestelijke gezondheidszorg, en zal ter zake al hetgeen benodigd is ondernemen, ter realisering van dit doel in de ruimste zin des woords;
   b. Het doen van voorstellen aan het Bestuurscollege[3] ten behoeve van de vaststelling, door de Eilandsraad[4], van een ontwikkelingsplan voor de geestelijke gezondheidszorg op St. Maarten;

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[1] In practice the name that is being used is: Mental Health Foundation (MHF).
[2] Gelet op het feit dat Sint Maarten sedert 10-10-2010 een Land is dient 'op' te worden gelezen als 'in'.
[3] Sedert 10-10-2010 is de rol van het Bestuurscollege komen te vervallen en zijn de bevoegdheden met betrekking tot de gezondheidszorg overgedragen aan de Minister van Volksgezondheid, Sociale Ontwikkeling en Arbeid.
[4] Sedert 10-10-2010 is de rol van de Eilandsraad komen te vervallen en zijn de bevoegdheden met betrekking tot de gezondheidszorg overgedragen aan het Parlement van Sint Maarten.

c. Het uitvoeren van de uit het vorengenoemde ontwikkelingsplan voortvloeiende taken, indien aan de stichting toebedeeld alsmede de coördinatie van de bedoelde taken indien die voor andere instanties bestemd zijn;
d. Het aanwijzen/ benoemen/ aanstellen van instanties/ personen, die belast zullen zijn met de daadwerkelijke uitvoering van activiteiten en de verwezenlijking van de doelen van de stichting;
e. Het aangaan van (rechts-)handelingen met rechtspersonen en natuurlijke personen, een en ander steeds in het kader van de verwezenlijking van haar doelen.

9. Bij het nastreven van haar doelen is de stichting gehouden de betreffende richtlijnen en voorschriften met betrekking tot de geestelijke gezondheidszorg, en de door het Bestuurscollege[5] van het Eilandgebied St. Maarten[6], hierna te noemen 'Bestuurscollege'[7], genomen besluiten met betrekking tot de geestelijke gezondheidszorg na te leven. De stichting is voorts gehouden de richtlijnen na te leven welke het Bestuurscollege[8], met inachtneming van de terzake genomen besluiten van de Eilandsraad[9], geeft ten aanzien van het beheer, de exploitatie en de administratie.

Board members

The composition of the board is described in article 4 of the articles of incorporation of the foundation in the paragraphs 1 up to and including 4 and the paragraphs 11 up to and including 13 of the amended articles of incorporation.

As per January 1, 2016, the board has six members. Except for article 4, section 3, under b of the Articles of Incorporation (which states that a board member should be working at 'the section health care' and be proposed by that sector, the composition of the board is in compliance with the amended articles of incorporation of the foundation. To avoid any conflict of interest, it has been decided in the past to appoint a member who is working for government in general and not specifically for the Ministry of Public Health, Social Development and Labor. The schedule of the board as per January 1, 2016, is as follows:

[5] Zie voetnoot 2.
[6] Sedert 10-10-2010 zijn alle verantwoorelijkheden van het Eilandgebied Sint Maarten inclusief alle verantwoordelijkheden van het Land Nederlandse Antillen ten aanzien van gezondheidszorg overgedragen aan Land Sint Maarten.
[7] Zie voetnoot 2.
[8] Zie voetnoot 2.
[9] Zie voetnoot 3.

Name	Function	Date of the first appointment for 3 years	Date of the second appointment for 3 years	Date of the third appointment for 3 years	Date of resignation
F. Holiday	President	15-Apr-09	20-Mar-12	27-May-15	
J. Challenger	Secretary	15-Apr-09	20-Mar-12	27-May-15	
A. Kraaijeveld	Vice-president	2-Jul-14			
S. Meade-Swanston	Member	27-Jan-15			
A. Peels	Treasurer	1-Jul-15			
E. van der Horst	Member	7-Oct-15			

Board Meetings

The number of regular board meetings in 2016 is 12. In 2016, due to the strained relationship between the director and the board, an exceptional number of 7 extraordinary board meetings were held.

In 2016, 19 board meetings were held; many items were discussed and agreed upon:

- In January, the multi annual plan 2016 – 2018 was discussed which was approved in February.
- In March, the Board discussed and worked on a work process agreement with the police force after an incident.
- In March, the Board also evaluated the Foundation's financial situation and concluded that expenses were higher than the income, and the foundation's bank account would be empty by September 2016. The Board prepared for discussions with SZV regarding their system (HECINA) that did not recognize the invoices for October and there is a NAF 400.000,- backlog with SZV.
- In March, the financial statement of 2015 was also approved.
- In May, an extraordinary financial informative meeting was held in order to understand the situation whereby it was established that the organization grew with 7 employees since 2015. The outsourced security also increased with one FTE.
- In May uncollectible invoices were discussed
- During the first three months of 2016, MHF operated on a loss of NAF 11.000,- per month. Starting July 1, 2016, the foundation needed to increase its income with NAF 31.250,- per

month to balance the budget. In that same month, negotiations with SZV were being prepared. The approved 2015 financial statements were sent out to stakeholders.

- In July and August, meetings took place regarding the functioning of the Director, which resulted in the Director being relieved of his duties.
- In September, a letter was sent to SZV regarding non-compliance of SZV payments.
- In November a request from VSA and SZV to present MHF's financials based on a 'care product budget system' was approved.
- In another November meeting the Board discussed that the operational bank account would be exhausted in January. A reminder to VSA regarding the outstanding invoices and a request to approve the agreed ANG 389,- admission tariff was agreed on and sent in the form of a letter dated November 23rd, 2016. It was also discussed that the crisis and intervention services are no longer paid for by anyone, VSA agreed to pay for crisis interventions done in 2015 and 2016 and they requested MHF to send in an invoice for 2015 and 2016 (December 2, 2016).
- In December the WIB was asked to transfer restricted cash reserves to unrestricted account, this did not materialize. After several meetings, the Board decided that warning letters concerning imminent bankruptcy were to be sent to SZV and Minister of VSA, which were done on December 15, 2016. The Board decides, in the meeting of December to focus on the increase of the subsidy or supplementing the shortfall of the tariffs. In the same meeting, BDO is appointed as external auditor. A reminder was prepared to VSA on outstanding for crisis intervention, on the still unapproved 2017 budget and the still non-indexed tariffs. Also in December, a settlement agreement for the former director was approved.

Meetings with third parties

In 2016, three official meetings took place with MHF's main stakeholders, on November 24, 2016 (MHF and VSA), on December 19, 2016 (MHF and SZV) and on December 28, 2016 (MHF and SZV).

In the first meeting, the MHF's critical financial situation was elaborated on and it was clarified that MHF will not be able to continue its services after January 2017. The difference between actual costs and supplement paid by SZV (based on 2014 actual costs) were clarified, however, VSA mentioned MHF was supposed to calculate tariffs. Regarding crisis intervention – MHF agreed to send an overview of uninsured crisis patients 2015 and 2016.

Instead, MHF will also propose tariffs that would cover the costs. In the second meeting MHF announced that salaries couldn't continue to be paid after January 2017.

During the meeting, it is clear that VSA is to instruct SZV about changes in payment of the supplement.

It was agreed MHF will send 2015 year reports to SZV

Corporate governance code

A letter was sent to the Ministry of VSA on 30 March 2015 including a new board structure. In short, the director will become the executive board and the current board will become a supervisory board. This will empower the executive board (the former director) and prevent that executive from having to seek approval from the supervisory board (now the current board) on a lot of issues. The director will also be more accountable and will have more liabilities that correspond with his actual tasks and responsibilities. This will also make it easier for the supervisory board to supervise and if necessary, dismiss the executive board, since the relationship between the organization and an executive board member is not considered to be a labor agreement (Art. 8 section 5 Civil Code).

Licenses to operate

- *'Landsverordeing toezicht krankzinnigen' (KZ)*
  MHF has a 'aanwijzing ex artikel 5 van de Landsverordening toezicht op krankzinnigen'.

Profile and organizational structure of the foundation

The MHF is a primary and secondary health care institution that delivers the following care products in 2016:

- Clinic
- Ambulant care
- Crisis intervention
- Admission
- Faraja day treatment center
- Short and long stay apartments (former guided living)
- Information and prevention

All care products are delivered from a central location situated at the Leopard Road # 1, in Cay Hill.

MHF team picture 2016

The care products were delivered by a team of professionals consisting of two psychiatrists, three psychologists, five case managers, five registered nurses and four licensed practical nurses, six mentors with different backgrounds, a social services assistant and a group of call-up nurses. All care products have a department coordinator.

The care products are supported by a team of professionals consisting of: three administrative workers, one management assistant, four kitchen workers, two housekeepers, one maintenance workers, a human resource manager, a financial manager and a director.

Throughout the year, the MHF allows interns and volunteers to participate in the operational and support processes.

The security and IT staff is outsourced.

Corporate partners

The MHF acknowledges the following important corporate partners that have been instrumental for the MHF to operate and deliver care:

- General practitioners (referrers)
- Turning Point, with a memorandum of understanding (MOU)
  Because some of our clients have more than one diagnosis, it's a must that both organizations work together.
- Ministry of Public Health, Social Development and Labor
  - ✓ Department of Public Health (frequent meetings, policy framework, KZ-decrees and licenses, ESF-6)
  - ✓ Department of Collective Prevention Services (Prevention platform, Health Calendar, Conference, flexible assertive community treatment (FACT)
  - ✓ Inspectorate of public Health (self-evaluation, inspection, workshops)
  - ✓ Social Services Department (MOU)
  - ✓ Labor Affairs (MOU)
- Insurance companies such as:
  - ✓ SZV (AVBZ, ZV, FZOG, OZR)
  - ✓ Guardian Group
  - ✓ NAGICO
  - ✓ ENNIA
- Ministry of Justice
  - ✓ Court of Guardianship (referrals)
  - ✓ Point Blanche Prison (referrals)
  - ✓ Miss Lalie Center (referrals)
  - ✓ Prosecutor's Office (forensic referrals)

- ✓ Sint Maarten Police Force (assistance with crisis)
- Stichting Verslavingszorg en Psychiatrie Caribisch Nederland (SVP-CN: referrals)
- Ministry of VROMI
  - ✓ Public Works (land, waste water)
- Ministry of Education, Culture, Youth and Sports
  - ✓ Primary schools (observations, referrals)
  - ✓ Policy framework youth (policy)
  - ✓ Zippy's friends (coping skills)
- Sint Maarten Medical Center (SMMC) (facilities, care federation, and referrals from the ER)
- White and Yellow Cross Care Foundation (dietician, psychiatrist, care federation)
- American University in the Caribbean (MOU, interns)
- Pharmacist (medication management)
- Windward Island Bank (mortgage, house bank)
- Dedicated service providers:
  - ✓ B.I.T.'s for Biz. (IT services)
  - ✓ Red Alert (alarm systems)
  - ✓ On-Point Security Services (security)
  - ✓ Tony's Air-conditioning services
  - ✓ SQLapius (electronic patient dossier)
  - ✓ Motorworld (car lease)
  - ✓ Total Cleaning

MHF attending WYC ground breaking ceremony in 2016

2. Care product specific information

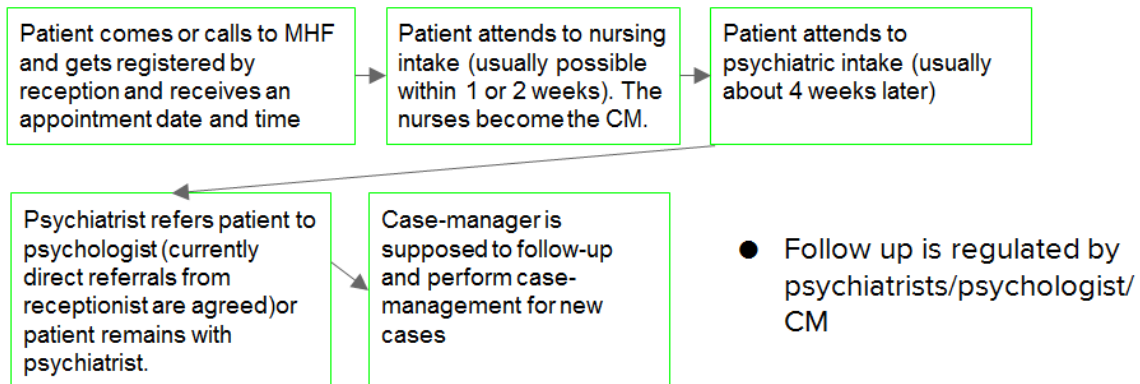
2.1. Clinic

The clinic provides comprehensive mental health services to both children and adults who are suffering from various mental health disorders and related issues. The services offered are focused towards out-patient clients (clients who receive treatment without being admitted).

2.1.1. Capacity & structure

Medical professionals	Amount of FTE
Psychiatrists	2
Child and adolescent psychologists	3
Health care psychologist (started April 2016)	1
Case managers	5

The structure of the MHF clinic can be explained as follows:



2.1.2. Production

The production of the clinic in 2016 is shown in the table below.

Psychiatrists	Treatments and consultations	1915
Psychology	Counseling and testing	1505
Case Managers	Care planning and guidance	4684

The following table shows the development of clients/ patients for consults and counseling over the years.

Consults and counseling	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Consults/ treatments	*	4,301	5,409	5,156	6,116	7,946	7,318
Total patients treated	235	412	428	575	658	754	1,144
Total new patients	77	276	311	309	430	420	388

2.1.3. Developments

The clinic experienced major developments in 2015 and 2016 and grew with 2 FTE psychologists during these two years. In 2016, a healthcare psychologist was added to the team capacity, this psychologist took over certain adult therapies that were executed by the psychiatrists, while the other 2 psychologists experienced some relief in caseload as well. The workload and pressure in the clinic was rather high in 2016, and by the end of 2016, one of the psychiatrist left on her maternity leave, which placed a huge burden on the other professionals.

2.2. Ambulant care

Ambulant care provides mental health services to persons suffering from mental health illnesses that are unable to access MHF location or would benefit from being treated at home. Or those not in compliance with their treatment plan, are followed up on and whereby attempts are made to convince the patients of the importance of continuing medication.

2.2.1. Capacity

As per December 31, 2016, the capacity of ambulant care is as follows:

Medical professionals	Amount of FTE
Case managers	5

2.2.2. Production

The growth of the production of the ambulant care is shown in the table below (in terms of ambulant care patients).

2010	2011	2012	2013	2014	2015	2016
11	48	70	63	75	113	123

2.2.3. Developments

The ambulant care team still experienced instability in 2016 with regards to staff turnover, which also happened in the previous years. Two case-managers left the Foundation in 2016 and 2 new case-managers were hired in return. These major changes made it difficult to stabilize this care product, as new staff was to enter into an orientation phase and required training for the job. The long term plan of implementing a FACT (explain) system has again been placed on the backburner but can hopefully be continued in 2017. One case-manager became the newly appointed prison care coordinator and managed to improve the cooperation with regards to the incarcerated list of patients that is being treated by the MHF at the pointe blanche prison facility.

2.3. Admissions

The admission department is the inpatient unit that provides 7 x24 hour's service.

2.3.1. Objective

The primary objective of the department is to provide integrated treatment and support for clients with mental disorder. The isolation room and crisis intervention (including KZ) is also part of the Admission ward, the report is shown separately at point 2.4.

2.3.2. Capacity

The table below depicts the staff capacity:

Medical professionals	FTE
Psychiatrist	2
Registered nurse	4
LPN	4
Call up nurses (0-hours contract)	13

The bed capacity is 10. The unit consists of 3 rooms with 9 beds, and a separate crisis room (isolation room) with 1 bed.

2.3.3. Production

The table below highlights the number of admissions for the period 2010-2016:

Year	2010	2011	2012	2013	2014	2015	2016
Total admissions	N/A	17	57	66	73	65	82

2.2.4. Protocols

In 2016 the medication protocol remains a top priority, however to date has not been finalized as there are still a few bottlenecks that need to be sorted out.

2.2.5. Developments

- Some members of the team received training and up-to-date certification in basic life support (BLS)
- The team received training in non-violent crisis intervention (CPI)
- The team developed an orientation manual for new staff and interns
- The team has been making strides in improving client care through promoting psych-education for clients, promoting recreational and distraction
- Techniques for clients and promoting positive teamwork through regular team meetings
- The department continues to provide a positive learning experience for nurse interns
- Quarterly reports are being maintained

2.4 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. (Check KZ legislation)

2.4.1. Capacity

The capacity for crisis intervention in 2016 is the same as for admissions as demonstrated in the table below:

Medical professionals	**Amount of FTE**
Psychiatrist	2
RN	4
LPN	4
Call up nurses	13

There is always (7 x 24 hours) one case manager on call (emergency number). There is one crisis room. Discussions are still ongoing about improving the presentation of the crisis room. The room was repainted and new tiles were placed.

2.4.2. Production

In 2016 there were 45 admissions via the crisis room. In total the numbers of clients admitted in the crisis room was 45. The average number of days per client was 4.2 (the maximum days spent in the IR was 27 and the minimum days spent was 1)

The development of crisis intervention and KZ admissions over the years is as follows:

Crisis intervention	2010	2011	2012	2013	2014	2015	2016
Crisis patients	55	70	69	87	89	116	100
KZ admissions	21	12	11	17	22	22	45
Location	Curacao	Curacao	MHF	MHF	MHF	MHF	MHF

2.4.3. Protocols

The crisis protocol has not been formally updated in 2016. Some revisions are being discussed in regards to visitation for clients in the crisis room, same is still being reviewed.

2.4.4. Developments

Quarterly reports are being maintained.

2.5 Faraja Day Treatment Center

Faraja Center is a day treatment facility that offers guidance, support and empowerment to adults suffering from mental illnesses. The word "Faraja" (pronounced fah-rah-jah), is a Swahili word meaning 'comfort' and 'consolation'.

Its objective is to guide and motivate clients with a psychiatric illness to achieve the self-confidence and skills needed to actively participate in mainstream society regardless of personal challenges.

The Faraja Center's services include: therapy, computer skills, arts and crafts, candle production, sports, home economics, life skills, job training, counseling, psycho-education, mentorship, support and transportation.

An individualized care plan will be developed based on the client's mental health needs and personal life goals.

2.5.1. Capacity

Client capacity	Amount
AVBZ	20
Short- & Long stay	6
Admissions	10
Potential AVBZ in process	4
Total	40

Staff capacity	Amount
Coordinator	1fte
Licensed practical nurses	1 fte
Psychiatric aid / assistant	2.8 fte
Social psychiatric worker	2 fte
Social worker	1 fte
Total	7.8 fte

2.5.2. Criteria

Clients with psychiatric and social problems have or are:

- No other opportunities for meaningful activities
- Capable of establishing minimum social contacts
- No disturbing alcohol and / or drug addiction and has no aggressive behavior
- Accept the offered counseling
- Between 18 and 60 years old

2.5.3. Production

	Daycare	
Month	**2015**	**2016**
Jan	20	18
Feb	19	18
Mar	20	20
Apr	20	19
May	20	19
Jun	20	17
Jul	21	15
Aug	21	15
Sep	21	13
Oct	21	14
Nov	20	13
Dec	20	13
Average	**20.3**	**16.2**
Capacity	20.0	20.0
Occupancy rate	101%	81%
Years comparison	-20%	

2.5.5. Developments

In 2016 there was a decrease in the amount of clients this was partly due to the fact that some of the Daycare clients went to Short- and Long stay, some clients successfully found employment or another organization to render their services from. The recruitment for "new" clients did not adequately fill the gap immediately.

Care plan orientation

The activity program has a general program which caters to the client's needs more at a group level. More and more the activity program is shifting towards a more individual client's care plan orientated program on a personal level. This is why we work much closer with our stakeholders to cater to our clients specific needs, from dental care, occupational therapy, third party guided living support and mediation for housing till on the job services.

2.5.6. Short and Long stay

Short/Long stay is a guided living facility that provides treatment services designed to enable recovery and independence of clients. It is offered to psychiatric clients between the ages of 18 and 60 years for a period of 3 up to 12 months. Clients must meet the requirements for entry into this structured guided living facility that caters to persons with psychiatric disorders who would benefit from intensive professional guidance and supervision. The focus of the service is to provide treatment based on a

multi-disciplinary care plan that reflects the client's abilities and needs.

2.5.7. Capacity

Client capacity	Amount
Short stay	3
Long stay	3
Total	6

2.5.8. Criteria for short stay

The resident suffers from one or more psychiatric disorder(s), and is in need of intensive professional guidance

- ✓ Intensive guidance short stay occurs between 3-6 months
- ✓ Outpatient supervision of the resident in their own environment is not enough
- ✓ The resident has a degree of self-reliance, including with regard to self-care, hygiene, taking medication, etc.

- ✓ The resident accepts guidance and daily activities that are given
- ✓ The resident is between 18 and 55 years old
- ✓ The occupant is not bed ridden, and has no alcohol or drug addiction and does not suffer from dementia and is not aggressive
- ✓ Medical stability must be sufficient to continue the treatment of the mental disorder (s) outside of an acute ward
- ✓ Family involvement of the treatment plan
- ✓ Integrate from the third month of recording patient at the weekend in their own environment for evaluation

2.5.9. Criteria for long stay

The resident suffers from one or more psychiatric disorder(s), and is in need of intensive professional guidance and needs professional guidance in the field of acceptance and understanding of psychiatric disorder, social interactions etc.

- ✓ Family involvement of the treatment plan
- ✓ The resident is between 20 and 60 years old
- ✓ Guidance on "long stay" takes place between 6-12 months after intensive guidance AVBZ product
- ✓ "short stay"
- ✓ Patient is motivated to job training for teaching independence and learning to deal with finances

Faraja staff members in 2016

Production

	Short Stay		Long Stay	
Month	**2015**	**2016**	**2015**	**2016**
Jan	1	1	2	1
Feb	2	1	2	1
Mar	3	1	2	1
Apr	3	1	2	1
May	3	1	2	1
Jun	3	3	2	1
Jul	2	3	1	3
Aug	2	3	2	3
Sep	2	3	2	3
Oct	2	3	2	3
Nov	3	3	2	3
Dec	3	3	2	3
Average	**2.4**	**2.2**	**1.9**	**2.0**
Capacity	3.0	3.0	3.0	3.0
Occupancy rate	81%	72%	64%	67%
Years comparison	-8%		3%	

(Average Occupancy rates compared to the Capacity of the care product)

2.6. Information and Prevention

The information and prevention department disseminates information on mental health related issues via different internal and external activities, such as workshops, trainings, awareness campaigns, and quarterly newsletters. The main objective of this department is to educate the community at large on mental health issues and services offered by the Mental Health Foundation. In addition, this department tries to reduce the stigma on mental health.

2.6.1. Capacity

The capacity of prevention and information is 1 FTE and one volunteer.

2.6.2. Activities

In 2016, the following activities and events where organized by the Mental Health Foundation, in relation to Information and Prevention:

Labor office and social services training	Mental health sensitivity training was given to staff of the departments, who regularly deal with mental health patients	February – April 2016
Lion's club health fair	Mental health provided information to the community with a booth	March 2016
Caregiver meetings	Mental health family and caregivers meetings	April & September 2016
Mental health month celebration, and 10 years anniversary	Open house, panel discussion, and brainpower walk	May 2016
Mobile clinic	MHF handed out brochures and information	September 2016
Ennia prevent now	Preventive health conference organized by Ennia	October 2016
Family fun day	Family fun day for MHF clients and family members	October 2016
Zippy's friends training	Primary school positive psychology program whereby teachers are monitored by trained MHF staff	October and November 2017
SMMC open house	MHF was present with a booth, providing visitors with information	October, 2016
Career and study fair	MHF was present with a booth, providing students with information working in mental health	November 2016
St. Maarten's day BBQ	MHF organized a fundraiser BBQ	November 2016
School presentation	Given by MHF to inform students about MHF and mental health	December 2016

MHF brainpower walk 2016

3. Incidents and complaints

In 2016, the Mental Health Foundation has tried hard to get incidents and complaints well-reported, in order to address these as much as possible. The MHF has an internal incidents and complaints committee, and is also a member of the island wide complaint committee.

3.1. MHF incident and complaint committee

The statement of principle of the incident and complaint committee is:

- When a health care injury occurs, the client and the family or representatives are entitled to a prompt explanation of how the injury occurred and short- and long-term preventive measures taken.
- When an error contributed to an injury, the client and the family or representative should receive a truthful explanation about the error and the remedies available to the client. They should be informed that the factors involved in the injury would be investigated so that steps can be taken to reduce the likelihood of reoccurrence and improve the quality of the provided mental health care.

3.1.1. Members

The members of the incident and complaint committee are:

1. Dr. Kalkidan Bekele, functioning as the independent doctor
2. Ms. Tracy John & Ms. Jeanet Hiemstra, representing the nurses/group leaders
3. Ms. Hilda Bell, presenting the patients
4. Drs. Pieter Lucas, director of the MHF
5. Ms. Kimberly Maria, functioning as the secretary

3.1.2. Reported incidents and complaints

In 2016, 3 complaints have been submitted to the committee, and 7 incidents have been submitted to the committee.

3.2. Inter-island wide complaint committee

The island wide complaint committee has been initiated in 2014, and has continued its important function throughout 2016. Different health care institutions from St. Maarten, Saba and St. Eustatius are a part of this committee, as well as the Mental Health Foundation.

The Mental Health Foundation is a participating organization, part of the committee scope, but is not a member of the actual committee. The Mental Health Foundation is therefore invited only for the yearly meeting, and is not present during meetings in which complaints are discussed. In 2016, the island wide complaint committee consisted of an independent chairman with a legal background, an independent medical professional from the St. Maarten Medical Center, a secretary, and three additional independent members, one from St. Maarten, one from Saba and one from St. Eustatius.

The island wide complaint committee operates under the established 'Complaints Regulation' policy framework, which outlines the committee's structure, objectives, and procedures.

In 2016, no complaints were submitted to the island wide complaint committee about the Mental Health Foundation.

4. Human resources

Human resources, the organization's is critical to organizational success. The following headers will outline how the MHF's human resources are organized and which developments took place in 2016.

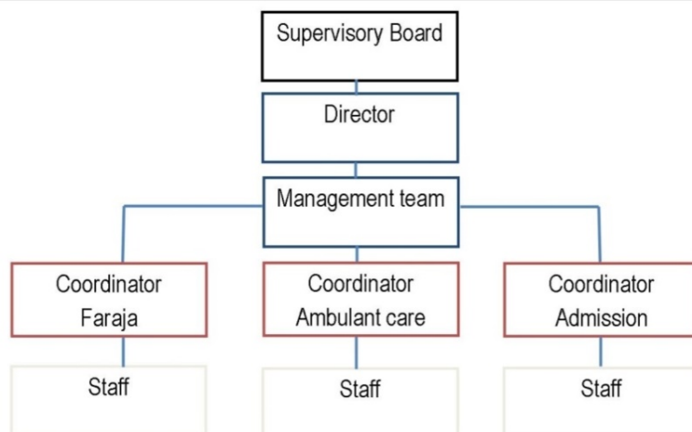
4.1. Director

Drs. Pieter Lucas continued his second year as the MHF Director in full force. However was unfortunately relieved from his duties as per the end of August 2016. From August 24, 2016, until December 31, 2016, the Foundation has been functioning without an active Director, an unfortunate event that has made the already challenging situation of the Foundation more unstable and problematic.

4.2. Management team

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 advices the director. The management team is to create involvement in the decision making process and the portal to the director to allow him to make balanced decisions. The basis for all decisions is the approved strategic plan, the approved yearly budget and 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 of transparency, accountability and productivity, team work and communication.

The management team consists out 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 laid down in the different job descriptions and the management team rules and regulations. Important aspects are: budget control; policy control; input in the budget cycle; adequate instructions to and coordination of personnel; efficient usage of resources; effective communication and quality control.

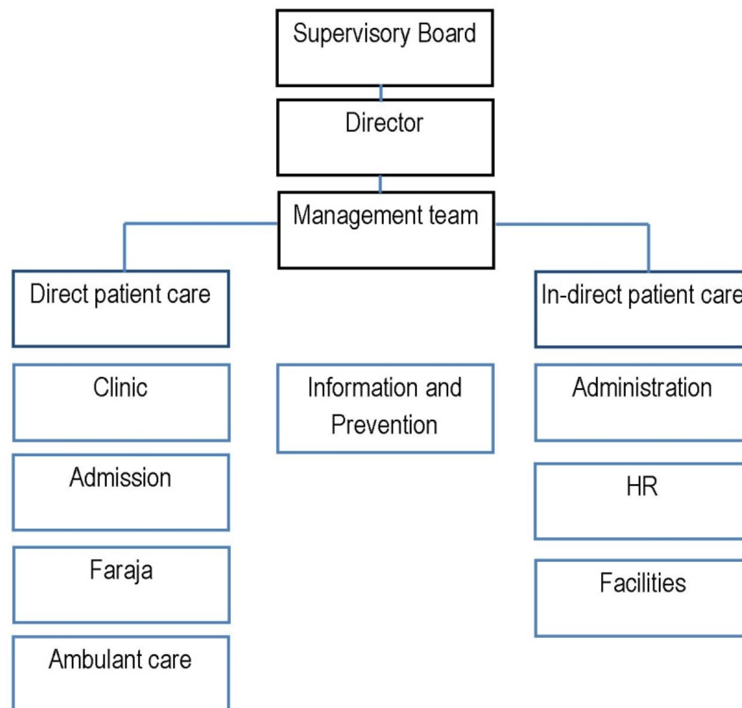
4.3. Coordinators

The coordinators are the focal points of the care product and are supervised by the director and psychiatrist/medical coordinator, according to the division between care and non-care which will be elaboration on below. 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, planning, organizing and conducting team meetings, schedule control, basic HR tasks such as sick leave and leave requests, documentation, and assisting with policy writing.

4.4. Direct and indirect Patient Care

The Mental Health Foundation consists out of two divisions; direct patient care (the seven care products) and indirect patient care (financial administration, human resources, facilities, ICT).

In terms of an organogram this is designed as follows;



4.5. Staff and characteristics

The following data is applicable as per December 31, 2016:

Staff in FTE	41.55
Medical functions	26.8
Non-medical functions	14.75
Dutch nationality	32
Non-Dutch nationality	10
Permanent residence permit	5
Temporary residence permit	2

In 2016, the MHF employed 41.55 FTE, which were 41 persons in total. Furthermore, the foundation has 13 call-up (replacement) nurses with a 0 hours contract on the payroll, and security and IT are outsourced.

In 2016 the MHF offered internships and volunteer positions. Applied psychology, Registered nurses (NIPA and SMMC), Licensed practical nurses (NIPA and SMMC) and Facilities students were placed.

MHF psychology team (staff and interns)

4.6 Recruitment / new staff

Vacancies submitted to the labor office (all related to labor permit renewals)	4
Vacancies advertised	4 times
Total applicants	68
Total interviews conducted	19
Total new staff	3
Total leaving staff	4

In 2016, three new staff members were recruited in the following functions:

- Case-manager ambulant care team (2)
- Adult psychologist (1)

The two case-managers that were hired, were replacing two case-managers that left, and the function of psychologist was added due to growing patient demand.

Two out of the four leaving staff were temporary functions (one psychology assistant who will continue her studies and one maternity replacement).

Recruitment in 2016 mainly took place locally.

4.7 Unionization

Thus far, the MHF works with individual labor agreements and a rules and regulations document. However in 2016, attempts from the staff to get unionized got serious, and a referendum was organized by the Government Mediator, on behalf of the Ministry of Public Health, Social Development and Labor, on November 15, 2016. 37 staff members were qualified to vote, of which 31 staff members appeared to vote. 20 votes were pro-representation of the UFA, and 11 votes were contra-representation of the UFA. On November 18, 2016, the MHF was officially notified that the "United Federation of the Windward Antilles (UFA)" was chosen to be the representing union for the staff of the MHF. Until the end of 2016, no official meeting had taken place as yet between the UFA and the management of the Foundation; however the UFA shared its intention to come to a collective labor agreement (CLA).

4.8 Sick leave

Effective working days 2016	249
Sick leave days in 2016	376.30
Maternity leave days in 2016 (3 staff members)	162
Average sick days per employee excl. maternity	9.06
Average sick days per employee incl. maternity	12.96
Sick leave % per employee excl. maternity	3.64 %
Sick leave % per employee incl. maternity	5.20 %

Even though the sick leave percentage has increased compared to previous years the percentage is still significantly low. The increase is related to two staff members who have undergone planned surgery, and two staff members who had an extensive sick leave, one due to an accident, and the other one due to a long term physical issue. 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 2016, which can take its toll on staff members.

2013	2014	2015	2016
1.50%	1.62%	2.46%	3.64%

4.9 Evaluations and employee satisfaction

In 2016, only the coordinator functions have been evaluated. The yearly evaluation procedure had commenced in June and July 2016, but was however not finalized due to the sudden departure of the Director.

In 2016, a new performance management system has been designed and will be implemented for the first time in 2017. The new performance management system involves the employee in setting goals for the year, and links the bonus to the outcome of the evaluation.

At the end of 2016, another staff satisfaction survey has been completed among the staff. The results were gathered and distributed in the beginning of 2017, but overall staff satisfaction was scored at 3.2 (on a scale of 5). The highest scoring factor was “I know how to do my work” and the lowest scoring factor was “autonomy and participation of staff”. A detailed report of the staff satisfaction report is available.

4.10 Pensions

Based on the individual labor agreements all staff older than 25 years old with an indefinite labor agreement has the right on 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 premium. Thus far eligible employees were submitted to the ENNIA pension fund however ENNIA's service has not been satisfactory. Together with the insurance broker (Boogaard) the MHF started to orient on relevant possibilities in 2015. In total, 14 employees applied. In 2016, MHF did not manage to sign the new pension fund agreement due to its financial challenges. This employees' right should be lived up to as soon as possible.

4.11 Health insurances

Most of the staff members are insured based on the ZV (with SZV). In total, 6 staff members have a salary above the maximum wage line (ANG 5,600) of SZV, and are in 2016 insured at ENNIA; one staff member is insured at Best Doctors.

4.12 Staff training

2016 was the second year of existence of the MHF's educational department; an official budget was submitted but not recognized by SZV due to the supplement being based on costs of 2014. It must be noted that any (psychiatric) health care facility, needs to have an educational budget available, if the continuous delivery of quality care is to be guaranteed. Professional and specialized staff needs regular upgrading, and locally hired staff needs to receive official training to work in psychiatry. However, the following activities were organized. Some of the following activities were organized internally, many activities were (partially) sponsored, some were (partially) paid by MHF:

Date	**Subject - activity**	**Provider**	**Attendee**
January 5, 2016	Quality and safety management workshop	Applied psychology intern	All staff
January 12, 2016	KZ law workshop	Dr. Earl Best and Mrs. Dana Kweekel (Health inspectorate)	All staff
January 19, 2016	Quality and safety management part II	Dr. Johan de Koning (SMMC)	All staff
March 1, 2016	Anonymous alcoholics (AA) presentation	Bob McKeene (AA leader)	All staff
March 14, 25 and April 1 and 8, 2016	Professionalization program Master class Corporate Governance	University of the Dutch Caribbean and Nyenrode University	2 board members
March 24 – April 8, 2016	Family Kinetic Drawings	Dr. J. Arndell	3 Faraja staff
March 22, 23 and 24, 2016	Nonviolent crisis intervention (CPI) training	TDC	All medical staff
April 1,2, and 3, 2016	Neurodevelopmental disorders and learning disorders	Caribbean seminar, Aruba art therapy and neuropsychology	1 psychologist

Date	Subject - activity	Provider	Attendee
May 3 and 4, 2016	Nonviolent crisis intervention (CPI) follow-up training	TDC	All medical staff
May 17, 2016	Side effects workshop	Dr. Jatinder Kour (MHF)	All medical staff
May 31, 2016	Functional behavior assessment workshop: setting patient goals	Stephanie Haseth and Zyrhea Troeman (MHF)	All medical staff
June 7 & 8, 2016	Administrative support skills workshop	Training & Development Center	1 Administrative assistant
June 7, 14, and 16, 2016	Staff emotional counseling sessions	Aisheline Maduro	All staff interested
June 7, 2016	Quality and safety management part III	Dr. Johan de Koning (SMMC)	All staff
June 8 – 12, 2017	Forensic psychiatry and psychology workshop	American Association Forensic Psychiatry – Continuing education	1 psychologist
June 15, 16 and 16, 2016	Cardiopulmonary Resuscitation (CPR)	SMMC	8 selected staff members
June 14, 15 and 16, 2016	SQlapius training	SQlapius staff	All staff
June 16, 2016	Lung conference	Windward Islands Medical Association (WIMA)	1 nurse
June 21, 2016	Intakes workshop	Jolien Louwerse (MHF)	All nurses
June 22, 2016	Teambuilding session	Aisheline Maduro	Management team
August 17 – 19, 2016	Annual congress of SGPP, SGKJPP with IKS, MHN, PMS, and 5th COPMI conference — Transgenerational Mental Health	Annual congress of Swiss Psychiatry	2 psychiatrists
September 16 and 17, 2016	Nefrology conference	Windward Islands Medical Association (WIMA)	3 nurses
November 8 & 9, 2016	Omgaan met verslaving	RINO instituut	1 psychologist
November 18 and December 2, 2016	Oplossingsgericht werken met suicidale clienten	RINO instituut	1 psychologist
December 6, 2016	Nonviolent crisis intervention follow-up	TDC	All medical staff

Date	Subject - activity	Provider	Attendee
Books	Handboek forensische geestelijke gezondheidszorg		Staff visiting the prison
2015 - 2018	Master's in psychology	University of Liverpool	Social psychiatric worker
2015 - 2018	Master's in HRM	University of Liverpool	HR staff member
2015 - 2016	Foundations in Accountancy – Introductory, Intermediate and Advance level	The Extra Mile N.V.	1 administrative assistant

MHF staff receiving certificates in 2016

5 Facility management

Facility management represents a range of support services, which is why they are referred to as the supporting departments and supporting staff. The facility departments indeed hold a very integral function within the MHF, and without those functions, it would not be possible to provide the care as described above. At the MHF, the facility departments consist of the kitchen, the cleaning department, the maintenance department, security staff (outsourced), and IT (outsourced).

5.1. Capacity

The facility staff consists of the following staff members.

Function	FTE
Chef cook	1
Assistant chef cook	1
Kitchen assistant	2
Cleaner	2
Maintenance	1

The departments of security and IT are outsourced. The MHF makes use of 1 IT person who is basically on-call, and 3 full-time security guards.

5.2. Adjustments building

One of the biggest challenges is the building of the MHF. In 2016, a lot of repairs were done due to the poor state of the facility. In 2016, many urgent matters came along such as leakages, poor isolation, and even poor ceiling constructions. Many of the walls within the MHF show severe cracks.

MHF chef at work in 2016

Much repairs were done as mentioned, as well as much funding had to be used for this effort, funding that the MHF does not have available. The state of the building and continuous maintenance that is needed are a big burden on MHF’s financial situation. In addition to the financial part of it, it must also be noted that the state of the MHF building is affecting the patient’s experience in a negative manner. Multi complaints have been received by patients about this, but it is also easy to see for oneself that the building does not create an attractive atmosphere to be in.

5.3. Service providers

Part of facility management is also the usage of external parties like AC-maintenance; maintenance on the alarm systems; maintenance of SQLapius, maintenance of the ICT 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. In addition to this, is the MHF not connected to a proper sewage system which is why the MHF has to pay a sewage pump truck twice per month to pump the sewage in order to avoid water problems.

5.5. ICT

In 2016, there was no major developed in the IT area of the company however it must be noted that working with the electronic patient dossier (SQlapius) remains a challenge. SQlapius is an EPD that is used by multiple healthcare providers on St. Maarten however the owners are based in Curacao. MHF has requested multiple updates to be implemented in the program; however this comes with a huge cost that cannot be afforded by the MHF. SQlapius has been tailor-made for general physicians to work with and it does have some disadvantages in a multi-user, hospital environment, which currently cannot be addressed. In the meantime, the MHF continues to work with the program to the best of its ability. The MHF has appointed one staff member who is always informed about EPD issues and who is functioning as a contact person between the MHF and SQlapius. The same person is also working diligently on the development of an extensive SQlapius protocol/manual.

5.7. Disaster plan

A comprehensive disaster plan has been developed with a protocol for evacuation and a protocol for hurricanes in 2015. In 2016, a designated MHF staff member continued to with on this effort, and the disaster plan is duly in place. The MHF also participates in the yearly ESF 6 meetings, and all staff members have hurricane passes in order to be able to provide MHF services during a possible curfew. Plans for 2017 include a fire protocol, and training with the fire department in case of a fire emergency.

5.8. New building

The MHF director was working on the new building plans, but as mentioned earlier, the director unfortunately had to leave the Foundation. In the second part of 2016, the new building plans remained pending due to much more urgent issues, such as the financial stability of the Foundation. Referring to point 5.2. it should remain MHF's main priority to work on new building plans, as the current building is in a bad state and continues to deteriorate.

6. Finances

6.1. Analysis of the statement of financial position

Cash position

In 2016 the Mental Health Foundation was confronted with many financial challenges as it relates to the organization operating cash flows.

The most important development in 2016 in the area of finances has been the negotiations with VSA and SZV to reach a better financing system for the organization.

At the end of the previous year which ended December 2015, we had a cash balance of ANG 547,598, which reflected a liquidity ratio of 0.8. At the end of the year 2016, which ended December 2016, our cash balance stood at ANG 524,401, a decrease of 4%, which reflects a liquidity ratio of 0.7.

This clearly indicates that the organization needs more than just its cash reserves to pay off its current debt. In December 2016 MHF was forced to request an advance of ANG 250,000 from SZV to meet the outgoing cash flow needs of the organization.

Table 1 shows the cash overview for the period 2016 and the actual (Q1&Q2) plus projected (Q2&Q3) for the period 2017.

Table 1

CASH OVERVIEW	"Actual" 2016	"Act.+ Proj" 2017
Cash position beginning of year	547,598	524,401
Cash Receipts		
Contributions (AVBZ & SZV Supplement)	3,305,220	3,305,220
Consultations, admissions & collections	872,107	963,824
Advances	250,000	50,000
Donations	16,927	10,336
Total Cash	**4,991,852**	**4,853,781**
Total Cash Expenses	4,467,451	4,665,367
Cash at Bank	**524,401**	**188,414**
Cash at Bank reserve for Vacation Allowance, Pension Pemiums & Audit Fees pending to be paid.	(339,080)	(284,943)
Cash Position Forecast	**185,321**	**(96,529)**

In 2016 the organization monthly expenses was at ANG 400,544 (derived from table 1) and is projected to ANG 412,525 in 2017. This means that if the current monthly expenses exceed the projected

monthly expenses or revenue fails to meet expectations, regardless of the money in the bank, MHF will not be able to meet its obligations.

Accounts receivable

At the end of December 2015 the net accounts receivable total were ANG 296,212 compared to ANG 461,287 as of December 31, 2016. These increases in A/R are mainly caused by SZV no longer recognizing the MHF admission tariff when introducing its new declaration system HECINA. As a result MHF not paid for any OZR insured clients that are admitted. A formal letter was sent to the Minister of Public Health, Social Development and Labor addressing this issue.

Table 2 reflects the provision for doubtful accounts as seen in the audited financial statements. This is extremely high due to the fact that there was no settlement with SZV since 2011, bringing the provision for doubtful accounts to ANG 520,237 in 2016, of which 93% is ZV and OZR for the period 2011-2015.

Table 2

Accounts Receivable 2015 - 2016

	2016	2015
Total Accounts Receivable	981,524	696,334
Allowance for Doubtful Accounts	(520,237)	(400,122)
Net Accounts Receivable	**461,287.0**	**296,212.0**

Current liabilities

Our current liabilities amount to ANG 703,000 of which 46% are short-term portions of long-term loans, 30% other payables and accrued expenses, which consist of vacation allowance, deferred income for pension plan and professional fees, 13% taxes & social security premiums and 10% accounts payables.

6.2. Analysis of the statement of operations

Revenues

Table 3 depicts the actual figures for the period 2016 compared with 2015. Our revenues collected in 2016 amounted to ANG 4,618.7 compared to ANG 4,460.5 which is an increase of ANG 158.2 or 4% when compared with 2015.

Table 3

Annual Financial Activities and Budget

	Actual	Actual	Budget
Operating income	**2015**	**2016**	**2016**
AVBZ budget	1,514.0	1,514.0	1,611.1
AVBZ budget mortgage	185.8	185.8	185.8
Consultation & Admission	1,136.6	1,269.2	1,699.1
Government Subsidy / SZV Supplement	1,605.5	1,605.5	1,883.0
Other Income	18.6	44.2	-
Total	**4,460.5**	**4,618.7**	**5,379.0**
Operating expenses			
Personnel and professional expenses	3,296.5	3,516.6	3,998.2
Administration expenses	470.4	581.2	691.2
Housing expenses	573.0	518.4	602.8
Medication and other activity expenses	85.5	87.7	87.0
Total	**4,425.4**	**4,703.9**	**5,379.0**
Operating profit/loss	**35.1**	**(85.2)**	**(0.0)**

The organization main source of income in 2016 is SZV supplement with 35% of the total income, followed by AVBZ contribution 33% and Consultation & Admission 27%.

Consultation & Admission with SZV (ZV, FZOG, OZR) carrying almost all activities of the MHF. Other sources are White and Yellow Cross, Point Blanche Prison, Private, Court of Guardianship, Public Prosecutor's Office, SVP-CN, SJIS, Nagico and Miss Lalie Center.

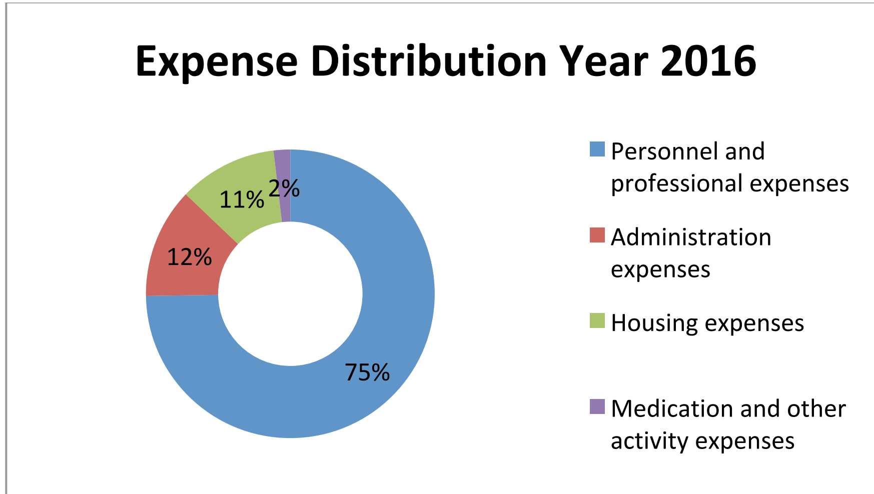
Expense distribution

Operating expenses in 2016 increases to ANG 4,703.9, which is about an increase of 6% when compared with 2015. This increase is caused by the following 3 factors:

1. Salary adjustment in 2016 due to staff upgrading
2. 2% salary indexation according to the budget 2016
3. Recruitment of another adult psychologist due to growing patient demand.

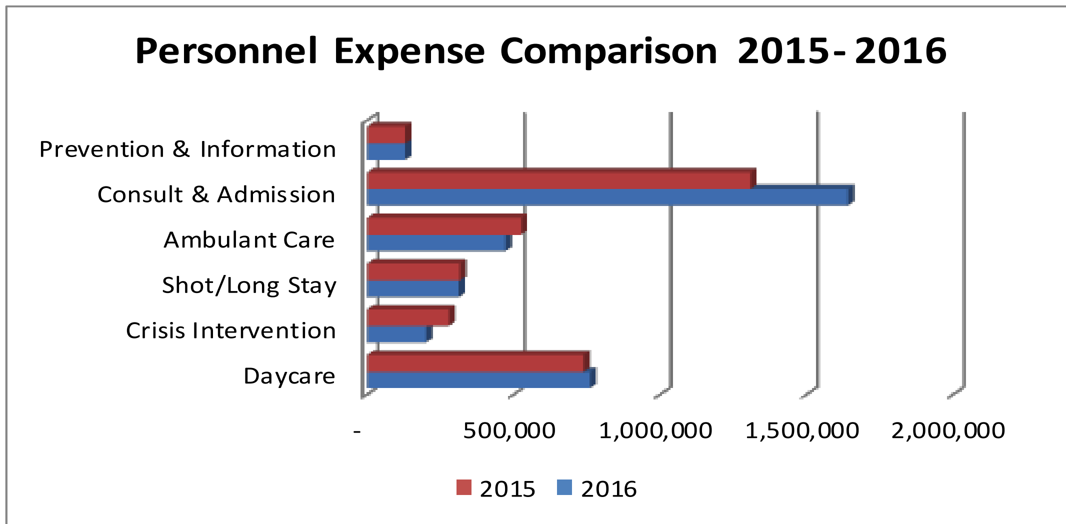
Chart 1 shows the percentage of expenses incurred in each area during the year 2016, with personnel expenses as the main source of expenses, which is 75% of the total operating expenses of the organization.

Chart 1



In chart 2 the personnel expenses are further allocated to the different care products of the organization, in which Consult & Admission (Clinic & Ward) with the highest personnel expenses.

Chart 2



6.3. Cost Allocation

The operating expenses are properly allocated over the different care products. Table 4 gives an overview of the expenses allocated to contributors and to care products on an accrual basis.

Table 4

2016

Statement of Financial Activities Allocated to Contributors

Care Products	AVBZ	SZV Supplement	Insurance	Total
Income				
Contributions & Consultations	1,699,726	1,605,498	1,269,221	4,574,445
Donations & Other Income	-	19,328	24,900	44,228
Income Allocation	**1,699,726**	**1,624,826**	**1,294,121**	**4,618,673**
Expense				
Daycare	826,522	257,490	-	1,084,012
Crisis Intervention	-	269,876	-	269,876
Shot/Long Stay	469,253	-	-	469,253
Ambulant Care	427,071	187,341	-	614,412
Consult & Admission	-	811,511	1,275,676	2,087,187
Prevention & Information	-	179,153	-	179,153
Expense Allocation	**1,722,846**	**1,705,371**	**1,275,676**	**4,703,893**
Surplus / Deficit	**(23,120)**	**(80,545)**	**18,445**	**(85,220)**

6.4. Future developments & recommendations

New building

The existing facilities are not sufficient anymore to accommodate the services which are provided by our different care products. Also the existing building gets more vulnerable which could lead to dangerous situations for clients and staff in the near future. A location for a new building is already obtained, but the plans have to be further developed in consideration with a possible cooperation with the new hospital plans. MHF prefers a flexible approach for holistic solutions for mental health care in order to increase the quality of care to the public. A budgeting system would support this flexible objective best.

New financing system (budgeting system)

A budgeting system requires a sound and transparent insight in the financial and operational organization to facilitate accountability as well as the needed supervision on the business. Such a situation for MHF already exists when the availability of information about spending (costs) and production is taken into account. Based on these figures SZV would be able to fulfill their supervisory role.

With a budget financing in place a deficit would not occur in these figures and would better fit the needs given the plans for a new building (or for financing other measures that would increase effectiveness and efficiency).

Both the minister (VSA) and SZV understand the need to improve the situation for MHF and support the policy to switch to budget financing. Because of red tape and scarce capacity parties did not succeed in a turnaround of the financing and this left the organization with a tariff-based system. This is why these annuals are presented in the old-fashioned way towards tariff accountability and a deficit has to be presented.

7. Sponsors

The MHF has been struggling to survive through the year of 2016; however generous individuals and organizations have donated funds and goods to the MHF.

The MHF would like to thank all sponsors who were willing to donate money and goods in 2016, which made the below mentioned events and initiatives possible.

The following donations were received:

- AUC let MHF use their lecture room for the panel discussion
- Autobev sponsored coffee and tea at the panel discussion
- Ennia sponsored the Brainpower walk
- Nagico sponsored two tents
- The Guardian Group sponsored the family fun day
- WIB contributed to the 10 year anniversary of MHF
- Prime distributors contributed to the 10 year anniversary of MHF
- Heavenly water contributed to the 10 year anniversary of MHF
- Sunny Foods contributed to the 10 year anniversary of MHF
- Westin contributed to the 10 year anniversary of MHF
- CC1 contributed to the MHF staff Christmas party
- Laser 101 donated a Christmas tree to the patients of the MHF
- Looking Good donated funds that were used for Christmas packages for MHF patients
- RBC bank donated towards the MHF patients' Christmas dinner
- The Rebels Veteran Basketball Association also donated funds that were used for the patients Christmas dinner
- Training and Development Center (TDC) donated professional staff training

MHF staff preparing and handing out patient Christmas packages in 2016