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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 June 22<sup>nd</sup>, 2018.

The financial auditing report 2017 has been completed by BDO accountants and has also been approved by the board.

The report explains the following:

- The general profile of the foundation
- 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



## *Reflections from the President*

St. Maarten is prone to hurricanes and since 1999 when hurricane Lenny struck St. Maarten the island has been lucky to be spared major disaster until Irma hit in September 2017. The forces of the winds were beyond a category 5 and really reaped havoc on the island.

Healthcare facilities such as MHF will in the future need to be able to deal with the influx of patients, caused by disasters. Efforts to reduce the stigma of Mental Healthcare are ongoing thanks to the immense efforts of board members and staff regardless of the circumstances. The foundation is now building on the 10 years of experience and data collection to be able to continue to improve its work for St. Maarten.

The cost of rebuilding St. Maarten is estimated in billions of dollars and the cost of living also increased in 2017. The inflation chart of the bureau for statistics shows a 1.9 % overall increase from October 2016 to October 2017, whereby they note that food prices (October 2017 +3.2%) increased most. This, together with high unemployment rates, post-traumatic stress disorder and severe material damage could increase the already strained mental health of persons on St. Maarten, increasing the need for mental guidance even more.

At the end of 2017, MHF managed to collect the majority of the outstanding payments due to the Foundation, and staff could be reassured of the continuity of their jobs. In 2017 MHF operated with 8 staff less than in 2016 and sick leave increased.

The foundation's building survived Irma's force with minor damage but the age and quality of the building show serious wear and tear. The Foundation is in dire need of a new facility to adequately provide for the growing mental health care needs on the Island. Efforts will be made in 2018 to commence with a new building.

MHF will continue its efforts to enhance quality care in 2018

Felix C. Holiday, President

### *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 transparency.

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 adequate nor official agreement with that Ministry.

### **Management**

The island government of St. Maarten on October 10, 2001, founded MHF and in 2006 a startup subsidy was allocated to the foundation's board, which resulted in the start of a functional psychiatric facility on January 1, 2007. Prioritized at that time was the provision of crisis intervention by supporting families and by assisting police with psychiatric patients that were a danger to themselves and/or the environment. Furthermore, the objective states the development of a system for mental health care on St. Maarten.

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

In accordance with the ministerial decree (1339/2017)<sup>1</sup> the foundation is in the process of changing its articles to facilitate the Corporate Governance Code.

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

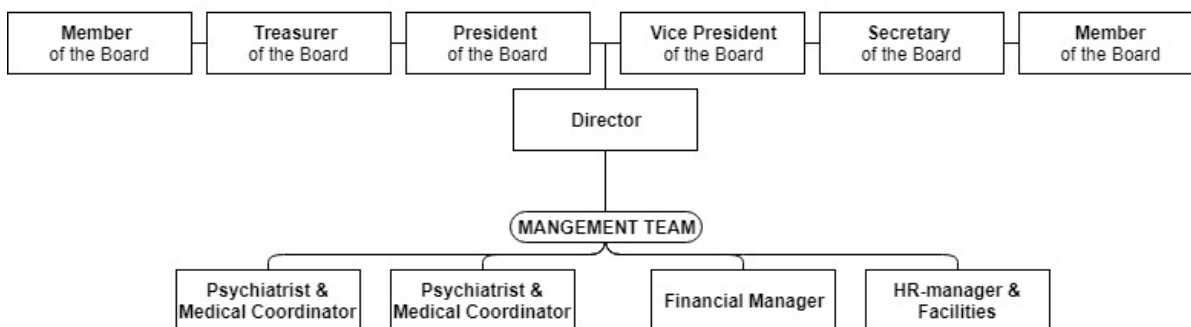
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<sup>1</sup> Ministeriële Beschikking 1339/2017 KZ permit August 11, 2017

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 to 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 laid down in the different job descriptions and the management team 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. Due to the absence of a director for most of 2017 as well as an unstable financial position, the above-mentioned objectives were challenged, as most attention was paid to the continuation of day-to-day operations.

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 based on the situation as per December 31, 2017

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	
Admission	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	In 2017 not available
Jobs support	Yes
Dietitian	Yes

## Staff formation

Staff on Payroll	December 31, 2017
	41.55
Medical Functions	
	26.8
Management & Support staff	
Administration, facilities, and HR	14.75
Staff not on the payroll	
	1
Students and trainees not on the payroll	
Call-up nurses	14
Volunteers	2
Independent specialists/replacement psychiatrist	3

## Core activities

The Ministry of Public Health, Labor and Social Affairs acknowledges in their 'National Mental Health Plan' 2014 to 2018 and published in 2014, the need for less stigmatizing legislation (p 10) as the present and while they also refer to (p. 5) the alcohol and drug abuse issues in a May 2008 report, addiction till date on St. Maarten is by law not acknowledged as an illness.

It is further mentioned on page 12 that by 2018 MHF will be supported by up to date legislation. Regretfully this has not materialized.



### **Public health inspectorate**

Complaints, no complaints were submitted to the Health Inspectorate in 2017.

### **Inspections on location**

From the health inspectorate, no official visits were made to MHF in 2017.

### **Health protections**

In 2017 the Foundation did not receive any inspections from hygiene, fire safety or disaster management.

### **Financing of care**

In 2017 the care provided by MHF was financed by:

- 1) SZV (the social insurance) for BZV, OZR, FZOG, PPK.

However, the applicable tariffs however vary. SZV tariffs are very low, and BZV had accepted tariffs calculated by MHF in 2009 for the government-insured. The tariffs were calculated at the request of Governments consultants ACSION who approved them and accepted them to determine tariffs for St. Maarten, with the intention of commencing with a basic health insurance, which never materialized.

A discussion is now ongoing for more than 2 years regarding the admission tariff that never received a code from BZV and therefore payments were stopped altogether.

MHF received a supplement from SZV to cover the shortfall of all other low tariffs for the years 2015 and 2016.

SZV also manages the AVBZ (chronic psychiatric care) patients this coverage was adapted in 2014 and covers the actual costs.

Since government transferred all payments to SZV and no longer subsidizes the foundation, crisis intervention that is by law the responsibility of government is no longer paid for in 2017.

- 2) The Ministry of Justice has outstanding payments for immigration admissions, while the prison payments have been paid for.
- 3) MHF also generates income from private entities such as private insurances, cash payments (from tourists) and contracts with 3<sup>rd</sup> 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.

The financing of health care remains fragmented causing insecure situations for the healthcare facilities in general and compromising quality care.

Cooperation with entities involved in psychiatric care should improve to facilitate care and reduce the chances of relapsing of patients as well as guaranteeing safety to patients and their support groups.

### **Local cooperation agreements**

MHF works together 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

### **Other cooperation agreements**

Are with:

1. Capriles Clinic in Curaçao
2. Mental Health Caribbean (Saba, St. Eustatius, and Bonaire)

### **MOU's with other relevant organizations**

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.

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**

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.

St. Maarten Medical Center also does not have a cooperation agreement with MHF for care services there is, however, a facilities agreement in place.

### **Information and Prevention**

Information and prevention remained a vacancy in 2017 due to the insecurity of the foundation with regards to its future financial situation.

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. Scheduled visits to schools were made for

sessions with the students and guided tours of the facility were organized.

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

Considering the importance of the department efforts will be made in 2018 to fill this vacancy.

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

Healthcare facilities are often approached, as the villains by government and financers of care while a recommended approach is to cooperate, be transparent and approachable. In support of this planning should be in place for the long and short term.



## Social year report 2017

### II. Governance

#### 2.1. The board and supervision

The minister of Public Health, Social Development and Labor, in the Ministerial Decree dated August 11, 2017 # 1339/2017 in its 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 agreement with other healthcare facilities. It acknowledges the receipt of the proposed changes without mentioning that they have not made any attempt to approve them.

#### The board

Presently the board functions as a board and in 2017 had taken on the role of managing the Foundation until October 2017. After the Hurricane disaster in September, the board decided that per October 1 the former director would be nominated as the interim director for a period of one year with specific tasks.

Tasks of the interim director were:

- Cooperation agreement with St. Maarten Medical Center
- The outstanding income owed to the foundation that had accumulated to nearly one million guilders to be resolved
- Recruitment of a new director
- Planning and development of a new building

The board is responsible for transparency regarding:

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



## Social year report 2017

The board consisted of the following persons per December 31, 2017

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)
Vacancy	To be nominated by Government
Vacancy	Member (legal)

### **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 treatment center;
- Ambulant care;
- Information, prevention and knowledge center

During the period of this strategic plan, MHF intended to implement the FACT (Flexible Assertive Community Treatment) model on St. Maarten, Saba and St. Eustatius, in collaboration with MHC, 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.

### **2.3. The risks**

Financial insecurities due to the lack of funding for the multi-annual plan is the cause of not achieving all goals stipulated and that was to benefit the patients' care. The director was dismissed in 2016 implicating that matters were not going as planned also causing a backlash to the foundation's functioning.

## **III. Policy, production, and performances**

### **3.1. Multi-annual plan**

The MAP describes the establishment of a protocol committee in 2015, the development of management processes, controlling and monitoring of processes through indicators. Regrettably much of this was not established due to financial constraints and the ongoing struggles with the director at that time.

HR, however, did manage to implement performance indicators in 2017, the first trial period was a success and with minor adjustment, this will continue in 2018.



## Social year report 2017

### 3.2. General policy

The health information systems (SQLapius) used within MHF should regularly collect and report data on the mental health service delivery, which should be broken down, at a minimum, by sex, age, race or ethnic group, insurance, diagnosis and delivered care. These data should be used routinely for evaluation and to report to authorities, and as a basis for improvement and expansion of services.

For this purpose, the basic set of indicators that are suggested in the National Health Policy and Plan of Action (objective 4.1.1.2 in 2015) will be reviewed, for its adaptation and gradual implementation.

Some examples of performance indicators are the<sup>2</sup>:

- A percentage of clients whereby the seriousness of the problem been systematically measured;
- The percentage of the treatments whereby the patient has expressed to experience the improvements and stabilization as a result of the provided treatment;
- The percentage of patients that; after being discharged from admissions receives ambulant care within 2 weeks by the same organization and/or caregiver;
- The percentage of clients that receives medication and that has an accurate record of the medication subscribed;
- A daily measurement of the improved functioning of the patient;
- The level of satisfaction of the client with the services rendered.

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<sup>2</sup> Basic set of risk-indicators psychiatric health care and addiction care 2013





## Social year report 2017

### **3.3. Human resource management**

#### **Human resources**

An organization's human resources management is its most important asset and critical to organizational success. The following headers will outline how the MHF's human resources are organized and which developments took place in 2017.

#### **3.3.1. Director**

The foundation remained without an active director for most of the year 2017. Not having an active Director in place created a challenging situation, which can be described as unstable caused by a lack of leadership and therefore control and direction. The management team informed the Board the alarming situation could not continue as such on July 2017 and demanded action is taken in this area. After several pleads and negotiations, Mrs. Eileen Healy was finally convinced to come back from her retirement and assisted the Foundation as the interim director as per October 3<sup>rd</sup>, 2017 – with the intention of having this agreement last for a maximum of one year, and with defined projects and targets attached to it. Recruitment for a director took place actively in 2017; however, the foundation was unable to find a qualified candidate that would fit within the Foundation's (limited) budget.

#### **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, and views and that advice the director. The management team is to create involvement in the decision-making process and the portal to the director to allow him or her to make balanced decisions. The basis for all decisions is the approved strategic plan and the approved yearly budget and the approved rules and regulations of the foundation. In 2016, the management team consisted of the medical coordinators (2 psychiatrists), the financial manager, the human resource manager and the director, and was assisted by the management assistant.

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 creation, adequate instructions to and coordination of personnel, efficient use of resources, and effective communication and quality control. As mentioned above, this management team had to function most of the year 2017 without an active Director, a structure that was not supported by the Foundation's policy framework, and day-to-day

operations required all attention from the management team members, which left little time for strategic planning, management, and control.

### **3.3.3. Coordinators**

The coordinators are the focal points of the care products and are supervised by the director and psychiatrist/medical coordinator, according to the division between care and non-care. 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. In 2017, many changes took place in this area; the Faraja coordinator resigned from his function and was replaced by the young and ambitious Ms. Giselle Codrington as per September 1, 2017. The Admission coordinator also resigned from her function and was replaced by 2 registered nurses who were already replacing the previous coordinator during her leave of absence. As of February 1, 2017, Mrs. Donna Wint and Mrs. Daylinda Sevilla were tasked with the management and coordination of the foundation's closed ward. The ambulant coordinator also decided she did not want to continue her efforts in being responsible for the ambulant care and crisis intervention department, and resigned from this additional function, but stayed on board as a case manager. This coordination function was not replaced due to the fact that the team of ambulant care at the time only consisted of three nurses that could function as a team, rather than as a hierarchy.

The foundation is struggling with the appointment of proper managers and coordinators due to the fact that the budget does not include considerable financial allowances and compensations for these additional functions, as well as appropriate guidance and training in the management area; which oftentimes makes it a challenging task that is more time consuming, more stressful, yet not rewarded financially.

### 3.3.4. Staff and characteristics

The following data is applicable as per December 31, 2017:

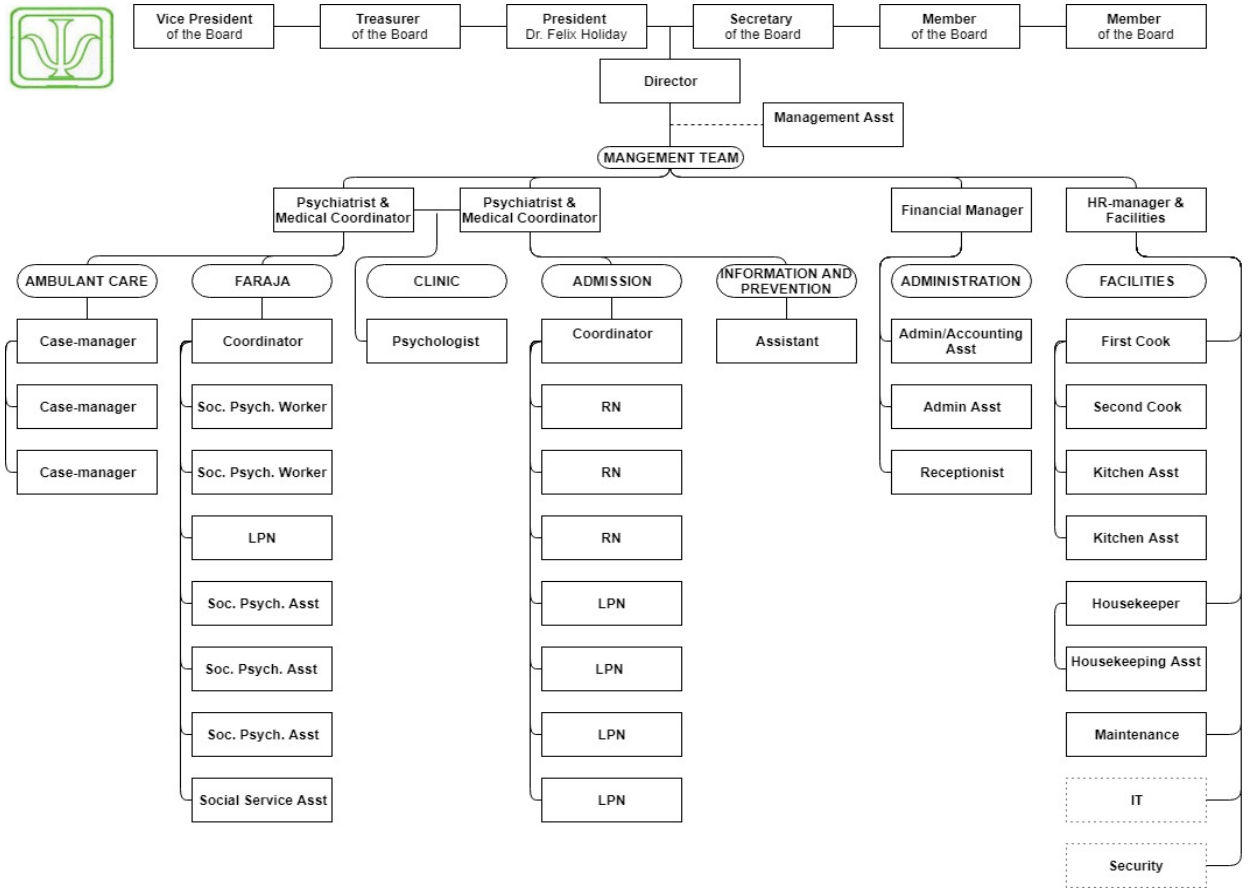
Subject	2016	2017
Staff in FTE	41.55	34.85
Medical functions	26.8	22.8
Non-medical functions	14.75	12.25
Dutch nationality	32	23.8
Non-Dutch nationality	10	12
Permanent residence permit	5	4
Temporary residence permit	2	6

In 2017, the MHF employed 34.85 FTE, which were 35 persons in total. Furthermore, the foundation had 13 call-ups (replacement) nurses with a 0 hours contract on the payroll, and security (3 FTE), cleaning (1 FTE) and catering (1 FTE) and IT (on demand) are outsourced.

In 2017 the MHF offered internships and volunteer positions. Psychology, registered nurses (NIPA and SMMC), licensed practical nurses (NIPA and SMMC), chefs and social workers were placed.

#### **Production in 2017**

The total production 2017 reduced due to the overall situation of the Foundation's management and financial situation. This uncertain situation caused a decrease of staff by 10 persons the majority, which were care staff. The maternity leave of one of the psychiatrists who were not able to work for the whole year 2017 also contributed to the reduction of patients tended to.



The organization was designed as follows (as per December 31, 2017)

### 3.3.5. Recruitment & new staff

Subject	2016	2017
Vacancies submitted to the labor office (all related to labor permit renewals)	4	9
Vacancies advertised	4 times	18 times
Total applicants	68	59
Total interviews conducted	19	25
Total new staff	3	7*
Total leaving staff	4	

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

In 2017, 8 new staff members were recruited in the following functions:

1. Interim director
2. A physician assistant (after-Irma assistance/Temporary)
3. 2 Social psychiatric workers
4. Social psychiatric assistant
5. Information and prevention assistant
6. Chef (catering, outsourced)

In 2017, 11 employment agreements were terminated in various functions, and for various reasons:

1. Director relieved of duties in 2016, officially terminated in 2017.
2. Psychologist returned to the Netherlands
3. Registered Nurse, returned to the Netherlands
4. Social Psychiatric Worker, got a job opportunity elsewhere
5. Faraja Coordinator got an interesting job opportunity elsewhere
6. 2 Case-Managers, one returned to Curacao and one was terminated due to employment issues that could not be solved
7. Housekeeping assistant left for an opportunity elsewhere
8. Information and Prevention left to pursue master's degree
9. Chef left to retire

Recruitment in 2017 mainly took place locally; however, most functions that were terminated were not replaced either due to the Irma aftermath, and/or also due to the Foundation's unstable financial situation. We can conclude that the Foundation's turnover was very high in 2017, much higher than previous years, which is most likely related to the Foundation's unstable status in 2017 (financially and lack of leadership).

### 3.3.6. Unionization

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 2017, 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) but did not show up for a meeting organized by the foundation for this purpose. The management of the foundation was informed by staff members by the end of 2017, that the UFA was not supported anymore by most of the staff.

### 3.3.7. Sick leave

Subject	2016	2017
Effective working days	249	250 (excluding Irma closure)
Sick leave days	376.30	431.26
Maternity leave days	162 (3 employees)	92 (2 employees)
Average sick days per employee excl. maternity	9.06	12.32
Average sick days per employee incl. maternity	12.96	14.95
<b>Sick leave % per employee excl. maternity</b>	<b>3.64 %</b>	<b>4.93%</b>
Sick leave % per employee incl. maternity	5.20 %	5.98%



## Social year report 2017

The sick leave percentage has increased compared to previous years the percentage but still below 5%. The increase is related to two staff members who have been on sick leave for about half of the year, 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 2017, which can take its toll on staff members.

2013	2014	2015	2016	2017
1.50%	1.62%	2.46%	3.64%	4.93%

### 3.3.8. Evaluations and employee satisfaction

In 2017, a new performance management system has been implemented. The new policy includes three annual meetings with all staff members in presence of their director 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 has been linked to the bonus for the first time in 2017, whereby staff gets the opportunity to gain a bonus (of ANG. 1,000.00) if more than 70% of the job description is satisfactorily executed, and all four objectives have been achieved.

By the end of 2016/at the beginning of 2017, a staff satisfaction has been completed among the staff. The results were gathered and distributed at 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. Improvement areas were identified as the safety and security of the building, as well as guidance and consultation of, and communication with staff. The staff also indicated they wanted to see more involvement and presence of the Board, which logically was related to the absence of an active director for most of the year.



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### **3.3.9. Pensions**

Based on the foundation's rules and regulations all staff older than 25 years old with an indefinite 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 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. Up to 2017, MHF did not manage to sign the new pension fund agreement due to its financial and leadership challenges. This employees' right should be lived up to as soon as possible.

### **3.3.10. Health insurances**

Most of the staff members are insured based on the ZV (with SZV). In total, 4 staff members have a salary above the maximum wage line (ANG 5,600) of SZV and are in 2017 insured at ENNIA.

### **3.3.11. Staff training**

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, due to the unstable financial situation as well as the devastating passing of Irma, 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 official 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:





## Social year report 2017

Activity	Date	Participants	Activity description / organizer
Upgrading psychiatrist	Nov-17	MHF psychiatrists (2)	Conference Madrid (Brain disorders)
Upgrading psychologist	Mar-17	MHF psychologist (1)	EMDR course and certification
Upgrading psychologist	May-17	MHF psychologist (1)	CBT for depression & suicide @ Beck Institute
Internal workshop paraphilia disorders	Apr-17	All medical staff	Stephen Velasquez, MSW, MBA, Certified Independent Social Worker (USVI)
Internal psycho-education workshop DSM; autism and mental retardation	May-17	Faraja department	MHF psychologist
Internal intervision training	Bi-monthly	All staff	MHF psychologist
Management course	2017	MHF psychiatrists (2)	Linkels and partners
Forensic psychiatry conference	Oct-17	MHF psychiatrist (1) and case-manager (1)	NASHKO
CPR (BLS course nurses)	2017	All nurses + crisis team	CPR courses and refreshers @ SMMC
Internal EFT course	Oct-17	Faraja (8) & ambulant care (4)	Dr. Judith Arndell
Forensic psychiatry diagnosing	Oct-17	MHF psychiatrist (1) and case-manager (1)	2 books for forensic psychiatry conference
Food handling and manager course	Nov-17	Kitchen staff	Steflogix

MHF staff that were awarded EFT (emotional freedom technique) certificates in 2017



### 3.3.12. Fun and staff events

In 2017, some fun activities were organized in an attempt to maintain and increase team spirit, regardless of the 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. In February, Valentine's Day was celebrated amongst staff members with some drinks, snacks and fun games to play. In March, the psychiatrist returned from her extended maternity leave, and her office was duly decorated to welcome her back at work. On the Thursday before Easter, the MHF kitchen provided for an Easter lunch for all staff and patients.



Valentine's celebration and patients Easter lunch

In addition, different happy hours were organized, mostly on Friday afternoons whereby staff was invited to attend to a 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, goodbye parties were given for the employees that decided to leave the Foundation, and at the end of the year, the foundation's hard-working staff was treated to a Christmas dinner at Emilio's restaurant, during which a

certificate of appreciation was handed out to the foundation's staff, signed by the Minister of Public Health, Social Development and Labor, Mr. Emil Lee.

MHF Christmas dinner at Emilio's, Eileen Healy present certificate of appreciation, signed by Minister Lee

### **3.4. Facility management**

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. At the MHF, the facility departments consist of the kitchen, the cleaning department, the maintenance department, security staff (outsourced), and IT (outsourced).

#### **3.4.1. Capacity**

The facility staff consists of the following staff members.

<b>Function</b>	<b>FTE</b>
Chef cook (outsourced)	1
Assistant chef cook	1
Kitchen assistant	2
Cleaner (1 outsourced)	2
Maintenance	1

The departments of security, cleaning and IT are fully outsourced. The MHF makes use of 2 IT persons who are basically on-call, and 3 full-time security guards.

### **3.5. Irma**

On September 6<sup>th</sup>, 2017 one of the strongest hurricanes in history made landfall in St. Maarten. While hurricane and disaster preparedness plans were existent, the situation posed a number of challenges.

In an attempt to summarize the passing of Hurricane Irma it can be concluded that the foundation was not properly prepared for a hurricane of this size and strength, and the direct aftermath thereof. It will be difficult to prepare the building accordingly, as the Foundation's building is relatively old and although it is built of concrete, it is questionable whether the building is 100% hurricane/disaster proof.

The total damage on the island of St. Maarten was estimated on a billion united states dollars, and even though the Foundation's building sustained Hurricane Irma rather well, the damages added up to an estimated ANG. 100,000.00.

In preparation of the storm, one can imagine that some stressful moments passed the review, there was no active director, both persons who were involved in the creation of the disaster plans were off-island, and no drills were organized in preparation of a possible disaster. The financial manager, as well as one of the psychiatrists, was available and they assumed the roles of coordinators and they tried to manage the event before and after.

During the storm, the foundation remained operational as per the hurricane plans, only the unstable patients that were not able to go home remained on the premises together with MHF nurses, security and a chef.

After hurricane Irma passed most challenges arose, especially because the lease cars of the Foundation were not all drivable, and stock and inventory finished fast (food, water, and diesel for the generator). The foundation had not anticipated on remaining self-sustainable for a period of more than a week. The K1 Britannia Foundation was most instrumental in assisting with the above-mentioned supplies and continued to supply MHF in the aftermath.



One of the MHF lease cars used as crisis intervention vehicle, after the passing of Hurricane Irma.

The ambulant care team resumed their duties immediately after the storm passed however experienced many issues in reaching the patients at home because of the state of the cars, roads as well as the patient's locations. The first priority of the staff became to make a list of where the patients were located and verifying if they had the medication they needed.

The staff of the foundation has worked diligently before, during and after the passing of Hurricane Irma and made sure that the foundation could remain operational at all times,

allowing to Foundation to take care of the (psychiatric) needs of the community, even though some staff members sustained considerable damage at their homes. Luckily, Hurricane Irma did not come with any casualties in relation to the MHF; the Foundation did learn its lessons.

### 3.6. Transportation

As mentioned above, some of the foundation's vehicles were severely damaged because of Hurricane Irma. These vehicles were being leased from Motorworld and therefore Motorworld was responsible for the damage assessment and all insurance dealing. The limitation in available cars was a setback in being able to visit as much as patients as possible in a short time period and the Foundation definitely has to look into secured parking spots for a future occasion or warning. After Hurricane Irma, many donations were received, which allowed the Foundation to stop with all leasing agreements of Motorworld. Avis donated two-second hand cars, the Ministry of VSA facilitated a donation for the MHF of three brand new SUV's, and Samenwerkende Fondsen and the crowdfunding action organized by Dr. Juliana raised enough funds for the Foundation to buy its own 12 seater bus.



Dr. Naeem Juliana and staff with new MHF bus (donated by Samenwerkende Fondsen and Crowd-funding action) and two donated cars of Avis



### 3.7. Adjustments and reparations building

One of the biggest challenges is the building of the MHF. In 2017, a lot of repairs were done due to the poor state of the facility, also as a result of hurricane Irma. In 2017, many urgent matters came along such as the roof (leakages), poor isolation, and even poor ceiling constructions. Many of the walls within the MHF showed severe cracks, and a lot of the painting was washed off and damaged.

Many repairs were done and much funding had to be used for this effort, funding that the MHF did not have available. The building insurance with Nagico covered for a gross amount of ANG. 40,000.00 and fortunately, different donations were received. A large donation came from the Netherlands through 'de samenwerkende fondsen', and young doctor and psychiatrist in training, Dr. Naeem Juliana started a crowdfunding campaign in the Netherlands to be able to buy a new vehicle.



**To all those who supported & donated  
– unanimously known and who we  
might have forgotten – during and in  
the aftermath of Hurricane Irma.**



#### Donations & support thank you ad

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. Complaints have been received from patients about this, but it is also easy to see for oneself that the building does not create an attractive atmosphere to be in. Many of the donations and insurance monies that were received were used for upgrading.

Before Irma hit St. Maarten in September 2017, Marvel Painters offered to paint the exterior of the building free of charge in March 2017. The paint was received from

Sherwin Williams who provided for a wonderfully discounted amount the Foundation could afford. By the end of March 2017, the exterior and visible areas of the building received a much-needed layer of beautiful new paint (as well as a power wash and base layer), which sustained the wind forces of Irma quite well.

### **3.8. Service providers**

Part of facility management is also the usage of external parties 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. 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 flooding of the building.

### **3.9. IT**

In 2017, there were no major developments in the IT area (other than the updated website, elaborated on in the next chapter) but 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, as well as the unstable Internet connection at times. In the meantime, the MHF continues to work with the program to the best of its ability.

### **3.10. New building**

Because of the fact, there was no active Director for most of the year 2017; the new building plans were pending. The new building plans are one of the projects that are listed for the Interim Director Eileen Healy to work on, as this has become one of the most urgent situations of the Foundation.

### 4. Information and prevention

The information and prevention department is intended to disseminate information on mental health-related issues via different internal and external activities, such as workshops, training, 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 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.



Marvel and team at work and thanked by the foundation's staff

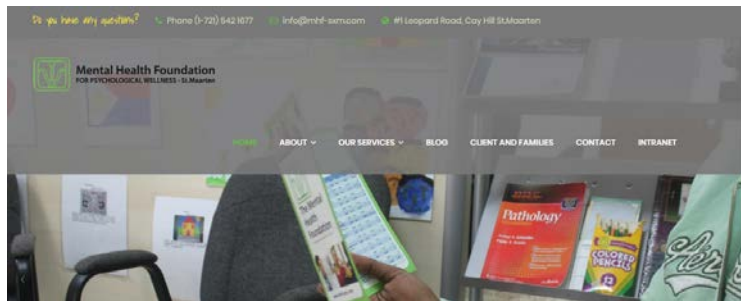
### 4.3. Capacity

The function remained a vacancy in 2017, as the previous coordinator left the foundation by the end of 2016. Because of the financial situation, it was decided by the Board not to fill up the vacancy, until the MHF would officially receive a budget for the purpose. In October 2017, it was decided by the Interim Director to hire young artist Ms. Julie Alcin, who had been instrumental in raising awareness for the mental health subject, on a part-time basis, in order to continue to organize small events, keep up the foundation's website and social media pages and assist with writing press releases if needed.



### 4.4. Website

A major development in 2017 was the design and implementation of an updated MHF website. The foundation made use of the services of a ‘user experience’ intern (Ms. Daphne Wong A Foe) who studied this subject in The Hague, the Netherlands. The intern, in collaboration with the staff, designed a website with a modern look that gives all information in a structured manner in a quick overview. The new MHF website also hosts the option of requesting an appointment online and has additional information on it pertaining to the foundation’s services and staff members.



Screenshot of the MHF's renewed website

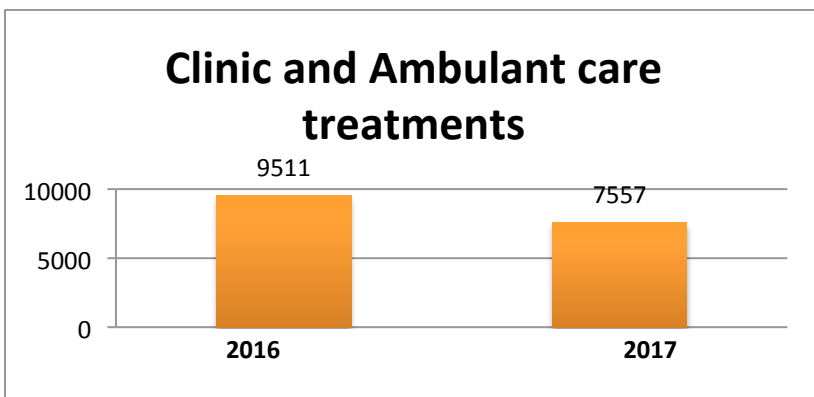
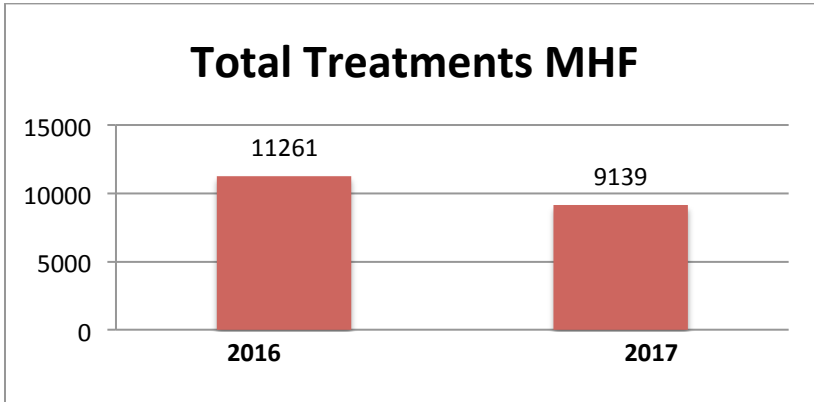
### 4.5. Activities

Even though the foundation employed no Information and prevention staff member for most of 2017, other staff members who stepped in organized certain activities. In March 2017, the MHF participated in the yearly SXM DOET, by organizing an artistic workshop for its patients, in collaboration with Julie Alcin. In May 2017, the MHF gave multiple presentations on the Milton Peter's High School, and also in May, the foundation hosted the launch of Julie Alcin's e-book: "Letters of May", whereby the artworks created for this project were showcased in the MHF's main building. In June 2017, MHF participated in interviews on different radio hosts on the island to talk about the "Letters of May" project, in the presence of Julie Alcin. In November 2017, the Foundation organized a fun and after Irma St. Maarten's day celebration for its patients and staff, whereby food was handed out and a steel band performance was given. The Foundation also attempted to sell candles and artworks during different events throughout the year.



Letters of May book launch and art exhibition and book launch

#### IV. Care products



##### 4.1. Clinic and ambulant care

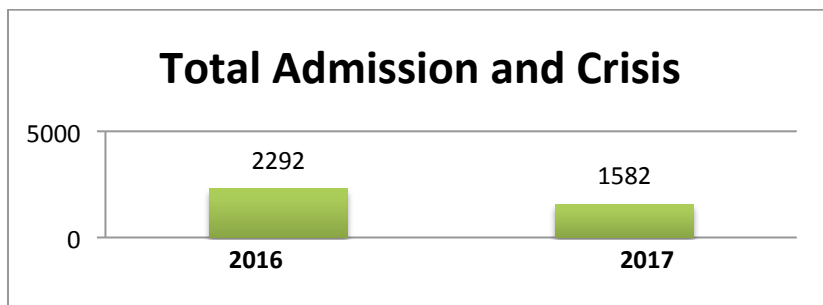
With considerable less staff, ambulant care went down from 5 to 3 nurses and from 3 psychologists to 1, the Foundation managed to still provide care to many patients in need.

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 intention is to better assist the clinic patients, presently the ambulant nurse function, clinic nurses; they are the crisis team and have their caseload of patients to follow-up on due to the increased caseloads of the 3 remaining nurses their tasks need to be alleviated.



## 4.2. Admissions

The admission department is the inpatient unit that provides 24/7 treatment. The major 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) is also part of the Admission ward, the report is shown separately

Medical professionals	FTE
Psychiatrist	2 (Available for all care products)
Registered nurses	3
LPN	4
Call up nurses (0-hours contract)	14

### 4.2.1. Protocols

In 2017, 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. The Admissions Protocol has been updated and is currently being reviewed.

### 4.2.2. Developments

- The second batch of the Admissions team received training and up-to-date certification in basic life support (BLS)
- Two of the LPNs of the team is currently doing the RN course
- Two RNs were appointed as coordinators for the unit
- The unit received from the Philipsburg Pharmacy a donation of a refrigerator for medication storage

- New call-ups (3) 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
- The team has been making strides in improving client care through the continued promotion of psych-education for clients and providing recreation 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

#### **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. (Check KZ legislation)

### **4.3. Crisis intervention**

**4.3.1. Capacity:** The capacity for crisis intervention in 2017 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 2017 there were 50 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)

#### **4.3.2. Protocols**

No updated crisis protocol has been done in 2017. Some changes were implemented in regards to the procedure that it would be the psychiatrist's responsibility to call the independent doctor when a client in crisis is admitted involuntarily.

#### **4.3.3. Developments**

Quarterly reports are being maintained.

#### **4.4. Faraja, Day Treatment**

##### **4.4.1. Developments**

In 2017, the number of clients was consistently 15 to 17 clients. Five new clients were added to the day treatment in 2017. 1 out of 6 clients were existing clients of AVBZ care product (In ambulant care returning). 1 client returned to AVBZ care product in the same year after losing his job and housing after hurricane Irma. The decreased in clients was due to:

- Movement between day treatment and short & long stay (clients needed a controlled environment to work on other goals)
- Obtained a job and worked during Faraja hours
- Client satisfied with their accomplishments (for e.g. gaining budgeting tips) and left
- The client left the island after hurricane Irma
- The client left the island for a short period due to a family emergency
- Clients did not adequately fill the gap immediately e.g. one client left after AVBZ approved the application, other left after a month

##### **4.4.2. Important notice**

Although, AVBZ care products were not full to capacity with AVBZ approved clients, services were rendered to admission and potential clients for AVBZ care product. In 2017, 22 admission clients participated in the day treatment program. Furthermore, Faraja team invited clients for a trial week in AVBZ care products as part of marketing strategies. In 2017, a total of 12 non-AVBZ/ admission clients used the services at the day treatment, daily.

- 1 client came for the substance abuse therapy facilitated by Turning Point at MHF three times a week. The client got a job during the care planning process.
- 1 client participated in day treatment for 3 weeks, this was an observation period request from the clinic and to assist the family who was burned out
- 1 client did not return after a 2 weeks
- 1 client fell back in attendance but still asks for help, this delayed care planning
- Three clients started in November 2017, care planning is scheduled for 2018

#### **4.4.3. Care plan orientation**

The activity program has shifted from group level to individual level. Clients are now involved in meeting to discuss their goals for care plans. The meeting is called "Clients' Meeting" this meeting is on a weekly based and also includes Faraja staff, the psychiatrist, psychologist, social worker and assigned case manager.

#### **4.4.4. Activities**

Activities include candle making, dog walking, social skills on different topics, job training, field trip, substance abuse therapy by Turning Point, psycho-education sessions by psychologists and Sports at Hazel Sports Complex. After Hurricane Irma activities were limited to indoor until November 2017 due to damages on company vehicle and Sports complex, closing of businesses and destructions in the community.

#### **Donations:**

- K1 Britannia Foundation was the main organization supplying clients and staff on a regular base with food, water, toiletry, sofa, and beddings. K1 Foundation supplies all our AVBZ clients with Christmas gifts "project called Angel". As a result, there was money left over for Christmas budget (MHF did not have to buy gifts for clients in 2017) at the end of the year.
- Samaritan Plus: 10 boxes blue blankets, this given to all clients and staff in need
- Police Department: In December dropped 2 boxes; with mini bottles of body lotion and shampoo.
- White and Yellow Cross: In October gave food, water, and toiletry to MHF for the clients. The AVBZ officer took this initiative, after being told AVBZ clients are in need of supplies.
- Simpson Pharmacy: In October gave bags which was used to make packages for clients

#### 4.5. Short and Long Stay

	Short Stay	Short Stay	Long Stay	Long Stay
	2016	2017	2016	2017
Jan	1	3	1	3
Feb	1	2	1	2
Mar	1	2	1	3
Apr	1	2	1	2
May	1	2	1	3
Jun	3	2	1	2
Jul	3	2	3	2
Aug	3	2	3	3
Sep	3	1	3	2
Oct	3	1	3	3
Nov	3		3	3
Dec	3		3	3
Average	2.2	1.9	2	2.6
Capacity	3	3	3	3
Occupancy rate	72.2	63.3	66.7	86.1

Four clients were taken into Short and long stay after the destruction of their home.



**AVBZ Ambulant care:**

	Ambulant care	Ambulant care
Jan	19	17
Feb	19	19
Mar	18	19
Apr	18	19
May	18	19
Jun	18	19
Jul	18	17
Aug	18	21
Sep	18	21
Oct	18	21
Nov	17	22
Dec	17	22
Average	18.0	19.7
Capacity	20	20
Occupancy rate	90.0	98.3

**V. Finance checks and balances**  
**Analysis of the statement of financial position**

**5.1. Cash position**

In the year 2017, approximately 74% of the account receivable for the period 2011-2016 was received by MHF due to settlements with SZV, increasing MHF's ability to pay expenses from operations and to fulfill its overdue obligations.

MHF's restricted cash increased from ANG 216K to ANG 566K, of which the ANG 216K is related to the mortgage liability and the balance (ANG350K) is reserved as a result of the settlement between MHF and AVBZ for the period 2011 - 2014.

Table 1, shows the cash position for the year 2017 and the "projected" cash position for the period 2018. A cash inflow is expected in 2018 as a result of the agreed budget with SZV that is due after submitting the audited 2017 financial statements.

This will reduce the negative balance shown in table 1.

*Table 1*

<b>CASH OVERVIEW</b>	<b>Actual 2017</b>	<b>Proj. 2018</b>
Cash position beginning of year	524,401	559,430
<b>Cash Receipts</b>		
Contributions (AVBZ & SZV Supplement)	3,305,224	3,305,224
Consultations, admission & collections	1,018,870	920,551
Donations	67,456	286,019
<b>Total Cash</b>	<b>4,915,951</b>	<b>5,071,224</b>
Total Cash expenses	4,356,521	5,007,473
<b>Cash at Bank</b>	<b>559,430</b>	<b>63,751</b>
Cash at Bank for Vacation allowance, pension Premiums & Audit fees pending to be paid	258,591	290,906
<b>Cash Position Forecast</b>	<b>300,838</b>	<b>(227,155)</b>

## 5.2. Accounts receivable

Table 2, shows the accounts receivable movement from ANG 981,524 at the end of December 31, 2016, to ANG 594,179 at the end of December 2017, showing a decrease of 35%. This decrease is primarily due to cash received to settle the debt of long overdue outstanding invoices for OZR, FZOG & ZV. The result is:

1. A decrease in the provision for doubtful accounts from 520,237 to ANG 153,205
2. An increase in cash and net income.

*Table 2*

<b>Accounts Receivable 2016 - 2017</b>		
	<b>2017</b>	<b>2016</b>
Total Accounts Receivable	594,179	981,524
Allowance for doubtful accounts	(153,205)	(520,237)
<b>Net accounts receivable</b>	<b>440,974</b>	<b>461,287</b>

## 5.3. Current liabilities

Our current liabilities amount to ANG 983,554 in which 47% are other payables and accrued expenses, 34% are short-term portions of long-term loans, 10% are accounted payables, and 7% taxes & social security premiums.

## 5.4. Analysis of the statement of operations

### Revenues

Table 3, shows the revenues for the year 2017 in the amount of ANG 4,417 compared to ANG 4,619 in 2016, a decrease of ANG 202, as a result of a decrease in consultations & admission. In 2017 MHF had to operate with limited personnel, which contributes to a decrease in consultations. Table 3, also depicts a clear relation between personnel expenses and the income from consultation & admission during the period 2015-2017.

Table 3

**Annual Financial Figures**

	<b>Actual 2015</b>	<b>Actual 2016</b>	<b>Actual 2017</b>
<b><u>Operating Income</u></b>			
AVBZ Budget	1,514.0	1,514.0	1,514.0
AVBZ Budget mortgage	185.8	185.8	185.8
Consultation & admission	1,136.6	1,269.2	970.8
SZV Supplement	1,605.5	1,605.5	1,605.5
Other income	18.6	44.2	140.9
	<b><u>4,460.5</u></b>	<b><u>4,618.7</u></b>	<b><u>4,417.0</u></b>
<b><u>Operating expenses</u></b>			
Personnel and professional expenses	3,296.5	3,516.6	3,259.6
Administration expenses	470.4	581.2	355.1
Housing expenses	573.0	518.4	494.2
Medication and other activity expenses	85.5	87.7	76.7
	<b><u>4,425.4</u></b>	<b><u>4,703.9</u></b>	<b><u>4,185.7</u></b>
<b>Surplus / Deficit</b>	<b>35.1</b>	<b>(85.2)</b>	<b>231.3</b>

**Expense distribution**

On May 9, 2018, MHF and SZV agreed on a care contract budget for 2017 – 2018 based on MHF actual cost in relation with MHF actual production, to secure continuity of care.

The decrease in MHF operating expenses is approximately 11% less when compared with 2016, which was mainly caused by a reduction in the medical staff with a turnover of approximately 15% at the end of 2017.

**5.5. Cost allocation**

With a budget financing now in place, the actual production is used as a base of apportioning to allocate actual expenses to the different care financiers. Table 4 gives an overview of the allocation of income and expenses to care financiers and care products on an accrual basis.

Table 4

**Production per care financiers**

<b>Care Products</b>	<b>AVBZ</b>	<b>SZV Supplement</b>	<b>Insurances</b>	<b>Total</b>
<b><u>Income</u></b>				
-				
Contributions & Consultations	1,514,000	1,605,500	970,723	4,090,223
Donations & Other Income	185,800	67,456	73,444	326,700
<b>Income Allocation</b>	<b>1,699,800</b>	<b>1,672,956</b>	<b>1,044,167</b>	<b>4,416,923</b>
<b><u>Expense</u></b>				
-				
Daycare	881,976	221,038		1,103,014
Crisis Intervention		281,616		281,616
Short/Long Stay	380,082			380,082
Ambulant Care	372,067	223,101		595,168
Consult & Admission		847,872	829,221	1,677,093
Prevention & Information		148,696		148,696
<b>Expense Allocation</b>	<b>1,634,125</b>	<b>1,722,322</b>	<b>829,221</b>	<b>4,185,669</b>
<b>Surplus / Deficit</b>	<b>65,675</b>	<b>(49,366)</b>	<b>214,946</b>	<b>231,254</b>

**5.6. Future developments**

MHF is diligently investigating its options regarding a new building; since the present building no longer has the capacity to house all that is necessary to adequately provide care for the patients

## **VI. Conclusion**

With the budget system now in place the foundation hopes for a sustainable future.

Upgrading and training of staff to be able to enhance quality care are now prioritized. Whereby training will be emphasized providing acknowledged psychiatric care workers locally.

MOU's with relevant organizations are to be evaluated, renewed and new ones established in the future.

Worldwide there is a shortage of healthcare workers doctors as well as nurses.

In a country prone to hurricanes and where inflation is ever increasing, in accordance with the October 2017 Statistics the inflation is ever increasing of which the food prices in 2017 went up 3.2% the highest in all other categories, the need for mental health care will increase. A lack of adequate housing, unemployment, and post-traumatic stress will also contribute to a considerable increase in care needs

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.