



# *Implementation Strategy*

*Adopted by the Board of Trustees  
December 6, 2016*

**Table of Contents:**

Executive Summary ..... 3

About Carrier Clinic..... 4

Definition of Community..... 5-6

Data Gathering overview..... 7-11

National Mental Health/ DDX Trends..... 12

New Jersey Mental Health/DDX Trends..... 13-14

Identified Mental Health/DDX Needs..... 15

Carrier Clinic Patient Focus Group Results..... 15-16

Carrier Clinic Case Management Recommendations..... 17

**New Jersey ..... 18**

    Summary of New Jersey’s Mental Health/DDX Needs..... 18

    Carrier Clinic Implementation Strategy for New Jersey..... 19-20

**Middlesex County..... 21**

    Summary of Middlesex County’s Mental Health/DDX Needs..... 21

    Carrier Clinic Implementation Strategy for Middlesex County..... 22-23

**Somerset County..... 24**

    Summary of Somerset County’s Mental Health Needs..... 24

    Carrier Clinic Implementation Strategy for Somerset County..... 25-26

**Accessing Carrier Clinic’s Community Health Needs Assessment  
& Implementation Strategy ..... 27**

## Executive Summary:

In 2016, Carrier Clinic underwent a comprehensive data gathering process (Community Health Needs Assessment) to identify the mental health needs of the communities we serve. As a specialized, not-for-profit psychiatric hospital, our definition of community is unlike most medical/surgical centers who primarily use an immediate geographic boundary to define “community.”

Carrier Clinic is continually assessing the primary counties we serve in the state of New Jersey. As such, in response to the shift towards including addiction illnesses to mental health data collection/ reporting on both a local and national level, Carrier Clinic has expanded its community definition in 2016 to now include those persons suffering from mental health **and** dual diagnosis illnesses.

Conversely, due to the resource limits of an independent behavioral healthcare hospital, Carrier Clinic is narrowing its geographic area for the 2016-2019 plan, concentrating on its two major counties (*Middlesex & Somerset, which made up approximately 35% of Carrier Clinic admissions in 2015*), and defining its secondary area as the State of New Jersey.

Therefore, for the 2016-2019 Community Health Needs Assessment & Implementation Strategy, Carrier Clinic’s community is defined as **“adults suffering from acute mental health and dual diagnosis illnesses, residing in Middlesex & Somerset counties.”** Additional data has been provided on a state level for mental health and dual diagnosis needs throughout the state of New Jersey.

Utilizing a compilation of County CHIP data, BRFSS participation, key informant Interviews, patient focus groups and other sources, **we have identified the mental health and dual diagnosis/addiction education and information needs** of New Jersey and our two counties, and have put together a plan to meet those needs, as we are able, specific to each county in our defined community.

As “Mental Illness” is a top priority throughout the state, there are tremendous opportunities for Carrier Clinic to provide education and information to not only consumer/community members, but to the mental health professionals in those counties as well.

## **About Carrier Clinic:**

Carrier Clinic is a private, not-for-profit behavioral healthcare system located on 100+ acres at the foothills of the Sourland Mountains in Belle Mead, NJ (Somerset County).

Founded in 1910, Carrier Clinic specializes in psychiatric and substance abuse addiction treatment, and provides expert care and education for adolescents, adults and older adults on the inpatient and residential levels. Outpatient services are provided for ECT treatment and drug abuse addiction.

Carrier Clinic is accredited by the Joint Commission, and is a member of the New Jersey Hospital Association (NJHA), the New Jersey Association of Mental Health Agencies (NJMHA), the American Hospital Association (AHA), the National Association of Psychiatric Health Systems (NAPHS), the Somerset County Business Partnership and the Princeton Chamber of Commerce.

While Carrier Clinic accepts patients from throughout the state of New Jersey, the majority of patients are adults with psychiatric and dual diagnosis illnesses (comprising of approximately 35% of admissions from 2015) from the following counties:

**Middlesex**  
**Somerset**

In response to the Patient Protection and Affordable Care Act of 2010, the following Community Health Needs Assessment includes Carrier Clinic's definition of community, identified needs as a result from collaborative primary and secondary data collection with key members and organizations within the defined community, prioritized needs to address, and potential measures and resources to address those needs.

In a separate document, Carrier Clinic will recap identified and prioritized needs and present the Implementation Strategy that was adopted by the Carrier Clinic Board of Trustees on 12/xx/2016.

### Carrier Clinic- Definition of Community:

Carrier Clinic is continually assessing the primary counties we serve in the state of New Jersey. As such, in response to the shift towards including addiction illnesses to mental health data collection/ reporting on both a local and national level, Carrier Clinic has expanded its community definition in 2016 to now include those persons suffering from mental health **and** dual diagnosis illnesses.

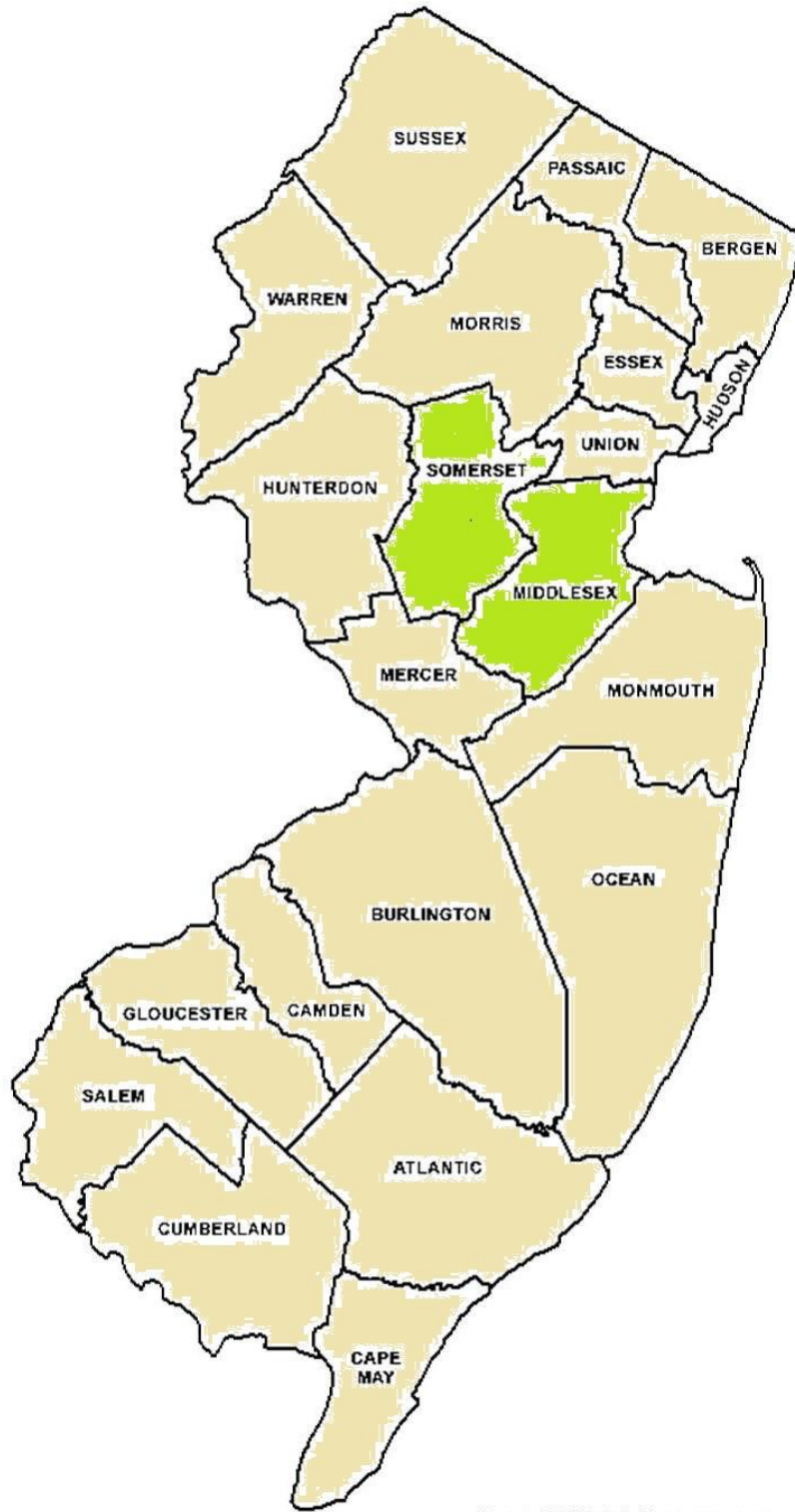
Conversely, due to the resource limits of an independent, behavioral healthcare hospital, Carrier Clinic is narrowing its geographic area for the 2016-2019 plan, concentrating on its two major counties (*Middlesex & Somerset, which made up approximately 35% of Carrier admissions in 2015*), and defining its secondary area as the State of New Jersey.

Therefore, for the 2016-2019 Community Health Needs Assessment & Implementation Strategy, Carrier Clinic's community is defined as "**adults suffering from acute mental health and dual diagnosis illnesses, residing in Middlesex & Somerset counties.**" Additional data has been provided on a state level for mental health and dual diagnosis needs throughout the state of New Jersey.

### Carrier Clinic- Area of Expertise:

*As Carrier Clinic is a specialized behavioral healthcare hospital, without the resources and expertise of a medical/surgical hospital, we will be focusing on the adult population data (18+) for Mental Health & Dual Diagnosis illnesses (and findings which include accessing mental health & addiction services) in determining Middlesex and Somerset County's Mental Health Needs and Service Gaps.*

Community Map:



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Primary Community  
Secondary Community

## **Community Needs Assessment- Data Gathering Overview:**

As an active partner to assessing the mental health and addiction needs in our community, Carrier Clinic has conducted interviews with Mental Health & Addiction Administrators and other Mental Health & Addiction professionals in each identified county. Additionally, representatives from Carrier Clinic attend monthly County Mental Health Advisory Committee and PACADA meetings, and have participated in a collaborative effort with Somerset County Health Services stakeholders through the Healthier Somerset initiative to produce a Community Health Needs Assessment and Community Health Improvement Plan.

### ***Primary Data Collection:***

#### **Interviews with Mental Health Administrators:**

In May 2016, Mental Health Administrators from Middlesex and Somerset counties were contacted for an interview to discuss service gaps in the community. A representative from East Mountain Hospital conducted these interviews (either face to face or over the phone).

Specifically, the following questions were asked:

- 1) Can you identify your county's top 5 primary unmet needs or service gaps, in relation to mental health?***
- 2) Do you believe your community (including your professional service providers) can benefit from additional mental health education, information, or services?***
- 3) Which delivery system(s) for any programs listed above would work best: in person, via technology (on demand webinar/videos), handouts? Other suggestions? Would you prefer a combination of all?***
- 4) To help with transportation issues, which location(s) in your community would work best? Do you have free or low-cost space available in these locations to hold programs on mental health education?***
- 5) Any other suggestions, questions, follow up, etc.?***

## **Primary Data Collection (continued)**

### **Interviews with Addiction Services Administrators:**

In May 2016, Addiction Services Administrators (when different from the Mental Health Administrator) from Middlesex and Somerset counties were contacted for an interview to discuss service gaps in the community. A representative from East Mountain Hospital conducted these interviews (either face to face or over the phone). The questions asked were:

- 1) Can you identify your county's top 5 primary unmet needs or service gaps, in relation to dual diagnosis services?**
- 2) Do you believe your community (including your professional service providers) can benefit from additional dual diagnosis education, information, or services?**
- 3) Which delivery system(s) for any programs listed above would work best: in person, via technology (on demand webinar/videos), handouts? Other suggestions? Would you prefer a combination of all?**
- 4) To help with transportation issues, which location(s) in your community would work best? Do you have free or low-cost space available in these locations to hold programs on mental health education?**
- 5) Any other suggestions, questions, follow up, etc.?**

### **Interviews with East Mountain Hospital Case Management staff:**

In October 2016, the Case Management department answered a questionnaire outlining the unmet needs or service opportunities in Middlesex & Somerset Counties.

The Case Management Staff were asked these questions:

- 1) Can you identify each county's top 3-5 primary unmet needs or service gaps, in relation to mental health and/or dual diagnosis services?**
- 2) Do you believe any of these communities (including your professional service providers) can benefit from additional mental health education, information, or services? If you can think of a specific county (ies) that might benefit from a specific service(s) please fill in here:**
- 3) Which delivery system(s) for any programs listed above would work best: in person, via technology (on demand webinar/videos), handouts? A combination of all? Other suggestions?**



## *Primary Data Collection (continued)*

### **Patient Focus Group Interviews with East Mountain Hospital patients:**

During medication education groups held between October 14-28, 2016, patients were asked questions to determine their most prevalent mental health and/or dual diagnosis needs. In most cases, the answers were not county-specific, but were very helpful in identifying potential action items for the Implementation strategy. The questions asked were:

- 1) What are the biggest problems you encounter when trying to get access to mental health/dual diagnosis services?*
- 2) What are your barriers to medication compliance?*
- 3) Would you be interested in getting more information about mental health/dual diagnosis services in your area?*
- 4) How would you like to receive that information?*
- 5) Are there any community places where you currently gather where it would be helpful to have mental health/dual diagnosis resources or presentations?*

### **Monthly attendance at County Professional Advisory Committee Meetings (PAC) & Providers' Advisory Committee on Alcohol and Drug Abuse (PACADA) :**

In order to keep abreast of needs throughout the state of New Jersey, representatives from Carrier Clinic attend county meetings on a monthly basis. In addition to sharing ideas, providing information, identifying service gaps and offering support during county strategic planning sessions, attendance at these meetings allow Carrier Clinic to maintain a synergistic relationship that benefits both patients and service providers throughout the state.

### **Somerset County/Community Health Needs Assessment**

In 2015, Robert Wood Johnson University Hospital (RWJUH) Somerset, in partnership with the Healthier Somerset Coalition, sought to undertake a community health needs assessment of the communities it serves, which is the 21 municipalities located within Somerset County, New Jersey; with particular attention to at-risk populations, including racial/ethnicity minority groups, low income residents, and seniors. RWJUH Somerset contracted with Health Resources in Action (HRiA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHA report, which was built on previous assessments conducted in 2001, 2006, and 2011. Methods for the previous assessment included a telephone survey conducted in Somerset County and used questions from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). The 2015 assessment compares current health status to the 2011 findings, and also identifies emerging needs, strengths and resources.

Healthier Somerset, (consisting of Robert Wood Johnson University Hospital, the United Way, the Somerset County Public Health Department, Carrier Clinic/East Mountain Hospital and other health providers) formed a subcommittee to provide support to the 2015 study. This coalition provided input on data indicators and surveys, telephone survey questions and administration, focus group segments, key informant interviewees, qualitative data collection protocols, and report content and format.

As a follow up to the Community Health Needs Assessment in 2015, the Coalition then completed and published the Healthier Somerset Community Health Improvement Plan, in January 2016. This plan was developed over the period of February 2015-November 2015, using the key findings from the CHNA, which outlined the county's overall focus on four key health factors: Mental Health & Substance Abuse, Obesity, Chronic Disease and Access to Care.

*Excerpts from: Somerset County 2015 Community Health Needs Assessment, dated September 6, 2015; and Somerset County Community Health Improvement Plan, January 2016; both reports available at [www.HeathierSomerset.org](http://www.HeathierSomerset.org).*

### **Secondary Data Collection:**

As each county has followed a different reporting timeline, the following reports were consulted for demographics, county health data and identified prioritized needs collected over the last 5 years. These data reports include:

#### **National Data:**

- Behavioral Health Trends in the US: Results from the 2014 National Survey on Drug Use and Health, SAMHSA
- [National Center for Health Statistics](#)
- [National Prevention Council/National Prevention Strategy \(2011\)](#)
- [National Prevention Council/National Prevention Council Action Plan \(2012\)](#)
- CDC
- [US Department of Health and Human Services](#)
- <https://www.mentalhealth.gov/>
- Healthy People 2020

#### **New Jersey:**

- [NJ Census Data](#)
- Behavioral Health Barometer, NJ 2014, SAMHSA
- 2014 Report: Confronting New Jersey's New Drug Problem, GCADA
- State of NJ Department of Human Services, Division of Mental Health and Addiction Services
- NJHA County Profile – Community Health
- [NJ Community Health Improvement Plans](#)
- [2016 County Health Rankings NJ](#)

**Somerset County:**

- Somerset County Comprehensive Plan for the Organization and Delivery of Alcohol and Drug Abuse Services, Planning Cycle 2016-2019
- [2016 County Health Rankings NJ](#)

**Middlesex County:**

- Measurement to Promote a Healthier New Brunswick, Rutgers Robert Wood Johnson Medical School, December 2014
- Community Health Needs Assessment, 2014, Raritan Bay Medical Center
- [2013 Middlesex County Chip](#)
- [2016 County Health Rankings NJ](#)

## National Mental Health & Dual Diagnosis Trends: An Overview

According to the United States **Substance Abuse and Mental Health Service's Administration's (SAMHSA) 2014 National Survey on Drug Use and Health**, about 1 in 5 adults aged 18 or older (43.6 million adults) had any mental illness in the past year, and 9.8 million adults had serious mental illness.

Approximately 20.2 million people aged 18 or older in 2014 had a substance use disorder in the past year, including 16.3 million people with an alcohol use disorder, 6.9 million with an illicit drug use disorder, and 2.6 million who had both an alcohol use and an illicit drug use disorder.

Of illicit drug use, 7.3 million adults had a pain reliever use disorder in the past year and approximately 568,000 adults had a heroin use disorder. Adults with a cocaine use disorder numbered 887,000.

About 3.3 percent of all adults in 2014 had both any mental illness and a substance use disorder in the past year, and 1.0 percent had both a serious mental illness and a substance use disorder.

In all cases of substance use disorders, mental health issues and co-occurring (or dual diagnosis) mental illness and substance use disorders, percentages of illness are comparable to percentages in 2011-2013.

**According to the Centers for Disease Control and Prevention (CDC),<sup>1</sup>** the United States is experiencing “an epidemic of drug overdose (poisoning )deaths,” with the rate of deaths from drug overdoses increasing 137% since 2000. There has also been a 200% increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin).” Although there has been much in the media recently (especially in New Jersey, where this is a full-blown epidemic) regarding opioid use, alcohol use has not decreased- in fact, as reported by the CDC, in 2014, more than 30,700 Americans died from alcohol-induced causes (including alcohol poisoning and cirrhosis, which is primary caused by alcohol use).

The **National Center for Health Statistics**, in 2014, reported the top 5 causes of death for adults, as reported in a CDC fact sheet<sup>2</sup> on 2014 health trends:

### **Ages 25-44**

#1- Unintentional injuries

#2- Cancer

#3- Heart Disease

**#4- Suicide**

#5- Homicide

### **Ages 45-64**

#1- Cancer

#2- Heart Disease

#3- Unintentional injuries

**#4- Liver disease & Cirrhosis**

#5- Chronic lower respiratory illness

1. CDC. “Increases in Drug and Opioid Overdose Deaths- United States, 2000-2014” in *Morbidity and Mortality Weekly Report*, January 1, 2016/ 64(50); 1378-82, See [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s\\_cid=mm6450a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w)

2. [http://www.cdc.gov/nchs/hus/hus\\_infographic.htm](http://www.cdc.gov/nchs/hus/hus_infographic.htm) (Spotlight on Health Status & Determinants, Spring 2016, posted 6/13/2016)

## **New Jersey Mental Health & Dual Diagnosis Trends:**

### **Published Data Collection**

According to the **US Census Data**, the 2015 population estimate for New Jersey is **8,958,013** primarily comprised of 72.6% White, 19.7% Hispanic or Latino, 14.8% Black or African American, and 9.7% Asian (2.1% of the population selected two or more races.)

11.1 percent of persons in New Jersey fall below the national poverty level, and 6.5% of the population under 65 years old have a disability. Over twelve and a half percent of NJ residents do not have health insurance. There are 416,037 veterans residing in New Jersey.

### **CountyHealthRankings.org**

As reported in the County Health Rankings 2016 New Jersey Report, sixteen percent of NJ residents report fair or poor (overall) health. The average number of mentally unhealthy days reported in the last 30 days was 3.4. In New Jersey, the ratio of population to mental health providers is 570:1; for physicians, that ratio decreases significantly to 1170:1, or 1170 people per every physician. Approximately 15 % of the population under 65 does not have health insurance.

The percentage of adults reporting binge or heavy drinking was 17%, and the percentage of driving deaths with alcohol involvement was 26%.

Other stressors that may contribute to mental health or addiction issues, which might be opportunities for education and support, involve housing and commuting. In New Jersey, 23% of people are in households that are overcrowded, have high costs, and lack of basics such as a kitchen or plumbing. Additionally, approximately 42% of NJ residents commute, alone, over 30 minutes every day.

### **NJHA Behavioral Health Volume Report (Trending 2010-2014)**

*Excerpts from: <http://www.njha.com/quality-patient-safety/behavioral-health/>*

Mental health or addiction cases in 2014 *(as either a primary or secondary diagnosis, across all age groups)* accounted for 17.3% of all NJ Emergency Department volume, compared to 14.4% in 2010.

**10.65% of NJ Emergency Department visits in 2014 were for Adult Behavioral Health services** *(primary or secondary diagnosis, ages 22-55).*

### **Insurance Coverage**

Of those that came in with a mental health or addiction illness *(as either a primary or secondary diagnosis, across all age groups)*, 24.31% had Medicaid HMO & FFS, 21.34% had Medicare HMO & FFS, 19.71% were Charity Care/Uninsured, 17.41% were covered by a commercial HMO, 10.38% were Blue Cross, and 3.52% were Commercial. The remaining 3.3% was unspecified.

## SAMHSA's Behavioral Health Barometer, New Jersey, 2015

### Mental Health

Adult data pulled from SAMHSA's 2015 report shows that in New Jersey, about 245,000 adults (3.6% of all adults aged 18 or older) in 2013-2014 had serious thoughts of suicide within the year prior to being surveyed. From the period of 2012-2013, that number was 3.8% of adults in New Jersey, compared with 3.9% of adults in the United States.

About 242,000 adults in NJ (3.6%) in 2013-2014 had a Serious Mental Illness (SMI) within the year prior to being surveyed. During that same time period, only 39.9% that had Any Mental Illness (AMI) received treatment or counseling for their mental illness.

***Sixty percent of adults in New Jersey suffering from Any Mental Illness (AMI) did not receive any treatment or counseling within the year prior to being surveyed.***

### Substance Abuse

Approximately 6.5%, or 486,000 people aged 12 or older in 2013-2014 were dependent on or abused alcohol. 2.4%, or 118,000 were dependent on illicit substances. About 363,000 New Jersey adults aged 21 or older (5.7% of all adults in this age group) per year in 2010-2014 reported heavy alcohol use within the month prior to being surveyed.

Among individuals enrolled in substance use treatment in a single-day count in 2013, 40.1% were in treatment for drug use only, 14.3% were in treatment for alcohol use only, and 45.5% were in treatment for both drug and alcohol use.

During the time period of 2010-2014, 6.6% or 31,000 individuals aged 12 or older with alcohol dependence or abuse received treatment for their alcohol use within the year prior to being surveyed. 43,000 NJ residents (or 23.7%) received treatment for illicit drug use.

***Ninety-three percent of those 12 or older who abuse alcohol and 76.3 percent of those who abuse illicit drugs did not receive treatment for their addiction illness.***

**Governor's Council on Alcoholism & Drug Abuse: 2014 Report: Confronting New Jersey's NEW Drug Problem.** Excerpt from the 2014 report, available at: [www.gcada.nj.gov](http://www.gcada.nj.gov)

"The skyrocketing use of heroin and other opiates has become the number one health crisis confronting New Jersey." In 2012, there were more than 8,300 admissions to State-licensed or certified substance abuse treatment programs due to prescription drug abuse. This admission number was an increase of more than 200% over the past five years, and nearly 700% over the past decade. The media often focuses on the 40 percent of opiate admissions for treatment which involved persons 25 years old or younger, but the majority who are being treated are over 25. This crisis affects all ages and especially, those persons previously thought to be at low risk of addiction. Many of those affected begin their journey to opiate addiction through legally prescribed pain medications. Once addicted, they become unable to afford and obtain pills, so they move on to heroin, which is more affordable, and in New Jersey, has a higher purity rate, speeding the addiction (and overdose) rate.

## **Identified Mental Health Needs:**

The results from both primary and secondary data gathering activities follow below. We will begin with the data collected from our Carrier Clinic patient focus groups and from Carrier Clinic social services staff, and continue with the needs identified for each county in our defined “community.”

## **Carrier Clinic Hospital Patient Focus Group Results:**

Four focus groups were held between October 14-28, 2016, with 54 participants (male and female) per group, most groups contained the following ethnic groups: Caucasian, African-American, Hispanic and Asian in the age range: 18-64.

### **What are the biggest problems you encounter when trying to get access to Mental Health or Substance Abuse Services?**

*Participants answered with the following issues:*

- Bed Availability
- Hard to find a doctor/therapist that accepts Medicaid, and when you do, they wait is too long or they aren't taking new patients.
- Availability of Psychiatric Emergency Screening Services
- Transportation – I don't own a car, sometimes transportation options are unreliable
- I don't have a permanent place of residence, or phone, or internet access.
- Access to programs/prescriptions
- Cost of programs, prescriptions, transportation
- Insurance issues, keeping Medicaid Active
- Appointment times don't work with transportation availability
  
- ***Other issues included:*** “There's a lack of rehab bed availability.” “Insurance limits where you can go.” “I called a place and they had a 5 month waitlist.” “Not knowing what help is available- I don't know what programs are available to me.” “Doctors don't listen to you.”

### **What are your barriers to medication compliance? (*Discontinued use of medications is a primary reason for re-hospitalization*).**

*Participants answered:*

- Side effects
- Availability of doctors/appointments to prescribe or renew medications
- Price of prescriptions
- Transportation to get to doctor appointments or to the pharmacy

- **Other comments included:** “I feel better so I don’t need to take them,” “I forget to take them and get them filled.” “I don’t have a mental illness,” “It’s just a hassle.” “Sometimes I just get so depressed that I won’t take them. “Sleeping during the day when I miss medication times”

**Would you be interested in getting more information about Mental Health and/or Substance Abuse/ Dual Diagnosis services in your area?**

Some participants answered ‘no’ because they knew which outpatient program they were headed to, but others did answer yes, specifically for Outpatient Programs and other support programs, where they could meet other people who were going through the same thing.

Other participants’ answers included: looking for Christian services, wrap-around services, legal services, a wellness community center that has a gym and holistic services, a place for socializing, but not in a clinical setting.

**How would you like to receive that information?**

Participants answered:

- Mail
- Websites/Online
- Email
- Cell phone/text message
- Flyers
- In person

**Are there any community places where you currently gather where it would be helpful to have mental health resources or presentations?**

Participants answered:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Schools</li> <li>• Libraries</li> <li>• Church</li> <li>• Walmart</li> <li>• Special community group to discuss resources and attend education programs</li> </ul> | <ul style="list-style-type: none"> <li>• AA/NA</li> <li>• Food banks</li> <li>• Outpatient places</li> <li>• Pharmacy</li> </ul> |
|---|--|



## **Carrier Clinic Case Management Survey –**

### ***Recommendations for Mental Health & Substance Abuse/Dual Diagnosis Education/ Information***

***To the question, “Can you identify Middlesex County and Somerset County’s top 3-5 primary unmet needs or service gaps, in relation to mental health and/or dual diagnosis services?”***

There are not enough doctors, therapists and outpatient places for mental health and dual diagnosis in Middlesex and Somerset Counties (specifically those who accept Medicare or Medicaid). There is also not enough housing for the homeless population dealing with mental illness or dual diagnosis. Additionally, there is a lack of supports for these individuals (for example, ICMS), transportation, treatment options, etc.

***To the question, “Do you believe any of these communities (including professional service providers) can benefit from additional mental health education, information, or services?”***

Yes, we can all benefit from more information and education in regards to mental health

- Reaching out to local police so they could recognize and effectively work with patients who have mental illness.
- Targeting senior citizen centers to bring attention to mental illness among the elderly and people who may have to parent grandchildren.
- Reaching out to all communities to bring greater awareness and acceptance of mental illness. Work with mental health education and service agencies to advocate for mental illness funding and to reach those in need of education.

***To the question, “Which delivery system(s) for the programs above do you think would work best: In person, via technology (on -demand webinar/videos), handouts? A combination of all? Other suggestions?”***

Carrier Clinic Case Management comments: All three delivery systems would be helpful – and a combination of all would probably work best. Specific comments include that older adults may not have access or knowledge of using the internet.

## Summary of NJ Mental Health and Addiction Needs:

While some of the figures presented from national and state data show only small increases in mental health or substance abuse utilization of services from previous years, the majority of those suffering with mental health or addiction illnesses are still not receiving treatment. The ratio of population to mental health professionals is low (570:1); but the ratio for physicians is much higher, (1170:1) which may be causing a barrier to treatment if the average consumer does not know how to access independent mental health or addiction services without first seeking help from a physician.

*Needs include continuous community and professional education and support for these identified issues:*

- Sixty percent of adults in New Jersey suffering from Any Mental Illness (AMI) did not receive any treatment or counseling within the year prior to being surveyed.
- Ninety-three percent of those 12 or older who abuse alcohol and 76.3 percent of those who abuse illicit drugs did not receive treatment for their addiction illness.
- Approximately one quarter of New Jersey residents are in some type of housing crisis, where they are either in overcrowded situations, unable to afford housing, or in housing that is lacking kitchen and plumbing.
- Almost fifty percent of our population drives over 30 minutes, alone, on their commute to work- often on crowded and stressful-to-drive highways.
- One-fifth of the adult population binge drinks, and over 25% of driving deaths involved alcohol.
- Suicide continues to be an important focus in New Jersey, with over 245,000 adults over 18 seriously considering suicide over the previous year.
- New Jersey continues to battle a heroin/opioid epidemic across all age groups. High purity heroin is highly addictive, cheap, readily available, and very easy to overdose on.

## **Implementation Strategy for New Jersey:**

New Jersey has a need for mental health and dual diagnosis/ addiction education, information and resources to be delivered in both English and Spanish languages, in a variety of different formats. Over the next three years, Carrier Clinic plans to address these needs as follows:

### ***Goal:***

**To increase awareness of symptoms of mental illness, dual diagnosis, decrease stigma, and promote mental well-being and healthy behaviors to the State of New Jersey.**

**Mental Health Need Priority #1:** Family education- families as well as people with mental illness need education around medication education, medication do's and don'ts, how to manage kids around social media, self-injury, etc.

**Objective 1: By December 2019, provide two mental health/dual diagnosis or addiction/ wellness educational programs (via technology) to the community at large per year in New Jersey.**

### **Strategy:**

- In order to meet the need for continuing mental health and education for family members, Carrier clinic will reach out to community mental health providers, NAMI affiliates, and the general public throughout the State of New Jersey, to visit [www.CarrierClinic.org](http://www.CarrierClinic.org) for informational videos, podcasts and webinars.

***Sample topics can include:*** Mental Illness (identification, disease specific, resources); general mental health and wellness (including: coping skills, stress and anxiety management); Suicide Awareness, Psychiatric Medications Education, etc.

**Objective 1.2: By December 2019, provide two mental health/wellness educational programs (via technology) to health care providers/ professional organizations per year in New Jersey.**

### **Strategy:**

- In order to meet the need for continuing mental health and education for treatment professionals, Carrier Clinic will reach out to primary care physicians, psychiatrists, community mental health providers, NAMI affiliates, police/first responders, etc., throughout the State of New Jersey, to visit [www.CarrierClinic.org](http://www.CarrierClinic.org) for informational videos, podcasts and webinars.

***Sample topics can include:*** Mental Illness (identification, disease specific, resources); Criteria for different levels of care, general mental health and wellness (including: coping skills, stress and anxiety management); Suicide Awareness, Psychiatric Medications Education, etc.

**Objective 1.3: By December 2019, develop a comprehensive New Jersey resource page on Carrier Clinic’s website, which can be used by professional and community members.**

Strategies:

- Videos, podcasts and handouts, once completed, will be posted on **www.CarrierClinic.org** and be available to anyone who would like to download or view them, free of charge.
- Carrier Clinic will maintain a New Jersey specific Mental Health & Dual Diagnosis /Addiction Resources Guide on its website, **www.CarrierClinic.org**.

**Objective 1.4: Continue to offer and widely publicize Carrier Clinic’s free, weekly support groups, monthly depression and alcohol screenings and other educational programs.**

Strategies:

- More widely publicize Carrier’s Weekend Codependency Program, Bright Futures for Kids, Al-Anon, Mood Disorder and Parent’s Support Group state wide through the use of social media, PSAs, Press Releases, online event calendars and through community outreach team.

## Summary of Middlesex Mental Health Needs:

Recognizing that Middlesex County is a culturally and economically diverse county, it is important to match educational programs appropriately within the municipalities.

- Lack of trained medical staff and health care providers in areas such as cultural competency, **mental health, dual diagnosis, substance abuse**, domestic violence and developmental disabilities.
- Disease-specific issues of concern, as identified through this study Asthma, **Mental Health**, Diabetes, Dental Health Services, Obesity (adult and childhood), Cardiovascular disease.
- Educational programs and awareness campaigns on a variety of topics for patients and providers, as well as comprehensive medical and mental health services that were not all concentrated in the New Brunswick area, as was believed by the respondents.
- Community stakeholders suggested new delivery modes for these programs, including while waiting in line for social services, trainings and education conducted in churches, senior centers and health fairs. Many focus group participants wanted educational programs to be conducted locally, and at various times, including weekends and evenings.

***Training programs requested by stakeholders include:*** properly diagnosing and refer for mental health issues, developmental disabilities, domestic violence and abuse, and substance abuse and addiction. These trainings would also help providers learn how to work with community resource providers. One health care provider believed that health literacy training would be beneficial to both patients and providers, as there is often a breakdown in communication and understanding when using clinical terms.

- Mental health care and dental care are widely considered to be the most difficult services to access for the uninsured.
- Lack of mental health resources – long waits to see a doctor, get prescriptions, inconvenient office hours and transportation barriers. The largest unmet mental health need is for the Spanish-speaking population: limited services for Spanish-speaking, no insurance, low income patients for mild mental health issues such as depression, anxiety, etc.” This is considered by many community stakeholders to be a “huge need” that has an impact on the health of families.
- Language barriers also create challenges for both providers and patients. There is a scarcity of bilingual therapists, clinicians and medical and support staff in health care facilities. Cultural beliefs and norms can also impact a person’s choice to seek or receive health care.
- Supported housing, Transportation, Crisis respite/hospital diversionary alternatives
- Greater access to outpatient appointments (currently there are up to 3 month waits and many agencies in the county are not taking new patients)
- More focus on trauma informed care

***Note:*** Because of its scope of expertise and resources, Carrier Clinic is unable to address county-specific issues concerning transportation, housing and outpatient care. Following are the top Mental Health priorities of Middlesex County and the strategies implemented by Carrier Clinic to address these needs.

## **Implementation Strategy for Middlesex County:**

*For Middlesex County, the following Goal and Objectives were identified:*

### **Goal:**

**To increase awareness of symptoms of mental illness, decrease stigma, and promote mental well-being and healthy behaviors to the community members of Middlesex County.**

### **Mental Health Need Priority #1 :**

Lack of trained medical staff and health care providers in mental health. Mental Health educational programs and awareness campaigns are needed on a variety of topics for providers.

**Objective 1.1: By December 2019, provide two mental health/dual diagnosis/wellness educational programs to health care providers/ professional organizations per year in Middlesex County.**

### **Strategy:**

- In order to meet the need for continuing mental health and education for healthcare providers, Carrier Clinic will reach out to primary care physicians, psychiatrists, community mental health providers, NAMI affiliates, police/first responders, etc, on behalf of the Carrier Clinic Speaker's Bureau, who will offer to do **two free professional-focused presentations** (*as requested by the healthcare provider, which may include the use of technology*), **per year**. Bilingual presentations will also be offered, if possible.

**Sample topics can include:** Mental Illness (identification, disease specific, resources); general mental health and wellness (including: coping skills, stress and anxiety management); Suicide Awareness, Psychiatric Medications Education, etc.

**Mental Health Need Priority #2:** Mental Health educational programs and awareness campaigns on a variety of topics for patients/community members, including programs and materials for the Spanish-speaking population.

**Objective 2.1: By December 2019, provide two mental health/ dual diagnosis or addiction /wellness educational programs per year to the community-at-large in Middlesex County.**

**Strategy:**

- Working with community partners, Carrier Clinic will offer two free community-focused programs in Middlesex County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Podcasts, webinars or videos may also be produced for on-demand viewing. Bilingual presentations will be offered when possible.

***Sample topics can include:*** Accessing health care, psychiatric medications education, general mental health and wellness topics, and health literacy training when necessary.

**Objective 3.2: By December 2019, maintain a comprehensive Middlesex-County resource page on Carrier Clinic’s website, which can be used by professional and community members.**

**Strategies:**

- Videos, podcasts and handouts, once completed, will be posted on [www.CarrierClinic.org](http://www.CarrierClinic.org) and be available to anyone who would like to download or view them, free of charge.
- Carrier Clinic will build and maintain a Middlesex county-specific Mental Health Resources Guide on its website, [www.CarrierClinic.org](http://www.CarrierClinic.org).

## Summary of Somerset Mental Health Needs & Somerset County CHIP Goals:

Mental health and substance abuse issues were considered priority health issues, and a need for additional services was noted. A majority of participants stated that behavioral health issues are of key concern for the area. Participants noted that, as a wealthy community, Somerset County has the means to afford substances. Abuse of alcohol, opioids and heroin were described. Many participants also described concerns related to mental health, which sometimes co-occur with substance abuse disorders. Participants described issues of anxiety, stress and depression for adults, and also noted that seniors and young children have unique mental health needs. Stigma and a lack of mental health providers, especially those who accept Medicaid and/or the uninsured, prevent residents from obtaining the mental health care they need.

The following outlines the Goals, Objectives and Potential Outcomes Indicators for the Mental Health and Substance Abuse priority area outlined in the Somerset County CHIP.

### **A. Priority Area 1: Mental Health and Substance Abuse**

Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents.

#### **Objectives and Indicators**

- **1.1:** Increase the total number of trainers able to educate the community on Mental Health First Aid\* by 2017. \* Mental Health First Aid is a national program to teach the skills to respond to the signs of mental illness and substance use.

**Outcome Indicator:** Number of trainers able to educate the community on Mental Health First Aid

- **1.2:** Increase the number of people trained in Mental Health First Aid by 2020 by 5%.

**Outcome Indicator:** Number of people trained in Mental Health First Aid

- **1.3:** Increase awareness among primary care physicians of mental health/substance abuse issues by 10% by 2020. 1

**Outcome Indicators:** Level of awareness among primary care physicians. Number of primary care physicians using a consistent Mental Health/Substance Abuse evidence-based screening tool.

- **1.4:** Enhance municipal/health alliances to advocate for the integration of Mental Health/Substance Abuse and Primary Care by 2020.

**Outcome Indicator:** Number of municipal/health alliances

- **1.5:** Increase awareness of Mental Health/Substance Abuse services, wellness programs, and resources in Somerset County by 2017.

**Outcome Indicator:** Number of people aware of services, wellness programs and other resources



## Implementation Strategy for Somerset County

Somerset has a need for mental health education, information and resources to be delivered in both English and Spanish languages, in a variety of different formats.

Over the next three years, Carrier Clinic plans to address these needs as follows:

*For Somerset County, the following Goal and Objectives were identified:*

### **Goal:**

**To increase awareness of symptoms of mental illness, decrease stigma, and promote mental well-being and healthy behaviors to the community members of Somerset County.**

### **Mental Health Need Priority #1 :**

Lack of trained medical staff and health care providers in mental health. Mental Health educational programs and awareness campaigns are needed on a variety of topics for providers.

**Objective 1.1: By December 2019, provide two mental health/wellness educational programs to health care providers/ professional organizations per year in Somerset County.**

### **Strategy:**

- In order to meet the need for continuing mental health and education for healthcare providers, Carrier Clinic will reach out to primary care physicians, psychiatrists, community mental health providers, NAMI affiliates, police/first responders, etc., on behalf of the Carrier Clinic Speaker's Bureau, who will offer to do **two free professional-focused presentations** (as requested by the healthcare provider, which may include the use of technology, **per year**. Bilingual presentations will also be offered when possible.

**Sample topics can include:** Mental Illness (identification, disease specific, resources); Levels of care, general mental health and wellness (including: coping skills, stress and anxiety management); Suicide Awareness, Psychiatric Medications Education, etc.

**Mental Health Need Priority #2:** Mental Health educational programs and awareness campaigns on a variety of topics for patients/community members, including programs and materials for the Spanish-speaking population. Access to Mental Health First Aid programs to the community, for a low cost, is also a priority.

**Objective 2.1: By December 2019, provide two mental health/ wellness educational programs to the community-at-large per year in Somerset County.**

**Strategy:**

- Working with community partners, Carrier Clinic will offer two free community-focused programs in Somerset County per calendar year. These programs will be held onsite at Carrier, in public libraries, community centers or other open community venues. Podcasts, webinars or videos may also be produced for on-demand viewing. Bilingual presentations will be offered.

*Sample topics can include:* Accessing health care, psychiatric medications education, general mental health and wellness topics, and health literacy training when necessary.

**Objective 2.2: By December 2019, sponsor two community persons per year to attend Mental Health First Aid training in Somerset County.**

**Strategy:**

- Working with the Executive Director and/or Somerset County Human Services, identify two community persons/family members/first responders per year to attend the Mental Health First Aid training without cost in Somerset County.

**Objective 3.2: By December 2019, maintain a comprehensive Somerset-County resource page on Carrier Clinic’s website, which can be used by professional and community members.**

**Strategies:**

- Videos, podcasts and handouts, once completed, will be posted on [www.CarrierClinic.org](http://www.CarrierClinic.org) and be available to anyone who would like to download or view them, free of charge.
- Carrier Clinic will build and maintain a Somerset county-specific Mental Health Resources Guide on its website, [www.CarrierClinic.org](http://www.CarrierClinic.org).



## **Carrier Clinic**

### ***Accessing the Community Health Needs Assessment & Implementation Strategy***

This Implementation Strategy, as adopted by the Carrier Clinic Board of Trustees on December 6, 2016, can be accessed online at [www.CarrierClinic.org](http://www.CarrierClinic.org)

The Community Health Needs Assessment, as adopted by the Carrier Clinic Board of Trustees on December 6, 2016, can be accessed online at [www.CarrierClinic.org](http://www.CarrierClinic.org)

To receive a hard copy of Carrier Clinic's Community Health Needs Assessment or the Implementation Strategy, please write to:

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