



Implementation Strategy

***Adopted by the Board of Trustees
December 10, 2013***

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Executive Summary:

From January, 2013 through September, 2013, 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 geographic boundaries to define “community.”

At Carrier Clinic, while we accept patients from throughout the state of New Jersey, we have defined our “community” as **“mentally ill adults residing in Middlesex, Somerset, Ocean, Monmouth, Mercer, Morris, and Hunterdon Counties”** (75% of our patients came from those counties in 2012).

Utilizing a compilation of County Community Health Improvement Plan (CHIP) data, Behavioral Risk Factor Surveillance System (BRFSS) participation, key informant interviews, patient focus groups and other sources, **we have identified the mental health education and information needs** of each county, and have put together a plan to meet those needs, as we are able, specific to each county in our defined community.

As most counties listed above have identified “mental illness” as a top priority in their respective Community Health Improvement Plans, 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 illnesses (comprising of approximately 75% of admissions from 2012) from the following counties:

Middlesex

Somerset

Ocean

Monmouth

Mercer

Morris

Hunterdon

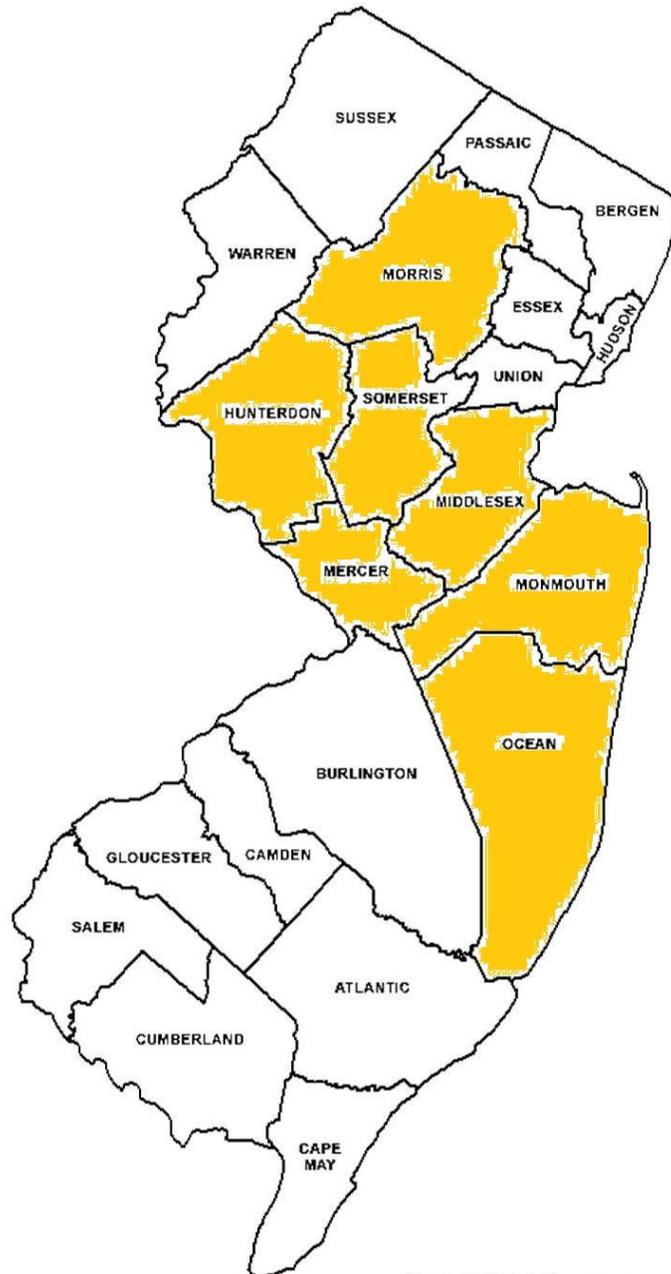
In response to the Patient Protection and Affordable Care Act of 2010, Carrier Clinic conducted a Community Health Needs Assessment, which is available online at www.CarrierClinic.org or by contacting the Community Relations Department at 908-281-1513 or communityrelations@carrierclinic.org for a printed copy. The 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 this Implementation Strategy 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 December 10, 2013. This Implementation Strategy is also available online at www.CarrierClinic.org or by contacting the Community Relations Department at 908-218-1513 or communityrelations@carrierclinic.com for a printed copy.

Carrier Clinic- Definition of Community:

Carrier Clinic’s community is defined as **“mentally ill adults residing in Middlesex, Somerset, Ocean, Monmouth, Mercer, Morris and Hunterdon counties”** (These counties make up approximately 75% of EMH admissions in 2012).

Carrier Clinic/ Area of Expertise: As Carrier Clinic is a specialized behavioral healthcare hospital, without the resources and expertise of a full service community medical/surgical hospital, we will be focusing on the adult population data (18+) for Mental Health (and findings which include accessing mental health services) in determining each county’s Mental Health Needs and Service Gaps.



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Community Needs Assessment- Data Gathering Overview:

As a result of our definition of community, from January 2013 through September 2013, Carrier Clinic has conducted interviews with Mental Health Administrators and other Mental Health professionals in each identified county, attended monthly County Mental Health Advisory Committee meetings, has participated in a collaborative effort with Somerset County Health Services stakeholders to produce a BRFSS study, has been invited to work in conjunction with Middlesex County on the Mental Health needs of their Implementation strategy, as identified through their BRFSS study, and has relied on additional secondary demographic information to aid in the Needs Assessment process.

Interviews with Mental Health Administrators:

In January 2013, letters went out to the Mental Health Administrators from Middlesex, Somerset, Ocean, Monmouth, Mercer, Morris and Hunterdon counties requesting a follow up interview to discuss service gaps in the community. A representative from Carrier Clinic conducted these interviews (either face to face or over the phone) during the first half of 2013.

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?***

Interviews with Carrier Clinic Case Management staff:

In February 2013, the Social Services department answered a questionnaire outlining the unmet needs or service opportunities in each county.

The Social Services 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?***
- 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?***

Patient Focus Group Interviews with Carrier Clinic patients:

During medication education groups held on a weekly basis between August 26 - September 16, 2013, patients were asked questions to determine their most prevalent mental health 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 services?*
- 2) *What are your barriers to medication compliance?*
- 3) *Would you be interested in getting more information about mental health 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 resources or presentations?*

Monthly attendance at County Professional Advisory Committee Meetings (PAC):

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 allows Carrier Clinic to maintain a synergistic relationship that benefits both patients and service providers throughout the state.

Somerset County/Healthier Somerset BRFSS Study:

In the fall of 2011, The Somerset Medical Center, in partnership with “Healthier Somerset,” located in Somerset County, NJ, contracted with a consultant to conduct a Behavioral Risk Factor Surveillance System (BRFSS) among its adult community using the CDC BRFSS tool. The BRFSS is a national initiative, headed by the Centers for Disease Control and Prevention (CDC) that assesses the health status and risk factors among US Citizens.

Healthier Somerset, (consisting of Somerset Medical Center, the United Way, the Somerset County Public Health Department, Carrier Clinic/East Mountain Hospital and other health providers) in coordination with the consultant, personalized the BRFSS tool to assess the specific needs of Somerset County. The tool was developed by selecting various core sections and modules from the BRFSS tool and adding individualized questions specific to the Somerset County area.

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 (*click on the blue underlined links to access the original reports*) include:

[County Health Rankings & Roadmaps \(2013 Rankings, NJ\)](#)

[Mercer County CHIP \(2012\)](#)

[Mercer County Community Health Assessment Report \(July, 2012\)](#)

[Middlesex County CHIP \(2008\)](#)

[Monmouth County CHIP \(2007\)](#)

[National Center for Health Statistics](#)

[National Prevention Council/National Prevention Strategy \(2011\)](#)

[National Prevention Council/National Prevention Council Action Plan \(2012\)](#)

[NJ Census Data](#)

NJHA Behavioral Health Volume Report (not available online)

[Ocean County Mental Health Plan Update \(2013-2016\)](#)

[St. Clare's Health System Community Health Needs Assessment](#) (April 2013, for Morris County)

[US Department of Health and Human Services](#)

NJ County Health Rankings and Roadmaps (2013):

The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a national random digit dial (RDD) telephone survey. Data obtained from the BRFSS is representative of the total non-institutionalized population over 18 years of age living in households with a land line telephone. For the *County Health Rankings*, data from the BRFSS are used to measure various health behaviors and Health-Related Quality of Life (HRQoL) indicators. All data from the BRFSS is weighted by population and the HRQoL measures are age-adjusted. We obtained county-level measures, in almost all instances aggregated over seven years, from the National Center for Health Statistics (NCHS)/Centers for Disease Control and Prevention (CDC).

Data compiled and used for this report: **Poor mental health days**

Poor mental health days is a companion measure to the poor physical health days reported in the *County Health Rankings*. This measure is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the *County Health Rankings* is the

average number of days a county's adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 US population. Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.

[Healthy People 2020](#)

The U.S. Department of Health and Human Services spearheads the Healthy People 2020 report, the nation's new 10-year goals and objectives for health promotion and disease prevention. Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Leading Health Indicators-

The Healthy People 2020 Leading Health Indicators reflect high-priority health issues and communicate actions that can be taken to address them. They will be used to assess the health of the nation over the decade, facilitate collaboration across sectors, and motivate action at the national, state, and community levels to improve the health of the U.S. population.

In the Healthy People 2020 Report, the following Topic Area information will be used for Carrier Clinic's Community Health Needs Assessment/Implementation Strategy:

Topic area # 28: Mental Health and Mental Disorders

National Mental Health Trends

According to the United States Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health, there was an estimated 20% of the United States population experiencing a mental health issue. Overall, over 30 million adults reported having at least one major depressive episode in their lifetime. (1)

Prevalence of mental health issues was higher among individuals reporting greater poverty status. Women reported higher rates of mental health issues than men.

In 2009, 13.3% of all US adults (over 30 million) used outpatient, inpatient, or prescription medication treatment for a mental health problem in the past year (1).

While over 28 million adults in 2009 reported they received treatment for mental health problems, there were over 10 million adults who reported an unmet need for mental health treatment or counseling. Among those reporting an unmet need for treatment or counseling who did not receive treatment, several barriers to treatment were reported.

These included:

- An inability to afford treatment (41.5%)
- Believing at the time that the problem could be handled without treatment (34%)
- Not having the time to go for treatment (17%)
- Not knowing where to go for services (16%) (1)

Stigma related responses were also reported as barriers to seeking treatment, including perceptions that:

- Treatment might cause negative opinions (10.5%)
- Treatment might negatively affect employment (9.8%)
- Individuals did not want others to find out about their treatment or mental illness (9.1%) (1)

(1) Substance Abuse and Mental Health Services Administration, (2012) *Mental Health, United States, 2010*. HHA Publication No. (SMA) 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration. As included in the *Ocean County Mental Health Plan Update, 2013-2016*; Ocean County Department of Human Services, 1027 Hooper Avenue, Building 2; 3rd Floor, Toms River, NJ 08754. www.co.ocean.nj.us/ocdhs

New Jersey Mental Health Trends

The New Jersey Department of Health and Senior Services' "Healthy New Jersey 2010" summary reports the estimated number of days during a month when individuals, due to good physical and mental health, are able to perform their usual activities. New Jersey adults, as a whole, report a high number of "ability days" per month, 28.2 out of 30.

The New Jersey Department of Mental Health and Addiction Services' (NJDMHAS) Wellness and Recovery Action Plan suggests that approximately 358,302 people with serious mental illness are living in NJ (5.4% of the adult state population). New Jersey ranks 8th in the nation, spending \$139.91 dollars per capita on total mental health expenditures. As a result of the 2008 Olmstead settlement, DMHAS has implemented strategies to decrease census in state psychiatric hospitals. Because of this, certain initiatives such as Intensive Outpatient Services (IOP), Early Intervention Support Services, Supportive Housing Services and Peer Support Services have been enhanced over the last four years to assist in meeting consumers needs. Nevertheless, the statewide demand for community based services continually exceeds the programs available.

Since the Olmstead settlement, accessibility of services is a critical issue as the number of adult consumers served in the community by State funded programs increased from 251,190 in 2004 to 261,826 in 2006, or 4.24%. The units of service that were provided to consumers in community programs increased from 3,863,768 in 2004 to 5,399,974 in 2006, or 39.7%. Consumers were also noted as accessing more non-emergency care than emergency care, 234,157 in 2007 compared to 165,271 in 2000 – an increase of 41.68% (DMHAS, 2007).

As included in the Ocean County Mental Health Plan Update, 2013-2016; Ocean County Department of Human Services, 1027 Hooper Avenue, Building 2; 3rd Floor, Toms River, NJ 08754. www.co.ocean.nj.us/ocdhs

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 Patient Focus Group Results

Six focus groups were held between August 26 and September 16, 2013 on Carrier’s Adult Psychiatric Inpatient Units. A total of 87 people between the ages of 21-56 participated by answering the following questions:

What are the biggest problems you encounter when trying to get access to Mental Health Services?

Participants answered with the following issues:

- Insurance
- Needing transportation to and from outpatient services
- Availability of beds- having to wait
- Not having resource and treatment information
- Financial issues- paying for services or providers that are not covered by insurance, or cannot afford the co-payment
- Access- waiting for weeks or months for an appointment
- Language barriers

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

Participants’ answers included:

- Side effects (“I don’t like how they make me feel; I don’t like being so sedated”)
- Financial – too much money, can’t afford the copayment, can’t afford them
- Lack of education on the medications you are actually taking --
- Transportation to doctors, pharmacies and other treatment- “doctors not available for appointments for refills,” “pharmacy hours are not convenient;” “don’t drive/don’t have a car”
- “I don’t need them- I feel good”

Would you be interested in getting more information about mental health services in your area?

Participants answered yes - “I’d be interested in education and screenings” “support groups for myself and families,” “free seminars,” “I would like to get pamphlets and handouts that show what free services are available,” and “programs at the senior center”

How would you like to receive that information?

Participants answered:

- in person
- mail
- Websites/Online

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

Participants answered:

- Soup kitchen
- Senior Center
- At Outpatient/Partial Programs
- At support groups
- Libraries
- Church
- AA/NA
- Colleges
- Yoga/Meditation Centers/ Gyms/YMCAs

***Carrier Clinic Social Services Survey –
Recommendations for Mental Health Education/ Information***

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

- Absolutely- all counties could benefit from understanding mental illness and available services.
- Education on guardianship and how to get Medicaid Services would be valuable.
- All counties lack sufficient resources for indigent/homeless persons.

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 Social Services comments: “in person is my first choice, but given time constraints, using technology in conjunction would be helpful,” “in person and handouts,” “it’s easier to connect and network in person,” “webinar/videos,” and “live seminars and speakers.”

Summary of Middlesex Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was a **128% increase of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

- Lack of trained medical staff and health care providers in areas such as cultural competency, mental health, substance abuse, domestic violence and developmental disabilities.
- Mental health educational programs and awareness campaigns on a variety of topics for both patients and providers, as well as comprehensive mental health services that were not all concentrated in the New Brunswick area.
- 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:** training programs to assist health care providers because stakeholders believe that many providers are unable to properly diagnose and refer for mental health issues. 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 is widely considered to be the most difficult services to access for the uninsured.
- The largest unmet mental health need is for the Spanish-speaking population: “There are virtually no 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. 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.
- **Other needs include:** *Supported housing, transportation, crisis respite/hospital diversionary alternatives, greater access to outpatient appointments, more focus on trauma-informed care, supports in place to assist individuals and families during and post disasters.*

Note: Because of its scope of expertise and resources, Carrier Clinic is unable to address county-specific issues concerning transportation, housing and certain 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 2016, provide four mental health/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 **four 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); 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 2016, provide 4 mental health/ wellness educational programs to the community-at-large in Middlesex County.

Strategy:

- Working with community partners, Carrier Clinic will offer 4 community-focused programs in Middlesex County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered when possible.

Mental Health Need Priority #3: Mental health care is widely considered to be the most difficult services to access for the uninsured. Training programs / resources are needed to assist health care providers to properly diagnose and refer community members for mental health issues. These trainings would also help providers learn how to work with community resource providers, and provide health literacy training to community members when necessary.

Objective 3.1: By December 2016, develop 20 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Middlesex County.

Strategies:

- Carrier Clinic will produce 20 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, identifying when someone needs mental health services, psychiatric medications education, suicide awareness, decreasing stigma, general mental health and wellness activities, resources for applying for Medicaid/Medicare, what families can do and accessing care in Middlesex County.
- Carrier Clinic will work with the Mental Health Administrator of Middlesex County and distribute Middlesex County-specific DVDs/printed information for distribution at screening centers, the community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.).

Objective 3.2: By December 2016, develop a comprehensive Middlesex-County resource page on Carrier Clinic’s website, which can be used by professional and community members.

Strategies:

- Videos 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 build and maintain a Middlesex county-specific Mental Health Resources Guide on its website, www.CarrierClinic.org.

Summary of Somerset Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was a **47.5% increase of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

- Family education- families as well as people with mental illness need education around medication, medication “do’s and don’ts,” how to manage kids around social media, and self-injurious behavior
- Psychiatric time for all populations
- Outpatient (PHP/IOP)- individual as well as other modalities; dementia PHP/IOP programs with transportation
- Other needs include: *Acute case management, transportation*

Note: *Because of its scope of expertise and resources, Carrier Clinic is unable to address county-specific issues concerning transportation, case management and certain outpatient care.*

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: Family education- families as well as people with mental illness need education around medication, medication “do’s and don’ts,” how to manage kids around social media and self-injurious behavior.

Objective 1: By December 2016, provide 4 mental health/wellness educational programs to healthcare 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 **4 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); general mental health and wellness (including: coping skills, stress and anxiety management); suicide awareness, psychiatric medications education, etc.

Objective 1.2: By December 2016, provide 4 mental health/ wellness educational programs to the community-at-large in Somerset County.

Strategy:

- Working with community partners, Carrier Clinic will offer 4 community-focused programs in Somerset County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered when possible.

Objective 1.3: By December 2016, develop 20 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Somerset County.

Strategies:

- Carrier Clinic will produce 20 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: explaining what mental illness is and why it is important to seek help, identifying when someone needs mental health services, psychiatric medications education, suicide awareness, self-injurious behaviors, social media concerns, decreasing stigma, general mental health and wellness activities, resources for applying for Medicaid/Medicare, what families can do and accessing care in Somerset County.
- Carrier Clinic will work with the Mental Health Administrator of Somerset County and distribute Somerset County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.).

Objective 1.4: By December 2016, develop a comprehensive Somerset-County resource page on Carrier Clinic's website, which can be used by professional and community members.

Strategies:

- Videos 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 build and maintain a Somerset county-specific Mental Health Resources Guide on its website, www.CarrierClinic.org.

Summary of Ocean Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was a **86.5% increase of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

- 1) Early Intervention- Increase Capacity
- 2) Treatment- Develop Specialized Treatment for Individuals with Complex Behavioral, Social and Medical Needs
- 3) Support Services- Enhance Transportation
- 4) Providers- Education and Outreach, including general information and outreach, Post-Sandy considerations (trauma treatment); outpatient programs and housing

Needs include: Medicare PHP for seniors with transport, limited outpatient providers for IOP/PHP programs, programs are too spread out, transportation to programs, and programs that take Medicare

Note: *Because of its scope of expertise and resources, Carrier Clinic is unable to address county-specific issues concerning transportation, capacity issues and certain outpatient care.*

Implementation Strategy for Ocean County

For Ocean 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 Ocean County.

Mental Health Need Priority #1: Providers need to work on education and outreach to community members, including general mental health information and treatment that heals trauma (ie: post-Sandy considerations)

Objective 1.1: By June 2016, provide 2 mental health/wellness educational programs to health care providers per year in Ocean 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 **2 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); trauma/ post –disaster considerations, general mental health and wellness (including: coping skills, stress and anxiety management); suicide awareness, psychiatric medications education, etc.

Objective 1.2: By June 2016, provide 2 mental health/ wellness educational programs to the community-at-large in Ocean County.

Strategy:

- Working with community partners, Carrier Clinic will offer 2 community-focused programs in Ocean County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered when possible.

Objective 1.3: By June 2016, develop 20 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Ocean County.

Strategies:

- Carrier Clinic will produce 20 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, identifying when someone needs mental health services, psychiatric medications education, suicide awareness, decreasing stigma, general mental health and wellness activities, resources for applying for Medicaid/Medicare, what families can do and accessing care in Ocean County.
- Carrier Clinic will work with the Mental Health Administrator of Ocean County and distribute Ocean County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.).

Objective 1.4: By June 2016, develop a comprehensive Ocean County resource page on Carrier Clinic's website, which can be used by professional and community members.

Strategies:

- Videos 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 build and maintain an Ocean county-specific Mental Health Resources Guide on its website, www.CarrierClinic.org.

Summary of Monmouth County Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was a **32.11% increase of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

While mental health services were not identified as a “top-three” key concern by the Coalition, overall access to healthcare services was identified as a priority.

The decreased length of stay in inpatient psychiatric units causes a backlog at outpatient centers.

In addition, there is a lack of psychiatrist time, outpatient services, transportation issues, and an increase in both opiate addiction and youth suicide.

Note: *Because of its scope of expertise and resources, Carrier Clinic is unable to address issues concerning child education/outreach, county mental health treatment capacity issues, transportation issues and certain outpatient care.*

Implementation Strategy for Monmouth County

While not chosen as a top priority, there was a 32.11% rise in persons seeking behavioral services from an Emergency Department, so continuing education to both consumers and professionals is vital.

For Monmouth 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 Monmouth County.

Mental Health Need Priority #1: Mental health educational programs and awareness campaigns, specifically in the areas of suicide prevention and general mental health topics are needed.

Objective 1: By June 2016, provide 2 mental health/wellness educational programs to health care providers per year in Monmouth 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 **2 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: Suicide awareness, dual diagnosis issues, mental illness (identification, disease specific, resources); general mental health and wellness (including: coping skills, stress and anxiety management); trauma/ post –disaster considerations, psychiatric medications education, etc.

Objective 1.2: By June 2016, provide one mental health/ wellness educational program to the community-at-large in Monmouth County.

Strategy:

- Working with community partners, Carrier Clinic will offer one community-focused program in Monmouth County per calendar year. These programs will be held in public

libraries, community centers or other open community venues. Bilingual presentations will be offered when possible.

Objective 1.3: By June 2016, develop 20 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Monmouth County.

Strategies:

- Carrier Clinic will produce 20 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: explaining what mental illness is and why it is important to seek help, identifying when someone needs mental health services, psychiatric medications education, grief/loss/trauma, suicide awareness, decreasing stigma, general mental health and wellness activities, resources for applying for Medicaid/Medicare, what families can do and accessing care in Monmouth County.
- Carrier Clinic will work with the Mental Health Administrator of Monmouth County and distribute Monmouth County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.).

Mental Health Need Priority #2: Improve mental health access to appropriate quality mental health services.

Objective 2.1: By June 2016, develop a comprehensive Monmouth County resource page on Carrier Clinic's website, which can be used by professional and community members.

Strategies:

- Videos 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 build and maintain a Monmouth county-specific Mental Health Resources Guide on its website, www.CarrierClinic.org.

Summary of Mercer Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was a **23% increase of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

- Treatment that heals trauma. Treatment now focuses on behavior management of symptoms, and not actually treating the trauma. Consumers want/need to be helped to not be triggered in the first place. Coping mechanisms are good, but it would be better to not have to use them.
- Stigma. Providers respond to the illness, not the person. Consumers feel that providers view them as their diagnosis and not as if they are a real person with individual issues, needs, etc.
- Increased psychiatric time and options for outpatient sessions, particularly for individual sessions. Consumers want increased accessibility and availability of psychiatrists. They would like to have a choice so if there is an issue with one in an agency, they could choose a different psychiatrist.
- **Other needs include:** *Transportation to programs, limited options for aftercare programs, limited capacity at outpatient programs, limited Medicare programs, very few IOP/PHP programs and outpatient Medicare psychiatrists and therapists, housing and employment options for consumers.*

Note: *Because of its scope of expertise and resources, Carrier Clinic is unable to address issues concerning certain outpatient care, transportation, housing, and employment.*

Implementation Strategy for Mercer County

For Mercer 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 Mercer County.

Mental Health Need Priority #1: Training for providers on mental illness, including stigma and trauma-centered treatment.

Objective 1.1: By June 2016, provide 2 mental health/wellness educational programs to healthcare providers per year in Mercer 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 **2 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); trauma-centered care, identifying and reducing stigma, general mental health and wellness (including: coping skills, stress and anxiety management), suicide awareness, psychiatric medications education, etc.

Objective 1.2: By June 2016, develop a comprehensive Mercer County resource page on Carrier Clinic's website, which can be used by professional and community members.

Strategies:

- Videos 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 build and maintain a Mercer county-specific Mental Health Resources Guide on its website, www.CarrierClinic.org

Mental Health Need Priority #2: Provide training for consumers on mental health and general wellness strategies.

Objective 2.1: By June 2016, provide 2 mental health/ wellness educational programs to the community-at-large in Mercer County.

Strategy:

- Working with community partners, Carrier Clinic will offer 2 community-focused programs in Mercer County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered when possible.

Objective 2.2: By June 2016, develop 20 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Mercer County.

Strategies:

- Carrier Clinic will produce 20 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: explaining what mental illness is and why it is important to seek help, identifying when someone needs mental health services, psychiatric medications education, suicide awareness, decreasing stigma, grief/loss/trauma considerations, general mental health and wellness activities, resources for applying for Medicaid/Medicare, what families can do and accessing care in Mercer County.
- Carrier Clinic will work with the Mental Health Administrator of Mercer County and distribute Mercer County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.).

Summary of Morris County Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was a **27.91% increase of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

Needs include:

- Programs, policies and resources to promote mental health among the population aged 65 and above and connecting mentally-ill seniors to appropriate community services.
- Integrated programs, policies and resources to support caregivers of aging family members and address their mental health needs alongside the needs of those they support.
- Consumer education focusing on building a support network, family support organizations, caregiver stress, spirituality and mental health, grief/loss programs for older adults, identifying services for low income seniors with transportation.

Note: *Because of its scope of expertise and resources, Carrier Clinic is unable to address issues concerning certain outpatient care, transportation, housing, and employment.*

Implementation Strategy for Morris County

For Morris 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 Morris County.

Mental Health Need Priority #1: Training for providers on a variety of mental health illnesses, with a focus on the older adult population.

Objective 1.1: By June 2016, provide 2 mental health/wellness educational programs to health care providers per year in Morris 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 **2 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); Including special considerations for the older adult, caregiver stress, identifying and reducing stigma, general mental health and wellness (including: coping skills, stress and anxiety management); suicide awareness, psychiatric medications education, etc.

Objective 1.2: By June 2016, develop a comprehensive Morris County resource page on Carrier Clinic's website, which can be used by professional and community members.

Strategies:

- Videos 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 build and maintain a Morris county-specific Mental Health Resources Guide on its website, www.CarrierClinic.org

Mental Health Need Priority #2: Provide training for consumers on mental health and general wellness strategies.

Objective 2.1: By June 2016, provide 2 mental health/ wellness educational program to the community-at-large in Morris County.

Strategy:

- Working with community partners, Carrier Clinic will offer 2 community-focused programs in Morris County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered when possible.

Objective 2.2: By June 2016, develop 20 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Morris County.

Strategies:

- Carrier Clinic will produce 20 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: explaining what mental illness is and why it is important to seek help, identifying when someone needs mental health services, older adults: depression vs. dementia, grief/loss considerations, psychiatric medications education, caregiver stress, suicide awareness, decreasing stigma, general mental health and wellness activities, resources for applying for Medicaid/Medicare, what families can do and accessing care in Morris County.
- Carrier Clinic will work with the Mental Health Administrator of Morris County and distribute Morris County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (senior centers, faith-based, school and library systems, information centers, food banks, day care centers, etc.).

Summary of Hunterdon Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was a **16.54% decrease of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

Although there was a decrease in Behavioral Health Patients seen in the Emergency Department, there is still a significant need for professional and community education about mental illness and access to care. Also, there is a need for more outpatient programs and individualized treatment time.

Strategies for Hunterdon County to address mental health goals include developing new initiatives and expand current community partnerships, focusing on:

- Emphasizing Work-Life Balance
- Overcoming Stigma
- Educating Professionals and Parents
- Improving Awareness and Access to Mental Health Care

Note: Because of its scope of expertise and resources, Carrier Clinic is unable to address county-specific issues concerning certain outpatient care, transportation, housing, and employment.

Implementation Strategy for Hunterdon County

For Hunterdon 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 Hunterdon County.

Mental Health Need Priority #1: Training for providers on mental illness, stigma, accessing care, and promoting a healthy lifestyle and work-life balance.

Objective 1.1: By June 2016, provide 2 mental health/wellness educational programs to healthcare providers per year in Hunterdon 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 **2 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); trauma-centered care, identifying and reducing stigma, general mental health and wellness (including: life-work balance, coping skills, stress and anxiety management); suicide awareness, psychiatric medications education, etc.

Objective 1.2: By June 2016, develop a comprehensive Hunterdon County resource page on Carrier Clinic's website, which can be used by professional and community members.

Strategies:

- Videos 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 build and maintain a Hunterdon county-specific Mental Health Resources Guide on its website, www.CarrierClinic.org.

Mental Health Need Priority #2: Provide training for consumers on mental health and general wellness strategies.

Objective 2.1: By June 2016, provide 2 mental health/ wellness educational programs to the community-at-large per year in Hunterdon County.

Strategy:

- Working with community partners, Carrier Clinic will offer 2 community-focused programs in Hunterdon County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered when possible.

Objective 2.2: By June 2016, develop 20 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Hunterdon County.

Strategies:

- Carrier Clinic will produce 20 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, identifying when someone needs mental health services, psychiatric medications education, suicide awareness, decreasing stigma, grief/loss/trauma considerations, general mental health and wellness activities, resources for applying for Medicaid/Medicare, what families can do and accessing care in Hunterdon County.
- Carrier Clinic will work with the Mental Health Administrator of Hunterdon County and distribute Hunterdon County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.)



Accessing the Community Health Needs Assessment & Implementation Strategy

This Implementation Strategy, as adopted by the Carrier Clinic Board of Trustees on December 10, 2013, can be accessed online at www.CarrierClinic.org

The Community Health Needs Assessment, as adopted by the Carrier Clinic Board of Trustees on December 10, 2013, can be accessed online at 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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