



Community Health Needs Assessment

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

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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**

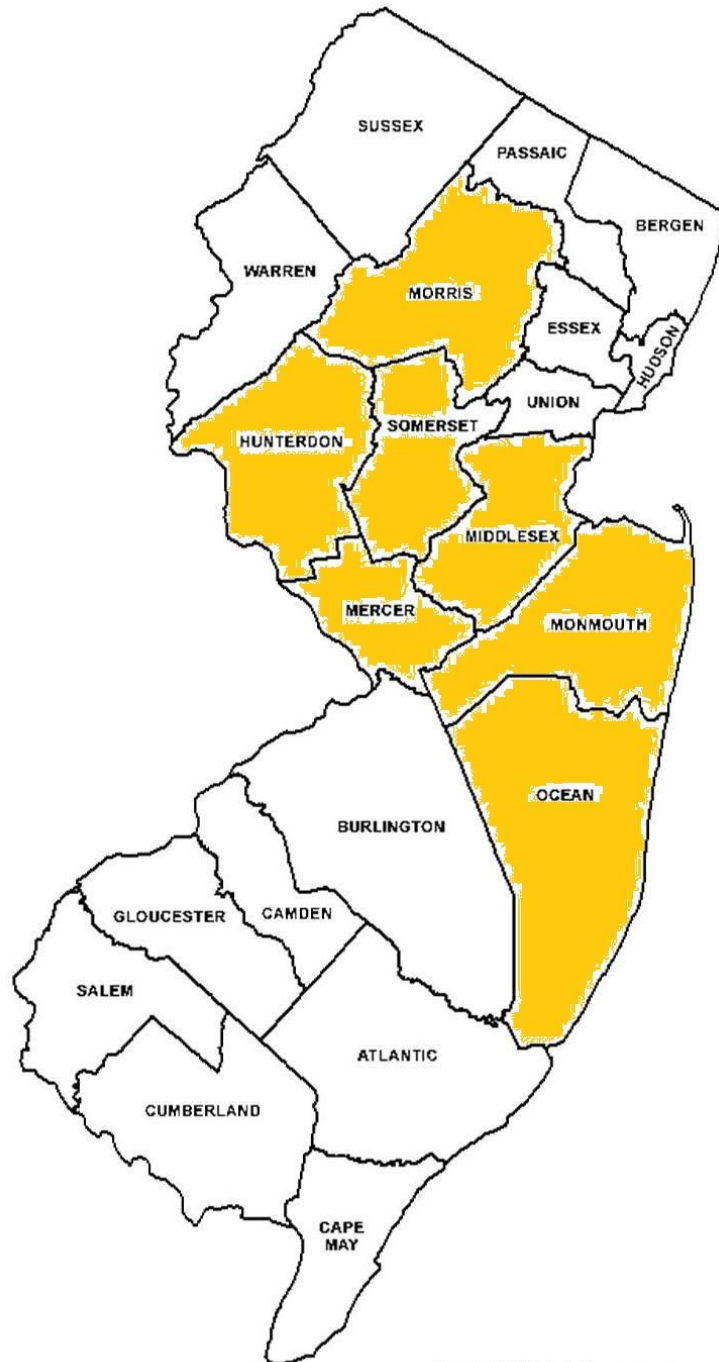
In response to the Patient Protection and Affordable Care Act of 2010, the following Community Health Needs Assessment includes Carrier Clinic’s definition of community, identified needs as a result from collaborative primary and secondary data collection with key members and organizations within the 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 12/10/2013.

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 Carrier Clinic 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, through the first half of 2013, Carrier Clinic conducted interviews with Mental Health Administrators and other Mental Health professionals in each identified county, attended monthly County Mental Health Advisory Committee meetings, participated in a collaborative effort with Somerset County Health Services stakeholders to produce a BRFSS study in 2012, has been invited to work in conjunction with Middlesex County on the Mental Health needs of their Implementation Strategy, as identified through their Behavioral Risk Factor Surveillance System (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 Social Services Department staff:

In March 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 patient education groups held on a weekly basis between August 26 – September 16th, 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 are 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 is 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 U.S. 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 Service's 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 U.S. 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 consumer's 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

Published Data Collection

According to the NJ Census Data, the 2012 population estimate for Middlesex County is **823,041**, primarily comprised of 64.5% White, 22.2% Asian, 18.9% Hispanic or Latino and 10.7% Black. (1.9% of the population selected two or more races).

Seven and a half percent of persons in Middlesex County fall below the national poverty level.

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+.

Based on data above, **approximately 3.3% of Middlesex County adults** visited an emergency room for a mental health illness in 2011.

[NJ County Health Rankings and Roadmaps \(2013\):](#)

According to the NJ County Health Rankings and Roadmaps report, Middlesex County's Health Ranking is 5 (out of 21).

The average number of mentally unhealthy days reported in Middlesex County in the last 30 days was 3.0. (Error Margin 2.7-3.3; NJ average is 3.3; National Benchmark is 2.3). Sample size was 4,586. In 2011-2012, there was a ratio of 1,992:1 Mental Health Providers per resident in Middlesex County. NJ average is 2015:1.

Rutgers Center for State Health Policy : A Community Health Needs Assessment for Saint Peter's University Hospital and Robert Wood Johnson University Hospital: Findings from the Behavioral Risk Factor & Surveillance System (BRFSS), Hospital Discharge Data, A Community Survey, Key Informant Interviews and Community Member Focus Groups (December 2012).

<http://www.cshp.rutgers.edu/downloads/9620.pdf>

This report includes:

(1) Findings from an analysis of 2010 BRFSS data. Center for State Health Policy (CSHP) analyzed data for counties included in the designated hospital service area (Middlesex, Somerset) as well as statewide comparative data. Health topics of interest were analyzed by key demographics (age, gender, race/ethnicity), income, and health insurance status.

(2) Findings from a community phone (land-line and cell) survey of 1,000 randomly-selected adults within the hospitals' primary service area. The hospital contracted directly with a survey vendor, Professional Research Consultants, Inc. (PRC), to conduct the fieldwork and analyze the data. De-identified, aggregated

cross-tabulated results by key socio-demographics (age, gender, race/ethnicity, income) and health insurance status were sent to CSHP analysts, who interpreted the findings found in this report.

(3) Findings from a series of in-depth key informant interviews and focus groups with hospital consumers that were conducted to ascertain health needs of a broad array of populations within the hospitals' catchment area. Findings shown here reflect the opinions and perceptions of both stakeholders and consumers.

Key findings and trends from this research uncovered needs in the following areas:

- Lack of trained medical staff and health care providers in areas such as cultural competency, mental health, substance abuse, domestic violence and developmental disabilities.
- Multiple language and cultural barriers due to diverse population within areas surveyed; lack of providers who speak the languages of patient population.
- Lack of health insurance.
- Emergency Room overuse.
- Inconvenient medical office/clinic hours, lack of knowledge regarding navigation of health care system, long wait times for appointments.

Disease-specific issues of concern, as identified through this study:

Asthma, Mental Health, Diabetes, Dental Health Services, Obesity (adult and childhood), Cardiovascular disease.

The Findings:

- (1) **BRFSS DATA:** Based on the 2010 data, which was the most recent available at the time of this report. Findings include data from 619 adults in Middlesex County and 527 adults in Somerset County. Data for the two counties was combined and then analyzed by age, gender, race/ethnicity, income, and non-elderly health insurance coverage groups. In addition, comparisons are provided to data for the state of New Jersey overall. All results shown use data weighted to population demographics for age, race, and gender for these regions and likelihood of selection based on number of adults and telephones in the household. Nearly all of the survey questions had item non-response below 5%.

Respondents were asked “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 results showed that the overall rate of reported poor mental health days (reported 4 or more days that mental health was not good) was 17.7%. The NJ rate was 20.3%.

Age and gender findings – percentage who reported 4 or more poor mental health days:

Age:	County % 4+ days:	NJ % 4+ days:
18-64	18.6	21.6
65+	12.4	14.6
 Gender:		
Male	11.4	17.5
Female	24.6	22.9
 Race-ethnicity		
White non-Hispanic	18.3	20.2
Black non-Hispanic	12.4	21.7
Hispanic	27.3	22.5
Asian non-Hispanic	11.5	13.3
Other non-Hispanic	---	24.6

In the county sample, 68.1% of the respondents reported **no days** in the last 30 days that mental health was not good.

Medical Utilization and Access: Respondents were asked if they had a “personal doctor or health care provider.” They were then asked if they had any problem accessing care within the last 12 months because of cost. The third item asked when they had last had a routine checkup.

In the combined county sample, 10.7% of the respondents did not have a personal doctor or health care provider, compared to 13.8% of the NJ state sample. Males and females reported similar rates (just over 10% without a regular doctor), and Hispanics were much more likely to not have a regular doctor (approximately 27%). Less than 10% of the insured 18-64 group in the county sample did not have a regular doctor; however, over 31% of those uninsured 18-64 year olds did not have a regular doctor.

Cost barriers in not accessing health care in the past year were reported by 12.8% in the combined county sample and 13.1% in the state sample. Males reported lower rates (9%) over females (16%) of not being able to see a doctor due to cost. Black, non-Hispanics reported the highest rate of barrier due to cost (26%). Low income (<25K) had rates of 34% due to cost barriers and 45% of those in the uninsured group reported that they could not see a doctor due to cost, compared to 10.5 percent of the insured population.

In the combined county sample, 10.3% of the respondents had not had a routine check-up in the past 2 years. This rate was nearly identical to the state rate of 10.5%.

Findings show that younger adults and males were more likely to go without a check-up than older adults and females, respectively. Black, non-Hispanics were more likely and Hispanics less likely to

forego a check-up. Low income (<25K) were twice as likely and the uninsured over 5 times more likely to not have had a check-up.

**Special Note: Adults aged 18 or older in 2011 with past year major depressive episode (MDE) who saw or talked to a health professional or other professional about depression in the past year were seen most commonly by general practitioners or family doctors (60.7 percent), followed by psychiatrists or psychotherapists (31.2 percent) or psychologists (29.3 percent), then by counselors (22.5 percent). Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.*

(2) 2012 Community Phone Survey Results

This survey was conducted between May 21, 2012 and August 1, 2012. It was a random-digit dial telephone survey of non-institutionalized NJ adults ages 18+ residing in Middlesex County or two zip codes in Somerset County (08873, 08823) that directly border Middlesex County. Interviews were completed for 1000 respondents; 750 of the completed respondents were conducted via landline telephone and 250 were conducted via cellular telephone. Proportionate samples were drawn from each of the zip codes in the sampling area in order to ensure representativeness. The data was weighted to 2010 Census population estimates for the geographic area sampled for age, gender, race/ethnicity, and poverty status. The five measures used in cross-tabulations were: age, gender, race/ethnicity, income, health insurance coverage. Most survey questions had item non-response below 5%.

Health Status: Three measures of health status were examined: overall health status, dental health status, and **mental health** status (each rated as excellent, very good, good, fair or poor).

- For the full sample, 14.2% reported fair or poor overall health. Older adults and middle income respondents were more likely to report fair or poor health.
- For dental health, 18.9% overall reported fair or poor dental health. Older adults, middle income respondents, and the uninsured were more likely to report fair or poor dental health.
- Overall, 5.9% of the full sample reported fair or poor mental health. Middle-age adults and middle income respondents were more likely to report fair or poor mental health.

Mental Health Utilization: Mental health utilization was assessed using two measures: number of visits to a provider (doctor, therapist, minister or school counselor) in the past twelve months and insurance for mental health care.

- 8.1% of adults had at least one mental health visit in the previous twelve months. Females, white non-Hispanics, and those who reported fair or poor mental health were more likely to have a mental health visit.
- Of those who visited a mental health professional, 75% had insurance that paid for part or all of their mental health care.

Sources of Health Information and Health Promotion Events: Respondents were asked to rate how often on a four-point scale (never, rarely, sometimes or often) they used each of five different sources of health information (the internet, social media [such as Facebook], television, friends or family, and church or faith organizations). They were also asked how many organized health promotion events or activities such as health fairs, health screenings, or seminars they had attended in the previous 12 months.

- Overall, the internet was used most often as a source of health information (62.5% reported sometimes or often using the internet for health information) followed closely by friends or family (57.8%).
 - Younger adults, women, and high income respondents are more likely to use the internet for health information, while those publicly insured are less likely.
 - Younger adults and women were more likely to get health information from friends and family.
- Overall, less than 10% of adults sometimes or often got health information from social media [like Facebook] or from church or faith organizations.
 - Younger adults, Hispanics, Asian non-Hispanics, low income respondents, and those publicly insured were more likely to use social media [like Facebook] for health information.
 - Black non-Hispanics were about twice as likely as others to use church or faith organizations for health information.
- Over a third (35.2%) sometimes or often got health information from television.
 - Older adults and Asian non-Hispanics were more likely to get health information from television.
- 18.3% had attended some type of health promotion event in the past year.
 - Black non-Hispanics and high income respondents were more likely to attend.
 - Hispanics, Asian non-Hispanics, low income respondents, and the uninsured were less likely to attend.

Usual Source of Care: Usual source of care was assessed using two items: what type of place and what type of doctor or other health provider they used for regular care. Among the findings:

- 13.7% reported that they did not have a usual place of care. Younger adults, males, Hispanics, low income respondents, and the uninsured were less likely to have a usual place of care.
- 76.5% went to a private doctor's office, 8.3% went to a clinic, and 1.6% went to an emergency department for regular care.
- 52.8% of the sample saw a family medicine/general practitioner and 21.6% saw a general internist as their regular doctor, while 9.6% saw a specialist and 3.8% saw an OB/GYN as their regular doctor.

Barriers to Care: Respondents were asked whether in the past year they had not been able to get different types of care when they wanted it (medical care or surgery, mental health care or counseling, dental care, prescription medications). They were asked to rate how much of a problem

(major problem, minor problem, or not a problem) for them or their family was each of six reasons why people might not be able to get the care they want (finding transportation, day care, available parking, finding a health provider who speaks the same language, times when provider is available are inconvenient, and having to wait too long for an appointment).

- About one in four (27%) adults reported at least one barrier to some type of care. Younger adults, females, Hispanics, low income respondents and the uninsured were more likely to report at least one barrier.
- 8.3% reported a barrier to medical care, **3.0% reported a barrier to mental health care**, 8.6% reported a barrier to dental care, 15.4% did not get or delayed getting a prescription filled, and 11.3% skipped doses or took smaller doses of a prescribed medication in order to make the prescription last longer and save costs.
 - **Mental Health Care barriers:** younger adults, Hispanics, lower income respondents, and the uninsured were more likely to report a barrier.
- When seeking medical care, over half (52.9%) reported at least one major or minor problem.
 - Specifically, 7.6% reported problems finding transportation, 10.7 % reported problems finding day care, and 16% had difficulty finding available parking. 8 % reported problems finding a health provider who speaks their language, 35.3% said that the provider's hours did not fit their schedule, and 34.8% said they had to wait too long to get an appointment.

(3) 2012 Key Informant Interviews and Consumer Focus Groups

The qualitative study described in this report was conducted by researchers from Robert Wood Johnson Medical School (RWJMS) Department of Family Medicine and Community Health, Research Division. The primary objectives of the qualitative study were pursued through three questions:

- 1) ***What is the experience of Somerset/Middlesex County residents in accessing medical care?***
- 2) ***What are the health services and resources most needed now to improve community member's health?***
- 3) ***What are the barriers to accessing health care?***

Key Informant Interviews: From mid-June to early August 2012, four field researchers (including one bi-lingual in Spanish/English) conducted key informant interviews with community stakeholders to develop a deeper understanding of health care needs and gaps in care in Middlesex and Somerset Counties. Two staff members from a Mental Health-focused Community Based Organization (CBO) were chosen to participate in the questioning regarding Mental Health services and access to care.

Focus Groups: Eight focus group discussions with health care consumers were conducted to develop a deeper understanding of health care needs and gaps in care in Middlesex/Somerset Counties. A total of 94 individuals participated in these focus groups. Of those participants, 71% were female and 29% male; 19% were African-American, 26% Hispanic, 32% South Asian, and 23% Caucasian.

Primary Health Conditions Identified: The sample of community stakeholders and focus group participants was very diverse in terms of educational background, current fields of employment, and race/ethnicity. Given this diversity, there were striking commonalities in responses to questions pertaining to their perception of the primary health conditions ‘in their communities.’ The analysis of this comprehensive study yielded three perceived primary health conditions across Middlesex and Somerset counties: obesity, poor mental health, and diabetes.

From these findings, four themes were developed:

Theme 1: Perceptions of Health Care and Community Health

Theme 2: Health Care Resources

Theme 3: Barriers to Care

Theme 4: Community Perceptions of Hospitals

Theme 1: Perceptions of Health Care and Community Health

Poor Mental Health was a prominent area that was perceived by both community stakeholders and focus group participants to be problematic. They spoke about this broad topic in different ways—some specified specific mental health conditions while others used the concept more generally. When specific mental health conditions were discussed, the most common included depression, anxiety, bi-polar disorder, and post-traumatic stress disorder. Depression and anxiety were clearly emphasized much more than the others. In addition, according to community stakeholder interviews, people with mental health issues often have co-occurring disorders including obesity, cardiovascular disease, diabetes, and hypertension, which sometimes result from anti-psychotic medications that cause significant weight gain.

Theme 2: Health Care Resources

Mental Well-being (including mental health, domestic violence, substance abuse and addiction).

According to the research, there are a number of good programs addressing mental health, but they are difficult to access because many of the existing programs are concentrated in the New Brunswick area. Additionally, the social diversity of the communities served by St. Peter’s University Hospital and Robert Wood Johnson University has encouraged multicultural groups and the addition of multi-lingual staff to help address the population’s needs. However, the participants wanted educational programs and awareness campaigns on a variety of topics for both 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.

Education and Awareness. Most focus group participants wanted education programs and awareness campaigns for community members, and stakeholders described the need for training to assist health care providers.

Education and awareness programming for community members include: When to call EMS or use the Emergency Room, sickness prevention education, coping with loneliness (particularly for seniors), physical abuse awareness campaigns, substance abuse and cessation, as well as the

effects of social media and the internet on children. 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, 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.

Theme 3: Barriers to Health Care

Barriers to Health Care include Health System Navigation, Health Care Information, Health Care Access, Unmet Health Needs, Cultural Issues, and Doctor-Patient Communication.

While there are health services and information readily available, there are various barriers that inhibit many people from being aware of these resources or understanding the system well enough to navigate it effectively. Several structural and cultural barriers were noted that shape how people use (or fail to use) the health care system, including language differences, lack of coordination between the hospitals and other health care facilities, insurance and ability to pay for services and financial disincentives or penalties that work against effective/efficient use of the health care system.

There are also many patients, including immigrant populations that do not trust the U.S. healthcare system, and have learned to either use the emergency room for all of their illnesses or have relied on traveling back to their own country to receive lower cost health care.

The most pronounced barrier to care, discussed by both stakeholders and focus group participants, was access to healthcare. Even insured patients reported difficulty in finding specialists in their local area who take their insurance, and certain outpatient programs (addiction, group homes, and supervised apartments for those with developmental disabilities) are scarce, regardless of insurance status. For uninsured patients, access problems occur in all types of care. The clinics that accept the uninsured and Medicaid patients are considered to be “maxed out” making it difficult to be seen by a doctor in a timely manner (hence, the visits to the ED). Suggestions to improve these access issues included “more low income clinics are needed, spread throughout the area” because transportation is an issue. Another respondent suggested that local clinics are underutilized because of transportation issues.

Mental health care and dental care are widely considered to be the most difficult services to access for the uninsured.

Several stakeholders complained about the mental health resources that have been cut in recent years, and pointed out that those that exist are plagued by “long waits” and transportation barriers. In addition, these services tend to “treat and release” and there are “very few options for long term care.” 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.

An additional aspect of health care access that was reported to be of concern was having access to affordable medication. Many uninsured patients are on medications that they cannot afford, and end up taking half of the medication needed, or on an irregular basis.

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.

Most of the focus groups raised the role of communication with their doctors as an important factor in their feelings about the quality of their health care. Those who felt they could reach their doctors easily (by phone) expressed satisfaction. Several of the Spanish-speaking focus group members felt that doctors have a “superiority complex” and treat them disrespectfully, either because of their ethnicity, or their lack of insurance.

Two suggestions were made by the group to help the experience of seeing a doctor feel “more personable”: one participant suggested having a “greeter” who meets patients at the door, says hello and welcomes them in. Another participant made a case for the role of a designated nurse who could “do the assessment, who could do some teaching, who would be available for the patient.” The belief was that it would give the patient more communication with a health care professional as well as help the doctors with their “time management.”

Theme 4: Community Perceptions of Hospitals

Community stakeholders offered suggestions for ways that the two hospitals in the report, RWJUH and St. Peter’s University hospital, could improve their relationships with the community and with each other.

Commonly, community stakeholders suggested needed improvement in communication and coordination: between the two hospitals; between academia, health care and public health (with the suggestion that public health students do rotations in the hospitals, as well as in other areas in the community); and between the hospitals, community medical offices, and home care. Finally, while community stakeholders praised the hospitals for their “great programs” (including educational and support groups as well as free screening events), they recommended that the hospitals should “be more involved in the community” by offering such programs at satellite sites and regularly having mobile care units in various communities to reduce unnecessary ED utilization.

Carrier Clinic Primary Data Collection for Middlesex County:

Key Informant Interviews:

On March 10, 2013, in an over the phone interview with Penny Grande, the Mental Health Administrator of Middlesex County, the following top unmet needs or service gaps were identified:

- 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
- Supports in place to assist individuals and families during and post disasters

To the question, **“do you believe your community (consumers or service providers) can benefit from additional mental health education, information or services,”** the respondent answered that yes, as a county they can always benefit from additional information on mental health issues. They do receive quite a bit of training (both professional and consumer) from University Behavioral Health Care in Middlesex County.

To the question, **“which delivery system for the program would work best, in person, via technology, handouts, other suggestions,”** the respondent answered that a combination of technologies and in person trainings would work well; however, the Mental Health Administrator would like to see more use of webinars as providers are very busy and often cannot get out to attend events. Bringing a webinar to them might be a better option.

To the question, **“ 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?”** The respondent answered, yes, they have space available, and a good relationship with the public library and UBHC. They could also potentially utilize some of their county’s senior centers for areas that could provide information.

Middlesex County also has a strong NAMI affiliate and we could utilize them as partners in developing information and education.

Carrier Clinic Social Services Department Questionnaire:

In March, 2013, the Social Services Department answered a questionnaire outlining the unmet needs or service opportunities in Middlesex County.

Needs include: *Transportation to programs, Community Mental Health Centers, programs that take Medicare, outpatient Medicare psychiatrists & therapists, and more programs to choose from, as options are limited for PHP and IOP programs.*

Carrier Clinic Patient Focus Group Interviews:

Carrier Clinic Patient Focus Group interviews were conducted weekly between August 26 – September 16, 2013. Results were not county specific; therefore, all data collected from these interviews appears on page 60.

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.
- Disease-specific issues of concern, as identified through this study- Asthma, Mental Health, Diabetes, Dental Health Services, Obesity (adult and childhood), Cardiovascular disease.
- However, the participants wanted educational programs and awareness campaigns on a variety of topics for both 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:** training programs to assist health care providers because stakeholders believe that many providers are unable to properly diagnose 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.
- Several stakeholders complained about the mental health resources that have been cut in recent years, and pointed out that those that exist are plagued by “long waits” and transportation barriers. In addition, these services tend to “treat and release” and there are “very few options for long term care.” 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.
- 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.
- Supports in place to assist individuals and families during and post disasters.

Middlesex County Mental Health Resources:

Primary Screening Center for Middlesex County:

University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855
HOTLINE: (732) 235-5700

Emergency Services - Affiliated w/Screening Center

Raritan Bay Medical Center
530 New Brunswick Avenue
Perth Amboy, NJ 08861
HOTLINE: (732) 442-3794

Mental Health Treatment Facilities and Programs:

Carrier Clinic

252 Route 601
Belle Mead, NJ 08502
Phone: (800) 933-3579
www.carrierclinic.org

JFK Center for Behavioral Health

Edison
732-321-7189
www.solarishs.org

East Mountain Hospital

252 Route 601
Belle Mead, NJ 08502
(800) 379-1949
www.eastmountainhospital.com

National Alliance for the Mentally Ill (NAMI NJ)

North Brunswick
732-940-0991 www.naminj.org

Catholic Charities

www.ccdom.org
(732) 324-8200

NAMI Middlesex

<http://www.naminj.org/affiliates/middlesex.html>
732-745-0709

Community Care Behavioral Health

Piscataway
732-572-4666
www.communitycare.us

Raritan Bay Medical Center & Short-Term Care Facility

Perth Amboy
732-324-5119
www.rbmc.org

Contact we Care

24 Hour National Suicide Prevention Hotlines:
1-800-273-TALK (8255)
and 1-800-SUICIDE
or Text "CWC" to 839863.

Princeton House Behavioral Health

North Brunswick
732-729-3636
www.princetonhouse.org

Jewish Family & Vocational Service of Middlesex County

32 Ford Avenue
Milltown, NJ 08850
(732) 777-1940
<http://www.jfvs.org>

UMDNJ - University Behavioral Health Care

Piscataway
1-800-969-5300
www.ubmc.umdj.edu

Published Data Collection

According to the NJ Census Data, the 2012 population estimate for Somerset County is **327,707** primarily comprised of 73.5% White, 14.8% Asian, 13.3% Hispanic or Latino and 9.5% Black. (1.8% of the population selected two or more races.)

3.7% percent of persons in Somerset County fall below the national poverty level.

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+.

Based on data above, **approximately 3.1% of Somerset County adults** visited an emergency room for a Mental Health illness in 2011.

[NJ County Health Rankings and Roadmaps \(2013\):](#)

According to the NJ County Health Rankings and Roadmaps report, Somerset County's Health Ranking is 3 (out of 21).

The average number of mentally unhealthy days reported in Somerset County in the last 30 days was 2.6. (Error Margin 2.3-2.9; NJ average is 3.3; National Benchmark is 2.3). Sample size was 3,733. In 2011-2012, there was a ratio of 1,453:1 Mental Health Providers per resident in Somerset County. NJ average is 2015:1.

Carrier Clinic Primary Data Collection for Somerset County:

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 U.S. 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.

A sampling strategy identified the number of completed surveys needed within each zip code across the county. The final sample (2,059) yields an overall error rate of +/-2.2% at a 95% confidence level. Data

collection took place between November 11, 2011 and February 29, 2012. Depending upon respondents' answers, interviews averaged 20 to 30 minutes in length.

The calculated response rate for the study is 9.8%, as some areas were oversampled. The response rate is equal to the number of completed interviews divided by the number of eligible respondents. The number of eligible respondents is the total number of potential respondents minus wrong numbers, disconnects, ineligible respondents, and an estimate of disqualified respondents among those on the list who were not contacted.

The objectives for this research, as agreed upon by the Healthier Somerset Committee, were as follows:

1. To gather statistically valid information on the health status of residents in the primary and secondary service areas of Somerset Medical Center.
2. To develop and finalize sampling strategies relevant to target populations.
3. To accurately represent all populations within the target area.
4. To develop accurate comparisons to the state and national baseline of health and quality of life measures to provide trending information for the future.
5. To provide comparisons to previous years' data to evaluate trending and changes in health status.
6. To interpret the meaning of the data collected so that needs are accurately depicted for area residents.
7. To integrate research findings into community benefit (hospitals), accreditation preparation (public health), and strategic planning activities.
8. To conduct research in a fully confidential manner consistent with the Code of Standards and Ethics promulgated by the Council of American Survey Research Organizations (CASRO, of which the consultant is a member).

Areas Studied:

Health Status & Healthy Days; Access to Care; Mental Health; Sleep; Physical Exercise & Weight Control; Alcohol & Tobacco Use; Asthma; Diabetes; Oral Health; Immunizations; Women's Health; Prostate Cancer Screening; Colorectal Cancer Screening; Family Planning; HIV/AIDS; Sexual Behavior; Hypertension & Cholesterol Awareness; Heart Attack, Cardiovascular Disease & Stroke; Social Determinants of Health; Caregiving; Reactions to Race and Emergency Preparedness.

Questions regarding Mental Health:

1) How many days have you felt down, depressed or hopeless?

# of Days	Somerset County('11)	National BRFSS ('10)
1-2 Days	13.4%	13.6%
3-7 Days	6.4%	9.2%
8-14 Days	4.3%	5.6%
No Days	75.9%	70.9%

2) *How many days have you had little interest or pleasure in doing things?*

(only those reporting days of either poor physical or mental health)

# of Days	Somerset County ('11)	National BRFSS ('10)
1-2 Days	11.7%	14.2%
3-7 Days	8.2%	11.8%
8-14 Days	5.1%	7.7%
No Days	75.0%	63.7%

3) *Has a doctor or other healthcare provider EVER told you that you have a depressive disorder?*

Diagnosis	Somerset County ('11)	National BRFSS ('10)
Depression	12.6%	16.6%
Anxiety	11.2%	13.3%

4) *For how many days during the past 30 days was your mental health not good?*

1-2 Days	10.3%	9.1%
3-7 Days	11.8%	10.5%
8-14 Days	4.3%	3.9%
15-31 Days	9.3%	10.0%
No Days	64.2%	65%

Based on the information collected from the BRFSS report, The Healthier Somerset Committee pared down to two areas of focus, Chronic Disease Management and Weight Management. The Healthier Somerset Committee recently released its 2012-2015 Community Health Improvement Plan in 2013. Mental Health and Substance Abuse has been identified as Priority Area 6.

Through the Somerset County CHIP, it was determined that Mental Health is a dominant concern for Somerset County residents. Compared to both New Jersey and national statistics, a higher proportion of Somerset County residents reported 1 to 7 days of poor mental health within the past 30 days. When asked for how many days during the past 30 days poor physical or mental health kept them from doing their usual activities, a higher proportion of Somerset County residents reported one to two days, compared to those of New Jersey. The proportion of those who reported three to seven days was higher than both the state and the nation.

For Priority Area 6: Mental Health and Substance Abuse, the following goal was identified:

“To improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.”

Objective 6.1: By January 2016, incorporate mental health and substance abuse services and education into primary care settings in Somerset County.

Key Informant Interviews:

On February 22, 2013, in a face-to-face interview with Pam Mastro, Mental Health Administrator of Somerset County, the following top unmet needs or service gaps were identified:

- Psychiatric time for all populations.
- Outpatient- individual as well as other modalities; desperate for outpatient for kids as well as additional inpatient for kids. Screening center is seeing an increasing number of kids starting at 5.
- Acute case management- while there are case management services in the county, they are often too busy to take community referrals because of the number of people coming out of the hospitals. It needs to be acute case management where they are being seen and followed on a regular basis and not just touching base with them once in a while.
- 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, self-injury, etc.
- Transportation.

To the question, **“do you believe your community (consumers or service providers) can benefit from additional mental health education, information or services,”** the respondent answered that yes- professionals and consumers and the community at large can benefit from education, information and services.

To the question, **“which delivery system for the program would work best, in person, via technology, handouts, other suggestions,”** the respondent answered that while literature is good, people who are in a crisis state may pick it up but they won’t read it, or if they do, they won’t be able to absorb it. Webinars would be a very good tool. Consumers are savvy these days and would do well with webinars. A webinar that had a handout to go with it would be ideal.

To the question, **“ 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?”** The respondent answered, yes, the Community Mental Health Center and Easter Seals would be likely to lend space, and space at the county mental health offices was always an option. For professionals, PAC time/space would be available as would the mental health board. For community programs, the Mental Health Administrator would assist at getting library time or other county locations.

Somerset County is interested in learning more about any consumer webinar or on-site mental health training to benefit residents and mental health professionals.

Carrier Clinic Social Services Department Questionnaire:

In March, 2013, the Social Services Department filled out a questionnaire outlining the unmet needs or service opportunities in Somerset County.

Needs include: *Transportation to programs, programs that take Medicare, Dementia PHP/IOP programs with transportation, more PHP and IOP programs.*

Carrier Clinic Patient Focus Group Interviews:

Carrier Clinic Patient Focus Group interviews were conducted weekly between August 26-September 13, 2013. Results were not county specific; therefore, all data collected from these interviews appears on page 60.

Summary of Somerset Mental Health Needs:

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

- Psychiatric time for all populations
- Outpatient- individual as well as other modalities; desperate for outpatient for kids as well as additional inpatient for kids. Screening center is seeing an increasing number of kids starting at 5.
- Acute case management- while there are case management services in the county, they are often too busy to take community referrals because of the number of people coming out of the hospitals. It needs to be acute case management where they are being seen and followed on a regular basis and not just touching base with them once in a while.
- 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.
- Transportation.

Needs include: *Transportation to programs, Programs that take Medicare, Dementia PHP/IOP programs with transportation, More PHP and IOP programs.*

Somerset County Mental Health Resources:

Primary Screening Center for Somerset County:

Somerset County PESS

110 Rehill Avenue
Somerville, NJ 08876
HOTLINE: (908) 526-4100

Mental Health Treatment Facilities and Programs:

Carrier Clinic

252 Route 601
Belle Mead, NJ 08502
Phone: (800) 933-3579
www.carrierclinic.org

Alternatives (Housing and Case Mgmt)

www.alternativesinc.org
(908) 685-1444

Catholic Charities

www.ccdom.org
(908) 722-1881

Contact we Care

24 Hour National Suicide Prevention Hotlines:
1-800-273-TALK (8255)
and 1-800-SUICIDE
or Text "CWC" to 839863.

East Mountain Hospital

252 Route 601
Belle Mead, NJ 08502
(800) 379-1949
www.eastmountainhospital.com

EmPoWER Somerset

www.empowersomerset.com
(908) 722-4900

Family and Community Services

www.fcssomerset.org
(732) 356-1082

Jewish Family Service of Somerset, Hunterdon & Warren Counties

www.jewishfamilysvc.org
(908) 725-7799

NAMI Somerset

<http://www.naminj.org/affiliates/somerset.html>
(908) 526-1497

Richard Hall Community Mental Health Center

(908) 725-2800

Published Data Collection

According to the NJ Census Data, the 2012 population estimate for Ocean County is **580,470** primarily comprised of 93.2% White, 8.6% Hispanic or Latino, 3.4% Black, and 1.9% Asian. (1.2% of the population selected two or more races.)

9.5% of persons in Ocean County fall below the national poverty level.

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

Based on data above, **approximately 6.5% of Ocean County adults** visited an emergency room for a Mental Health illness in 2011.

[NJ County Health Rankings and Roadmaps \(2013\):](#)

According to the NJ County Health Rankings and Roadmaps report, Ocean County's Health Ranking is 8 (out of 21).

The average number of mentally unhealthy days reported in Ocean County in the last 30 days was 3.5. (Error Margin 3.0-3.9; NJ average is 3.3; National Benchmark is 2.3). Sample size was 3,967. In 2011-2012, there was a ratio of 5,663:1 Mental Health Providers per resident in Ocean County. NJ average is 2015:1.

Ocean County Mental Health Plan Update (2013-2016)

Findings compiled from the Ocean County Department of Human Services:

Ocean County's mental health system faces capacity issues in meeting the needs of NJ's fastest growing county. The top planning priorities developed by the Professional Advisory Committee (PAC) were as a result of key systemic demands identified during the planning process. The four identified priorities are as follows.

1) Early Intervention- Increase Capacity

PAC Action Steps: *Maximize Utilization of Existing Services*

- Advocate for the development of a real time availability tracking database system promoting enhanced utilization based on service availability.
- Examine and reengineer the flow of consumers in programs through qualitative and quantitative analysis including algorithms uncovering areas for improvement.

- Increase the utilization and integration of Peers to assist consumers with navigating the system, educating regarding certain systems elements, and supporting consumers through troubleshooting.
- Review, through Systems Review Committee, the top over and under utilizers of the system to troubleshoot outliers who may rely too heavily on acute care services.

Administrative Services Organization/Managed Behavioral Health Organization (ASO/MBHO)

Network Development:

- Advocate for an enhanced and robust provider network. Work with the ASO/MBHO to develop incentives to enhance consumer connectivity with providers.

2) Treatment- Develop Specialized Treatment for Individuals with Complex Behavioral, Social and Medical Needs.

PAC Action Steps: Leverage Existing Resources

- Develop a PAC subcommittee to visit and shadow existing programs throughout the state to better understand what the continuum of care is like in the state.
- Identify specific training that may enhance or make available services in Ocean County.

PAC Action Steps: Needs Assessment

- Engage in survey research to determine what agencies perceive as needed in order to appropriately meet the needs of individuals with complex behavioral, social and medical needs.

PAC Action Steps: Evidence Based Practice

- Promote and support evidence based practices and train agency staff to achieve robust service delivery.

3) Support Services- Enhance Transportation

PAC Action Steps: Understand Existing Services and Resources, Support Needs Assessments and Plans, Advocate for Enhancements of Transportation Services. (Most of the plan is County specific, through the Department of Transportation, so it is not included here.)

While Carrier Clinic may be unable to participate in County transportation infrastructure development, they would be able, at completion of the transportation plan, to help educate their Ocean County patients on the transportation resources of the County, and, in lieu of appropriate transportation resources, identify ways to deliver mental health information and education to those in need, through website, on-demand videos, video conferencing, etc.

4) *Providers- Education and Outreach*

PAC Action Steps: *Support Existing Efforts*

- Change locations of existing information fairs to garner more participation.
- Develop incentives for agency staff to participate in information fairs to build relationships and stay informed.
- Increase participation in county-wide information fairs and events (ie: county fair, founder's day, etc.).
- Continue the PAC Cross Training Sessions.
- Work Closer with the Children's Inter Agency Coordinating Council (CIACC) Education Subcommittee
- Continue to utilize Ocean Resource Net.

PAC Action Steps: *Advocate for Enhancements*

- Explore funding opportunities to enhance existing education and outreach efforts.
- Promote continued public service campaigns (ie: billboards, radio PSAs, print publications).
- Support and promote mental health awareness activities.

Carrier Clinic Primary Data Collection for Ocean County:

Key Informant Interviews:

On March 8, 2013, in an over the phone interview with Tracy Maksel, Assistant Director of the Department of Human Services in Ocean County, the following top unmet needs or service gaps were identified:

- Outpatient- more needed with less waiting times
- Housing- more needed for the mentally ill population
- Information, education and outreach
- Post –Sandy considerations:
 - Trauma focused Cognitive Behavioral Therapy (CBT)
 - Eye movement Desensitization and Reprocessing (EMDR) Therapy
 - Disaster Case Management Services

To the question, **“do you believe your community (consumers or service providers) can benefit from additional mental health education, information or services,”** the respondent answered that yes, they are a large county with a very diverse population and reaching the community to offer education and information is always a concern.

To the question, **“which delivery system for the program would work best, in person, via technology, handouts, other suggestions,”** the respondent answered that while all of the above would work, due to the vastness of the county, they could see webinars and on demand videos working well.

To the question, **“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?”** The respondent answered, yes, they have good relationships with the library system and they have access to holding events at the Human Services Building, which is centrally located within the county. They also have a very strong NAMI affiliate who would be willing to host or be part of any of the trainings or webinars.

Ocean County would be very interested in doing Public Service Announcements as they relate to stigma and the outstanding agencies that are in the county that work with the mentally ill population.

Carrier Clinic Social Services Department Questionnaire:

In March, 2013, the Social Services Department filled out a questionnaire outlining the unmet needs or service opportunities in Ocean County.

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.

Carrier Clinic Patient Focus Group Interviews:

Carrier Clinic Patient Focus Group interviews were conducted weekly between August 26- September 16, 2013. Results were not county specific; therefore, all data collected from these interviews appears on page 60.

Summary of Ocean Mental Health Needs:

Those seeking mental health services : According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was **an 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***
 - Outpatient- more needed with less waiting times
 - Housing- more needed for the mentally ill population
 - Information, education and outreach
 - Post –Sandy considerations:
 - Trauma focused CBT (Cognitive behavioral therapy)
 - EMDR Therapy
 - Disaster Case Management Services

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.

Ocean County Mental Health Resources:

Primary Screening Center for Ocean County:

Kimball Medical Center (PESS)

600 River Avenue

Lakewood, NJ 08701

HOTLINE: (866) 904-4474 or (732) 886-4474

Mental Health Treatment Facilities and Programs:

Carrier Clinic

252 Route 601

Belle Mead, NJ 08502

Phone: (800) 933-3579

www.carrierclinic.org

Contact we Care

24 Hour National Suicide Prevention Hotlines:

1-800-273-TALK (8255)

and 1-800-SUICIDE

or Text "CWC" to 839863.

Lakewood Community Services Corp

900 Forest Avenue

Lakewood, NJ 08701

732-901-6001

Ocean Mental Health Services, Inc

160 Route 9

Bayville, NJ 08721

732-349-5550

East Mountain Hospital

252 Route 601

Belle Mead, NJ 08502

(800) 379-1949

www.eastmountainhospital.com

Jewish Family & Children's Service of Ocean County

www.jewishoceancounty.org

301 Madison Avenue

Lakewood, New Jersey 08701

732-363-8010

NAMI Ocean

<http://www.naminj.org/affiliates/ocean.html>

(732) 244-4401

Preferred Behavioral Health of New Jersey

700 Airport Road, PO Box 2036

Lakewood, NJ 08701

732-367-4700

Resources for Human Development

317 Brick Boulevard; Suite 200

Brick, NJ 08723

732-920-5000

Published Data Collection

According to the NJ Census Data, the 2012 population estimate for Monmouth County is **629,384**, primarily comprised of 85.1% White, 10% Hispanic or Latino, 7.7% Black, and 5.3% Asian. (1.6% of the population selected two or more races.)

6.5% of persons in Monmouth County fall below the national poverty level.

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+.

Based on data above, **approximately 5.2% of Monmouth County adults** visited an emergency room for a Mental Health illness in 2011.

[NJ County Health Rankings and Roadmaps \(2013\):](#)

According to the NJ County Health Rankings and Roadmaps report, Monmouth County's Health Ranking is 6 (out of 21).

The average number of mentally unhealthy days reported in Monmouth County in the last 30 days was 3.4. (Error Margin 3.0-3.7; NJ average is 3.3; National Benchmark is 2.3). Sample size was 3,004. In 2011-2012, there was a ratio of 1748:1 Mental Health Providers per resident in Monmouth County. NJ average is 2015:1.

Monmouth County Community Health Improvement Plan (2012-2016)

In 2011, The Health Improvement Coalition of Monmouth County brought together approximately 30 individuals representing various social service agencies, not-for-profit organizations, and concerned citizens to help improve the health and well-being of county residents. Following their previous 2007 Community Health Improvement Plan, the Coalition updated existing health statistics and wellness measures and clarified current community needs in 2011. In no particular order of importance, here are the key health issues identified by the group:

- 1) Risk factors for heart disease
- 2) Obesity/overweight issues (for both adults and children)
- 3) Mental Health (suicide rate among adolescents on the rise)
- 4) Substance Abuse (teens, seniors, prescription drug abuse, to include tobacco use)
- 5) Access to primary care
- 6) Long-term management of chronic illness (self-management)
- 7) Domestic violence (teens, families)
- 8) Chlamydia incidence rates
- 9) Care-giving needs
- 10) Transportation barriers
- 11) Increased need for "bi-directional care" (blended primary and specialty care coordination; focus on whole-person illness).

The group then ranked all eleven issues to determine the top three key issues based on the severity of the issue within the county and the Coalition’s ability to make a meaningful impact on the outcomes associated with that issue. In September, 2011, the following three issues were adopted:

- 1) Risk Factors for heart disease.
- 2) Obesity/overweight issues for children and families.
- 3) Access to comprehensive healthcare.

While mental health illness was not chosen as one of the top three key issues, Carrier Clinic is aware that identifying and reducing barriers to healthcare services access is very important to mental health and wellness. Carrier Clinic plans to address barriers to healthcare services through professional and community education offered in conjunction with Monmouth County’s community of mental health providers and consumer partners.

Carrier Clinic’s Primary Data Collection for Monmouth County

Key Informant Interviews:

In September, 2013, in an over-the-phone interview with Steven Horvath, Assistant Mental Health Administrator of Monmouth County, the following top unmet needs or service gaps were identified:

- Access to psychiatric time, and delays in outpatient (OP) appointments.
- Transportation- especially as it relates to getting to OP providers and services.
- Increase in opiate addiction (especially as it relates to the young adult population).
- Youth suicide in county (both adolescent and young adult).
- Decreased length of stay within county inpatient units (patients are out faster and the OP system becomes backlogged).

To the question, **“do you believe your community (consumers or service providers) can benefit from additional mental health education, information or services,”** the respondent answered that **“Absolutely, education remains important. Education partnerships, especially within the school system remain important and are a need for the county.”**

To the question, **“which delivery system for the program would work best, in person, via technology, handouts, other suggestions,”** the respondent answered that **“a combination of all would work well for us.”**

To the question, **“ 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?”** The respondent answered, **“We have plenty of free space in the county, the Board of Social Services office, a large library system on major transportation lines. NAMI and Monmouth County Mental Health Association would also have space and resources as well.”**

Carrier Clinic Social Services Department Questionnaire:

In March, 2013, Carrier Clinic’s Social Services Department answered a questionnaire outlining the unmet needs or service opportunities in Monmouth County.

Needs include: *There is a critical lack of PHP and IOP programs for adolescents, adults and older adults. In addition, transportation to programs is needed, as well as IOP/PHP programs for persons with Medicare. There is also a shortage of Dual Diagnosis services for Adolescents.*

Carrier Clinic Patient Focus Group Interviews:

Carrier Clinic Patient Focus Group interviews were conducted weekly between August 26 – September 16, 2013. Results were not county specific; therefore, all data collected from these interviews appears on page 60.

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.

Monmouth County Mental Health Resources

Primary Screening Center for Monmouth County:

Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
HOTLINE: (732) 923-6999

Emergency Services - affiliated w/Screening Center:

Centra State Medical Center PES
901 West Main Street
Freehold, NJ 07728
HOTLINE: (732) 294-2595

Jersey Shore University Medical Center PES
1945 Corlies Avenue, Route 33
Neptune, NJ 07753
HOTLINE: (732) 776-4555

Riverview Medical Center PES
1 Riverview Plaza
Red Bank, NJ 07701
HOTLINE: (732) 219-5325

Mental Health Treatment Facilities and Programs:

Carrier Clinic

252 Route 601
Belle Mead, NJ 08502
Phone: (800) 933-3579
www.carrierclinic.org

East Mountain Hospital

252 Route 601
Belle Mead, NJ 08502
(800) 379-1949
www.eastmountainhospital.com

MHA of Monmouth County

119 Avenue at the Commons
Shrewsbury, NJ 07702
(732)542-6422
www.mentalhealthmonmouth.org

Contact we Care

24 Hour National Suicide Prevention Hotlines:
1-800-273-TALK (8255) and 1-800-SUICIDE
or Text "CWC" to 839863.

FAMILY SERVICES

Red Bank Resource Network

Provide information and referral, and link residents with vital social services needed to keep families intact and functioning.

(732) 383-5108
www.rbrnhelps.com

Family Crisis Intervention

Assists children with behavioral issues and their families.

(732)542-2444
www.mentalhealthmonmouth.org

Family Consultation

Provide counseling and information and referral, to help families with adults who have a mental illness. (732)542-6422

www.mentalhealthmonmouth.org

CPC Behavioral Health Care

- 270 Highway 35, Middletown
- 37 Court Street, Freehold
- 1088 Route 34, Aberdeen

732-842-2000

Jewish Family & Children's Service of Greater Monmouth County

<http://www.jfcsmonmouth.org/>

705 Summerfield Avenue, Asbury Park, NJ 07712
(732)774-6886

NAMI Greater Monmouth

<http://www.naminj.org/affiliates/monmouth.html>

(732) 462-6448

Published Data Collection

According to the NJ Census Data, the 2012 population estimate for Mercer County is **368,303**, primarily comprised of 66.9% White, 21% Black, 15.5% Hispanic or Latino, and 9.3% Asian. (2% of the population selected two or more races.)

10.7% of persons in Mercer County fall below the national poverty level.

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+.

Based on data above, **approximately 5.55% of Mercer County adults** visited an emergency room for a mental health illness in 2011.

[NJ County Health Rankings and Roadmaps \(2013\):](#)

According to the NJ County Health Rankings and Roadmaps report, Mercer County's Health Ranking is 12 (out of 21).

The average number of mentally unhealthy days reported in Mercer County in the last 30 days was 2.7. (Error Margin 2.4-3.0; NJ average is 3.3; National Benchmark is 2.3). Sample size was 3,373. In 2011-2012, there was a ratio of 1,129:1 Mental Health Providers per resident in Mercer County. NJ average is 2015:1.

Merger County Community Health Improvement Plan (CHIP)

2010 Plan Update from the Mercer County Partnership for Community Health

The Mercer County Partnership for Community Health is comprised of over 37 community, governmental, and civic organizations. In 2007, Mercer County completed the Mobilization for Action through Planning and Partnerships (MAPP) project, which involved gathering community health assessments to form the primary issues for Mercer County. The four strategic public health issues originally identified through the MAPP exercise (and reviewed annually) are as follows:

- Public Health Resource Directory
- Substance Abuse
- Mental Health
- Obesity

The goals and objectives relating to these issues as well as suggested strategies, barriers and community resources comprise the 2010 Update to the Community Health Improvement Plan (CHIP) for Mercer County.

For Carrier Clinic, a private, not-for-profit psychiatric hospital, we will be focusing on the needs, goals and objectives for Mental Health Services in Mercer County.

Mental health refers to a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

Partnership members believe that mental health issues are a major concern within the county, and that the collective mental health of Mercer County residents, if not properly addressed, is likely to have an adverse effect on the public health system. Historically, “mental health” in Mercer County has been synonymous with treatment and diagnosis rather than the prevention side of the spectrum. It is posited that mental health is a key component to a healthy life; arising mental health issues can cause an otherwise healthy individual to experience drastic changes in their life, such as loss of family support, job, and functionality in society. This significant shift in a person’s lifestyle may lead to other, often costly and disruptive, health-related issues as well.

Partnership members, in conjunction with key Mercer County mental health professionals, identified the following areas as targets for future problem solving:

- Need for increased capacity of adult outpatient services.
- Lengthy waiting times for access to appropriate services.
- Difficulty finding appropriate and stable housing for mentally ill consumers.
- Difficulty training and placing mental health consumers in employment.

During the three-year Goals & Strategies/Action phase that is continuing through 2013, the Mercer Partnership looks to integrate public health and clinical strategies in order to target larger risk groups with interventions that are individualized, at least in part, thereby increasing the potential impact of services on population health.

2012 Mercer County, NJ Community Health Improvement Plan (CHIP)

The Greater Mercer Public Health Partnership (GMPHP), formed in 2011, is a collaborative of 14 area non-profit organizations, nine local health departments representing all thirteen municipalities in Mercer County, and the United Way.

Funded through the Robert Wood Johnson Foundation’s New Jersey Health Initiatives, the Community Health Improvement Planning process includes two major components:

- 1) A community health assessment (CHA) to identify the health-related needs and strengths of greater Mercer County and
- 2) A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across the County.

In January 2012, the GMPHP hired Health Resources in Action (HRiA) as a research partner to provide strategic guidance and facilitation of the CHA-CHIP process, to collect and analyze data, and to develop the report deliverables.

The Community Advisory Board (CAB) was established in January 2012 to guide and offer feedback on the CHA and CHIP processes. The CAB is comprised of approximately 60 individuals who represent the local community in all its diverse aspects: business, education, communications, transportation, health and wellness, faith-based groups, civic and government, vulnerable populations (disabled, seniors, etc.) and other organizations and specialized areas.

After the CHA report was finalized and distributed in July 2012, the CHIP workgroups further refined the data in September 2012 to discuss key issues and themes from which priority health issues were identified and developed the goals, objectives and strategies for the CHIP.

Based on the CHA results, the following priorities were determined:

Access, Chronic Disease, Economic Equity, Healthy Eating/Active Living, Housing, Maternal & Child Health, Mental Health, Obesity/Overweight, Oral Health, Reproductive Health, Substance Abuse and Transportation.

Based on a multi-voting exercise, where participants rated the importance of the above priorities, the workgroup agreed to combine Mental Health with Substance Abuse, and Obesity/Overweight with Healthy Eating/Active Living and ultimately agreed upon the following four health priority areas for the CHIP:

Priority Area 1: Mental Health & Substance Abuse

Priority Area 2: Healthy Eating & Active Living

Priority Area 3: Chronic Disease

Priority Area 4: Transportation & Built Environment

Mental Health & Substance Abuse Findings:

Substance use and mental health were considered interrelated, growing concerns for which the current prevention and treatment services do not sufficiently address community needs, particularly among youth. Current treatment and prevention programs do exist, but the demand exceeds the number of providers or even number of beds currently available.

A dominant health concern for Mercer County residents was mental health. Focus group members and interviewees reported rising rates of depression and other mental health issues among people in the region and closely connected these to substance use, the economic downturn, and the region's achievement culture. Hospital admission rates for mental and behavioral health indicate that admissions indeed have been rising over the last several years from 4.9 per 1,000 population in 2006 to 7.8 admissions per 1,000 population in 2010 (1). While hospital admission for mental health is more extreme, many residents noted that mental health conditions are pervasive and stigma presents a barrier.

Several adult focus group participants also discussed how the economic recession exacerbates depression. In 2011, there were 24 deaths by suicide in the County. The area saw a steep rise in suicides in 2008, a difficult economic year nationwide and locally.

For Priority Area 1: Mental Health & Substance Abuse, the following Goal and Objectives were identified:

Goal 1: Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Objective 1.1: By January 2016, incorporate mental health and substance abuse services and education into 25% of primary care settings.

Objective 1.2: By January 2016, increase awareness and utilization of existing mental health and substance abuse services among adolescents, young adults, and seniors by 25%.

Objective 1.3: By January 2016, increase the number of mental health professionals in areas of highest need in Mercer County to achieve optimal recommended ratios of 4,500:1.

Objective 1.4: By January 2016, increase the number of evidence-based educational programs in Mercer County that address prevention of mental illness and substance abuse among adolescents, young adults, and seniors.

Carrier Clinic Primary Data Collection for Mercer County:

Key Informant Interviews:

On February 2, 2013, in a face-to-face interview with Michele Madiou, the Mental Health administrator of Mercer County, the following top unmet needs or service gaps were identified:

- Increased psychiatric time and options. 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.
- Increased opportunities for outpatient services, particularly for individual sessions. Consumers do not like groups. They want one on one time.
- 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.
- Transportation.

To the question, **“do you believe your community (consumers or service providers) can benefit from additional mental health education, information or services,”** the respondent answered that yes, professionals need to be trained to heal trauma in order to provide opportunities for healing and not just behavior management.

Professionals also need to learn how to humanize the services they provide- even simple things like how they call a consumer in from the waiting area.

To the question, **“which delivery system for the program would work best, in person, via technology, handouts, other suggestions,”** the respondent answered that in person training is preferred, as people tend to multi-task during webinars. In person training also provides the opportunity to ask questions. Handouts are also very helpful.

To the question, **“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?”** The respondent answered, yes, they do have no cost space available after monthly meetings, in order to accommodate training, with the belief that providers are more likely to attend a training if it is held at a time when they are already expected to be somewhere. The location of the training could serve as the meeting space.

To reach consumers, it would be best to hold trainings at the agencies which they already attend.

Mercer County is interested in further discussing the benefit of webinars for consumers, as long as they could ask questions. When other mental health providers in the county (at the PAC meeting) were asked about offering webinars to consumers, those in attendance (Contact, Family Guidance, Mental Health

Board representative, SERV, NAMI, AAMH, Greater Trenton Behavioral Health, Catholic Charities, Rescue Mission, Jewish Family & Children's Services, and Hampton) thought it was a good idea and didn't see a negative.

Case Management Questionnaire for Carrier Clinic Social Services Department:

In March, 2013, the Social Services Department filled out a questionnaire outlining the unmet needs or service opportunities in Mercer County.

Needs include: Transportation to programs, not many options for aftercare programs, Medicare programs, very few IOP/PHP programs and outpatient Medicare psychiatrists and therapists.

Carrier Clinic Patient Focus Group Interviews:

Carrier Clinic Patient Focus Group interviews were conducted weekly between August 26- September 13, 2013. Results were not county specific; therefore, all data collected from these interviews appears on page 60.

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+.

Partnership members, in conjunction with key Mercer County mental health professionals, identified the following areas as targets for future problem solving:

- Need for increased capacity of adult outpatient services.
- Lengthy waiting times for access to appropriate services.
- Difficulty finding appropriate and stable housing for mentally ill consumers.
- Difficulty training and placing mental health consumers in employment.

For Priority Area 1: Mental Health & Substance Abuse, the following Goal and Objectives were identified:

Goal 1: Improve access to quality mental health and substance abuse prevention, treatment and recovery services for all persons while reducing the associated stigma.

Objective 1.1: By January 2016, incorporate mental health and substance abuse services and education into 25% of primary care settings.

Objective 1.2: By January 2016, increase awareness and utilization of existing mental health and substance abuse services among adolescents, young adults, and seniors by 25%.

Objective 1.3: By January 2016, increase the number of mental health professionals in areas of highest need in Mercer County to achieve optimal recommended ratios of 4,500:1.

Objective 1.4: By January 2016, increase the number of evidence-based educational programs in Mercer County that address prevention of mental illness and substance abuse among adolescents, young adults, and seniors.

Needs include: *Transportation to programs, not many options for aftercare programs, Medicare programs, very few IOP/PHP programs and outpatient Medicare psychiatrists and therapists.*

Merger County Mental Health Resources:

Primary Screening Center for Mercer County:

Capital Health Regional Medical Center
750 Brunswick Avenue
Trenton, NJ 08638
HOTLINES: (609) 396-4357 or (609) 989-7297

Mental Health Treatment Facilities and Programs:

East Mountain Hospital

252 Route 601
Belle Mead, NJ 08502
(800) 379-1949
www.eastmountainhospital.com

Carrier Clinic

252 Route 601
Belle Mead, NJ 08502
Phone: (800) 933-3579
www.carrierclinic.org

All Access Mental Health (AAMH)

819 Alexander Road
Princeton, NJ 08540
Phone: (609) 452-2088
www.aamh.org

Capital Health System- Fuld Campus

750 Brunswick Ave
Trenton, NJ 08638
Phone: (609) 396-HELP
www.capitalhealth.org

Catholic Charities

10 Southard Street
Trenton, NJ 08609
Phone: (609) 695-5687
www.catholiccharitiestrenton.org

Contact of Mercer County

Hotline: 1-800-896-2120
24 Hour National Suicide Prevention Hotlines:
1-800-273-TALK (8255
and 1-800-SUICIDE
www.contactofmercer.org

Family Guidance Center

1931 Nottingham Way
Hamilton, NJ 08619
Phone: (609) 586-0668
www.fgccorp.org

Greater Trenton Behavioral Healthcare (GTBHC)

1001 Spruce Street
Trenton, NJ 08607
Phone: (888) 866-9565
www.gtbhc.org

Jewish Family & Children's Service of Greater Mercer County

707 Alexander Road; Suite 102
Princeton, NJ 08540
Phone: (609) 987- 8100
www.jfcsonline.org

NAMI Mercer

3371 Princeton Pike
Lawrenceville, NJ 08648
Phone: (609) 799-8994
www.namimercer.org

Princeton House Behavioral Health

905 Herrontown Road
Princeton, NJ 08540
Phone: (800) 242-2550
www.princetonhcs.org

Published Data Collection

According to the NJ Census Data, the 2012 population estimate for Morris County is **497,999**, primarily comprised of 84.9% White, 12.1% Hispanic or Latino, 9.7% Asian, and 3.4% Black. (1.6% of the population selected two or more races.)

4.1% of persons in Morris County fall below the national poverty level.

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+.

Based on data above, **approximately 2.8% of Morris County adults** visited an emergency room for a mental health illness in 2011.

[NJ County Health Rankings and Roadmaps \(2013\):](#)

According to the NJ County Health Rankings and Roadmaps report, Morris County's Health Ranking is 2 (out of 21).

The average number of mentally unhealthy days reported in Morris County in the last 30 days was 2.8. (Error Margin 2.5-3.1; NJ average is 3.3; National Benchmark is 2.3). Sample size was 4,587. In 2011-2012, there was a ratio of 1441:1 Mental Health Providers per resident in Morris County. NJ average is 2015:1.

St. Clare's Health System Community Health Needs Assessment, Final Summary Report (Morris County, April 2013)

St. Clare's Health System is comprised of four hospitals in northwest New Jersey. Three of those hospitals are located in Morris County, and one in Sussex. Those hospitals are: St. Clare's Boonton, St. Clare's Denville, St. Clare's Dover, and St. Clare's Sussex.

Beginning in 2012, St. Clare's conducted a comprehensive Community Health Needs Assessment to evaluate the needs of individuals living in the hospitals' service area within Morris and Sussex Counties. The CHNA was done in collaboration with the Community Health Alliance of Northwestern Central New Jersey (CHANCe), a collaborative of nine hospitals and health systems in Central New Jersey to assess regional health needs.

The findings from the assessment were utilized to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. The research components included a secondary statistical data profile of Morris and Sussex Counties (provided by the Health Research and Educational Trust of New Jersey (HRETNJ); a household telephone survey with 1180 community residents (758 for St. Clare's Morris County hospitals, 422 for Sussex) and focus group discussions with 23 community residents.

The findings from the assessment included:

Priority Areas of Opportunity:

- Physical Activity and Nutrition
- Access to Care
- Mental Health
- Substance Use and Abuse
- Sexually Transmitted Diseases
- Cancer

Priority Community Health Issues:

- Physical Activity and Nutrition
- Access to Care
- Mental Health
- Substance Use and Abuse

Key Findings regarding the Mental Health of Morris County Residents:

Areas of Strength:

- **Anxiety disorder**-Fewer residents (9.1%) have ever been told that they have an anxiety disorder, compared to the nation (13.3%).
- **Depressive disorder**-Fewer residents (11.4%) have ever been told that they have a depressive disorder compared to the nation (16.6%).

Areas of Opportunity:

- **Physical and Mental Health**- The proportion of residents who reported 8 to 14 days of the past 30 days in which poor physical or mental health kept them from doing their usual activities (8.1%) is higher compared to New Jersey (4.0%) and the nation (4.5%).

Overall Mental Health Assessment findings & conclusions for Morris County.

While many respondents in the survey reported excellent mental health overall, approximately 1 in 10 reported poor mental health status (15 or more days of poor mental health per month), 10.2% reported being diagnosed with an anxiety disorder, and 11.4% reported being diagnosed with depression. A total of 9.0% of the general population within Morris County had at least one diagnosis of mental illness, and 6.3% had both depressive and anxiety disorders.

Mental health concerns are more likely found among females and individuals with lower income and education. This assessment discovered a growing number of individuals between 45 and 64 with mental health challenges. Lower income seniors had almost twice the rate of anxiety disorders (9.7% to 5.8%) and five times the rate of depressive disorder (10.9% to 1.5%) compared to higher income seniors. These numbers suggest that programs, policies and resources may be needed to promote mental health among the population aged 65 and above and connecting mentally-ill seniors to appropriate community services.

The aging of Morris County's population also translates into more adults serving the role of unpaid caregiver in the life of an aging parent or family member. The research indicated that 21.1% of the participants reported that they were currently a caregiver. These individuals cited stress and costs as key challenges. Caregivers were more likely to report poor mental health status and a diagnosis of an anxiety disorder. This also corresponds with the rates of depression (13.8%) and anxiety disorder (12.5%) among those in the age range of 45 to 64. This data suggests the need for 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.

Carrier Clinic Primary Data Collection for Morris County:

Key Informant Interviews:

In September, 2013, Laurie Becker, Mental Health Administrator for Morris County, provided a summary overview of the Public Forum for Consumers and Families, presented by the Morris County Mental Health Substance Abuse Advisory Board. Forum participants included representatives from the NJ Division of Mental Health and Addictions Services, family and consumer advocacy groups, Greystone Hospital, and the County. This overview contained the highest existing and new service priorities for Morris County. The following priorities were identified:

- Transportation, in western Morris County, for veterans, on weekends, for work and education.
- Affordable supported housing and increased congregate group home options. Housing with support is a problem, especially for individuals discharged from St. Clare's or Greystone Hospital.
- Medical and psychiatric services- very difficult to find M.D.s who accept Medicaid or when there is no insurance.
- Mental health and other services for families of young children.
- Respite type programs.
- More legal assistance is needed for individuals who are criminally involved as a result of mental illness or addictions.
- More focus on spiritual supports.

Identified needs:

Programs to educate consumers on: How to build a positive network in your life, medications for individuals with mental illness, information on how to handle personal finances, explore development of consumer run businesses.

Carrier Clinic Social Services Department Questionnaire: In March, 2013, the Social Services Department filled out a questionnaire outlining the unmet needs or service opportunities in Morris County.

Needs include: Outpatient Medicare Psychiatrists and Therapists, Adolescent PHP/IOP and Dual Diagnosis Services for Adolescents, programs that take Medicare, IOP/PHP programs, and transportation to outpatient programs.

Carrier Clinic Patient Focus Group Interviews:

Carrier Clinic Patient Focus Group interviews were conducted weekly between August 26- September 13, 2013. Results were not county specific; therefore, all data collected from these interviews appears on page 60.

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.

Morris County Mental Health Resources:

Primary Screening Centers for Morris County:

Saint Clare's Hospital

Pocono Road, Denville, NJ 07834

www.saintclares.org

Psychiatric Emergency Services - 973-625-0280

Children's Crisis Intervention - 973-316-1982

Wellness & Recovery Center - 973-625-0096

Morristown Memorial Hospital/Atlantic Behavioral Health

100 Madison Avenue, Morristown, NJ 07960

Crisis Intervention Services

973-540-0100

Chilton Memorial Hospital

www.chiltonhealth.org

97 West Parkway, Pompton Plains, NJ 07444

Crisis Intervention Services

973-831-5078

Mental Health Treatment Facilities and Programs:

Carrier Clinic

252 Route 601

Belle Mead, NJ 08502

Phone: (800) 933-3579

www.carrierclinic.org

East Mountain Hospital

252 Route 601

Belle Mead, NJ 08502

(800) 379-1949

www.eastmountainhospital.com

Contact we Care

24 Hour National Suicide Prevention Hotlines:

1-800-273-TALK (8255)

and 1-800-SUICIDE

or Text "CWC" to 839863.

Family Intervention Services

973-586-5243

www.fisnj.org

20 Vanderhoof Avenue, Rockaway, NJ 07866

Family Crisis Intervention Unit (FCIU),

(DYFS referrals) & Youth Case Management

Community Programs available to County residents.

Hope House

973-361-5555

www.hopehousenj.org

19-21 Belmont Avenue, Dover, NJ 07801

Counseling and support services to children, adolescents & adults.

Morristown Memorial Hospital/Atlantic Health Services

1-888-247-1400

www.atlantichealth.org

95 Mount Kemble Avenue

Morristown, NJ 07960

Counseling and support services to children, adults and families.

NewBridge Services, Inc.

973-316-9333

www.newbridge.org

390 Main Road, Montville, NJ 07045

Counseling, case management & support services to children, adults, families & seniors.

Saint Clare's Behavioral Health Centers

www.saintclares.org

130 Powerville Rd., Boonton, NJ 07005

50 Morris Avenue, Denville, NJ 07834

100 Hanover Ave., Cedar Knolls, NJ 07927
Counseling, case management & support services

Cornerstone Family Programs

www.cornerstonefamilyprograms.org

62 Elm Street, Morristown, NJ 07960

(973) 538-5260

Counseling and psychiatric evaluation and support for children, parents, families & seniors.

NAMI Morris

[http://0379b26.netsolvps.com/support/affiliates/](http://0379b26.netsolvps.com/support/affiliates/morris/)

[morris/](http://0379b26.netsolvps.com/support/affiliates/morris/)

(908) 879-5687

Jewish Family Service of MetroWest

256 Columbia Turnpike, Suites 104-105

Florham Park, NJ 07932

Phone: 973/765-9050

Fax: 973/765-0195

Email: intake@jfsmetrowest.org

Website: www.jfsmetrowest.org

Hunterdon County:

Published Data Collection

According to the NJ Census Data, the 2012 population estimate for Hunterdon County is **127,050**, primarily comprised of 92.2% White, 5.7% Hispanic or Latino, 3.5% Asian, and 2.9% Black. (1.2% of the population selected two or more races.)

3.6% of persons in Hunterdon County fall below the national poverty level.

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+.

Based on data above, **approximately 1.3% of Hunterdon County adults** visited an emergency room for a mental health illness in 2011.

[NJ County Health Rankings and Roadmaps \(2013\):](#)

According to the NJ County Health Rankings and Roadmaps report, Hunterdon County's Health Ranking is 1 (out of 21).

The average number of mentally unhealthy days reported in Hunterdon County in the last 30 days was 2.6. (Error Margin 2.3-2.9; NJ average is 3.3; National Benchmark is 2.3). Sample size was 3,508. In 2011-2012, there was a ratio of 1211:1 Mental Health Providers per resident in Hunterdon County. NJ average is 2015:1.

Hunterdon County Mental Health Plan, Hunterdon County Mental Health Board (2008-2013)

The Hunterdon County Mental Health Board serves as advisor to the Board of Chosen Freeholders, through the Human Services Advisory Council, and to the NJ Division of Mental Health Services. This Mental Health Plan, developed to serve as a guide for the delivery of mental health services in Hunterdon County, is a result of a collaborative effort involving Board Members, its advisory groups, consumer and family members, community and state agencies and the community at large.

This plan identifies priority needs, action steps, barriers and progress made over the last 5 years. It speaks to the unique challenges of providing services in a rural, resource-limited system, and offers recommendations for improving service delivery, promoting the principles of wellness and recovery, reducing stigma and ensuring cultural competence.

The Mental Health Board collected qualitative and quantitative data from various sources in 2007. Over 125 responses were collected from the community surveys and forums. Below is a listing of the service needs as identified by the community participants:

Mental Health Treatment Service Needs

- Psychiatric evaluation
- Outpatient services
- Medication monitoring
- Counseling and case management services
- Inpatient services for children and adolescents, as well as adults
- Emergency services/mobile outreach
- Partial hospital/partial care services for adults and adolescents
- Respite care for families of the mentally ill
- Continued need for involuntary commitment
- Socialization/Group support services
- Services for persons with co-occurring disorders
- Services for persons with mental illness and a developmental disability

Community Mental Health Education Needs

- Regarding stigma and the detrimental effects of stigma for the consumer, including delays in diagnosis, isolation, loss of housing and vocational opportunities, low self-esteem, hopelessness, and suicide in severe cases.
- Educating the educators regarding mental illness.
- Information to the public regarding services and community supports available.
- Educating physicians and other health care professionals regarding mental health issues and services.
- Ongoing sensitivity training for the Emergency Department, other medical staff and community agencies.
- Ongoing training for Law Enforcement and Court Personnel.

Prioritized Needs as recommended by the Mental Health Board to maintain a continuum of care:

- Psychiatric Assessment
- Outpatient Services
- Community Education
- Residential Diagnostic Services for Children
- Respite Services for Families
- Partial Care and After School Programs
- Parenting Services

Carrier Clinic Primary Data Collection for Hunterdon County:

Key Informant Interviews:

On February 15, 2013, in a face-to-face interview with Jennifer Shore, Human Services Administrator and Cathy Zahn, Mental Health Planner/Youth Services Coordinator, the following top unmet needs or service gaps were identified:

- Psychiatric time- psych evaluations and med monitoring options are needed.
- APN time- this is a different need than psychiatric time because while both can fill the same role, APNs can be used in other ways as well.
- Lack of outpatient services for adults and children. Those who are paneled need more individual therapists. While there are two intensive outpatient programs in the county for adults, they felt that another one-structured differently- would be beneficial.
- Respite beds for persons in need- for adults and adolescents.
- Primary care doctors need to be educated on the system and resources and their role.

To the question, **“do you believe your community (consumers or service providers) can benefit from additional mental health education, information or services,”** the respondents answered “yes, the community now has an increased curiosity about mental health in light of the Newtown tragedy and mental health is now a part of the mainstream discussion. Therefore, the community, providers, and consumers could benefit from education, information, and services.”

To the question, **“which delivery system for the program would work best, in person, via technology, handouts, other suggestions,”** the respondents answered that “new ways and high tech would be best, but handouts are good too. A webinar might be a good tool, but a live feed would be a better alternative so that questions could be answered if they arise.”

To the question, **“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?”** The respondents answered, yes, “space would be available at the County Complex on Route 12, the county libraries, the senior center in the evening, Polytech, and Jugtown (near the jail).”

Carrier Clinic Social Services Department Questionnaire: In March, 2013, the Social Services Department filled out a questionnaire outlining the unmet needs or service opportunities in Hunterdon County.

Needs include: PHP and IOP programs, transportation to programs, programs that accept Medicare, and Medicare PHPs with transportation for seniors.

Carrier Clinic Patient Focus Group Interviews:

Carrier Clinic Patient Focus Group interviews were conducted weekly between August 26- September 16 2013. Results were not county specific; therefore, all data collected from these interviews appears on page 60.

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.

Hunterdon County Mental Health Resources:

Primary Screening Center for Hunterdon County:

Hunterdon Medical Center
Emergency Services Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
HOTLINE: (908) 788-6400

Mental Health Treatment Facilities and Programs:

Carrier Clinic

252 Route 601
Belle Mead, NJ 08502
Phone: (800) 933-3579
www.carrierclinic.org

Hunterdon Behavioral Health

2100 Wescott Drive
Flemington, NJ 08822
HOTLINE: (908) 788-6400
www.hunterdonhealthcare.org

Contact we Care

24 Hour National Suicide Prevention Hotlines:
1-800-273-TALK (8255)
and 1-800-SUICIDE
or Text "CWC" to 839863.

Capital Health Regional Medical Center/ Fuld Campus

3 Front South
Trenton, NJ 08638
(609) 394-6106
www.capitalhealth.org

East Mountain Hospital

252 Route 601
Belle Mead, NJ 08502
(800) 379-1949
www.eastmountainhospital.com

Princeton House Behavioral Health

905 Herrontown Road
Princeton, NJ
(800) 242-2550
www.princetonhcs.org

Jewish Family Service of Somerset, Hunterdon, and Warren Counties

<http://jewishfamilysvc.org/>
150-A West High Street,
Somerville, NJ 08876
908.725.7799

NAMI Hunterdon

www.namihunterdon.org
(908) 284-0500

Catholic Charities

www.ccdom.org
(908)782-7905

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 Department 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 Department 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.”

Next Steps

Based on the information gathered for this report, Carrier Clinic has put together an Implementation Strategy that will be rolled out over the next three years to bring mental health education, information and resources to the counties in its defined community.



Accessing the Community Health Needs Assessment & Implementation Strategy

This 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

The Implementation Strategy, 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:

Community Relations Department

Attn: Heather W. Steel

Carrier Clinic

PO Box 147

252 Route 601

Belle Mead, NJ 08502

908-281-1513

800-933-3579

CommunityRelations@CarrierClinic.com

hsteel@carrierclinic.com

www.CarrierClinic.org



Additional County Resources

Middlesex County Resources:

For a comprehensive directory to Middlesex County Mental Health Services, distributed by Middlesex County's Department of Human Services, please visit:

<http://www.co.middlesex.nj.us/humanservices/Mental%20Health%20Services%20Directory%202012.pdf>

The following services are contracted by the Division of Mental Health Services and provided for citizens of the county. Some services listed here may be located in other counties.

http://www.nj.gov/humanservices/dmhs/news/publications/mhs/directory_by_county.html

Acute Care Family Support
University Behavioral Healthcare
671 Hoes Lane
Piscataway, NJ 08855
(732) 235-6184

Deaf Enhanced Screening Center
Trinitas Hospital
925 East Jersey Street
Elizabeth, NJ 07201
(908) 994-8131

Early Intervention Support Services
University Behavioral Healthcare North
667 Hoes Lane West
Piscataway, NJ 08855
(732) 235-4422

Homeless Service (PATH)
University Behavioral Healthcare
151 Centennial Avenue
Piscataway, NJ 08855
(732) 235-6184

Intensive Family Support Services
University Behavioral Healthcare
151 Centennial Avenue
Piscataway, NJ 08855
(732) 235-6184

Intensive Outpatient Treatment and Support Services
(IOTSS)
University Behavioral healthcare
303 George Street
New Brunswick, NJ 08901
(732) 235-6800

Outpatient
University Behavioral Healthcare
100 Metroplex
Edison, NJ 08817
(800) 969-5300

County Mental Health Board
Middlesex Co. Div. of Addictions
& Mental Health Planning
Middlesex County Admin. Bldg.
75 Bayard Street
New Brunswick, NJ 08901
(732) 745-4313

Deaf Enhanced STCF
Trinitas Hospital
655 East Jersey Street
Elizabeth, NJ 07201
(908) 994-7205

Homeless Services (PATH)
Catholic Charities, Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08837
(732) 738-1323

Integrated Case Management Services
University Behavioral Healthcare
151 Centennial Avenue
Piscataway, NJ 08855
(732) 235-6184

Outpatient
University Behavioral Healthcare
4326 Route 1 No.
Monmouth Junction, NJ 08852, (732) 235-8799

Outpatient
Raritan Bay Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

Outpatient
Catholic Charities - Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 257-6100

Outpatient
Catholic Charities, Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 257-6100 or (800) 655-9491

Partial Care
University Behavioral Healthcare
667 Hoes Lane
Piscataway, NJ 08855
(732) 235-5910

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08837
(732) 646-4039 (PACT I)

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
319 Maple Street
Perth Amboy, NJ 08861
(732) 857-3894 (PACT III)

Residential Intensive Support Team (RIST)
Bridgeway Rehabilitation Services, Inc.
720 King Georges (POST) Road
Suite 310
Fords, NJ 08863
(732) 771-2300

Residential Services
Triple C Housing, Inc.
316 Livingston Avenue
New Brunswick, NJ 08901
(732) 745-0920

Residential Services
Easter Seal Society of NJ
Middlesex Behavioral Health
Services
1 Kimberly Road
East Brunswick, NJ 08816, (908) 257-6662
Self-Help Center
Moving Forward SHC
35 Elizabeth St., 2nd Fl., Suite 2A
New Brunswick, NJ 08901
(732) 317-2920

Short Term Care Facility
Trinitas Hospital
655 East Jersey Street
2nd Floor, 2 North
Elizabeth, NJ 07026
(908) 994-7202

Outpatient
University Behavioral Healthcare
303 George Street
New Brunswick, NJ 08901
(800) 969-5300

Partial Care
Raritan Bay Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 387-1307 (PACT II)

Residential Services
Triple C Housing
1 Distribution Way
Monmouth Junction, NJ 08852
(609) 655-3950 or (732) 745-0920

Residential Services
University Behavioral Healthcare
671 Hoes Lane
Piscataway, NJ 08855
(732) 235-5353

Residential Services
SERV Centers of NJ
491 S. Washington Avenue
Piscataway, NJ 08854
(732) 968-7111

Residential Services
Volunteers of America - Northern NJ
205 West Milton Avenue
Rahway, NJ 07065
(732) 827-2444

Short Term Care Facility
Princeton House
905 Herrontown Road
Princeton, NJ 08540
(609) 497-3354

Short Term Care Facility
Raritan Bay Mental Health Center
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5199

Supported Education
Bridgeway Rehabilitation Services
LEARN of Central NJ
1023 Commerce Avenue, 2nd Floor
Union, NJ 07083
(908) 686-2956, ext. 104

Supportive Housing
Volunteers of America
Northern NJ Division
205 West Milton Avenue
Rahway, NJ 07065
(732) 827-2444

Voluntary Unit
Raritan Bay Medical Center
Center for Living
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5101

Supported Employment Services
University Behavioral Healthcare
195 New Street
New Brunswick, NJ 08901
(732) 235-6903

Supportive Housing
University Behavioral Healthcare
100 Bayard Street
New Brunswick, NJ 08901
(732) 235-5353

Supportive Housing
SERV Centers of NJ
491 So. Washington Avenue
Piscataway, NJ 08854
(732) 968-7111

Systems Advocacy
Central Jersey Legal Services, Inc.
317 George Street, Suite 20
New Brunswick, NJ 08901-2006
(732) 249-7600

Voluntary Unit
UMDNJ-UBHC
671 Hoes Lane
Piscataway, NJ 08855
(732) 895-3952

Somerset County Resources:

The following services are contracted by the Division of Mental Health Services and provided for citizens of the county. Some services listed here may be located in other counties.

http://www.nj.gov/humanservices/dmhs/news/publications/mhs/directory_by_county.html

County Mental Health Board
Somerset County Department of
Human Services
27 Warren Street; PO Box 3000
Somerville, NJ 08876
(908) 704-6300

Deaf Enhanced Screening Center/STCF
Capital Health System
750 Brunswick Avenue
Trenton, NJ 08638
(609) 396-4357

Integrated Case Management Services
Easter Seal Society of NJ
245 US Hwy 22
Bridgewater, NJ 08807
(908) 722-4300

Intensive Outpatient Treatment and Support Services
Catholic Charities, Diocese of Metuchen
Bridgewater Family Services Center
540 Route 22 East
Bridgewater, NJ 08807
(908) 722-1881

Residential Services
Easter Seal Society of NJ
21 Davenport Street
Somerville, NJ 08876
(908) 722-4300

Short Term Care Facility
St. Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629
(609) 599-5180

Supported Employment Services
Richard Hall CMHC
500 North Bridge Street
PO Box 6877
Bridgewater, NJ 08807
(908) 725-2800

Supportive Housing
Bridgeway
265 West Grand Street
Elizabeth, NJ 07202
(908) 249-4100

Homeless Services (PATH)
Richard Hall
500 North Bridge Street
Bridgewater, NJ 08807
(908) 253-3128

Intensive Family Support Services
Easter Seal Society of NJ
245 US Hwy 22
Bridgewater, NJ 08807
(908) 722-4300

Outpatient & Partial Care
Richard Hall CMHC
500 North Bridge Street
PO Box 6877
Bridgewater, NJ 08807
(908) 725-2800

Program of Assertive Community Treatment
(PACT)
Bridgeway Rehabilitation, Inc.
Millennium Office Plex
S. Main Street, Suite 19-1
Manville, NJ 08835
(908) 704-8252 (PACT VI)

Self-Help Center
Freedom Trail SHC
166 West Main Street
Somerville, NJ 08876-2204
(908) 722-5778

Short Term Care Facility
Princeton House Behavioral Health
905 Herrontown Road
Princeton, NJ 08540
(609) 497-3355

Supportive Housing
Alternatives, Inc.
600 First Avenue
Raritan, NJ 08869
(908) 685-1444

Ocean County Resources:

The following services are contracted by the Division of Mental Health Services and provided for citizens of the county. Some services listed here may be located in other counties.

http://www.nj.gov/humanservices/dmhs/news/publications/mhs/directory_by_county.html

Access Center
Ocean Mental Health Services, Inc.
160 Route 9
Bayville, NJ 08721
(732) 575-1111

County Mental Health Board
Ocean County Human Services
1027 Hooper Avenue
Bldg. 2, 3rd Floor
PO Box 2191
Toms River, NJ 08754-2191
(732) 506-5374

Deaf Enhanced Screening Center
Kimball Medical Center
600 River Avenue
Lakewood, NJ 08701
(732) 886-4474

Early Intervention Support Services
Community Resource for Emergency Support and
Treatment
Ocean Mental Health Services
1376 Route 9
Toms River, NJ 08753
(732) 240-3760

Intensive Family Support Services
Ocean Mental Health Services, Inc.
160 Route 9
Bayville, NJ 08721
(732) 349-3535

Justice Involved Services
Preferred Behavioral Health of NJ'
1191 Route 166
Toms River, NJ 08753
(732) 323-3664

Outpatient
Preferred Behavioral Health of NJ
700 Airport Road
PO Box 2036
Lakewood, NJ 08701
(732) 367-4700

Access Center
Preferred Behavioral Health
700 Airport Road
Lakewood, NJ 08701
(732) 367-1602

Crisis Diversion
Ocean Mental Health Services, Inc.
687 Route 9
Bayville, NJ 08721
(732) 269-4849

Deaf Enhanced STCF
St. Barnabas Behavioral Health Center
1691 Route 9
Toms River, NJ 08753
(732) 914-1688

Homeless Services (PATH)
Ocean Mental Health Services, Inc.
687 Route 9
Bayville, NJ 08721
(732) 269-4849

Homeless Services (PATH)
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-2665

Integrated Case Management Services
Preferred Behavioral Health of NJ
1191 Route 166
Toms River, NJ 08753
(732) 323-3664

Outpatient
Ocean Mental Health Services, Inc.
160 Route 9
Bayville, NJ 08721
(732) 349-5550

Partial Care
Preferred Behavioral Health of NJ-Interact & Prime
Time
725 Airport Road
PO Box 2036
Lakewood, NJ 08701
(732) 367-8859

Outpatient
Ocean Mental Health Services, Inc.
81 Nautilus Drive
Manahawkin, NJ 08755
(609) 597-5327

Partial Care
Preferred Behavioral Health of
NJ - D.A.R.E.
700 Airport Road
PO Box 2036
Lakewood, NJ 08701
(732) 367-4700

Partial Care-Project Anchor
Ocean Mental Health Services, Inc.
687 Route 9
Bayville, NJ 08721
(732) 269-4849

Program of Assertive Community Treatment (PACT)
Northern Office
Ocean Mental Health Services, Inc.
122 Lein Street
Toms River, NJ 08753
(732) 349-0515 (PACT I)

Residential Intensive Support Team (RIST)
Resource for Human Development
317 Brick Blvd., Suite 200
Brick, NJ 08723
(732) 920-5000

Residential Services
Preferred Behavioral Health of NJ
700 Airport Road; PO Box 2036
Lakewood, NJ 08701
(732) 367-2665

Residential Services
Ocean Mental Health Services, Inc.
160 Route 9
Bayville, NJ 08721
(732) 349-5550 or (732) 281-1658

Short Term Care Facility
St. Barnabas Behavioral Health Center
1691 Route 9
Toms River, NJ 08753
(732) 914-3837

Supportive Housing
Preferred Behavioral Health of NJ
725 Airport Road; PO Box 2036
Lakewood, NJ 08701
(732) 367-2665

Partial Care-Project Recovery
Ocean Mental Health Services, Inc.
160 Route 9
Bayville, NJ 08721
(732) 349-5550

Program of Assertive Community Treatment
(PACT)
Ocean Mental Health Services, Inc.
1057 Route 9
Bayville, NJ 08721
(732) 606-9478 (PACT II)

Residential Intensive Support Team (RIST)
Resource for Human Development
850 West Main Street
Barnegat, NJ 08005
(609) 698-8300

Self-Help Center
Journey to Wellness
226 Route 37 West, Unit 14
Toms River, NJ 08755
(732) 914-1546

Self-Help Center
Brighter Days SHC
268 Bennetts Mills Road
Jackson, NJ 08527
(732) 534-9960

Supported Employment Services
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-5439

Supportive Education
Preferred Behavioral Health Services
LEARN of the Jersey Shore
725 Airport Road, Suite 7G
Lakewood, NJ 08701
(732) 276-1510, ext 5208

Supportive Housing
RHD-Ocean
317 Brick Boulevard
Brick, NJ 08723
(732) 920-5000

Supportive Housing
Ocean Mental Health Services, Inc.
160 Route 9
Bayville, NJ 08721
(732) 281-1658

Supportive Housing
Triple C Housing, Inc.
1 Distribution Way
Monmouth Junction, NJ 08852
(609) 655-3950

Systems Advocacy
Mental Health Association of
Ocean County
226 Route 37 West, Unit #14
Toms River, NJ 08755
(732) 914-1546

Systems Advocacy
Community Health Law Project
44 Washington Street, Suite 101
Toms River, NJ 08753
(732) 349-6835

Monmouth County Resources:

The Mental Health Association of Monmouth County has put together this resource guide for services within the county: <http://co.monmouth.nj.us/documents/41/MentalHealthGuideJune2010.pdf>

The following services are contracted by the Division of Mental Health Services and provided for citizens of the county. Some services listed here may be located in other counties.

http://www.state.nj.us/humanservices/dmhs/news/publications/mhs/directory_by_county.html

Acute Care Family Support
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6940

Deaf Enhanced Screening Center
Kimball Medical Center
600 River Avenue
Lakewood, NJ 08701
(732) 886-4474

Early Intervention Support Services
Monmouth Medical Center
West Side Plaza
3301 Highway 66
Building B, Suite 201
Neptune, NJ 07753
(732) 922-1042

Integrated Case Management Services
CPC Behavioral Healthcare
270 Highway 35
Red Bank, NJ 07701
(732) 842-2001

Outpatient
Jersey Shore Medical Center
1945 Corlies Avenue
Route 33
Neptune, NJ 07753
(732) 643-4351

Outpatient
CPC Behavioral Healthcare
270 Highway 35
Red Bank, NJ 07701
(732) 842-2000, ext. 4221

Partial Care
Monmouth Medical Center
Community Connection
75 North Bath Avenue
Long Branch, NJ 07740
(732) 728-7662

County Mental Health Board
Monmouth Co. Div. of Mental Health & Addiction
Services
3000 Kozloski Road
PO Box 3000
Freehold, NJ 07728
(732) 431-6451

Deaf Enhanced STCF
St. Barnabas Behavioral Health Center
1691 Route 9
Toms River, NJ 08753
(732) 914-1688

Homeless Services (PATH)
Mental Health Association of Monmouth County
119 Ave @ the Commons - Suite 5
Shrewsbury, NJ 07701
(732) 542-6422

Intensive Family Support Services
Mental Health Association of Monmouth County
119 Avenue at the Common
Suite 5
Shrewsbury, NJ 07702
(732) 542-6422

Outpatient
Monmouth Medical Center
75 North Bath Avenue
Long Branch, NJ 07740
(732) 923-5222

Outpatient
Riverview Medical Center
1 Riverview Plaza
Red Bank, NJ 07701
(732) 450-2743

Outpatient
CPC Behavioral Healthcare
Aberdeen Counseling Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700, ext. 5205

Partial Care
Jersey Shore Medical Center
Park Place
1011 Bond Street
Asbury Park, NJ 07712
(732) 776-4361 or (732) 869-2781

PRIMARY SCREENING CENTER for MONMOUTH

Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740

HOTLINE: (732) 923-6999

Emergency Services - Affiliated w/Screening Center

Jersey Shore University Medical Center
1945 Corlies Avenue, Route 33
Neptune, NJ 07753
(732) 776-4555

Emergency Services - Affiliated w/Screening Center

Riverview Medical Center
1 Riverview Plaza
Red Bank, NJ 07701
(732) 219-5325

Program of Assertive Community Treatment (PACT)
CPC Behavioral Healthcare
270 Highway 35
Red Bank, NJ 07701
(732) 842-2000, ext. 4301

Residential Services-CPC Behavioral Healthcare
Aberdeen Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Residential Services
Collaborative Support Program (CSP), Inc.
11 Spring Street
Freehold, NJ 07728
(732) 780-1175

Self-Help Center
Freehold Self-Help Center
17 Bannard St., Suite 22
Freehold, NJ 07728
(732) 625-9485

Short Term Care Facility
Centra State Medical Center
901 West Main Street
Freehold, NJ 07728
(732) 294-2858

Partial Care
Riverview Medical Center
661 Shrewsbury Avenue
Shrewsbury, NJ 07702
(732) 643-4400

Partial Care
Monmouth Medical Center - Genesis
75 North Bath Avenue
Long Branch, NJ 07740
(732) 222-2215

Partial Care-CPC Behavioral Healthcare
Aberdeen Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Emergency Services - Affiliated w/Screening Center

Centra State Medical Center
901 West Main Street
Freehold, NJ 07728
(732) 294-2595

Emergency Services - Affiliated w/Screening Center

Riverview Medical Center
1 Riverview Plaza
Red Bank, NJ 07701
(732) 219-5325

Residential Services
Easter Seal Society of NJ
1800 Bloomsbury Avenue
Wanamassa, NJ 07712
(732) 918-1188, ext. 111

Residential Services
Declarations
345 Union Hill Road
Building 2 - Suite C
Manalapan, NJ 07726
(732) 792-6990

Self-Help Center
The C.A.R.E. Center
80 Steiner Ave.
Neptune City, NJ 07753
(732) 455-5358

Short Term Care Facility
Monmouth Medical Center/St. Barnabas
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6901

Supported Employment Services
CPC Behavioral Healthcare
Aberdeen Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Supportive Housing
Mental Health Association of Monmouth
119 Ave @ the Commons - Suite 5
Shrewsbury, NJ 07702
(732) 542-6422

Supportive Housing
Collaborative Support Programs of NJ (CSP)
11 Spring Street
Freehold, NJ 07728
(732) 780-1175

Systems Advocacy
City of Asbury Park
Municipal Building
1 Municipal Plaza
Asbury Park, NJ 07712
(732) 775-2100

Voluntary Unit
Centra State Medical Center
901 West Main Street
Freehold, NJ 07728
(732) 294-2858

Voluntary Unit
Riverview Hospital
1 Riverview Plaza
Lower Level 1
Red Bank, NJ 07701
(732) 450-2705

Supported Education
Preferred Behavioral Health of NJ
LEARN of the Jersey Shore
725 Airport Road, Suite 7G
Lakewood, NJ 08701
(732) 276-1510, ext. 5208

Supportive Housing
CPC Behavioral Healthcare
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Supportive Housing
Easter Seal Society of NJ
615 Hope Road
Building 3 - 1st Floor
Eatontown, NJ 07724
(732) 380-0390

Supportive Housing
Declarations
223 Taylors Mills Road
Manalapan, NJ 07726
(732) 792-6990

Supportive Housing
Triple C Housing, Inc.
1 Distribution Way
Monmouth Junction, NJ 08852
(609) 655-3950

Systems Advocacy
Community Health Law Project
One Main Street. Suite 413
Eatontown, NJ 07724
(732) 380-1012

Voluntary Unit
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6901

Mercer County Resources:

The following services are contracted by the Division of Mental Health Services and provided for citizens of the county. Some services listed here may be located in other counties.

http://www.nj.gov/humanservices/dmhs/news/publications/mhs/directory_by_county.html

County Mental Health Board
Mercer County Division of Mental Health
640 South Broad Street
Trenton, NJ 08650
(609) 989-6529

Deaf Enhanced Screening Center
Capital Health System
750 Brunswick Avenue
Trenton, NJ 08638
(609) 396-4357

Integrated Case Management Services
Greater Trenton Behavioral Healthcare
314-316 East State Street
Trenton, NJ 08608
(609) 396-4258

Outpatient
Family Guidance Center
1931 Nottingham Way
Hamilton, NJ 08619
(609) 587-7044

Outpatient
Greater Trenton Behavioral Healthcare
2550 Brunswick Pike
Lawrenceville, NJ 08648
(609) 396-8877

Partial Care
Greater Trenton Behavioral Healthcare
314-316 East State Street
Trenton, NJ 08608
(609) 396-5344

Partial Care
Family Guidance Center
1925 Pennington Road
Ewing, NJ 08618
(609) 882-1898

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Trenton
1340 Parkway Avenue
Ewing, NJ 08628
(609) 882-4772 (PACT Team 1)

Residential Intensive Support Team (RIST)

Deaf Enhanced STCF
Capital Health, Fuld Campus
750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6000

Homeless Services (PATH)
Greater Trenton Behavioral Healthcare
31 Lexington Avenue
Ewing, NJ 08618
(609) 583-1900

Intensive Family Support Services
Greater Trenton Behavioral Healthcare
1001 Spruce Street
Trenton, NJ 08638
(609) 396-6788. ext. 236

Intensive Outpatient Treatment & Support Services
Greater Trenton Behavioral Healthcare
2550 Brunswick Pike
Lawrenceville, NJ 08648
(609) 396-8877

Outpatient
Catholic Charities, Diocese of Trenton
39 North Clinton Avenue
Trenton, NJ 08608
(609) 394-9398

Partial Care
Catholic Charities, Diocese of Trenton
10 Southard Street
Trenton, NJ 08609
(609) 396-4557

Partial Care
A.A.M.H. - Mercer
819 Alexander Road
Princeton, NJ 08540
(609) 452-2088, ext. 230

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Trenton
47 North Clinton Avenue; Trenton, NJ 08609
(609) 396-8787 (PACT Team 2)
(609) 396-9777 (PACT Team 3)

Greater Trenton Behavioral Healthcare
1001 Spruce Street - Suite 205
Trenton, NJ 08638
(609) 396-6788, Ext. 214

Residential Services
SERV/Mercer
532 West State Street
Trenton, NJ 08618
(609) 394-0212

Self-Help Center
Reach Out/Speak Out
2100 E. State St. Extension
Hamilton, NJ 08619
(609) 586-2551

Short Term Care Facility
St. Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629
(609) 599-5180 or (609) 599-5183

Short Term Care Facility
Capital Health, Fuld Campus
750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6049, ext. 6996

Supportive Housing
PennReach, Inc.
1998 Route 18 North
Old Bridge, NJ 08857
(215) 409-5519

Supportive Housing
SERV Centers of NJ
407 West state Street
Trenton, NJ 08618
(609) 394-0212

Systems Advocacy
Community Health Law Project
225 East State Street, Suite 5
Trenton, NJ 08608
(609) 392-5553

Residential Services/Transitional
& Supportive Housing
Catholic Charities, Diocese
of Trenton
41 Steinert Avenue
Hamilton Township, NJ 08619
(609) 890-2527

Self-Help Center
Transition Mission SHC
Trenton Psychiatric Hospital (Stratton Hall)
Sullivan Way
West Trenton, New Jersey 08628
(609) 503-5762

Supported Employment Services
Catholic Charities, Diocese of Trenton
10 Southard Street
Trenton, NJ 08609
(609) 393-8912

Supportive Housing
Catholic Charities - Delaware House
25 Ikea Drive; Westampton, NJ 08060
(609) 867-9339

Supportive Housing
Greater Trenton Behavioral HealthCare
31 Lexington Avenue
Ewing, NJ 08618
(609) 583-1900

Voluntary Unit
Capital Health, Fuld Campus
750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6049, ext. 6996

Morris County Resources:

The following services are contracted by the Division of Mental Health Services and provided for citizens of the county. Some services listed here may be located in other counties.

http://www.state.nj.us/humanservices/dmhs/news/publications/mhs/directory_by_county.html

County Mental Health Board
Morris County Department of
Human Services
30 Schuyler Place
P.O. Box 900
Morristown, NJ 07963-0900
(973) 285-6852

Deaf Enhanced Screening Center
St. Clare's Hospital
25 Pocono Road
Denville, NJ 07834
HOTLINE: (973) 625-6150

Integrated Case Management
Services
Mental Health Association of
Morris County
100 Route 46E - Bldg. C
Mountain Lakes, NJ 07046
(973) 334-3496

Justice Involved Services
Mental Health Association in Morris County
100 Route 46 East, Building C
Mountain Lakes, NJ 07046
(973) 334-3496

Outpatient
New Bridge Services, Inc.
7 Industrial Avenue
Pequannock, NJ 07440
(973) 839-2520

Partial Care
St. Clare's Behavioral Health
100 Hanover Avenue
Cedar Knolls, NJ 07920
(973) 401-2122

PRIMARY SCREENING CENTER for MORRIS

St. Clare's Hospital
25 Pocono Road
Denville, NJ 07834
HOTLINE: (973) 625-0280
UNIT: (973) 625-6150

Deaf Enhanced STCF
St. Clare's Behavioral Health
130 Powerville Road
Boonton, NJ 07005
(888) 626-2111 or (973) 316-1868

Early Intervention Support Services
St. Clare's Hospital Behavioral Health
4 Pocono Road
Denville, NJ 07834
(973) 625-0096
Toll Free: (888) 476-2660

Homeless Services (PATH)
Mental Health Association of Morris County
100 Route 46 - Bldg. C
Mountain Lakes, NJ 07046
(973) 334-3496

Intensive Family Support Services
St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7095

Intensive Outpatient Treatment and Support Services
(IOTSS)
St. Clare's Hospital-Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7051

Outpatient
St. Clare's Behavioral Health
100 Hanover Avenue
Cedar Knolls, NJ 07920
(973) 401-2121

Outpatient
St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7009 or (973) 625-6000

Partial Care
St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7045

Emergency Services - Affiliated w/Screening Center

Chilton Memorial Hospital
97 West Parkway
Pompton Plains, NJ 07444
HOTLINE: (973) 831-5078

Program of Assertive Community Treatment (PACT)
St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7138

Residential Intensive Support Team (RIST)
Mental Health Association of Morris County
100 Route 46 East, Building C
Mountain Lakes, NJ 07046
(973) 334-3496

Residential Services
Community Hope, Inc.
199 Pomeroy Road
Parsippany, NJ 07054
(973) 463-9600

Self-Help Center
Woody Guthrie SHC
Greystone Park Psychiatric Hospital (Cottage 11)
59 Koch Avenue
Morris Plains, NJ 07950
(973) 644-5121

Short Term Care Facility
St. Clare's Hospital, Inc.
130 Powerville Road
Boonton, NJ 07005
(973) 316-1898

Supported Employment Services
St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7097

Supportive Housing
Community Hope, Inc.
199 Pomeroy Road - Suite 2
Parsippany, NJ 07054
(973) 463-9600

Supportive Housing
St. Clare's Behavioral Health Center
1 Medical Drive
Morris Plains, NJ 07950
(973) 298-8642

Partial Care
New Bridge Services, Inc.
640 Newark Pompton Turnpike
Pompton Plains, NJ 07444
(973) 839-2520

Emergency Services - Affiliated w/Screening Center

Morristown Memorial Hospital
100 Madison Avenue
Morristown, NJ 07962
HOTLINE: (973) 971-7911

Residential Services
New Bridge Services, Inc.
7 Industrial Avenue
Pequannock, NJ 07440
(973) 839-2520

Residential Services
St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-6000

Residential Services
St. Clare's Behavioral Health
100 Hanover Avenue
Cedar Knolls, NJ 07920
(973) 401-2121

Self-Help Center
Morris SHC
1259 Route 46 E., Bldg. 4, Door 4D
Parsippany, NJ 07054
(973) 334-2470

Supported Education
St. Clare's Health System
LEARN of Northern NJ
50 Morris Avenue
Denville, NJ 07834
(201) 602-9337 or (973) 625-7045

Supportive Housing
New Bridge Behavioral Health
P.O. Box 336
Pompton Plains, NJ 07444
(973) 686-2250

Supportive Housing
Mental Health Association of Morris
100 Route 46 East, Bldg. C
Mountain Lakes, NJ 07045
(973) 334-3496

Systems Advocacy

Systems Advocacy
Mental Health Association of Morris County
100 Route 46E - Bldg. C
Mountain Lakes, NJ 07046
(973) 334-3496

Voluntary Unit
Morristown Memorial Hospital
100 Madison Avenue
Morristown, NJ 07960
(973) 971-5501

Legal Aid Society of Morris County
30 Schuyler Place
PO Box 900
Morristown, NJ 07960-0900
(973) 285-6911

Voluntary Unit
St. Clare's Hospital
130 Powerville Road
Boonton, NJ 07005
(973) 299-5475

Hunterdon County Resources:

The following services are contracted by the Division of Mental Health Services and provided for citizens of the county. Some services listed here may be located in other counties.

http://www.state.nj.us/humanservices/dmhs/news/publications/mhs/directory_by_county.html

Acute Care Family Support
Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401

Deaf Enhanced Screening Center
Capital Health System
750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6086

Homeless Services (PATH)
Easter Seal of NJ
63 Main St.
Flemington, NJ 08822
(908) 788-7580

Integrated Case Management Services
Easter Seal Society of NJ
63 Main St.
Flemington, NJ 08822
(908) 788-7580, ext. 624

Intensive Outpatient Treatment and Support Services (IOTSS)
Catholic Charities-Hunterdon
6 Park Avenue
Flemington, NJ 08822
(908) 722-1881

Outpatient DDD
Catholic Charities, Diocese of Metuchen
6 Park Avenue
Flemington, NJ 08822
(908) 782-7905

Partial Care
Hunterdon Medical Center
Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6403

Residential Services
Easter Seals NJ
200 Route 31 North - Suite 115
Flemington, NJ 08822
(908) 788-7580, ext. 624

County Mental Health Board
Hunterdon County Department
of Human Services
8 Gauntt Place - PO Box 2900
Flemington, NJ 08822-2900
(908) 788-1372

Deaf Enhanced STCF
Capital Health, Fuld Campus
750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6049

Intensive Family Support Services
Hunterdon Medical Center
Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401

Justice Involved Services
Hunterdon Behavioral Health - Medical Center
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-1213

Outpatient
Hunterdon Medical Center
Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401 or (908) 788-6403

PRIMARY SCREENING CENTER of HUNTERDON

Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822
HOTLINE: (908) 788-6400

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
Star Plaza, Suite 11
11 West Church Street
Washington, NJ 07882
(908) 835-8660 (PACT IV)

Self-Help Center
Getting Together
52 E. Main Street
Flemington, NJ 08822
(908) 806-8202, ext. 1

Short Term Care Facility
Capital Health Regional Medical Center/Fuld Campus
3 Front South
Trenton, NJ 08638
(609) 394-6106

Supported Employment Services
Hunterdon Medical Center
Behavioral Health
Wescott Drive
Flemington, NJ 08822
(908) 788-6401

Supportive Housing
Bridgeway Rehabilitation Services, Inc.
265 West Grand Street
Elizabeth, NJ 07202
(908) 249-4100

Residential Intensive Support Team (RIST)
Bridgeway Tri-County RIST
Concourse at Beaver Brook
1465 Route 31 South
Annandale, NJ 08801
(908) 894-5311

Short Term Care Facility
Princeton House Behavioral Health
905 Herrontown Road
Princeton, NJ 08540
(609) 497-2651

Supportive Housing
Easter Seal Society of NJ
615 Hope Road
Building 3 - 1st Floor
Eatontown, NJ 07724
(732) 380-0390

Systems Advocacy
Northwest Legal Services
82 Park Avenue
Flemington, NJ 08822
(908) 782-7979



This Community Health Needs Assessment Report compiled & submitted by:

Heather W. Steel, MBA
PR Manager, Carrier Clinic