Community Health Needs Assessment 2016-2019

Adopted by the Board of Trustees 12/6/16
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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 and dual diagnosis illnesses (comprising of approximately 35% of admissions from 2015) from the following counties:

- Middlesex
- Somerset

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

In a separate document, Carrier Clinic will recap identified and prioritized needs and present the Implementation Strategy that was adopted by the Carrier Clinic Board of Trustees on 12/6/2016.

Carrier Clinic- Definition of Community:
Carrier Clinic’s community is defined as “adults suffering from acute mental health and dual diagnosis illnesses in Middlesex & Somerset counties.” (These counties make up approximately 35% of Carrier Clinic admissions in 2015).

Carrier Clinic- Area of Expertise:

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

- **Primary Community**
- **Secondary Community**
**Community Needs Assessment- data gathering overview:**

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

**Primary Data Collection:**

**Interviews with Mental Health Administrators:**

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

Specifically, the following questions were asked:

1) *Can you identify your county's top 5 primary unmet needs or service gaps, in relation to mental health?*

2) *Do you believe your community (including your professional service providers) can benefit from additional mental health education, information, or services?*

3) *Which delivery system(s) for any programs listed above would work best: in person, via technology (on demand webinar/videos), handouts? Other suggestions? Would you prefer a combination of all?*

4) *To help with transportation issues, which location(s) in your community would work best? Do you have free or low-cost space available in these locations to hold programs on mental health education?*

5) *Any other suggestions, questions, follow up, etc.?*
**Primary Data Collection (continued):**

**Interviews with Addiction Services Administrators:**

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

1) **Can you identify your county’s top 5 primary unmet needs or service gaps, in relation to dual diagnosis services?**

2) **Do you believe your community (including your professional service providers) can benefit from additional dual diagnosis education, information, or services?**

3) **Which delivery system(s) for any programs listed above would work best: in person, via technology (on demand webinar/videos), handouts? Other suggestions? Would you prefer a combination of all?**

4) **To help with transportation issues, which location(s) in your community would work best? Do you have free or low-cost space available in these locations to hold programs on mental health education?**

5) **Any other suggestions, questions, follow up, etc.?**

**Interviews with Carrier Clinic Case Management Staff:**

In October 2016, the Case Management department answered a questionnaire outlining the unmet needs or service opportunities in Middlesex & Somerset Counties. The Case Management Staff were asked these questions:

1) **Can you identify each county’s top 3-5 primary unmet needs or service gaps, in relation to mental health and/or dual diagnosis services?**

2) **Do you believe any of these communities (including your professional service providers) can benefit from additional mental health education, information, or services? If you can think of a specific county (ies) that might benefit from a specific service(s) please fill in here:**

3) **Which delivery system(s) for any programs listed above would work best: in person, via technology (on demand webinar/videos), handouts? A combination of all? Other suggestions?**
Primary Data Collection (continued):

Patient Focus Group Interviews with Carrier Clinic patients:

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

1) What are the biggest problems you encounter when trying to get access to mental health/dual diagnosis services?

2) What are your barriers to medication compliance?

3) Would you be interested in getting more information about mental health/dual diagnosis services in your area?

4) How would you like to receive that information?

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

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

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

Somerset County/Community Health Needs Assessment

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

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

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

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

**Secondary Data Collection:**

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

**National Data:**

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

**New Jersey:**

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

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

Middlesex County:

- Measurement to Promote a Healthier New Brunswick, Rutgers Robert Wood Johnson Medical School, December 2014
- Community Health Needs Assessment, 2014, Raritan Bay Medical Center
- [2013 Middlesex County Chip](#)
- [2016 County Health Rankings NJ](#)
According to the United States Substance Abuse and Mental Health Service’s Administration’s (SAMHSA) 2014 National Survey on Drug Use and Health, about 1 in 5 adults aged 18 or older (43.6 million adults) had any mental illness in the past year, and 9.8 million adults had serious mental illness.

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

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

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

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

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

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

**Ages 25-44**

#1- Unintentional injuries  
#2- Cancer  
#3- Heart Disease  
**#4- Suicide**  
#5- Homicide

**Ages 45-64**

#1- Cancer  
#2- Heart Disease  
#3- Unintentional injuries  
**#4- Liver disease & Cirrhosis**  
#5- Chronic lower respiratory illness

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

The National Prevention Strategy, released June 16, 2011, aims to guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives.

**The National Prevention Council- Plan Priorities**

Within the Strategy, the Priorities provide evidenced-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. The Priorities are designed to improve health and wellness for the entire U.S. population, including those groups disproportionately affected by disease and injury.

*The seven Priorities are:*

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

For the purposes of the Carrier Clinic Community Health Needs Assessment and Implementation Strategy, the topics of “Preventing Drug Abuse & Excessive Alcohol Use” and “Mental and Emotional Well-being” will be emphasized here. Items in green highlighting indicate viable opportunities for Carrier Clinic to work with the community.
**Preventing Drug Abuse and Excessive Alcohol Use**


Preventing drug abuse and excessive alcohol use increases people’s chances of living long, healthy, and productive lives. Excessive alcohol use includes binge drinking (i.e., five or more drinks during a single occasion for men, four or more drinks during a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving. Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the-counter drugs) and any use of illicit drugs. Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions.

**Recommendations:**

1. Support state, tribal, local, and territorial implementation and enforcement of alcohol control policies.
2. Create environments that empower young people not to drink or use other drugs.
3. **Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.**
4. Reduce inappropriate access to and use of prescription drugs.

**What Can Health Care Systems, Insurers, and Clinicians Do?**

- **Identify and screen patients for excessive drinking using SBIRT** (Screening, Brief Intervention, and Referral to Treatment), implement provider reminder systems for SBIRT (e.g., electronic medical record clinical reminders) and evaluate the effectiveness of alternative methods for providing SBIRT (e.g., by phone or via the internet).
- Identify, track, and prevent inappropriate patterns of prescribing and use of prescription drugs and integrate prescription drug monitoring into electronic health record systems.
- Develop and adopt evidence-based guidelines for prescribing opioids in emergency departments, including restrictions on the use of long-acting or extended-release opioids for acute pain.
- **Train prescribers on safe opioid prescription practices** and institute accountability mechanisms to ensure compliance. For example, the use of long-acting opioids for acute pain or in opioid-naïve patients could be minimized.

**What Can Community, Non-Profit, and Faith-Based Organizations Do?**

- Support implementation and enforcement of alcohol and drug control policies.
- **Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.**
• Work with media outlets and retailers to reduce alcohol marketing to youth.
• Increase awareness on the proper storage and disposal of prescription medications.

What Can Individuals and Families Do?

• Avoid binge drinking, use of illicit drugs, or the misuse of prescription medications and, as needed, seek help from their clinician for substance abuse disorders.
• Safely store and properly dispose of prescription medications and not share prescription drugs with others. (possible PSA topic)
• Avoid driving if drinking alcohol or after taking any drug (illicit, prescription, or over-the-counter) that can alter their ability to operate a motor vehicle.
• Refrain from supplying underage youth with alcohol and ensure that youth cannot access alcohol in their home. (possible PSA topic)

National Prevention Council, Mental and Emotional Well-being Strategies


Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.

Recommendations:

1. Promote positive early childhood development, including positive parenting and violence-free homes.
2. Facilitate social connectedness and community engagement across the lifespan.
3. Provide individuals and families with the support necessary to maintain positive mental well-being.
4. Promote early identification of mental health needs and access to quality services.

What Can Health Care Systems, Insurers, and Clinicians Do?

• Educate parents on normal child development and conduct early childhood interventions to enhance mental and emotional well-being and provide support (e.g., home visits for pregnant women and new parents).
• Screen for mental health needs among adults, especially those with disabilities and chronic conditions, and refer people to treatment and community resources as needed.
• Develop integrated care programs to address mental health, substance abuse, and other needs within primary care settings.
Enhance communication and data sharing (with patient consent) with social services networks to identify and treat those in need of mental health services.

What Can Community, Non-Profit, and Faith-Based Organizations Do?

- Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation and inclusion for all people, including older people and persons with disabilities.
- Support child and youth development programs (e.g., peer mentoring programs, volunteering programs) and promote inclusion of youth with mental, emotional, and behavioral problems.
- Train key community members (e.g., adults who work with the elderly, youth, and armed services personnel) to identify the signs of depression and suicide and refer people to resources.
- Expand access to mental health services (e.g., patient navigation and support groups) and enhance linkages between mental health, substance abuse, disability, and other social services.

What Can Individuals and Families Do?

- Build strong, positive relationships with family and friends.
- Become more involved in their community (e.g., mentor or tutor youth, join a faith or spiritual community).
- Encourage children and adolescents to participate in extracurricular and out-of-school activities.
- Work to make sure children feel comfortable talking about problems such as bullying and seek appropriate assistance as needed.

Healthy People 2020

The U.S. Department of Health and Human Services spearheads the Healthy People 2020 report, the nation’s 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.

The following Topic Area information will be used for Carrier Clinic’s Community Health Needs Assessment/Implementation Strategy:

**Mental Health**

**Substance Abuse**

**Leading Health Indicator - Mental Health**


*Mental disorders* are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.

*Mental illness* is the term that refers collectively to all diagnosable mental disorders.

**Why Is Mental Health Important?**

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.\(^1\), \(^2\) Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality.\(^3\) Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.\(^4\), \(^5\)

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.\(^6\)

**Emerging Issues in Mental Health and Mental Disorders**

New mental health issues have emerged among some special populations, such as:

- Veterans who have experienced physical and mental trauma
- People in communities with large-scale psychological trauma caused by natural disasters
- Older adults, as the understanding and treatment of dementia and mood disorders continues to improve
As the Federal Government begins to implement the health reform legislation, it will give attention to providing services for individuals with mental illness and substance use disorders, including new opportunities for access to and coverage for treatment and prevention services.

References


Leading Health Indicator- Substance Abuse
excerpt from: https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse

Overview

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem.* Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders. 1

Why Is Substance Abuse Important?

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- HIV/AIDS
- Other STDs
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide
Understanding Substance Abuse

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flashpoint in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse.

Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

Emerging Issues in Substance Abuse

In recent years, the impact of substance and alcohol abuse has been notable across several areas, including the following:

Adolescent abuse of prescription drugs has continued to rise over the past 5 years. The 2007 MTF survey found high rates of nonmedical use of the prescription pain relievers Vicodin and OxyContin. It is believed that 2 factors have led to the increase in abuse. First, the availability of prescription drugs is increasing from many sources, including the family medicine cabinet, the Internet, and doctors. Second, many adolescents believe that prescription drugs are safer to take than street drugs.2

Military operations in Iraq and Afghanistan have placed a great strain on military personnel and their families. This strain can lead to family disintegration, mental health disorders, and even suicide. Data from the Substance Abuse and Mental Health Services Administration (SAMSHA) National Survey on Drug Use and Health indicate that from 2004 to 2006, 7.1 percent of veterans (an estimated 1.8 million people) had a substance use disorder in the past year.3

In addition, as the Federal Government begins to implement health reform legislation, it will focus attention on providing services for individuals with mental illness and substance use disorders, including new opportunities for access to and coverage of treatment and prevention services.
References


Footnote

*The term “problem” is defined as meeting the diagnostic criteria for treatment for the abuse of or dependence on alcohol and illicit drugs. This definition includes the nonmedical use of prescription drugs and also includes adolescents who meet the diagnostic criteria. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies.

Healthy People 2020 recognizes the importance and effect of Mental Health and Addiction illnesses on population health. While this plan highlights what should be done from a national level, it does provide a framework for local community messaging, and educational opportunities which Carrier Clinic will use for its Implementation Strategy goals.
National Mental Health & Addiction Resources

Alcoholics Anonymous, Al-Anon, Narcotics Anonymous
Alcoholics Anonymous states that its primary purpose is to stay sober and help other alcoholics achieve sobriety, through a supportive community and following a 12-step Program. www.aa.org. At Al-Anon Family Group meetings, the friends and family members of problem drinkers share their experiences and learn how to apply the principals of the Al Anon program to their individual situations. To find a meeting, visit www.al-anon.org or call 888-4AL-ANON (888-425-2666). At Narcotics Anonymous, we offer recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings. To find a meeting, visit www.na.org, or call 800-992-0401.

American Foundation for Suicide Prevention
The American Foundation for Suicide Prevention (AFSP) is the only national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide. www.afsp.org;

* IF YOU ARE IN CRISIS, PLEASE CALL: 1 800-273-8255

Depression and Bipolar Support Alliance
The Depression and Bipolar Support Alliance (DBSA) supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure for mood disorders. The organization works to ensure that people living with mood disorders are treated equitably. www.dbsalliance.org; (800) 826-3632

Healthfinder.gov
is a prevention and wellness resource for consumers and their families — with evidence-based health information that’s actionable and easy to use. Healthfinder offers original content and helpful resources, including: myhealthfinder, a tool to get personalized recommendations for clinical preventive services, more than 100 prevention and wellness topics; interactive quizzes and tools; a calendar of National Health Observances; toolkits for professionals and links to resources from approximately 1,400 government and non-profit organizations that meet healthfinder’s Quality Guidelines.

Mental Health America
Founded in 1909, Mental Health America is the nation’s leading community-based nonprofit dedicated to helping Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as a goal. www.mentalhealthamerica.net

MentalHealth.gov
MentalHealth.gov provides one-stop access to U.S. government mental health and mental health problems information. MentalHealth.gov aims to educate and guide: the general public, health and emergency preparedness professionals, policy makers, government and business leaders, school systems and local communities.
NAMI
NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. “We educate, advocate, listen and lead.” www.nami.org/

National Council for Behavioral Health
is the unifying voice of America’s community mental health and addictions treatment organizations. Together with 2,500 member organizations, it serves more than eight million adults and children living with mental illnesses and addiction disorders. The organization is committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. Mental Health First Aid has trained 500,000 individuals to connect youth and adults in need to mental health and addictions care in their communities. www.thenationalcouncil.org

National Institute of Drug Abuse
Our mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health. www.drugabuse.gov

National Institute of Mental Health (NIMH)
The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders. NIMH is one of the 27 Institutes and Centers that make up the National Institutes of Health (NIH), the nation’s medical research agency. NIH is part of the U.S. Department of Health and Human Services (HHS). www.nimh.nih.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA)
The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. www.samhsa.gov
New Jersey Mental Health & Dual Diagnosis Trends

Published Data Collection

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

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

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

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

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

NJHA Behavioral Health Volume Report (Trending 2010-2014)


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

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

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

SAMHSA’s Behavioral Health Barometer, New Jersey, 2015

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

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

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

Substance Abuse

Approximately 6.5%, or 486,000 people aged 12 or older in 2013-2014 were dependent on or abused alcohol. 2.4%, or 118,000 were dependent on illicit substances.

About 363,000 New Jersey adults aged 21 or older (5.7% of all adults in this age group) per year in 2010-2014 reported heavy alcohol use within the month prior to being surveyed.

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

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

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

Governor’s Council on Alcoholism & Drug Abuse: 2014 Report: Confronting New Jersey’s NEW Drug Problem


“The skyrocketing use of heroin and other opiates has become the number one health crisis confronting New Jersey.” In 2012, there were more than 8,300 admissions to State-licensed or certified substance abuse treatment programs due to prescription drug abuse. This admission number was an increase of more than 200% over the past five years, and nearly 700% over the past decade. The media often focuses on the 40 percent of opiate admissions for treatment which involved persons 25 years old or younger, but the fact remains that the majority who are being treated are over 25. This crisis affects all ages and especially, those persons previously thought to be at low risk of addiction.

Many of those affected begin their journey to opiate addiction through legally prescribed pain medications. Once addicted, they become unable to afford and obtain pills, so they move on to heroin, which is more affordable, and in New Jersey, has a higher purity rate, speeding the addiction (and overdose) rate.
Summary of NJ Mental Health and Addiction Needs:

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

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

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

State of New Jersey Department of Human Services, Directory of Mental Health Services
www.state.nj.us/humanservices/dmhas/home/.../MH.Dir_COMPLETE.pdf

2-1-1
by Dialing 2-1-1 from any landline or cell phone, you can reach a specialist who will provide information and referral services about a variety of issues including: Basic Human Needs Resources, Support for Seniors and Persons with Disabilities, Support for Children, Youth and Families, Physical and Mental Health Resources and Employment Supports. www.nj211.org; (instant messaging also available online): 211

Alcoholics Anonymous, Al-Anon, Narcotics Anonymous
Alcoholics Anonymous states that its primary purpose is to stay sober and help other alcoholics achieve sobriety, through a supportive community and following a 12-step Program. www.aa.org. To find a meeting in NJ, visit www.nnjaa.org or call 800-245-1377. At Al-Anon Family Group meetings, the friends and family members of problem drinkers share their experiences and learn how to apply the principals of the Al Anon program to their individual situations. To find a meeting, visit www.al-anon.org or call 888-4AL-ANON (888-425-2666). At Narcotics Anonymous, we offer recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings. To find a meeting, visit www.na.org, or call 800-992-0401.

American Foundation for Suicide Prevention
The American Foundation for Suicide Prevention (AFSP) is the only national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide. www.afsp.org; American Foundation for Suicide Prevention-New Jersey Chapter- (732) 462-5267 (Central NJ), (201) 916-1994 (Northern NJ)

* IF YOU ARE IN CRISIS, PLEASE CALL: 1 800-273-8255

Collaborative Support Programs of New Jersey
As a mission-based, consumer/survivor driven organization, CSP-NJ exists to provide consumer driven mental health services that support recovery and promote community living. CSP-NJ has created a consumer driven alternative to the traditional mental health system. www.cspnj.org; (732) 780-1175

Community Health Law Project
Provides legal and advocacy services, training, education, and related activities to persons with disabilities and to organizations representing their interests, with an emphasis on those most vulnerable and needy. www.chlp.org; (973) 275-1175

Depression and Bipolar Support Alliance
The Depression and Bipolar Support Alliance (DBSA) supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure for mood disorders. The organization works to ensure that people living with mood disorders are treated equitably. DBSA holds a support group at Carrier Clinic every Thursday at 7:30pm in the Amphitheatre. www.dbsalliance.org; (800) 826-3632

Department of Children and Families, Children’s System of Care
Formerly the Division of Child Behavioral Health Services (DCBHS), CSOC serves children and adolescents with emotional and behavioral health care challenges and their families. They are committed to providing these services based on the needs of the child and family in a family-centered, community-based environment. www.nj.gov/dcf/about/divisions/dcsc/; (877) 652-7624
Division of Child Protection & Permanency
Child Protection and Permanency, CP&P (formerly the Division of Youth and Family Services, DYFS), is New Jersey’s child protection and child welfare agency within the Department of Children and Families. Its mission is to ensure the safety, permanency and well-being of children and to support families. CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child’s protection and the family’s treatment. [www.nj.gov/dcf/about/divisions/dcpp/](http://www.nj.gov/dcf/about/divisions/dcpp/) (800) 332-9227

Division of Mental Health and Addiction Services
The Divisions of Addiction Services and Mental Health Services were merged to form the Division of Mental Health & Addiction Services (DMHAS). DMHAS utilizes data from emerging science to offer effective, outcome-oriented treatment and use its resources to support consumers in achieving wellness and recovery. [www.state.nj.us/humanservices/dmhas/home/](http://www.state.nj.us/humanservices/dmhas/home/)

Mental Health Association in New Jersey
The Mental Health Association in New Jersey strives for children and adults to achieve mental health through advocacy, education, training, and services. [www.mhanj.org](http://www.mhanj.org); (800) 367-8850

National Alliance on Mental Illness (NAMI) New Jersey
NAMI NEW JERSEY provides education, support and systems advocacy to empower families and persons with mental illness. Affiliate self-help and grassroots advocacy groups located in each county offer emotional support, information and advice about treatment and community resources. [www.naminj.org](http://www.naminj.org); (732) 940-0991

NJ Association of Mental Health & Addiction Agencies
[www.njamhaa.org](http://www.njamhaa.org); (609) 838-5488

NJ Connect for Recovery— This is the only call line in New Jersey dedicated to providing counseling specifically to individuals and families who are coping with addiction to heroin and prescription painkillers. Toll-free: (855) 652-3737 (TTY: 877-294-4356); [www.njconnectforrecovery.org](http://www.njconnectforrecovery.org);

NJ Domestic Violence Hotline: (800) 572-SAFE (7233)

NJ Helps—The NJ Helps DHS Services Home Page is designed to give consumers a one-stop shopping resource for the wide range of programs and services provided by the Department of Human Services and its partners, to assist individuals, families and communities in New Jersey. [www.njhelps.org](http://www.njhelps.org); (online only)

NJ Mental Health Cares— NJMentalHealthCares.org is New Jersey’s mental health information and referral service. Our staff of mental health professionals uses their experience, and understanding of mental health system to connect you to the information and services you need. [www.njmentalhealthcares.org](http://www.njmentalhealthcares.org); (866) 202-4357

NJ Self-Help Group Clearinghouse— The New Jersey Self-Help Group Clearinghouse, provides information, telephone support, guidelines and training services for persons interested in finding or forming self-help groups throughout New Jersey. [www.njgroups.org](http://www.njgroups.org); (800) 367-6274
Parents Support Group
Parent Support Group of New Jersey Inc. helps mothers and fathers to understand and cope with the disease of addiction. Carrier hosts a Parents Support Group meeting every Monday from 7-8:30 pm in the Conference Center.

www.psgnjhomestead.com; (800) 561-4299; (973) 533-9070

PTA
PTA is an organization whose members care about ALL children and youth - the school that they attend, the communities that they live in, and their opportunities for growth into happy, healthy, responsible citizens. www.njpta.org; (609) 587-0100

Statewide Parent Advocacy Network
The mission of the Statewide Parent Advocacy Network is to empower and support families and inform and involve professionals and others interested in the healthy development and education of children and youth.

www.spannj.org; (800) 654-SPAN; (973) 642-8100
Middlesex County

Published Data Collection

According to the NJ Census Data, the 2015 population estimate for Middlesex County is **840,900**, primarily comprised of 62.1% White, 24% Asian, 19.9% Hispanic or Latino and 11.2% Black. (2% of the population selected two or more races.)

8.3 percent of persons in Middlesex County fall below the national poverty level.

Those seeking MH services:

According to the NJHA Behavioral Health Volume Report (Trending 2010-2014), Mental health or addiction cases in 2014 (*as either a primary or secondary diagnosis, across all age groups*) accounted for 17.3% of all NJ Emergency Department volume, compared to 14.4% in 2010.

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

**Approximately 8.62% of Middlesex County adults ages 22-55** visited an emergency room for a Mental Health or Addiction illness (*primary or secondary diagnosis*) in 2014.

NJ County Health Rankings and Roadmaps (2016):

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

The average number of mentally unhealthy days reported in Middlesex County in the last 30 days was 3.1 (Error Margin 3.0-3.2); NJ average is 3.4; In 2016 there was a ratio of 640:1 Mental Health Providers per resident in Middlesex County. NJ average is 570:1.

In Middlesex County, 17% of adults report binge or heavy drinking, equal to the NJ average of 17%. Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. Heavy drinking is defined as drinking more than one (women) or 2 (men) drinks per day on average.

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 are used to measure various health behaviors.
and health-related quality of life (HRQoL) indicators. All data from the BRFSS are 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; Binge or Excessive Drinking**

Poor mental health days is a companion measure to the poor physical health days reported in the *County Health Rankings*. This measure is based on survey responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The value reported in the *County Health Rankings* is the average number of days a county’s adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 US population. Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.

Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. Heavy drinking is defined as drinking more than one (women) or 2 (men) drinks per day on average.

**Measurement to Promote a Healthier New Brunswick, Survey of New Brunswick, NJ Data; Rutgers Robert Wood Johnson Medical School, December 2014**

This report supports the mission of Healthier New Brunswick, an initiative established to improve the health and health care of New Brunswick residents through community-based partnerships. Established by New Brunswick Tomorrow, Rutgers Robert Wood Johnson Medical School, Johnson & Johnson, and the City of New Brunswick, Healthier New Brunswick addresses asthma, mental health, substance abuse, nutrition and physical activity, and tobacco through the Alliance for a Healthier New Brunswick.

New Brunswick is a small city with a population of ~55,000 people, and is a mix of small businesses, large corporations, non-profits, educational institutions, hospitals and government agencies. The city is home to a large immigrant population (38.8% foreign born) originating primarily from Latin America. Almost 50% of the population self-identifies as Hispanic, and Spanish is spoken at home by 45.5% of the population (U.S. Census, 2010).

New Brunswick is similar to other urban areas, but different from Middlesex County. New Brunswick’s population is racially/ethnically different, is poorer, has attained less education, and has a lower rate of home ownership than Middlesex County’s demographic. Carrier Clinic is located within approximately 15 miles of New Brunswick, which makes it important to highlight specifically the Mental Health and Addiction needs of this small city.

**Mental Health and Substance Abuse**

Approximately a quarter of New Brunswick residents (26.4%) report that someone in their household has depression, anxiety, or other mental health condition\(^1\) compared to fewer than ten percent of Middlesex County residents (8.1%) who report that they saw a provider for an emotional or mental health problem in the past 12 months\(^2\). Researchers found that in the New Brunswick area a third of high utilizing admitted
hospital patients had mental health comorbidities (33.9%) but emergency department high utilizers had fewer (16.8) mental health comorbidities.²

In 2012, reported substance abuse data showed that 500 New Brunswick residents were admitted into treatment programs of which 32% were for alcohol, 31% for heroin and opiates, 25.8% for marijuana, 7.6% for cocaine, and 3.6% for other.³

The Healthier New Brunswick study utilizes Healthy People 2020 initiatives as well as the National Prevention Strategy to create its suggested set of indicators for the Healthier New Brunswick initiative.

**Community Mental Health & Substance Abuse indicators include:**

- Proportion of adults with a depressive disorder
- Percent of adults without social/emotional support
- Proportion of adults who binge drink during the past two weeks
- Proportion of persons aged 12 years or older who reported nonmedical use of any psychotherapeutic drug in the past year.
- Proportion of youth aged 12-17 years who have used illicit drugs in the past 30 days
- Proportion of primary care physician office visits that screen adults and youth for depression


**Community Health Needs Assessment, 2014, Raritan Bay Medical Center**

Raritan Bay Medical Center is made up of two hospital divisions, one located in Perth Amboy, the other in Old Bridge. According to the US Census Bureau, Middlesex County is the second most populated county in New Jersey. Between 2000-2012, Middlesex County’s population increased by 4.5%. Much of this growth occurred in Monroe, which experienced a 33% population increase, Old Bridge 10.6%, and Perth Amboy 7.6%. Because Middlesex County’s 25 municipalities are widely diverse, this CHNA is being used as a secondary data source for Carrier Clinic’s CHNA.

RBMC's community service area contains urban areas that include a large number of poor and minority populations. For example, Perth Amboy's median income in 2012 was $34,000 below the median income of county residents. Perth Amboy's unemployment rate is double the rate of the county, and also has 15% of its families living below the poverty level, compared to 5.4% for the county as a whole. In 2012, according to the U.S. Census Bureau, 16.4% of Middlesex County residents over 5 reported speaking English “less than very well" compared to 12.4% of New Jersey residents.
Healthy Community Health Indicators (regarding Mental Health & Addiction services) from respondents to a community survey identify nutrition/obesity, substance abuse, and chronic diseases as the top three health problems in the community.

Respondents report the three most important safety issues as: unsafe driving, alcohol and substance abuse, and smoking.

11% of combined service area residents are dissatisfied with their housing situation. The primary reasons being high cost, and too small or crowded.

Based on the data collected, the top five health issues that emerged as most likely to benefit residents of the area include:

1) Healthy Nutrition/Obesity
2) Mental Health and Substance Abuse
3) Diabetes
4) Heart Disease and Other Cardiovascular Diseases
5) Cancer

*Mental Health and Substance Abuse – Middlesex statistics*

- The average number of mental unhealthy days per month reported by Middlesex County residents (3.0) was higher than the National benchmark (2.4).
- Deaths due to suicide increased 42% between 2004 and 2009 from 5/100,000 to 7.3/100,000.
- Hospital use rates for mental health discharges in the RBMC-PS and RBMC-OB service areas was higher than the County.
- The ED visit rate for mental health cases in Perth Amboy was 5 points higher than the rate statewide.
- 16% of survey respondents in the Combined Service Area indicated they or someone in their family utilized mental health services in the past year.

- Between 2008 and 2012, Middlesex County experienced a 79% increase in the rate of substance abuse admissions from 344.1/100,000 to 615.8/100,000.
- The ED visit rates for substance abuse in the RBMC-PA service area (6.9/1000) exceeds the County (5.2/1000) and State (6.7/1000) rate.
- The rate of ED visits for substance abuse among Perth Amboy residents (12.5) is more than double the County rate and close to double the statewide rate.
- Survey respondents identified substance abuse as the second most important health problem in the Combined Service Area.

Of increasing concern from a population health perspective is the co-morbidity between mental disorders and medical conditions. In the 2003 National Comorbidity Survey Replication (NCS-R), more than 68% of adults with a mental disorder had at least one medical condition, and 29% of those with a medical disorder had a comorbid mental health condition.
Approximately 25 percent of American adults suffer from a diagnosable mental disorder in any given year and close to half of the adult population have one or more chronic medical conditions. Having a mental health disorder is a risk factor for developing a chronic condition and vice versa. In the National Health Interview Survey, the likelihood of depression increased with each additional comorbid medical disorder. Similarly, people with schizophrenia and bipolar disorder are up to three times more likely to have three or more chronic conditions compared with people without these mental disorders.

(http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438)

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

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.

Mental Health Survey Responses

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:

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<th>Age:</th>
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<th>NJ % 4+ days:</th>
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**Gender:**

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<th></th>
<th>County % 4+ days:</th>
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**Race-ethnicity**

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<th>Race-ethnicity</th>
<th>County % 4+ days:</th>
<th>NJ % 4+ days:</th>
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</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
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<td>Black non-Hispanic</td>
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<td>Hispanic</td>
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</tr>
<tr>
<td>Asian non-Hispanic</td>
<td>11.5</td>
<td>13.3</td>
</tr>
<tr>
<td>Other non-Hispanic</td>
<td>---</td>
<td>24.6</td>
</tr>
</tbody>
</table>

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 checkup 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 MDE (major depressive episode) 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.

**Mental Health/ Phone Survey responses**

**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 12 months and insurance for mental health care.

- 8.1% of adults had at least one mental health visit in the previous 12 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.

1) 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 populations 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 US 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.

To 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:

Mental Health

On June 6, 2016 in an interview with Penny Grande, the Mental Health Administrator of Middlesex County, the following top unmet needs or service gaps were identified:

- **Housing**: Lack of supportive housing and other residential opportunities for community based referrals; also a lack of safe, decent, affordable housing for most other consumers
- **Outpatient Services**: Access to quick, affordable OP care to prevent a worsening of symptoms /crisis / hospitalization / suicide
- **Psychiatric Care**: Not enough psychiatrists willing to accept Medicaid; long waits for appts and rates are often unaffordable for our population
- **Transportation**: Problems with, or lack of, transportation to agencies and other supports
- **Long Waits for Available Beds / Medical Clearance**: When presenting in crisis at Screening Center or ER's
- **Justice Involved Consumers**: There are many challenges for justice involved consumers, including inability to access employment, housing and other public supports and entitlements; ensuring these consumers get their medical needs met while in jail; and diverting them from involvement in the CJ system and into appropriate treatment instead
- **Integrated Care**: Lack of this kind of approach for individuals with co-occurring MH / SA ; MH / DD; or MH / Physical challenges

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.

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, a centrally located training venue would probably work best. In Middlesex County, we have access to training space at East Jersey Olde Towne Village in Piscataway and the Fire Academy in Sayrveville.

Substance Abuse/Dual Diagnosis:

On June 6, 2016 in an interview with Anne Lorimer Dillon, the Division Director- Middlesex County Division of Addictions & Mental Health Planning, the following top unmet needs or service gaps were identified:
• Maintaining the infrastructure/continuum of current services - so that capacity is not lost.
• Increasing access and capacity within the continuum of care, especially medical detox, but including inpatient, outpatient and recovery support services.
• Increased services for special populations, including: Bilingual / Bicultural Spanish Services, Veterans, Youth, LBGTQ and Older Adults, Women’s specialized treatment and outreach (women continue to be underrepresented within the population receiving services by at least 70%/men vs. 30%/women.)
• Alternatives to 12 Step and recognition that there are multiple paths to recovery
• Education about Stigma, including institutional stigma

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 and education on addiction and dual diagnosis illnesses.

To the question, “which delivery system for the program would work best, in person, via technology, handouts, other suggestions,” The respondent answered, yes, definitely a combination of training strategies customized to reach the most participants.

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 are fortunate to have great space available - with advance notice – at both the Middlesex County Fire Academy (for larger groups) and at E. Jersey Olde Town (where are PAC meets, we might even look at a training built into or in lieu of a PAC meeting.)

**Carrier Clinic Case Management Services Questionnaire:**

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

**Needs include:** Transportation to programs, Community Mental Health Centers, additional psychiatrists & Therapists accepting new patients, PHP/DDX programs that accept Medicaid, resources for the homeless and more residential healthcare facilities. Additional needs include: more funding/programs with charity care options, and cross-county or state programs for clients with legal issues.

**Mental Health & Addiction Education/Services:** The Case Management department thought that all communities could benefit from additional mental health education and/or services. Recommendations for all counties appear on page 63

**Carrier Clinic Patient Focus Group Interviews:**

Carrier Clinic Patient Focus Group interviews were conducted between October 14 - 28, 2016. Results were not county specific; therefore, all data collected from these interviews appears on page 63.
Summary of Middlesex Mental Health Needs:

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

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

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

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

**Primary Screening Center for Middlesex County:**

(1) 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 & Dual Diagnosis and Addiction Treatment Facilities and Programs:**

**East Mountain Hospital**  
252 Route 601  
Belle Mead, NJ 08502  
(800) 379-1949  
[www.eastmountainhospital.com](http://www.eastmountainhospital.com)

**Carrier Clinic**  
252 Route 601  
Belle Mead, NJ 08502  
Phone: (800) 933-3579  
[www.carrierclinic.org](http://www.carrierclinic.org)

**Catholic Charities**  
[www.ccdom.org](http://www.ccdom.org)  
(732) 324-8200

**Community Care Behavioral Health**  
Piscataway  
732-572-4666  
[www.communitycare.us](http://www.communitycare.us)

**Jewish Family & Vocational Service of Middlesex County**  
32 Ford Avenue  
Milltown, NJ 08850  
(732) 777-1940  
[http://www.jfvs.org](http://www.jfvs.org)

**JFK Center for Behavioral Health**  
Edison  
732-321-7189  
[www.solarishs.org](http://www.solarishs.org)

**National Alliance for the Mentally Ill (NAMI NJ)**  
North Brunswick  
732-940-0991[www.naminj.org](http://www.naminj.org)

**NAMI Middlesex**  
[http://www.naminj.org/affiliates/middlesex.html](http://www.naminj.org/affiliates/middlesex.html)  
732-745-0709

**Contact we Care**

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

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National Council on Alcoholism and Drug Dependence (NCADD) of Middlesex County, Inc. – Wellspring Center for Prevention
152 Tices Lane East Brunswick, NJ 08816 732-254-3344 www.ncadd-middlesex.org

New Brunswick Counseling Center
320 Suydam Street
New Brunswick, NJ 08901
732-246-4025

Center for Network Therapy
333 Cedar Avenue, Bldg. B Suite 3
Middlesex, NJ 08846
732-560-1080
www.recoverycnt.com

Center (The) for Change and Recovery
1255 Bound Brook Road
Middlesex, New Jersey 08846
732-667-5567

Princeton House Behavioral Health
North Brunswick
732-729-3636
www.princetonhouse.org

UMDNJ - University Behavioral Health Care
Piscataway
1-800-969-5300
www.ubmc.umdnj.edu

Middlesex County Department Alcohol, Tobacco and Other Drugs Resource Guide:

Division of Mental Health Services/ Middlesex County:
The following services are contracted by the Division of Mental Health Services and provided for citizens of the state. Follow the link for a complete list of facilities located around New Jersey, listed by county.

http://www.state.nj.us/humanservices/dmhas/home/

Acute Care Family Support
Rutgers 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
Rutgers University Behavioral Healthcare North
667 Hoes Lane West
Piscataway, NJ 08855
(732) 235-4422

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

County Mental Health Board
Middlesex Co. Office of Human Services
JFK Square - 5th Floor
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
Rutgers University Behavioral Healthcare
151 Centennial Avenue
Piscataway, NJ 08855
(732) 235-6184
Intensive Family Support Services
Rutgers University Behavioral Healthcare
151 Centennial Avenue
Piscataway, NJ 08855
(732) 235-6184

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

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

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

Partial Care
Rutgers 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

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

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

Partial Care
George J. Otolowski 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
Rutgers 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
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 Regional Medical Center
655 East Jersey Street
2nd Floor, 2 North
Elizabeth, NJ 07026
(908) 994-7202

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

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

Supportive Housing
Rutgers 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
Published Data Collection

According to the NJ Census Data, the 2015 population estimate for Somerset County is 333,654 primarily comprised of 71.2% White, 16.6% Asian, 14.2% Hispanic or Latino and 9.9% Black. (1.9% of the population selected two or more races.)

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

Those seeking MH services:

According to the NJHA Behavioral Health Volume Report (Trending 2010-2014), Mental health or addiction cases in 2014 (as either a primary or secondary diagnosis, across all age groups) accounted for 17.3% of all NJ Emergency Department volume, compared to 14.4% in 2010.

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

Approximately 20.76% of Somerset County adults ages 22-55 visited an emergency room for a Mental Health or Addiction illness (primary or secondary diagnosis) in 2014.

NJ County Health Rankings and Roadmaps (2016)*:

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 3.0. (Error Margin 2.9-3.1); NJ average is 3.4; In 2016, there was a ratio of 410:1 Mental Health Providers per resident in Somerset County. NJ average is 570:1.

The percentage of adults reporting binge or heavy drinking in Somerset County is 17%, equal to the NJ average of 17%. Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. Heavy drinking is defined as drinking more than one (women) or 2 (men) drinks per day on average.

*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 are used to measure various health behaviors and health-related quality of life (HRQoL) indicators. All data from the BRFSS are 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; Binge or Excessive Drinking**

Poor mental health days is a companion measure to the poor physical health days reported in the *County Health Rankings*. This measure is based on survey responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The value reported in the *County Health Rankings* is the average number of days a county’s adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 US population. Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.

Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days. Heavy drinking is defined as drinking more than one (women) or 2 (men) drinks per day on average.

**Somerset County Comprehensive Plan for the Organization and Delivery of Alcohol and Drug Abuse Services, Planning Cycle 2016-2019**

Every four years, New Jersey’s 21 counties prepare a County Comprehensive plan (CCP) for Alcoholism and Drug Abuse Prevention, Treatment and Recovery Support Services. The CCP documents the county's current and emergent drug use trends as well as both the availability and organization of substance abuse services across the county's continuum of prevention, early intervention, treatment and recovery support.

Based on findings from previous and current primary data gathering through a community survey and treatment providers, Somerset County has identified its top 3 identified needs (with their barriers) and its top 2 Priority Population Rankings.

**Needs:**

- Outpatient
- Detox
- Residential

**Barriers to treatment:**

**Outpatient:** transportation, childcare, functioning capacity/ability to manage meetings, transportation, childcare, work, etc.

**Detox:** Detox programs should offer case management to assure that detox is followed up with other services and treatment so that detox is not looked at as a ‘waste of resources’

**Residential:** Medicaid insurance will not pay for residential services due to the IMD exclusion. Persons who need to learn how to live or relearn how to live and get off the ‘streets’ could really benefit from residential care.
#1 Women: According to NJ Division of Mental Health and Addiction services (NJDMHAS), women are the #3 population needing, seeking and receiving services. According to NJSAMS data (2011-2014), only 1/3 of admissions to substance use disorder treatment services of Somerset County residents are women.

79.2% of women who answered the community survey indicated that case management would help people stay away from drugs. Community case management is needed to help women remain engaged in outpatient treatment or to engage in residential services, as they leave outpatient and residential services for a variety of reasons. The women’s focus group of 2015 also noted the need for more women’s halfway houses.

#2 Co-occurring: NJDMHAS reports that co-occurring are the #4 population needing, seeking, and receiving services. For co-occurring residents, there is a need for more psychiatric time to conduct evaluations and medication monitoring, outpatient level 1, halfway house and residential treatment services.

There is a lack of treatment providers for co-occurring residents who are medium/high mentally ill and medium/high substance abuse disordered. Without symptom stabilization for both disorders, the client is not functioning at full capacity in treatment or in their lives.

Special areas of concern

Several areas of concern were identified for Somerset County that was found that could be addressed with little or no funding. These initiatives might provide an opportunity for Carrier Clinic to share dual diagnosis expertise with county partners.

Areas identified include:

**Medicalization of substance abuse and mental health disorders** - Develop ways to work towards reducing stigma for those affected by substance use and mental health disorders and supporting research treating these illnesses as ‘neurobiological illness’ rather than ‘behavioral health.’

**Education and intervention for parenting especially among the families of multigenerational substance use disordered families.**
Carrier Clinic Primary Data Collection for Somerset County:

Somerset County 2015 Community Health Needs Assessment

In February 2015, Robert Wood Johnson University Hospital (RWJUH) Somerset, in partnership with Healthier Somerset, commissioned a community health needs assessment (CHNA) of Somerset County. In addition to reviewing existing data, researchers conducted telephone surveys, focus groups, and interviews with many county organizations. These included cultural organizations, health care providers, law enforcement, government, education, business, and social service organizations.

The CHNA confirms that Somerset County is overall a healthy community, with rates of disease that are often lower than the U.S., the state of New Jersey, and other New Jersey counties. However, mental health and substance abuse issues are key health concerns for the community.

Chronic disease prevention, through healthy eating and physical activity, was also raised as a priority need, and seniors were identified as a priority population for services and support.

Healthier Somerset is using the CHNA's findings to draft the Community Health Improvement Plan (CHIP) and develop strategies to improve county health based upon the needs identified in this report. These needs include lack of affordable options for treatment for mental health and substance abuse; lack of education around healthy eating; the need to encourage physical activity among all residents, especially for youth not involved in organized sports; and the need for additional services for seniors, especially as the population ages.

Carrier Clinic, and East Mountain Hospital (Carrier’s sister hospital), are members of the Healthier Somerset Coalition, and were involved in the CHNA data collection process from the onset. By participating in this process, we were able to ensure that valuable questions regarding mental illness and substance abuse remained on the final survey, and were therefore asked during focus groups and calls.

RWJUH Somerset contracted with Health Resources in Action (HRiA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHA report. This report discusses the findings from the community health needs assessment, which was conducted from February-September 2015.

The 2015 Somerset County community health needs assessment was conducted to fill several overarching goals, specifically to: * Examine the current health status of Somerset County, New Jersey and its sub-populations, and compare these rates to state indicators * Explore the current health priorities, as well as new and emerging health concerns, among residents within the social context of their communities * Identify community strengths, resources and gaps in services in order to help RWJUH Somerset and the Healthier Somerset coalition set programming, funding, and policy priorities

This 2015 Somerset County community health needs assessment focuses on Somerset County, New Jersey, which includes 21 municipalities. This 2015 assessment updates and builds upon the previous assessment conducted in 2012.

To identify the perceived health needs of the community, challenges to addressing these needs, current strengths and assets, and opportunities for action, the assessment process included: synthesizing existing data on social, economic, and health indicators in Somerset County, New Jersey; conducting a telephone survey with 2,002 Somerset County residents; conducting six focus groups with a range of populations and nineteen interviews with diverse individuals representing a variety of organizations, including an Asian
American cultural organization, health care (including mental and behavioral health services), law enforcement, government, education, business, and social service organizations focusing on vulnerable populations (e.g., seniors, immigrants).

Findings
The following provides a brief overview of key findings that emerged from this assessment.

Community Social, Economic, and Physical Context
While Somerset County is overall a safe, highly-educated, high-income community, certain segments of the population face day-to-day challenges related to affordability and transportation.

Demographic Characteristics: Residents and stakeholders described their community as comprised of young families, middle-aged adults, and senior living. Between 2010 and 2030, the percentage of residents aged 65+ in Somerset County is expected to increase by 98.5%, and the percentage of Asian residents is projected to increase by 103.4%.

Income, Poverty, and Employment: Residents and stakeholders stated that the cost of living in Somerset County is very high, and expressed concerns about a declining middle class. The median household income in Somerset County is $99,020, but is substantially lower in certain municipalities such as Manville ($62,583), Bound Brook ($63,071), and North Plainfield ($64,503). Interview and focus group participants stated that the county's wealth creates a strong infrastructure of services and programs and also funds high quality public schools, but expressed concerns about affordability, especially for seniors and young families. Somerset County’s unemployment rate (7.2%) is lower than that for New Jersey overall (10.1%).

Education: Over half of Somerset County adults age 25 and older (51.2%) have a Bachelor’s degree or higher, although the percent of adults with a Bachelor’s degree is lower in certain municipalities such as Manville (15.2%) and Bound Brook (20.9%). Many residents and stakeholders praised the public schools in Somerset County, but some noted a culture of academic pressure and competitiveness.

Housing and Transportation: A lack of affordable housing, including for seniors, was a key concern raised by many stakeholders and residents. In the 2015 community health assessment telephone survey, 32.8% of respondents indicated that they could not find affordable housing for rent, and 34.2% indicated that available, affordable housing options are of poor quality or too small. When asked about concerns in the community, transportation access was the one most frequently mentioned by interview and focus group participants. While only 2.9% of Somerset County workers do not have a vehicle available, the percentage of workers without a vehicle is higher in certain communities such as Bound Brook (11.8%) and Bernardsville (8.5%).

Crime, Safety, and Disaster Preparedness: Overall, Somerset County was described as a safe community. However, some residents and stakeholders noted that recent development in the area has led to increased crime. 57.3% of respondents to the 2015 community health assessment telephone survey reported that their household has a disaster evacuation plan, while 21.6% reported they have a disaster supply kit.

Community Health Outcomes and Behaviors
Somerset County is overall a healthy community, with rates of disease that are often lower than the U.S., the state of New Jersey, and other New Jersey counties. However, mental health and substance abuse issues are key health concerns for the community. Chronic disease prevention, through healthy eating and physical
activity, was also raised as a priority need, and seniors were identified as a priority population for services and support.

**Chronic Diseases and Related Risk Factors:** The leading causes of death in Somerset County are cancer and heart disease. Residents and stakeholders noted that, while cancer and heart disease issues are not unique to Somerset County, they are still important health concerns for the community. Similarly, rates of overweight and obesity are similar in Somerset County compared to the state of New Jersey and the U.S. as a whole, but were still raised as key concerns by interview and focus group participants, particularly for youth. Residents and stakeholders discussed health behaviors related to chronic disease, including physical activity and healthy eating. Somerset County has a great deal of recreational opportunities, although many are accessible only by car. Residents and stakeholders cited a high density of fast food restaurants and a lack of time for meal preparation as barriers to healthy eating, and expressed a desire for more education around healthy eating.

**Behavioral Health:** Behavioral health, including mental health and substance abuse, was the health concern most frequently raised by residents and stakeholders. In particular, abuse of alcohol, opioids and heroin was discussed, and a lack of substance abuse services was noted. As shown in the figure to the right, the percent of 2015 Somerset County telephone survey respondents reporting binge drinking (21.4%) is higher than 2013 binge drinking rates in New Jersey (16.3%) and the United States (16.8%).

Many interview and focus group participants also raised concerns about mental health, which they described as often co-occurring with substance abuse issues. Issues of anxiety and depression were raised for both youth and adults, and a lack of mental health providers, especially for young children and for uninsured or Medicaid patients, was frequently discussed. Stigma around mental health and substance abuse was also raised as a barrier to treatment.

**Immunization and Infectious Disease:** Residents and stakeholders did not raise concerns related to immunization and infectious disease. Rates of HIV, gonorrhea, syphilis, and chlamydia are all lower in Somerset County compared to the state of New Jersey overall. Rates of flu shot or vaccination among residents age 65 and older are higher in Somerset County compared to New Jersey and the United States.

**Maternal and Child Health:** Maternal and child health concerns were not raised by residents or stakeholders. The percentage of low birth weight births is similar in Somerset County to the state of New Jersey.

**Environmental Health:** While environmental health concerns were not raised by residents or stakeholders during in-depth discussions, the 2015 community health assessment survey respondents ranked “environmental issues such as water and air quality” as the second highest priority for future funding and resources. The percent of the population getting water from a public water system with at least one health-based violation during the reporting period is much higher in Somerset County (49%) compared to New Jersey overall (6%); however, water quality reports for one municipality in Somerset County (Franklin Township) were falsified and tests were calculated incorrectly.

**Oral Health:** A few residents and stakeholders mentioned challenges accessing low-cost dental services and identifying dentists willing to accept Medicaid. The ratio of population to dentists in Somerset County (1,102 : 1) is similar to New Jersey (1,240 : 1).
Elder Health and Caregiver Needs: Concerns about elder health were raised by many residents and stakeholders, especially as the percentage of residents age 65+ is projected to increase in the near future. Issues raised included mental health (related to isolation and grief), substance abuse, falls prevention, medication management, home health care (including caregiver availability and support), and affordability in general (e.g., making trade-offs between healthy foods, medications and housing costs). Interview and focus group participants did note that senior services in Somerset County are quite strong, but explained that needs are growing.

Health Care Access and Utilization: Residents and stakeholders frequently stated that high quality health care is available in Somerset County. However, cost, insurance problems, and transportation availability can create barriers for certain residents to see a doctor. A lack of mental health providers was frequently noted, especially for outpatient services, young children, and uninsured / Medicaid patients who cannot pay out of pocket. Additionally, confusion around health insurance was frequently discussed, as were frustrations that insurance limits the number and type of visits for certain specialty services, such as psychiatric and physical therapy services.

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data, a telephone survey, and discussions with community residents and stakeholders, this assessment report examines the current health status of Somerset County residents and sub-populations, identifies current and emerging priority health issues, and explores community assets, resources and gaps in services and programming. Several overarching themes emerged from this synthesis:

- Although Somerset County is overall a highly educated, high-income community, pockets of vulnerable populations exist. **Transportation and affordability** are key concerns for many residents.

- **Mental health and substance abuse issues** were considered priority health issues; a need for additional services in general was noted, and in particular a need was expressed for mental health providers who accept Medicaid and/or the uninsured. **Participants described issues of anxiety, stress and depression for adults**, and also noted that seniors and young children have unique mental health needs. Abuse of alcohol, opioids and heroin were described as priority health issues in regard to substance abuse.

- While Somerset County is perceived to be a health-conscious community, more can be done to **encourage physical activity and healthy eating**, including offering more physical activity opportunities for youth not involved in organized sports and promoting education around healthy eating.

- Overall Somerset County has a strong health care infrastructure, but could benefit from **additional services for seniors** especially as the population ages.

- Somerset County has a wealth of social service organizations and programs, though some expressed a need for **stronger connections among services** as well as greater awareness and reach throughout the community.

- Opportunities exist to leverage community assets, including economic resources and strong governmental, health care and community-based organizations, to address the identified health needs in Somerset County.
Prioritization of Needs

In June 2015, a summary of preliminary findings from the 2015 Somerset County Community Health Needs Assessment was presented to the Healthier Somerset coalition and partners for further discussion. Participants rated a total of 15 health issues (identified through preliminary assessment findings and additional discussion at the session) on four criteria: relevance, appropriateness, impact, and feasibility. The final voting and discussion among Healthier Somerset coalition members and partners resulted in four priorities that were selected for the Somerset County Community Health Improvement Plan (CHIP):

1. Mental Health and Substance Abuse*
2. Obesity
3. Chronic Disease
4. Access to Care

*A Carrier Clinic representative was chosen to chair the sub-committee for Mental Health and Substance Abuse priority area at its onset and currently remains active in the workgroup.

For purposes of this report, Carrier Clinic will concentrate on the Mental Health and Substance Abuse data and findings. Complete CHNA and CHIP reports for Somerset County are available at www.HealthierSomerset.org

Behavioral Health

Behavioral health issues, including mental health and substance abuse, were raised by a majority of interview and focus group participants.

Mental Health

“There is also a stigma around mental health. There is stigma everywhere, but in a more affluent community, you don’t want to be that person.” – Key informant interview participant

“Mental health is something that a lot of people don’t discuss. Especially within communities like ours, the African American community. Mental illness is something you are ashamed of— it is considered a weakness. The weakness, though, is that you are not reaching out for help.” – Focus group participant

Mental health concerns emerged as one of the most significant health concerns in the area according to interviewees and focus group members.

Adult Behavioral Health

Key informant interviewees and focus group participants most frequently mentioned concerns about anxiety and depression, which come from what one person described as living in “high achieving, dual-income families.” Respondents identified several factors contributing to mental health concerns among adults including technology, financial and job pressures, family break-ups, and corporate downsizing that
accompanied the 2008 recession. A couple of respondents reported that natural disasters, such as Hurricane Sandy, have undermined a sense of security, further contributing to anxiety and stress. In addition, a couple of provider respondents shared that they have observed rising rates of trauma among those with mental health issues, often attributed to past sexual abuse and for, recent immigrants, traumatic events in their country of origin. The leading cause of inpatient hospitalizations at RWJUH Somerset among adult patients, age 18 – 64, who are Somerset County residents is “major depressive affective disorder”.

Seniors were also singled out by several respondents for mental health concerns, in particular depression that can come with the loss of loved ones and friends, lack of mobility and energy, and increasing isolation.

Among survey respondents, while 64.9% did not feel sad, blue or depressed at all in the past 30 days, only 27.1% did not feel worried, tense or anxious in the past 30 days. Almost half of the respondents (49.7%) felt worried, tense or anxious 3 to 7 days in the past 30 days. When comparing results by income level, more respondents in the highest income bracket ($75,000 or more annual income) reported no days of worry, tension or anxiety compared to respondents from all other income brackets.

Overall, 30.8% of respondents to the 2015 Somerset County community health assessment survey reported that their doctor or other healthcare provider had ever talked to them about mental health. Asian, non-Hispanic (24.0%) and Hispanic (20.5%) respondents reported lower rates of mental health discussions with healthcare providers. Seventy–seven percent of respondents over the age of 65 have talked to their doctor about mental health issues, but only three percent of respondents between the ages of 18-24 have had a conversation about mental health with their doctor. And while suicide remains a very prevalent topic in New Jersey and the US, it was not raised as a topic by respondents.

Barriers to Addressing Mental Health Issues

Interview and focus group participants frequently noted that there is a need for more mental health providers in the area.

One of the barriers to effectively addressing mental health concerns, according to respondents, is stigma. As one participant in the African American focus group shared, “mental health is something that a lot of people don’t discuss...mental illness is something you are ashamed of, it is seen as a weakness.” This attitude, which cuts across demographic and economic groups, creates a substantial challenge to both recognizing mental health issues and seeking help for them.

Respondents did report, however, that there are several efforts underway to enhance understanding of mental health issues. Several reported that they have been trained in Mental Health First Aid, a national program that teaches community members and first responders how to help people developing a mental illness or in a crisis.1

1 For more information on Mental Health First AID USA, managed by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health, see: http://www.mentalhealthfirstaid.org/cs/
**Substance Use and Abuse**

“The veneer of well-being often forces us to deny that there are any underlying problems such as substance abuse, which there is.” – Focus group participant  “[Somerset County is an] affluent community with a lot of time, lots of money, a lot in the way of alcohol and drug abuse.” – Focus group participant

Substance use was cited as another challenge for the community and one that, according to respondents, has become more problematic in recent years. Opiate-based drugs, both prescription and heroin, were frequently mentioned as the biggest concern and the number of heroin overdose deaths is rising according to respondents. **Respondents also noted a rise in co-occurring substance use and mental health disorders.**

Focus group members and interviewees shared several reasons for the rise in substance use including stress, mental health issues, a declining economy, rising rates of prescription drugs, and wealth that results in easy access. In addition, interviewees and focus group participants reported that the region’s proximity to Newark and Philadelphia means that drugs are easily available in the community. As one focus group participant explained, “there is wealth and money and there is access, so there is abuse.”

Overall, 8.9% of respondents reported using marijuana and 7.1% of respondents reported using prescription painkillers or opioids with a doctor’s prescription. However, there is variation in reported substance use by municipality. For example, 19.1% of respondents from Montgomery Township reported using marijuana, while 11.3% of respondents from Hillsborough Township reported using prescription painkillers or opioids with a doctor’s prescription.

Among the 2015 Somerset County community health assessment survey respondents, the type of substance used also varied by income. For example, a higher percentage of respondents whose incomes annual incomes were $75,000 or higher indicated that in the past year they had used marijuana (16.4%) and prescription painkillers or opioids (9.4%) compared to respondents from other income categories.

Overall, 21.4% of respondents indicated they had engaged in binge drinking at least once in the past month. While this percentage is lower than the respondents in the 2011 Somerset County healthy survey who reported binge drinking (25.5%), it is higher than the percentage of adults in New Jersey (16.3%) and the U.S. (16.8%) who in 2013 reported binge drinking in the last month. The percent of Hispanic respondents reporting binge drinking in the past month (60.7%) is also substantially higher than the percent of other races reporting binge drinking (the next highest ethnicity was 20.2% of white respondents reporting binge drinking, which shows that Hispanics are binge drinking three times that of white persons in the county).

**Available Substance Use Services**

According to focus group members and interviewees, Somerset County has a number of efforts and services in place to address substance use challenges. Like many communities, first responders in Somerset now carry Narcan to reverse opiate overdoses. However, Narcan administration is not paired with mandatory treatment, making it difficult to address longer-term addiction problems. The region also has an extensive Drop Box program for prescription drugs with five locations throughout Somerset.

Despite these efforts, when asked about substance abuse services and supports, respondents overall, felt as though there were too few to meet the need. As one key informant stated, “there is a whole list, but there are
never enough substance use services.” Several respondents identified a need for more smoking cessation programs in the state, and also for more substance use education programs. Respondents also acknowledged that a lack of awareness about substance abuse issues, and also stigma associated with these issues, can prevent residents from seeking treatment.

For both New Jersey and Somerset County, alcohol and heroin are the most common primary drugs leading to treatment admissions. However, the percentage of treatment admissions attributable to alcohol is higher in Somerset County (43%) compared to New Jersey as a whole (27%). While the proportion of treatment admissions for alcohol abuse has declined slightly, from 50% in 2010 to 43% in 2014, the proportion of admissions for heroin and other opiates has increased from 22% to 37%.
Key Informant Interviews:

Mental Health
On May 25, in an interview with Pam Mastro, Mental Health Administrator of Somerset County, the following top unmet needs or service gaps were identified:

- Need for Psychiatric/Prescriber services for all consumers including the DD populations who have Medicaid and those consumers who have no insurance at all.
- Need for linkage to entitlements
- Need for additional therapeutic services for all populations
- Need for case management services
- Need for all levels of housing (independent, supported and supervised)
- Need for reliable 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 yes- there is always a need for consumer and family/caregiver education. In addition to NAMI Somerset, providers such as Jewish Family Services, Interfaith Hospitality Network, Agape House and Family and community Service are examples of providers who may value additional education.

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 of the above would probably work best.

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?”

For caregiver/family education: NAMI Somerset members might be able to identify locations, including the County Library in Bridgewater.

For consumer education: the consumer wellness center may be a venue that would work for them. The Somerset County Mental Health Board and the HSAC recently conducted a focus group at the wellness center and it worked well. The wellness center is on Main Street in Somerville, NJ.

For provider education: individual provider offices, or the County Library. The Jewish Community Center might also be an option.

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

Substance Abuse/Dual Diagnosis
On June 3rd in an interview with Pat Lake, acting Director of Addiction Services for Somerset County, the following top unmet needs or service gaps were identified:

- Need for outpatient service
- Detox/residential treatment including halfway houses and supportive housing, as Medicaid does not pay for residential treatment and there is a lack of opioid maintenance programs for those on Medicaid.
• Case management to assist with linkages to recovery support services.
• Need for reliable transportation.
• Need for childcare during treatment, meetings, etc.
• Special populations requiring extra support include women, dual-diagnosis, criminal offenders, and DUI education.

To the question, “**do you believe your community (consumers or service providers) can benefit from additional substance abuse/dual diagnosis education, information or services,**” the respondent answered yes- particularly those professionals who are not that familiar with substance abuse and current trends in use and treatment.

To the question, “**which delivery system for the program would work best, in person, via technology, handouts, other suggestions,**” the respondent answered that she believes people still like face-to-face trainings, which can incorporate videos or a webinar, which are no longer than a 9-4 day with a lunch break. Providing the meal so participants can further network during lunch is recommended.

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?**”

County Library can be used by other organizations in the county, but needs 6-8 month lead time on programs.

**Carrier Clinic Case Management Services Questionnaire:**

In October, 2016, the Case Management department filled out a questionnaire outlining the unmet needs or service opportunities in Somerset County.

**Needs include:** More funding and options for charity care. Outpatient providers who accept Medicaid and Medicare. Richard Hall uses community transportation, but there is limited transportation options for those who don't/can't drive. More outpatient therapists/psychiatrists/programs for co-occurring and DDX illnesses.

Additional needs include access to homeless shelters/residential healthcare facilities. Ability to determine eligibility for Board of Social Services’ services while in an inpatient hospital setting.

**Carrier Clinic Patient Focus Group Interviews:**

Carrier Clinic Patient Focus Group interviews were conducted between October 14-28, 2016. Results were not county specific; therefore, all data collected from these interviews appears on page 63.
Summary of Somerset Mental Health Needs & Somerset County CHIP Goals:

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

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

A. Priority Area 1: Mental Health and Substance Abuse

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

Objectives and Indicators

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

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

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

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

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

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

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

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

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

  **Outcome Indicator:** Number of people aware of services, wellness programs and other resources
Somerset County Mental Health & Dual Diagnosis Resources:

Primary Screening Center for Somerset County:

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

Mental Health & Dual Diagnosis/Addiction 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

Alternatives (Housing and Case Mgmt)
www.alternativesinc.org
(908) 685-1444

Catholic Charities
www.ccdom.org
(908) 722-1881

Richard Hall Community
Mental Health Center
(908) 725-2800

EmPoWER Somerset
www.empowersomerset.com
(908) 722-4900

Somerset Treatment Services
www.somersettreatmentsservices.org
908-722-1232

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

Family and Community Services
www.fcssomerset.org
(732) 356-1082

Jewish Family & Children's Service of Greater Mercer County
www.jewishfamilysvc.org
(908) 725-7799

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

High Focus Centers
www.highfocuscenters.com
800-877-3628

Princeton House
www.princetonhouse.org
888-437-1610

Veteran's Administration-Lyons
www.newjersey.va.gov
908-647-0180

Somerset County Department of Human Services Resource Guide:
www.co.somerset.nj.us/home/showdocument?id=506
Division of Mental Health Services/ Somerset County:
The following services are contracted by the Division of Mental Health Services and provided for citizens of the state. Follow the link for a complete list of facilities located around New Jersey, listed by county.

http://www.state.nj.us/humanservices/dmhas/home/

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 Highway 22, #107
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
245 US Highway 22 #107
Bridgewater, NJ 08807
(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 Highway 22 #107
Bridgewater, NJ 08807
(908) 722-4300

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

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
Carrier Clinic Patient Focus Group Results

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

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

Participants answered with the following issues:

- Bed Availability
- Hard to find a doctor/therapist that accepts Medicaid, and when you do, they wait is too long or they aren’t taking new patients.
- Availability of Psychiatric Emergency Screening Services
- Transportation – I don’t own a car, sometimes transportation options are unreliable
- I don’t have a permanent place of residence, or phone, or internet access.
- Access to programs/prescriptions
- Cost of programs, prescriptions, transportation
- Insurance issues, keeping Medicaid Active
- Appointment times don’t work with transportation availability

- **Other issues included:** “There’s a lack of rehab bed availability.” “Insurance limits where you can go.” “I called a place and they had a 5 month waitlist.” “Not knowing what help is available - I don’t know what programs are available to me.” “Doctors don’t listen to you.”

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

Participants answered:

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

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

Would you be interested in getting more information about Mental Health and/or Substance Abuse/ Dual Diagnosis services in your area?
Some participants answered ‘no’ because they knew which outpatient program they were headed to, but
others did answer yes, specifically for Outpatient Programs and other support programs, where they could meet other people who were going through the same thing.

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

**How would you like to receive that information?**
Participants answered:

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

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

- Schools
- Libraries
- Church
- Walmart
- Special community group to discuss resources and attend education programs
- AA/NA
- Food banks
- Outpatient places
- Pharmacy

**Carrier Clinic Case Management Survey – Recommendations for Mental Health & Substance Abuse/Dual Diagnosis Education/Information**

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

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

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

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

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

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

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.

Carrier Clinic

Accessing the Community Health Needs Assessment & Implementation Strategy

This Community Health Needs Assessment, as adopted by the Carrier Clinic Board of Trustees on December 6, 2016 can be accessed online at www.CarrierClinic.org.

The Implementation Strategy, as adopted by the Carrier Clinic Board of Trustees on December 6, 2016 can be accessed online at www.CarrierClinic.org.
To receive a hard copy of Carrier Clinic's Community Health Needs Assessment or the Implementation Strategy, please write to:

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