Implementation Strategy

Adopted by the Board of Trustees
June 19, 2013
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Executive Summary:

From August, 2012 through June, 2013, East Mountain Hospital underwent a comprehensive data gathering process (Community Health Needs Assessment) to identify the mental health needs of the communities we serve. As a specialized, 16-bed not-for-profit psychiatric hospital, our definition of community is unlike most medical/surgical centers who primarily use geographic boundaries to define “community.”

At East Mountain Hospital, we have defined our “community” as “mentally ill adults residing in Middlesex, Somerset, Cape May, Ocean, Camden and Mercer counties” (75% of our patients came from those counties in 2012).

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

As every county above had identified “Mental Illness” as a top priority in their respective Community Health Improvement Plans, there are tremendous opportunities for EMH to provide education and information to not only consumer/community members, but to the mental health professionals in those counties as well.
About East Mountain Hospital:

Located on the grounds of Carrier Clinic in Belle Mead, NJ (Somerset County), East Mountain Hospital is a NJ Department of Health and Human Services licensed 16-bed hospital serving the needs of adult psychiatric and dual diagnosis clients. East Mountain Hospital provides both voluntary and involuntary inpatient treatment to individuals from all over the state who exhibit a primary psychiatric diagnosis. East Mountain Hospital was incorporated in April, 2003, in response to meeting the needs of a patient population largely under-served by New Jersey psychiatric hospitals. Medicaid and Medicare coverage is accepted, and the majority of the patients who receive care at East Mountain Hospital have a chronic, debilitating mental illness that precludes them from being able to work full-time.

Individualized treatment is based upon the patient’s needs through assessment by the psychiatrist, nurse, primary therapist, allied clinical therapist, addiction staff and other disciplines as appropriate.

East Mountain Hospital provides the following services within its inpatient setting:

- Individual, group and family therapeutic interventions
- Patient and family education provided from a multidisciplinary and collaborative perspective
- A collaboratively developed discharge plan involving the patient, family and treatment team, ensuring a more successful return to the community
- Medical consultation /evaluation and recommendations
- Medication evaluation and management
- Contact and treatment updates are given to outside providers upon request/approval of the client

While East Mountain Hospital accepts patients from throughout the state of New Jersey, the majority of patients (comprising of approximately 75% of admissions from 2012) are from the following counties:

- Middlesex
- Somerset
- Cape May
- Ocean
- Camden
- Mercer

In response to the Patient Protection and Affordable Care Act of 2010, East Mountain Hospital produced its Community Health Needs Assessment, which can be found on the East Mountain Hospital Website at www.EastMountainHospital.com/CHNA. This document includes East Mountain Hospital’s definition of community, identified needs as a result from collaborative primary and secondary data collection with key members and organizations within the defined community, prioritized needs to address, and potential measures and resources to address those needs.

In this document, East Mountain Hospital will recap identified and prioritized needs and present the Implementation Strategy that was adopted by the East Mountain Hospital Board of Trustees on June 19, 2013.
**East Mountain Hospital - Definition of Community:**

East Mountain Hospital’s community is defined as “mentally ill adults residing in Middlesex, Somerset, Cape May, Ocean, Camden and Mercer counties” (These counties make up approximately 75% of EMH admissions in 2012).

**EAST MOUNTAIN HOSPITAL/ AREA OF EXPERTISE:** As East Mountain Hospital is a specialized behavioral healthcare hospital located in Somerset County, without the resources and expertise of a medical/surgical hospital, we will be focusing on the adult population data (19+) for Mental Health (and findings which include accessing mental health services) in determining each county’s Mental Health Needs and Service Gaps.
Community Needs Assessment - data gathering overview:

As a result of our definition of community, throughout 2012 and first quarter 2013, East Mountain Hospital has conducted interviews with Mental Health Administrators and other Mental Health professionals in each identified county, attended monthly County Mental Health Advisory Committee meetings, has participated in a collaborative effort with Somerset County Health Services stakeholders to produce a BRFSS study, has been invited to work in conjunction with Middlesex County on the Mental Health needs of their Implementation strategy, as identified through their BRFSS study, and has relied on additional secondary demographic information to aid in the Needs Assessment process.

Interviews with Mental Health Administrators:

In January 2013, letters went out to the Mental Health Administrators from Middlesex, Somerset, Cape May, Ocean, Camden and Mercer Counties, requesting a follow up interview to discuss service gaps in the community. A representative from East Mountain Hospital conducted these interviews (either face to face or over the phone) during the first quarter of 2013.

Specifically, the following questions were asked:

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

Interviews with East Mountain Hospital Case Management staff:

In March, 2013, the Case Management department answered a questionnaire outlining the unmet needs or service opportunities in Middlesex County.

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?
2) Do you believe any of these communities (including your professional service providers) can benefit from additional mental health education, information, or services? If you can think of a specific county (ies) that might benefit from a specific service(s) please fill in here:
3) Which delivery system(s) for any programs listed above would work best: in person, via technology (on demand webinar/videos), handouts? A combination of all? Other suggestions?
Patient Focus Group Interviews with East Mountain Hospital patients:

During medication education groups held on a weekly basis between April 30 - May 16, 2013, patients were asked questions to determine their most prevalent mental health needs. In most cases, the answers were not county-specific, but were very helpful in identifying potential action items for the Implementation strategy. The questions asked were:

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

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

In order to keep abreast of needs throughout the state of New Jersey, representatives from East Mountain Hospital 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 East Mountain Hospital to maintain a synergistic relationship that benefits both patients and service providers throughout the state.

Somerset County/Healthier Somerset BRFSS Study:

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

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

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

- Camden County MAPP (2007)
- Cape May County CHIP (2007)
- Middlesex County CHIP (2008)
- Mercer County CHIP (2012)
- Ocean County Mental Health Plan Update (2013-2016)
- National Center for Health Statistics
- US Department of Health and Human Services
- National Prevention Council/National Prevention Strategy (2011)
- NJ Census Data

NJ County Health Rankings and Roadmaps (2013):

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

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a national random digit dial (RDD) telephone survey. Data obtained from the BRFSS are representative of the total non-institutionalized population over 18 years of age living in households with a land line telephone. For the County Health Rankings, data from the BRFSS 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

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

**Healthy People 2020**

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

Healthy People 2020 strives to:

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

**Leading Health Indicators**

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

In the Healthy People 2020 Report, the following Topic Area information will be used for East Mountain Hospital’s Community Health Needs Assessment/Implementation Strategy:

**Topic area # 28: Mental Health and Mental Disorders**
National Mental Health Trends

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

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

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

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

These included:

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

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

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

(1) Substance Abuse and Mental Health Services Administration, (2012) Mental Health, United States, 2010. HHA Publication No. (SMA) 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration. As included in the Ocean County Mental Health Plan Update, 2013-2016; Ocean County Department of Human Services, 1027 Hooper Avenue, Building 2; 3rd Floor, Toms River, NJ 08754. www.co.ocean.nj.us/ocdhs
The New Jersey Department of Health and Senior Services’ “Healthy New Jersey 2010” summary reports the estimated number of days during a month when individuals, due to good physical and mental health, are able to perform their usual activities. New Jersey adults, as a whole, report a high number of “ability days” per month, 28.2 out of thirty.

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

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

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

East Mountain Hospital Patient Focus Group Results

Six focus groups were held between April 30th and May 16th, there were between 4-9 participants (male and female) per group, most groups contained the following ethnic groups: Caucasian/African American/Latino in the age range: 27-63. Demographic information for participants was not collected, in an effort to further maintain privacy for those participating in the group sessions.

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

Participants answered with the following issues:

- Lack of services in Cape May County (only Cape Counseling is available)
- Hard to find a doctor that accepts Medicaid, and when you do, they have a waiting list or aren’t taking on new patients, and going onto websites to find doctors is frustrating
- Some places only take cash/cost of services
- Resources don’t take your insurance, if you have mental health and substance use problems some places only take mental health and no addiction services
- Appropriate placement (referral “I don’t fit in at some programs- sometimes rightful/appropriate placement is not where I get referred to”)

- Other issues included: “I fear places like long-term care because there is no placement;” “I look for holistic approaches to my mental health and insurance does not cover them and then I have to pay out of pocket if that can even be an option;” “transportation (also, cost of gas if person has a car);” “the wait for available beds;” “the time it takes to actually get a scheduled appointment;” “wanting more 1:1 counseling with either a therapist or psychiatrist as opposed to being in partial care programs;” “addressing the needs in a more holistic fashion, that encompasses mind, body, spirit;” “insurance dictates what services are available, leaving limited options.”
What are your barriers to medication compliance? (Discontinued use of medications is a primary reason for re-hospitalization).

Participants answered:

- Side effects ("mania, depression, SI, drowsiness, hair loss, restlessness, hormonal issues, sweating, headaches, lethargy, stiffness, back pain, blurred vision, sexual side effects")
- Doctors prescribe what is popular and maybe not what is helpful – trial and error phases are too long
- Lack of education on the medications you are actually taking – not sure if you are truly Bi-Polar or if symptoms are drug induced – so you stop taking them;
- Transportation to doctors and other treatment- “doctors not available for appointments for refills,” “pharmacy hours are not convenient;”
- “I forget to take the medications;”
- Cost- “It’s either buy food for the week and miss your medication for a week than not eat for a week and have meds;”
- Other reasons included: The routine/frequency of taking medications everyday is a detriment- I want to ‘feel normal’ like I did before I became ill;” Patients are scared about the potential life threatening side effects and want more information about the medication and what to look for (when they should worry). Other barriers included the size and taste of the pill, and if it was easy to swallow. Another participant noted that after using the pill for a long time, they feel like the medication has lost its effect and no longer works as it had in the past.

Would you be interested in getting more information about Mental Health services in your area?

Participants answered yes, with the following suggestions –

- Having a Mental Health Awareness Day at a Convention center
- At a fair
- At a support group for families or a support group for yourself
- At after-care programs
- Mental Health agencies- PHP/IOPs
- Free Community Programs
- Section in a local newspaper
How would you like to receive that information?

Participants answered:

- TV commercials - not just about medications or programs available but about what mental illness really is without the stigma of it
- in person
- Disease-specific support groups
- mail
- Bulletin Boards (Coffee shops, laundry mats, food pantries)
- Phone
- Websites/Online
- Email
- Mail
- Pharmacy
- Doctor’s Office
- Food stores
- Welfare buildings
- Libraries

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

Participants answered:

- coffee shops
- Double Trouble meetings/support groups/self-help groups/partial care program centers
- grocery stores
- Mental health awareness walk/day/activities in your town
- schools (to educate parents who have children with a mental illness and to children whose parents have a mental illness)
- Libraries
- Church
- Business exhibitions
- AA/NA
- Flea Markets/Thrift stores
- Yoga/Meditation Centers/Gyms/YMCAs
- Book stores
- Malls
- Food banks
East Mountain Hospital Case Management Survey – Recommendations for Mental Health Education/Information

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

While Cape May and Camden Counties were identified as in need of resources most, EMH Case Management Recommendations for all counties included:

- 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. Oftentimes, seniors can be very instrumental in advocating for services and funding.
- Reach out to the municipalities to bring awareness of mental illness to the court system
- 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?

EMH Case Management comments: All three delivery systems would be helpful – perhaps videos and handouts followed by in-person so that they can then review and address any concerns/questions they had about the information. These should go hand in hand. Also, maybe a quick you-tube video that agencies and organizations have access to so they can find out more information about available services or mental health education.
**Summary of Middlesex Mental Health Needs:**

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

- Lack of trained medical staff and health care providers in areas such as cultural competency, mental health, substance abuse, domestic violence and developmental disabilities.

- Mental Health educational programs and awareness campaigns on a variety of topics for both patients and providers, as well as comprehensive mental health services that were not all concentrated in the New Brunswick area.

- Community stakeholders suggested new delivery modes for these programs, including while waiting in line for social services, trainings and education conducted in churches, senior centers and health fairs. Many focus group participants wanted educational programs to be conducted locally, and at various times, including weekends and evenings.

- **Training programs requested by stakeholders include:** training programs to assist health care providers because stakeholders believe that many providers are unable to properly diagnose and refer for mental health issues. These trainings would also help providers learn how to work with community resource providers. One health care provider believed that health literacy training would be beneficial to both patients and providers, as there is often a breakdown in communication and understanding when using clinical terms.

- Mental health care is widely considered to be the most difficult services to access for the uninsured.

- The largest unmet mental health need is for the Spanish-speaking population: “There are virtually no services for Spanish-speaking, no insurance, low income patients for mild mental health issues such as depression, anxiety, etc.” This is considered by many community stakeholders to be a “huge need” that has an impact on the health of families. There is a scarcity of bilingual therapists, clinicians and medical and support staff in health care facilities. Cultural beliefs and norms can also impact a person’s choice to seek or receive health care.

- **Other needs include:** Supported housing, transportation, crisis respite/hospital diversionary alternatives, greater access to outpatient appointments, more focus on trauma-informed care, supports in place to assist individuals and families during and post disasters.
Note: Because of its scope of expertise and resources, East Mountain Hospital is unable to address county-specific issues concerning transportation, housing and outpatient care. Following are the top Mental Health priorities of Middlesex County and the strategies implemented by East Mountain Hospital to address these needs.

Implementation Strategy for Middlesex County

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

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

**Mental Health Need Priority #1:**
Lack of trained medical staff and health care providers in mental health. Mental Health educational programs and awareness campaigns are needed on a variety of topics for providers.

**Objective 1.1:** By June 2016, provide two mental health/wellness educational programs to health care providers/professional organizations per year in Middlesex County.

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

**Sample topics can include:** Mental Illness (identification, disease specific, resources); general mental health and wellness (including: coping skills, stress and anxiety management); Suicide Awareness, Psychiatric Medications Education, etc.
Mental Health Need Priority #2: Mental Health educational programs and awareness campaigns on a variety of topics for patients/community members, including programs and materials for the Spanish-speaking population.

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

Strategy:

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

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

Objective 3.1: By June 2016, develop 10 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Middlesex County.

Strategies:

- East Mountain Hospital will produce 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, Identifying when someone needs mental health services, psychiatric medications education, Suicide awareness, decreasing stigma, general mental health and wellness activities, Resources for Applying for Medicaid/Medicare, What families can do and Accessing Care in Middlesex County.

- EMH will work with the Mental Health Administrator of Middlesex County and distribute Middlesex County-specific DVDs/printed information for distribution at screening centers, the community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.)
Objective 3.2: By June 2016, develop a comprehensive Middlesex-County resource page on East Mountain Hospital’s website, which can be used by professional and community members.

Strategies:

- Videos and handouts, once completed, will be posted on www.EastMountainHospital.com; and be available to anyone who would like to download or view them, free of charge.

Summary of Somerset Mental Health Needs:

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

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

Note: Because of its scope of expertise and resources, East Mountain Hospital is unable to address county-specific issues concerning transportation, case management and outpatient care.
Implementation Strategy for Somerset County

Somerset has a need for mental health education, information and resources to be delivered in both English and Spanish languages, in a variety of different formats. Over the next three years, EMH plans to address these needs as follows:

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

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

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

Objective 1: By June 2016, provide two mental health/wellness educational programs to health care providers/ professional organizations per year in Somerset County.

Strategy:

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

  **Sample topics can include:** Mental Illness (identification, disease specific, resources); general mental health and wellness (including: coping skills, stress and anxiety management); Suicide Awareness, Psychiatric Medications Education, etc.
Objective 1.2: By June 2016, provide two mental health/wellness educational programs to the community-at-large in Somerset County.

Strategy:

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

Objective 1.3: By June 2016, develop 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, for distribution throughout Somerset County.

Strategies:

- East Mountain Hospital will produce 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, Identifying when someone needs mental health services, psychiatric medications education, Suicide awareness, self-injurious behaviors, Social Media concerns, decreasing stigma, general mental health and wellness activities, Resources for Applying for Medicaid/Medicare, What families can do and Accessing Care in Somerset County.

- EMH will work with the Mental Health Administrator of Somerset County and distribute Somerset County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.)

Objective 1.4: By June 2016, develop a comprehensive Somerset-County resource page on East Mountain Hospital’s website, which can be used by professional and community members.

Strategies:

- Videos and handouts, once completed, will be posted on www.EastMountainHospital.com; and be available to anyone who would like to download or view them, free of charge.

Cape May County

Summary of Cape May Mental Health Needs:

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

- Affordable and accessible mental health services
- Those with behavioral health issues are historically less likely to seek treatment than those with other forms of illness (traditional physical illness).
- The insurance barrier (between 18,000-20,000 residents without insurance)
- The issue of the stigma is an additional barrier to treatment for those with behavioral health issues.
- There is a need to reduce the behavioral health stigma perceived by the community and providers through education.
Implementation Strategy for Cape May County

For Cape May County, the following Goal and Objectives were identified:

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

**Mental Health Need Priority #1:** There is a need to reduce the behavioral health stigma perceived by providers through education.

**Objective 1.1:** By June 2016, provide one mental health/wellness educational program to health care providers/professional organizations per year in Cape May County.

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

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

**Mental Health Need Priority #2:** Those with behavioral health issues are historically less likely to seek treatment than those with other forms of illness (traditional physical illness). There is a need to reduce the behavioral health stigma perceived by the community through education.

**Objective 2.1:** By June 2016, provide one mental health/wellness educational program per year to the community-at-large in Cape May County.
Strategy:

- Working with community partners, EMH will offer one community-focused program in Cape May County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered.

Objective 2.2: By June 2016, develop 10 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Cape May County.

Strategies:

- East Mountain Hospital will produce 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, Identifying when someone needs mental health services, psychiatric medications education, Suicide awareness, decreasing stigma, general mental health and wellness activities, Resources for Applying for Medicaid/Medicare, What families can do and Accessing Care in Cape May County.

- EMH will work with the Mental Health Administrator of Cape May County and distribute Cape May County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.)

Mental Health Need Priority #3: There is a need for affordable and accessible mental health services, for those with or without insurance.

Objective 3.1: By June 2016, develop a comprehensive Cape May County resource page on East Mountain Hospital’s website, which can be used by professional and community members.

Strategies:

- Videos and handouts, once completed, will be posted on www.EastMountainHospital.com; and be available to anyone who would like to download or view them, free of charge.

- East Mountain Hospital will build and maintain a Cape May county-specific Mental Health Resources Guide, including how to apply for Medicare/Medicaid and other low cost services, on its website: www.EastMountainHospital.com.
Summary of Ocean Mental Health Needs:

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

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

Note: Because of its scope of expertise and resources, East Mountain Hospital is unable to address county-specific issues concerning transportation, capacity issues and outpatient care.
Implementation Strategy for Ocean County

For Ocean County, the following Goal and Objectives were identified:

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

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

**Objective 1.1**: By June 2016, provide one mental health/wellness educational program to healthcare providers per year in Ocean County.

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

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

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

**Strategy:**
- Working with community partners, EMH will offer one community-focused program in Ocean County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered.
Objective 1.3: By June 2016, develop 10 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Ocean County.

Strategies:

- East Mountain Hospital will produce 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, Identifying when someone needs mental health services, psychiatric medications education, Suicide awareness, decreasing stigma, general mental health and wellness activities, Resources for Applying for Medicaid/Medicare, What families can do and Accessing Care in Ocean County.

- EMH will work with the Mental Health Administrator of Ocean County and distribute Ocean County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.)

Objective 1.4: By June 2016, develop a comprehensive Ocean County resource page on East Mountain Hospital’s website, which can be used by professional and community members.

Strategies:

- Videos and handouts, once completed, will be posted on www.EastMountainHospital.com; and be available to anyone who would like to download or view them, free of charge.

Camden County

Summary of Camden Mental Health Needs:

Those seeking MH services: According to the NJHA Behavioral Health Volume Report (Trending 2007-2011), there was an **68% increase of Behavioral Health Patients seen in the Emergency Department** from 2007 to 2011, for the ages of 22-55+.

Mental Health Goals for Camden County:

- Improve mental health and ensure access to appropriate quality mental health services.

- In Camden County’s 2005 BRFSS Report, roughly 9% of Camden County survey respondents reported 15 or more days in the past month when their mental health was ‘not good.’ Additionally, 10% of the BRFSS Report respondents reported that they had felt “sad, blue or depressed” between 15-30 days during the past month.

- MAPP Coalition members also commented on what appears to be an increase in aggression and poor social skills, which is reflected in behaviors such as road rage and rage based on relatively minor provocations. MAPP participants noted that community residents are leading increasingly busy lives, which can increase stress and anxiety.

- Given current world trends and events, ensuring that emergency preparedness efforts include consideration of mental health issues and involvement from mental health consumers and professionals also is important, as those with mental illness can be severely affected by traumatic events, and find it hard to receive treatment during and after a disaster.

- **Other needs identified:** ensuring coordination between substance abuse and mental health service providers; improving mental health services and education/outreach for adolescents and young children; and enriched Jail diversion, screening and crisis intervention programs available in Camden County.

Note: Because of its scope of expertise and resources, East Mountain Hospital is unable to address issues concerning child education/outreach, capacity issues, jail diversion programs and outpatient care.
Implementation Strategy for Camden County

For Camden County, the following Goal and Objectives were identified:

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

**Mental Health Need Priority #1:** Ensuring that emergency preparedness efforts include consideration of mental health issues and involvement from mental health professionals is important during and after a traumatic event.

**Objective 1:** By June 2016, provide one mental health/wellness educational program to healthcare providers per year in Camden County.

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

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

- **Mental Health Need Priority #2:** Ten percent of the 2005 BRFSS Report respondents reported that they had felt “sad, blue or depressed” between 15-30 days during the past month. MAPP Coalition members also commented on what appears to be an increase in aggression and poor social skills, which is reflected in behaviors such as road rage and rage based on relatively minor provocations. MAPP participants noted that community residents are leading increasingly busy lives, which can increase stress and anxiety.
Objective 2.1: By June 2016, provide one mental health/wellness educational program to the community-at-large in Camden County.

Strategy:

- Working with community partners, EMH will offer one community-focused program in Camden County per calendar year. These programs will be held in public libraries, community centers or other open community venues. Bilingual presentations will be offered.

Objective 2.2: By June 2016, develop 10 mental health and wellness videos/and or informational literature materials, in both English and Spanish, for distribution throughout Camden County.

Strategies:

- East Mountain Hospital will produce 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, Identifying when someone needs mental health services, psychiatric medications education, Grief/Loss/Trauma, Suicide awareness, decreasing stigma, general mental health and wellness activities, Resources for Applying for Medicaid/Medicare, What families can do and Accessing Care in Camden County.

- EMH will work with the Mental Health Administrator of Camden County and distribute Camden County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.)

Mental Health Need Priority #3: Improve mental health access to appropriate quality mental health services.

Objective 3.1: By June 2016, develop a comprehensive Camden County resource page on East Mountain Hospital’s website, which can be used by professional and community members.

Strategies:

- Videos and handouts, once completed, will be posted on [www.EastMountainHospital.com](http://www.EastMountainHospital.com); and be available to anyone who would like to download or view them, free of charge.

- East Mountain Hospital will build and maintain a Camden county-specific Mental Health Resources Guide on its website, [www.EastMountainHospital.com](http://www.EastMountainHospital.com).
Summary of Mercer Mental Health Needs:

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

- **Treatment that heals trauma.** Treatment now focuses on behavior management of symptoms, and not actually treating the trauma. Consumers want/need to be helped to not be triggered in the first place. Coping mechanisms are good, but it would be better to not have to use them.

- **Stigma.** Providers respond to the illness, not the person. Consumers feel that providers view them as their diagnosis and not as if they are a real person with individual issues, needs, etc.

- **Increased psychiatric time and options for outpatient sessions, particularly for individual sessions.** Consumers want increased accessibility and availability of psychiatrists. They would like to have a choice so if there is an issue with one in an agency, they could choose a different psychiatrist.

- **Other needs include:** Transportation to programs, **limited options for aftercare programs, limited capacity at outpatient programs, limited Medicare programs, very few IOP/PHP programs and Outpatient Medicare Psychiatrists and therapists, housing and employment options for consumers.**

**Note:** Because of its scope of expertise and resources, East Mountain Hospital is unable to address issues concerning outpatient care, transportation, housing, and employment.
Implementation Strategy for Mercer County

For Mercer County, the following Goal and Objectives were identified:

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

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

**Objective 1.1:** By June 2016, provide two mental health/wellness educational programs to healthcare providers per year in Mercer County.

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

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

**Objective 1.2:** By June 2016, develop a comprehensive Mercer County resource page on East Mountain Hospital’s website, which can be used by professional and community members.

**Strategies:**
- Videos and handouts, once completed, will be posted on www.EastMountainHospital.com; and be available to anyone who would like to download or view them, free of charge.
Mental Health Need Priority #2: Provide training for consumers on mental health and general wellness strategies.

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

Strategy:

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

Objective 2.2: By June 2016, develop 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, for distribution throughout Mercer County.

Strategies:

- East Mountain Hospital will produce 10 mental health and wellness videos and/or informational literature materials, in both English and Spanish, on topics such as: Explaining what mental illness is and why it is important to seek help, Identifying when someone needs mental health services, psychiatric medications education, Suicide awareness, decreasing stigma, grief/loss/trauma considerations, general mental health and wellness activities, Resources for Applying for Medicaid/Medicare, What families can do and Accessing Care in Mercer County.

- EMH will work with the Mental Health Administrator of Mercer County and distribute Mercer County-specific DVDs/printed information for distribution at the screening center, community mental health center, NAMI affiliate and other community gathering places (faith-based, school and library systems, information centers, senior centers, food banks, day care centers, etc.)
East Mountain Hospital

Accessing the Community Health Needs Assessment & Implementation Strategy

This Implementation Strategy, as adopted by the East Mountain Hospital Board of Trustees on June 19, 2013, can be accessed online at www.EastMountainHospital.com

The Community Health Needs Assessment, as adopted by the East Mountain Hospital Board of Trustees on June 19, 2013, can be accessed online at www.EastMountainHospital.com

To receive a hard copy of East Mountain Hospital’s Community Health Needs Assessment or the Implementation Strategy, please write to:

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