



NORTHERN NJ
MAT CENTER OF EXCELLENCE
Coe@njms.rutgers.edu

RUTGERS
New Jersey Medical School



SOUTHERN NJ
MAT CENTER OF EXCELLENCE
Southernnjcoe@rowan.edu

Cooper
University Health Care
RowanMedicine



Camden Coalition
of Healthcare Providers

Camden Coalition and New Jersey Medication-Assisted Treatment Centers of Excellence Community Asset Mapping Worksheet

Reviewed By: The New Jersey Medication-Assisted Treatment Centers of Excellence

Developed By: The Camden Coalition of Healthcare Providers

Clinic / Health System Based Community Asset Mapping

Areas patients with complex health and social needs often look for support (i.e. Care Planning Domains)	Does someone at our clinic/system/team assist patients with this need? <i>(check yes or no)</i> If so, who provides this assistance? <i>(Provide individual's name)</i>	Could the clinic/system use more support in helping patients who identify this as a need?	What system or community resources are available to assist individuals with this need?
Education and Employment: Individual desires having spending money, access to educational services, and/or to work at a job he/she likes.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication and Equipment Support: Individual seeks medication that works and/or to have equipment that helps to manage conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Assistance: Individual wants support to stay out of jail, get help with a legal issue he/she is facing, and/or get a lawyer.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health Support: Individual wants to feel better	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

<p>about him/herself, have more energy or motivation, and/or have fun and not worry all the time.</p>	<p style="text-align: center;"><input type="checkbox"/> No</p> <p>Name:</p>	<p style="text-align: center;"><input type="checkbox"/> No</p>	
<p>Transportation Support: Individual needs a way to attend medical appointments, and/or does not want to rely on others to get places.</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Housing Support: Individual seeks a safe place to live, to make improvements where he/she lives, and/or to find housing he/she qualifies for.</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Provider Relationships: Individual wants to feel at ease in health care providers' offices and/or feel comfortable telling provider when he/she does not understand something.</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Health Management: Individual desires resources to learn about disease states (COPD, diabetes, etc.), how to better control pain,</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>know more about managing health on a day to day basis, and/or how to be physically fit.</p>	<p>Name:</p>		
<p>Benefits and Entitlements: Individual wants to apply for assistance, health insurance, and/or figure out how to qualify for additional income.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Advocacy and Activism: Individual wants to get involved with/organizing a local interest group, letting others know about issues taking place in the community, and/or uses his/her own story to raise awareness.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Identification Support: Individual desires getting a photo ID, a driver's license, a social security card, a birth certificate, and/or proof of income.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Family, Peer, Personal Support: Individual wants to socialize with friends and family, find a good friend, feel like his/her life matters to someone else.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Addiction Assessment and Connection: Individual desires access to resources to learn how alcohol or a drug affects his/her chronic condition, and/or to find a connection to someone to speak about alcohol or drug use.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food and Nutrition: Individual wants access to healthy food, eat better, and/or learn how to cook healthy food.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reproductive Health: Individual wants access to birth control, to connect with OBGYN, and someone to speak about family planning.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	