



**New Jersey Department of Human Services
Division of Mental Health Services**

**Quarterly Newsletter
June 2006**

Dear Mental Health Community,

On February 10, 2006, the Division of Mental Health Services released a Wellness and Recovery Transformation Statement guiding the direction for future activities of New Jersey's mental health system. As indicated in the Wellness and Recovery Transformation Statement, a plan to include broad stakeholder participation in shaping our system as it moves forward is critical. This quarterly e-newsletter is dedicated to outlining the Division's three phase plan for stakeholder participation. On behalf of the Division, we look forward to partnering with you in this exciting endeavor!

Sincerely,

Kevin Martone
Assistant Commissioner

**NJ Division of Mental Health Services
Stakeholder Participation Plan**

Phase I: Organizational Process

Phase I has already begun. An internal Wellness & Recovery Workgroup, consisting of representatives of the leadership of the Division of Mental

Health Services, has been meeting on a continuous basis since December, 2005 to begin the Transformation Process. The Wellness and Recovery Transformation Statement issued by DMHS on February 10, 2006 was a direct result of the efforts of this Workgroup. The Workgroup has been active in researching and examining the Transformation Process both nationally and what it means to New Jersey, as well as to map out a planning and implementation process.

We know that stakeholder participation and involvement is the foundation of a wellness and recovery-oriented system, and we are excited to actively engage our stakeholders in the transformation process. On May 15th, I convened a day-long session with the Division's Executive Management and state psychiatric hospital leadership. The goals of the retreat were to strengthen our organizational commitment to a wellness and recovery model as well as to review organizational structures and systems to ensure that they support the Transformation as we move forward. I am pleased to say that the day was full of energy, enthusiasm and resolve.

DMHS has also been actively moving forward with the implementation of



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former Governor Codey's Executive "to continue to move from an institutional system of care to a community system of care based upon the principles of wellness and recovery." As the Executive Order mandates, we have commenced with the immediate review of all existing regulations beginning with partial care programs to ensure greater alignment with wellness and recovery principles and practices. We have also resumed meaningful dialogues with Medicaid to allow greater flexibility in reimbursement for community-based services. We are also very proud to report that we have implemented all of the Fiscal Year 2006 funding recommended by the Governor's Task Force on Mental Health.

Phase II: Planning Process

The internal Wellness and Recovery Workgroup has now become the Wellness & Recovery Implementation Committee, comprised of key DMHS staff charged with implementing a statewide move to recovery-oriented services, based upon, among other things, broad stakeholder participation. While the Implementation Committee will follow a similar process as the Task Force on Mental Health, it distinguishes itself by utilizing stakeholder participation to assist DMHS with research supported, actionable implementation steps. In fact, this

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Order #78, which calls for New Jersey transformation process is not intended to duplicate the work of the Task Force, but to build upon the Task Force report's call for recovery-oriented services and to simultaneously implement its numerous recommendations.

Beginning in June, subcommittees, chaired by DMHS staff, will be established to provide recommendations that will serve as the basis for the Transformation Implementation Plan. The subcommittees will be reflective of New Jersey's cultural diversity and comprised of key stakeholders including consumers, families, community providers, state and county hospital staff, and other parties with specific expertise in a particular focus area.

Each subcommittee will focus upon a critical aspect of our system such as, Consumer Outcomes, Workforce Development, Contracting and Funding, Regulatory Issues, and Systems Coordination. The State Mental Health Planning Council will serve as an advisory committee to the Implementation Committee on multiple levels, representing community input and providing guidance on the President's New Freedom Initiatives. Periodically, the Implementation Committee will turn to already established committees and constituency groups in the mental health community to address other specific issues.



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It is anticipated that the subcommittees will begin meeting at least monthly in July, 2006 and will be task-oriented and time-limited. The Implementation Committee will identify subcommittee members from both the community and state hospitals over the next few weeks. For reference, attached are a Stakeholder Participation Plan organizational structure and a brief overview of each subcommittee's scope of work.

As the planning process occurs, DMHS will sponsor Recovery Dialogues, focus groups, and Regional Forums this Fall to elicit feedback from broad representation about how our system can better serve its constituents within a wellness and recovery framework. I am also planning for DMHS to embark upon an expansive outreach campaign to gain insight from those persons whose voices we do not ordinarily hear from.

The research on other states' transformation activities consistently indicates that the planning phase takes approximately twelve months to complete and requires a comprehensive evaluation process. By year end, I expect that the subcommittees will each have completed their work and will have submitted their recommendations to the Wellness and Recovery Implementation Committee. The Implementation Committee will review and analyze all of the information provided by the

Stakeholder subcommittees and will compile their work in to final action steps, the Transformation Implementation Plan for New Jersey, by March 1, 2007. While this plan will set out an agenda for the next three to five years, the Division will actively implement many of the exciting changes spurred by the Task Force on Mental Health, and continue to create recovery opportunities.

Phase III: Implementation:

Once the Transformation Implementation Plan is written, Phase III begins to implement the action plan. Along with the implementation, Phase III will include an evaluation component of the transformation to assess the system's progress.

If you are interested in participating in one of these subcommittees or want to recommend someone, please send an email to dmhsmail@dhs.state.nj.us. The Implementation Committee will make every effort to select broad representation for each of these subcommittees. In addition, comments and suggestions on this transformation can also be sent to this email address.



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Committee Overview

Wellness & Recovery Implementation Committee: Membership comprised of the Assistant Commissioner for DMHS and members of the DHMS Executive Staff. Implementation Committee Co-chairs: Margaret Molnar and Patti Holland

Subcommittees:

Consumer Input and Outcomes: This committee will examine and recommend specific outcomes of a transformed mental health system specific to consumers, as identified primarily by consumers and families.

Contracting/Funding: This committee will examine and make recommendations in the area of how the Division of Mental Health Services contracts with provider agencies and funds services that support and promote a system based on principles and practices of wellness and recovery.

Outcomes Measurement: This committee will examine and make recommendations on how the Division of Mental Health Services will evaluate both its transformation efforts, as well as the services for which it provides funding.

Regulatory Issues: This committee will examine the current needs for rules amendments and new rules mandated by the Legislature or needed to further the transformation to a recovery-oriented system of care, and will make recommendations on relevant legislative issues, coordination with other departments' regulatory schemes, and agency interpretations and practices

Systems Coordination: This committee will examine and make recommendations on inter-and intra agency coordination to promote seamless transitions, collaboration and the wellness and recovery of consumers served by multiple state agencies and systems.



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Workforce Development: This committee will examine and make recommendations that will ensure a state and community based workforce trained in the knowledge, skills and attitudes necessary for a mental health system based on principles and practices of wellness and recovery.

Evidence-Based Practices: This committee will examine and make recommendations on those evidence-based and promising practices that promote consumer wellness and recovery to ensure that the mental health systems implements and funds those services best able to support attainment of key consumer and mental health system outcomes.

Subcommittee Activities

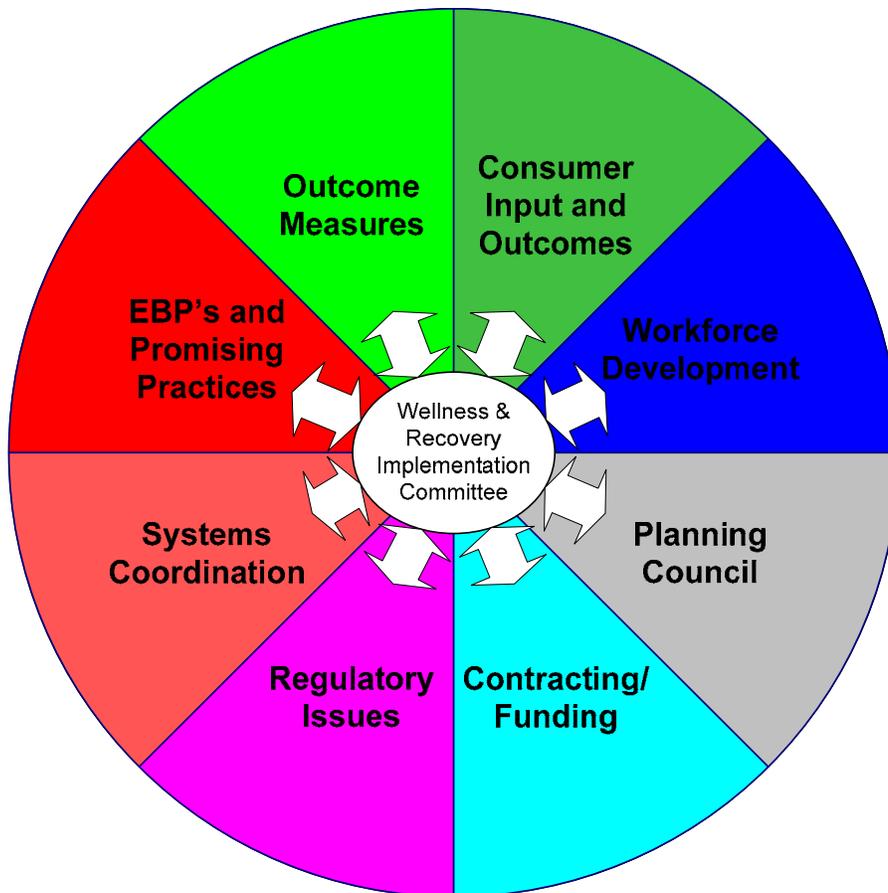
- Each Subcommittee membership will be made up of subject area experts, and represent consumers, family members, providers, state and local government staff.
- Their primary purpose will be to serve as advisors to the state's effort to transform NJ's Mental Health System to one based on principles and practices of Wellness and Recovery.
- They will be charged with reviewing current processes and structures within their subcommittee's content area and develop specific recommendations, strategies and alternatives to the Wellness and Recovery (W&R) Implementation Committee.
- They will operate according to guidelines developed by the W&R Implementation Committee.
- Their work will commence in July of 2006 and is expected to be completed by the end of December 2006.
- Based on the work of the subcommittees, the W&R Implementation Committee will develop a 3-5 year implementation plan that includes specific outcomes related to a Mental Health system based on principles and Practices of Wellness and Recovery.
- Included in the implementation plan will be a number of actionable initiatives to be implemented that will accomplish the outcomes set forth by the W&R Implementation Committee.



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**NJ Division of Mental Health Services
Wellness and Recovery System Transformation
Stakeholder Participation Committees**



Wellness & Recovery Stakeholder Participation Plan
June 2006