North Jersey Health Collaborative health matters

Workgroup Meeting Update

County: Sussex

Workgroup: Mental Health

Meeting Date:

3/29/17

Use this form at every workgroup meeting (in-person/by phone). Send a completed copy via email to catherine.connelly@nihealthmatters.org. This form will be used to update our engagement scorecard/action tracker, CHIP strategies and website.

Name (Last)	Name (First)	Organization:	Email Address:	Attended (x)
Armstrong	Cindy	Sussex County Director of Mental Health	carmstrong@sussex.nj.us	✓.
Helt	Rachel	Family Partners of Morris & Sussex	rhelt@familypartnersms.org	1
Doherty	Jer/fi	NAMI	nami.sussex@yahoo.org	~
Beadle	Rhona	Ginnies House of CAC	rhona@ginnieshouse.org	
Cherney	Roger	Newton Medical Center	roger.cherney@atlantichealth.org	
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Lozaw	Cherie	Family Partners of Morris & Sussex	clozaw@familypartnersms.org	
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Richter	Laura '	Project Self Sufficiency	Irichter@projectselfsufficiency.org	
- Miller	Barbara	SCDHS	.bmillor@oussex.nj.us	1
Vaco-Bullaro	Ingrid	Family Intervention Services	Ivaca-bullaro@fisnj.org	
White	Barbara	NJ Self-Help Group Clearinghouse	bwhite@mha.nj.org	
Melanie	Wawrzyniak	Project Self Sufficiency		
Lopez	Anne.	Mental HHh Assoc in NJ	a lopez omhanions	~
GLYNN	ANNIE	NAMI SUSSEX	ANNIE GLYNNE HOTMALL COL	1 ~

Strategies Cheat Sheet

1) Increase awareness of non-professional, peer-driven mental health support resources.

• # resources/services reviewed or contacted .

• # of workgroup hours spent assessing current systems (if applicable) 1 \ +

• # of new leverage points identified to improve access/capacity/2, systems (previously unknown to workgroup)

of number of new resources identified and newly added?
(resource guide strategies only)

• #/% of identified leverage points acted upon (may even generate new strategies)]

• #/% number of resources maintained in database (resource guide strategies only)

2) Normalize the existence of mental health issues with community members in order to facilitate access to (and referral to) mental health services before a condition becomes acute.

• # of leverage points identified

• % of leverage points in target geographies/populations OR % of geography covered by identified leverage points OR % of months in which leverage points are acted upon (e.g., months campaign is active)

 Average % of organizations participating per leverage point (for education campaigns/advocacy opportunities)

of actions taken in addressing leverage points

• # of laws/policies/proclamations/environmental changes adopted

3) Train first responders (e.g EMS, Police, etc.) in mental health awareness and surrounding resources.

• # of individuals educated

% satisfied with process

%/# of professionals who gained knowledge from training*

• %/# self-reported behavior change

*measured by pre/post-test on content area, if one is available

4) Explore and monitor the upcoming State fee-for-service changes with mental health and psychiatric services in Sussex County to better understand the challenges in accessing mental health care.

• # of stakeholders engaged

• # of opportunities for stakeholder engagement

• % of ideas that provide new information (previously unknown to workgroup)

• #/% ideas that generate new strategies OR # of new strategies developed

General Meeting Notes:

What is new since last meeting? Organize in a way that works for you. Write or type below:

O continued to work on Stigma campaign and resolution for Freeholders to Sign

2) disussed using Change Directions national Stigma project.

Note: Performance measures reported at quarterly County meetings. To edit or add a strategy, e-mail data@njhealthmatters.org