

MHT SIG
Sub-Working Group
Recommendations
for
Comprehensive Mental
Health Plan

January 22, 2008

Sub-Working Group #1

Promoting & Understanding Mental Health

1. Reduce stigma of mental illness
 - Media/public education campaigns target all age and cultural/ethnic groups
 - Strategies to impact systems, schools, workplace, faith-based, and judiciary
 - Ensure “Healthy Hawai`i” incorporates mental wellness

Sub-Working Group #1

Promoting & Understanding Mental Health

2. Reduce the rate of suicide and suicide attempts

- Increase promising interventions and/or trainings:
 - Applied Suicide Intervention Skills Training (ASIST); Safe Talk; Open Minds (support groups for college students with mental illness); High School Teen Screen and Peer Programs; Survivor support groups (i.e. Helping Hands Hawaii)
- Promote ACCESS Line (i.e. statewide toll free number)
- Increase number of psychologists and trainings in mental illness identification and response in Police Departments
- Survey for ideation, attempts and suicides to establish prevalence baseline of the general population

Sub-Working Group #1

Promoting & Understanding Mental Health

3. Equalize and integrate physical/mental health care

- Regular health checkups include mental and physical assessments
- Increase awareness among Primary Care Providers and General Public of correlation between poor physical health and mental illness
- Equalize reimbursement rates of Medicaid and Medicare for physical and mental health care that includes anxiety and eating disorders
- “Mental Wellness” checkups for employees through incentivized programs
- “One-stop shops” for physical and mental health, especially elders
- Alternative therapies including psychiatric service animals
- Survey AMHD clients re: physical health condition and most recent physical checkup to ascertain morbidity levels and level of care

Sub-Working Group #2

Consumers & Families as Drivers

1. Bill of Rights passed through legislation mandates policies within all mental health service systems are consumer and family driven with funding to support implementation of these policies
 - Consumers and families receive:
 - Equal and informed representation in policy-making and decision making in development and implementation of services
 - Individualized system of care, consumer/family centered and culturally sensitive, determining types and mix of services provided within least restrictive, most natural environment appropriate to individual needs

Sub-Working Group #2

Consumers & Families as Drivers

1. Bill of Rights , continued

- Providers are trained to execute these policies
- Consumers/families are educated about rights with information written and explained in easily understood language
- Consumers/families have accessible legal services at little or no cost
- Independent consumer advocates support Consumers/families at all MH facilities and Treatment or recovery plans are portable
- Consumers/families are informed and have access to trainings statewide and with financial support as necessary
- Town meetings are held to discuss current issues and promote training/ participation and advocacy
- Data shows family/consumer involvement across systems being met

Sub-Working Group #2

Consumers & Families as Drivers

2. Provide mental health services with aloha

- Employ “greeters” at offices that provide mental health services
- Orient consumers/family members to services provided by all staff
- Consumer/family quality improvement teams meet with selected staff to assure quality care and customer satisfaction
- Suggestion Boxes at Mental Health Centers
- Courtesy and etiquette Training for all staff
- Staff training in resiliency/recovery model for children, youth and adults
- Mandate funded training by families and consumers on rights, procedures, service options, advocacy, culture and demographic diversity (protocols, responsiveness and sensitivity) for professionals
- Agencies and professions training with a focus on common language

Sub-Working Group #2

Consumers & Families as Drivers

3. Provide more options for care, including alternative and indigenous practices

- Appropriate services for special populations, so that all feel welcomed at providers' offices
- Options for cultural healing practices, develop cultural protocols

Sub-Working Group #2

Consumers & Families as Drivers

4) Rapid response, trauma informed system of mental health and wellness care

- Crisis-trained, Trauma-informed Peer Specialists in Emergency Rooms
- 24-hour crisis stabilization drop-in centers for rural/neighbor islands areas
- Police, Public Safety and Emergency personnel trained in mental health conditions and in crisis stabilization skills (i.e. non-restraining methods)
- Eliminate Restraint and Seclusion in inpatient and residential facilities
- Fund “Friendly Spaces in Natural Places,” pilots in churches, temples, homeless beach parks staffed by people trained in wellness and non-traditional therapy supports (i.e. mental, physical, dental, spiritual health, music, art and animal therapy)
- Establish on-line registry of advanced directive advanced crisis plans and/or individual “Wellness Recovery Plans” (WRAP)

Sub-Working Group #3

Early Intervention

1. Improve Services for Young children and Families (prenatal-school-age)
 - Develop institute that provides training and certification for providers
 - Evaluate and possibly expand “Baby Safe” program
 - Utilize Task Force on 0-5 recommendations
 - Form alliances between Infant and Early Childhood Mental Health Groups
 - Increase dedicated funding

Sub-Working Group #3

Early Intervention

2. Build Community Resources for Early Intervention across the lifespan

- School campuses used as community centers after school hours
- Increase prevention activities/programs
- Develop “one stop” shop practice settings to treat families, children, parents, caregivers

Sub-Working Group #3

Early Intervention

3. Increase system integration

- Utilize pooled funding mechanisms for high need clients
- Promote Interagency groups (e.g. Communities of Practice, Maui “Meeting of the Minds”, Communities of Practice-SBBH)
- Interdisciplinary training of “Gate-Keepers” (Hospital Staff, Primary Care Providers, Employers, Public Health Nursing, Judicial, holistic providers) focus on high need areas such as Substance Abuse and impact of Trauma on Health

Sub-Working Group #3

Early Intervention

4. Screen for mental disorders in primary health care across the lifespan and connect to treatment and supports
 - Require Mental Health Training for Continuing Education of medical professionals
 - Employ System “Navigators” to assist professionals and families across community mental health resources
 - Increase Integrative Models to provide mental health care in primary care settings (i.e. Hamakua Clinic-Hawaii)

Sub-Working Group #4

Accelerating & Expanding Services

1. Accelerate research to provide access to interventions that work
 - Authorized entity to coordinate and conduct research to address priority needs
 - Prioritized research agenda driven by System of Care—planned approach to developing and implementing research to improve system and client outcomes
 - Recognize/value indigenous practices through research inquiry

Sub-Working Group #4

Accelerating & Expanding Services

1. Accelerate research to provide access to interventions that work, continued
 - Communicate recommendations/findings about culturally-based/locally valued services and approaches to implementers
 - Increase funded research on culturally relevant services/outcomes
 - Identify/disseminate current best practices and knowledge in service integration and delivery to providers
 - Conduct service evaluation to determine impact of interventions/ performance measures and outcome measures

Sub-Working Group #4

Accelerating & Expanding Services

2. Accountable evaluation of effectiveness and quality of services

- Entity to collect and evaluate data to make ongoing recommendations to improve quality of services in Hawai`i
- Disseminate quality indicators and measure success
- Establish evidence-based quality management practices for public/private systems that are culturally sensitive
- Create ongoing system for input from public, consumers, and providers

Sub-Working Group #4

Accelerating & Expanding Services

2. Accountable evaluation of effectiveness and quality of services, continued
 - Establish widely accepted outcome indicators as measures of effective, high quality Mental Health services delivered
 - Make decisions based on outcomes to manage and/or modify practices
 - Increase public's involvement as members in evaluation/quality management and involve families in monitoring process

Sub-Working Group #4

Accelerating & Expanding Services

3. Implement evidence-based/quality services through a best practice approach
 - Increase local knowledge based on implementation sciences
 - Establish sustainable infrastructure (e.g. Mental Health governing body) to oversee implementation of evidence-based services and best practices
 - Require state agencies who contract/provide Mental Health services incorporate effective implementation models

Sub-Working Group #4

Accelerating & Expanding Services

4. Leadership and authority to advance research and expansion of quality services
 - Establish authorized entity to provide leadership and coordination of research agenda, provide oversight of quality standards, and direct collaboration and policy to guide implementation of research-based quality services
 - Promote new and formalize existing partnerships that include all stakeholders towards unified research agenda
 - Develop coordinated funding approaches for current and new funding towards sustainable research and research-based services
 - Change or make new statutes that promote acceleration of research and expansion of quality services

Sub-Working Group #5

High Tech & Local Touch

1. Changes to State privacy and confidentiality Laws and Administrative Rules
 - Assess impact of current state law and administrative roles on information sharing
 - Form workgroup to recommend changes to State law and/or administrative rules and promote information sharing
 - Develop communication plan to raise public awareness of issues and possible solutions

Sub-Working Group #5

High Tech & Local Touch

2. Promote development and coordination of electronic medical/clinical records
 - Identify consumer interest to access protected health information, Advanced Directives and personal crisis plan (telehealth/telepsychiatry)
 - Provide forum for public/private agencies developing electronic medical records to collaborate on data repository development and linking capabilities.
 - Assist providers to implement medical records

Sub-Working Group #5

High Tech & Local Touch

3. Integration Across Departments/Agencies

- Interagency groups analyze regulations and make recommendations to increase consistency
- Determine overlap between various agencies' procedures and recommend changes to increase efficiency
- Evaluate where “one stop shop” approach can increase efficiency while protecting privacy

Sub-Working Group #5

High Tech & Local Touch

4. Telehealth/Telepsychiatry

- Inventory/assess statewide telehealth/telepsychiatry capabilities: providers, equipment and connectivity
- Identify Consumer interest in personal information about their recovery being accessible online
- Overcome geographic barriers for workforce development and training using telecommunications technology
- Build infrastructure for networking/collaboration to reduce professional isolation
- Assess whether technology can support integration of traditional and medical model approaches
- Promote online educational and training materials available at times convenient to all participants

Sub-Working Group #5

High Tech & Local Touch

5. Establish system to manage hardware and software procurement/replacement
 - Develop/recommend hardware and software replacement strategies
 - Streamline procurement process and capitalize on volume purchasing of technology across divisions, agencies and departments
 - Use wireless/mobile technology to support community based work
 - Leverage technology to promote inventory management control and customer technical support

Sub-Working Group #6

Workforce Development & Community Supports

1. Establish a “Grow Your Own” Behavioral/Emotional/ Mental Health (BEMH) Workforce Development Collaborative
 - Identify/prioritize/promote implementation of long-term workforce development strategies that foster a culturally competent recovery/resilience focused system of mental health care
 - Assure a self-sustaining, inter-departmental, cross-disciplinary BEMH workforce system with ongoing initiatives and mechanisms for self-monitoring and improvement

Sub-Working Group #6

Workforce Development & Community Supports

2. Declaring a state wide emergency in hiring mental health workers in the public and private sector

- Establish statewide job/salary classifications for mental health workers across departments/agencies, aligned w/national standards
- Utilize statewide internet site for all in-service training activities and provide consistent in-service training across all agencies and departments for new hires.
- Temporary low cost/subsidized housing for new hires
- Legislative review of medicare/medicaid reimbursement rates, DHRD policies/procedures to expedite process, and budget requirements to fund job reclassifications

Sub-Working Group #6

Workforce Development & Community Supports

3. Develop and Instill Competency Standards for all Behavioral Health Care Providers
 - Research, collect, and recommend competency standards including: attitudes, values, beliefs and cultural competence, for providers to facilitate consumer recovery/resiliency and self empowering service delivery
 - BEMH to collaborate with higher education and state departments to align core competencies for students interested in the behavioral health field

Sub-Working Group #6

Workforce Development & Community Supports

4. Develop training centers on each island to provide learning opportunities that focus on best practices for recovery, resilience, and early intervention that are culturally competent, consumer/family driven
 - Prioritize training needs of each island, identify organizations and resources as potential partners, identify locations for training centers, create building and operational budgets for centers
 - Centers will collaborate, network and coordinate developing/sharing training resources, that may include other indigenous organizations (i.e. Maori of New Zealand, Native Americans, Eskimos) and seek grant funding to study the outcomes of traditional healing methods.

Sub-Working Group #7

Evaluation

1. Establish an integrated public/private sector database to facilitate coordinated treatment for each individual with information available for agencies providing health and mental health care and legal system
 - Establish an “integrated database” task force with interagency and interdisciplinary representation
 - Incorporate a web-based integrated plan that is accessible to consumers and family members

Sub-Working Group #7

Evaluation

2. Establish a center to coordinate/oversee outcomes research on indigenous and cultural ways of healing, well-being and treatment, addressing health/mental health & substance abuse problems
 - Partner w/indigenous, cultural communities and other stakeholders (i.e. Center for Evidenced-Based Practice) to establish sustainable relationships, priorities, and facilitate research agendas and culturally appropriate methodologies
 - Mentor research skill development in local communities, develop research grant proposals, and identify potential funding sources

Sub-Working Group #7

Evaluation

3. Commission a study exploring the care provided by National Support Systems for people with mental illness and in particular, the direct and indirect costs in providing such care and assistance
 - People with Mental illness (children, adults, and elders) receive care/assistance through natural support systems such as `ohana, friends, churches, and community groups
 - Provide/identify funds and sources to support study of natural care /supports and cost analysis of such
 - Develop RFP for commissioning the study.

Mahalo nui loa for your time and thought

For more information or to provide more input,
e-mail us at transformation@doh.hawaii.gov

Or call (808) 453-6649