

## Appendix E



**Hawai`i Mental Health Transformation State Incentive Grant (MHT SIG)**  
**Transformation Working Group (TWG)**  
**Membership Roster**

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**Hawai'i Mental Health Transformation State Incentive Grant (MHT SIG)**  
**Summary of Recommendations Work Sheet**



Name (optional) \_\_\_\_\_ Code \_\_\_\_\_

#	Recommendations	Comments	Vote
1.1	Reduce the stigma of mental illness		
1.2	Reduce the rate of suicide and suicide attempt		
1.3	Equalize/ integrate physical and mental health care		
2.1	Legislate a Bill of Rights		
2.2	Services with Aloha		
2.3	More Care Options		
2.4	Rapid response, trauma informed system		
3.1	Services for Young children and Families		
3.2	Early Intervention Community Resources		
3.3	System integration		
3.4	Primary health care screen		
4.1	Data-driven infrastructure to expand access		
4.2	Data-driven infrastructure to evaluate quality		
4.3	Infrastructure that uses implementation science		
4.4	Conditions/leadership/authority will be in place		
5.1	Changes to State Laws and Administrative Rules		
5.2	Electronic Medical Records		
5.3	Integration Across Departments/Agencies		
5.4	Telehealth/Telepsychiatry		
5.5	Hardware and Software Management		
6.1	Workforce Development Collaborative		
6.2	Statewide job classifications		
6.3	Competency Standards for Providers		
6.4	Develop Training Centers		
7.1	Integrated public and private sector database		
7.2	Indigenous and Cultural Healing Center		
7.3	Natural support systems		



**Hawai'i Mental Health Transformation State Incentive Grant (MHT SIG)  
Summary of Recommendations Comment Work Sheet II**



Name (optional)

Code

#	Recommendation	Comments	Task Group
1.1	Public Education Campaign on Mental Health		
1.2	Reduce Suicide Rate/Attempts		
1.3	Integrate Physical and Mental Health		
2.1	Legislate a Bill of Rights		
2.2	Provide mental health services with aloha		
2.3	More Options for Care		
2.4	Rapid Response, Trauma Informed System		
3.1	Improve Services for Children and Families		
3.2	Community Early Intervention		
3.3	Interdisciplinary Training and Systems Integration		
3.4	Mental Disorders in Primary Care		
4.1	Identify What Works Best		
4.2	Make Sure All Providers Are Doing What Works Best		
4.3	Keep Doing What Works Best		
4.4	Sustain What Works Best		
5.1	Improve regulations to coordinate health care		
5.2	Implement secure electronic health record system		
5.3	Integrate health care services to promote efficiency		
5.4	Expand tele-health to enhance services and education		
6.1	Immediately address the critical mental health worker shortage		
6.2	Establish a Mental Health Workforce Development Collaborative		
6.3	Develop and instill competency standards for all Behavioral Health Care Providers		
6.4	Develop mental health training centers on each island		
7.1	Integrated database		
7.2	Research infrastructure for examining indigenous and cultural ways of healing and well-being		
7.3	Natural care cost analysis study		

Task Groups – 1: Public Education, 2: Systems Integration, 3: Workforce Development/Training, 4: Research/Dessimation  
5: Financing, 6: Criminal Justice, 7: Childrens Issues, 8: Other



**Hawai'i Mental Health Transformation State Incentive Grant (MHT SIG)**  
**Summary of Recommendations**  
**TWG Votes (Poster Dots)**



<b>SWG</b>	<b>#</b>	<b>Recommendations</b>	<b>Vote</b>
1	1.1	Reduce the stigma of mental illness	19
	1.2	Reduce the rate of suicide and suicide attempts.	20
	1.3	Equalize and integrate physical and mental health care.	26
2	2.1	A Bill of Rights is passed through legislative action that mandates policies within all mental health service systems are consumer and family driven with funding to support the implementation of these policies.	6
	2.2	Provide mental health services with aloha	10
	2.3	Provide more options for care, including alternative and indigenous practices. More Care Options	7
	2.4	We envision a rapid response, trauma informed system of mental health and wellness care.	14
3	3.1	Improve Services for Young children and Families (prenatal-school-age)	5
	3.2	Build Community Resources for Early Intervention across the lifespan	15
	3.3	Increase system integration	15
	3.4	Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports	15
4	4.1	Hawaii will have a data-driven infrastructure to conduct and review research that will expand access to evidence-based (EB) mental health (MH) interventions and innovations that work for Hawaii's population.	7
	4.2	Hawaii will have a data-driven accountability infrastructure that evaluate the effectiveness of mental health services and measure the quality of service delivery.	11
	4.3	Hawaii will have an accountable infrastructure that uses implementation science to disseminate evidence-based services and best practices to address the priority needs of its population impacted by mental health issues.	6
	4.4	The necessary conditions, leadership and authority will be in place in order for Hawaii to advance research and the expansion of quality services. Conditions, leadership and authority will be in place	6
5	5.1	Changes to State privacy and confidentiality Laws and Administrative Rules - Revise identified state laws and administrative rules necessary to promote sharing of information on both individual and data warehouse levels	11
	5.2	Electronic Medical Records - Promote the development and coordination of electronic medical/clinical records	4
	5.3	Integration Across Departments/Agencies - Promote continuity of business processes, procedures and systems across departments and agencies.	8
	5.4	Telehealth/Telepsychiatry - Develop integrated health telecommunication system to provide access to mental health care in remote areas and web-based portal for information & training.	11
	5.5	Hardware and Software Management - Establish systems to support procurement and replacement of hardware and software.	1

<b>SWG</b>	<b>#</b>	<b>Recommendations</b>	<b>Vote</b>
6	6.1	Establish a Mental Health Workforce Development Collaborative	18
	6.2	Establish statewide job classifications for mental health and related workers that is coordinated across all departments and agencies.	13
	6.3	Develop and Instill Competency Standards for all Behavioral Health Care Providers	12
	6.4	Develop Training Centers - Develop training centers to integrate access to ongoing culturally empathic consumer/family driven, co-occurring disorders, recover focused training to cover Hawaii's urban areas and remote rural areas on all islands.	9
7	7.1	It is recommended that an integrated public and private sector database be established to facilitate coordinated treatment for each individual with information available for agencies providing health and mental health care as well as for the legal system.	10
	7.2	It is recommended that a center be established to coordinate and oversee outcomes research on indigenous and cultural ways of healing, well-being and treatment, particularly approaches addressing health, mental health and substance abuse problems.	4
	7.3	People with mental illness (children, adults and elders) receive care and assistance through natural support systems such as `ohana, family, friends, churches, and other community groups. It is recommended that the state commission a study exploring the care provided by natural support systems for people with mental illness and in particular the direct and indirect costs in providing such care and assistance. Natural support systems	7



**Hawai'i Mental Health Transformation State Incentive Grant (MHT SIG)**  
 Summary of Score Card Recommendations Work Sheet



#	Recommendations	Comments	Votes
1.1	Reduce the stigma of mental illness	PR effort awareness Cultural connection This is the most important public perception change High priority Cross cutting theme Culturally sensitive approaches Need to promote community inclusion PR effort awareness Cultural connection This is the most important public perception change High priority Cross cutting theme Culturally sensitive approaches Need to promote community inclusion I think DOH has to needs to hire a PR firm to do the job of reducing stigma media changes	16
1.2	Reduce the rate of suicide and suicide attempt	Early intervention awareness of signs Elderly, teens Potential terminal illness fatal Reference and build on DOH injury prevention plan Most important one on one recommendation Highest priority – critically important Mental illness is potentially fatal Build and coordinate with DOH injury and prevention plan Teen suicide – buddy or partner potential terminal illness Include elderly specific ethnic group Early intervention awareness of signs Elderly, teens important Potential terminal illness fatal Reference and build on DOH injury prevention plan Most important one-on-one recommendation	12

#	Recommendations	Comments	Votes
		<p>Highest priority – critically important  Mental illness is potentially fatal  Build and coordinate with DOH injury and prevention plan  Teen suicide – buddy or partner potential terminal illness  Include elderly specific ethnic group  consider teen screen.org  why are we not assisting  teen suicide reduction approach</p>	
1.3	Equalize/ integrate physical and mental health care	<p>Systemic change* (same as 3.4)  High priority – requires training to docs  Funding family of FQHC  important  We need to define a supervision model to insure:  1) evidence based interventions  2) sustainability of the transformation recommendations  3) accountability  holistic</p>	22
2.1	Legislate a Bill of Rights	<p>Need?  HDRC has something like this already  Important issues  Good idea but implement change  The final bill would probably be a weak version of the original idea  Governance needs to be included</p>	6
2.2	Services with Aloha	<p>Attitude change community aware  Important to respect consumer/family  May enable treatment process  This is broader than MH  push the warm and welcome policy already  importance of relationships and communication  yes</p>	8
2.3	More Care Options	<p>Including alternative and private sector  Good idea but may not be feasible  Same as 7.2  start using the wisdom and knowledge that has been around for  centuries</p>	5
2.4	Rapid response, trauma informed system	<p>AMHD has one  Refer to white paper submitted by HCEBP</p>	11

#	Recommendations	Comments	Votes
3.1	Services for Young children and Families	Great idea but funding a concern Similar to 7.3 Review of trauma issues Review of trauma issues needs more clarity aren't we supposed to have this already evidenced based interventions Requires good coordination with DOH, DHS and DOE	6
3.2	Early Intervention Community Resources	0 - 6 0 - 6 - focus on early identification of needs+C37 Community support guide actively handed out I'd like this for at risk children and families Community support guide for National Family support guides prevention money needed	11
3.3	System integration	For children and adults 3.3 and 5.3 too similar Necessary Important but not feasible, nuts What models will be used to make it work	12
3.4	Primary health care screen	For all systems throughout lifespan Good idea, but may not be feasible without funding This is included in 1.3 and connect to supports or provide can do	13
4.1	Data-driven infrastructure to expand access	If we don't gather data, measure results and fix weak areas community And legislature will not support funding Great idea but very costly for the state Policy models for ex-agencies	7
4.2	Data-driven infrastructure to evaluate quality	Great idea but very costly for the state Treatment is equally important for physical health Consider HCEBP activities	12
4.3	Infrastructure that uses implementation science	Not sure if this is feasible in the near future This is important but should be folded into 4.2	6
4.4	Conditions/leadership/authority will be in place	Unpredictable at this time too broad	5

#	Recommendations	Comments	Votes
5.1	Changes to State Laws and Administrative Rules	Necessary if it's going to work Important but not feasible without "sea state" change Requires participation of all stakeholders This should be studied needs this done prior to other steps*	9
5.2	Electronic Medical Records	Really good idea This is important would be my number 8 vote	4
5.3	Integration Across Departments/Agencies	211 may be key Need, particularly criminal justice State has too many proprietary systems This should be part of all aspects anyway especially 3.3 cost effective continuity care provided	8
5.4	Telehealth/Telepsychiatry	May not be ideal for service delivery Refer to FCC plan I like this recommendation Isn't there an FCC grant that addresses this issue helpful in rural areas underserved needed for NI	9
5.5	Hardware and Software Management	I agree but ICSD needs to be the lead	1
6.1	Workforce Development Collaborative	Grow your own, seek out resident of rural area to develop workforce Would be good to have but who would lead this effort Licensure for SWS this needs to be completed yes	14
6.2	Statewide job classifications	Lack of capacity to met need Declare emergency Good to have, DHRD and HGEA are key to success good charge need to change civil service to exempt	8
6.3	Competency Standards for Providers	Funding the workforce to develop capacity Need to train into current staff Some providers will have concerns CAMHD, AMHD, DDD accredited provider	11
6.4	Develop Training Centers	NI capacity differentials Not required use what is available and clarify message Related to 6.3 For families, individual and MH workers	12

#	Recommendations	Comments	Votes
7.1	Integrated public and private sector database	<p>must include professional practitioners in primary care, multiple tracks across spectrum same as 4.3 integrate continuing education</p> <p>Not sure about this recommendation good idea maybe won't work till 2050 continuity of quality care</p>	7
7.2	Indigenous and Cultural Healing Center	<p>Good idea but poses some real challenges to implement same as 4.1 needs to address insurance/integration needs state support</p>	4
7.3	Natural support systems	<p>Vital to supplement and augment care Great idea Included in 1,2,3 etc important area for development</p>	6

Mental Health Transformation State Incentive Grant  
Summary of Top Recommendation Referrals by TWG and SWG Members to new Task Groups

TWG Top Assignments (3/7/08) (N=31)					
1	2	3	4	5	6
1.1	1.3	1.2	2.3	3.2	
1.2	2.3	2.2	4.1		
2.1	2.4	2.3	4.2		
3.2	3.1	2.4	4.3		
	3.2	3.1	4.4		
	3.3	3.2	5.4		
	3.4	3.3	7.1		
	5.1	3.4	7.2		
	5.2	4.2	7.3		
	5.3	5.4			
	5.4	6.1			
	7.1	6.2			
		6.3			
		6.4			

SWG Top Assignments (03/11/08) (N=49)					
1	2	3	4	5	6
1.1	1.3	2.2	4.1	4.4	
1.2	2.1	3.2	4.2	7.3	
2.1	2.3	3.3	4.3		
3.2	2.4	4.2	4.4		
	3.1	4.4	7.2		
	3.2	5.4			
	3.3	6.1			
	3.4	6.2			
	5.1	6.3			
	5.2	6.4			
	5.3				
	5.4				
	7.1				

#	Task Group Name
1	Educating the Public
2	Systems Integration
3	Consumer and Professional Workforce Development and Training
4	Research, Evaluation and Dissemination
5	Financing and Sustainability
6	Criminal Justice

Note: TWG and SWG Members were asked to refer each numbered recommendation to the Task Group most relevant to the topic. Counts were tallied and assignments were made based on the highest count. Where counts were close, several referrals were made.