



Mental Health Services Research,
Evaluation, and Training Program
University of Hawai'i

Hawai'i Mental Health Transformation State Incentive Grant (MHT-SIG)

Task Group (TG) Orientation – Day Two; Thursday, June 26, 2008

GOAL AND OBJECTIVE SETTING

Introduction

Goal and objective setting are activities that sound deceptively simple, when in truth these tasks can be quite difficult. Goal and objective setting allow you to:

- Clarify the purpose and expected outcomes
- Unite you and others in working on a challenge
- Partialize tasks into manageable components
- Assess progress
- Evaluate outcomes

Setting Goals

A goal is defined as "The end toward which effort is directed." Keep in mind that goals:

- Provide direction and guidance
- State desired results, intentions, or desires
- Are prioritized to reflect relative importance
- Are used as a basis for establishing objectives

You may wish to deal with varying levels of priority by specifying some goals as short-term or immediate and others as long-term. This way you can still communicate a need to work on a goal that may not need immediate attention without risking that the problem will go unaddressed.

Setting Objectives

Objectives are supportive of goals and state the results of activities that must be performed to achieve the goals. Objectives are established jointly with other persons who must support them. Approval includes common agreement on how the results to be achieved are to be measured. Objectives are realistic, attainable, and flow from the goals.

Adams and Grieder (2005) note, *Objectives are about success, realizing that things can be different, and experiencing the power of change. Objectives should be SMART:*

- **S**imple or **S**traightforward
- **M**easurable
- **A**ttainable
- **R**ealistic
- **T**ime-framed

Brainstorming is a technique you can use to discover a number of different possible objectives for each goal. Once you both have finished this list, you then need to identify which of these possible suggestions to develop into a well-written objective and corresponding action plan. You will need to consider the priority of each suggestion. You will also need to identify the more achievable ones with the following probes:

- **How** -- How can you get where you'd like to go? How many different ways are there to accomplish what you want to accomplish through this suggestion?
- **Who** -- Who can help you achieve this? What people can serve as resources to accomplish this?
- **What** -- What resources both inside yourself and outside can help you accomplish this?
- **Where** -- What places or which locations can help you achieve this?
- **When** -- What times or what kind of timing can help you achieve this? Is one better than another?

Writing Objectives

You will want to be sure that the objective is (1) well written and (2) purposeful—that is, one that clearly depicts purpose or why it is worth trying to achieve. Criteria for checking an objective to see if it is well written are that the objective include:

- Specific—says what is to be achieved, not just how or why – and if it addresses more than one achievement, those achievements should be divided into sub-objectives
- Short-range—with a set target date for completion
- A statement of a result—not an activity
- A result that is measurable—expressed in numbers if possible, i.e., quantity, quality, time.

Developing a Plan of Action

When establishing a plan of action with respect to an objective, the following steps are suggested:

- Make a list of what activities need to be performed to achieve the objective
- Bring in key people to help make the list, if relevant, getting their ideas and suggestions for activities to achieve the objective and how to go about performing these activities
- Select the activities that seem to be most feasible, and write them in the same kind of language as the objective
- Test achievability of the activities in the same way as you did the objectives. You will be analyzing what needs to be done and what the results will be. This process may produce sub-objectives with respect to the primary objective
- Review the list of activities, then choose the best to be listed as action steps
- Plan the actual activities to be undertaken to complete the action

The final activity statement will consist of 5 parts:

- What is the activity
- How the activity is to be accomplished
- What is the desired level of performance
- What are the resources to be utilized
- Who is responsible and by when

Final Thoughts

The result will be an outline along the following pattern:

- I. Goal
 - A. Objective
 1. Activity Statement

Once a goal and corresponding objectives are set, they need to be monitored and progress needs to be evaluated on a regular basis so that changes can be made when appropriate.

Action Plan Template

Goal:

- 1. Provide clear direction/guidance and state desired results/intentions.
- 2. Describe the end result toward which effort is directed.

Objective:

- 1. Specify result to be achieved
- 2. Describe a result that is measurable
- 3. Set the time frame.

Activity Statement (in one sentence):

- 1. Describe the activity.
- 2. State how it will be accomplished.
- 3. Describe the desired outcome or level of performance.
- 4. List the resources required to complete the activity.
- 5. Identify who is responsible.
- 6. Set completion date.

Action Plan Template

Goal:

Objective:

Activity Statement:

Activity Statement:

Action Plan Template

Activity Statement:

Activity Statement:

Activity Statement:

Action Plan Template

Goal:

Reduce the rate of suicide and suicide attempts.

Objective:

Pass a state law requiring competencies in suicide assessment and prevention for their respective populations and train DOH and DHS clinicians, DOE teachers and counselors, and state and county first responders by September 2010.

Activity Statement:

The Injury Prevention and Control Program (IPCP) with assistance from Mental Health Hawaii and the MHT-SIG Grant Staff will draft a bill establishing competencies in suicide assessment and prevention by November 2008.

Activity Statement:

Mental Health Hawaii, Hawaii's Families as Allies, and the DOH Legislative Liaison, working with Senator Ige, will secure passage of the bill establishing competencies in suicide assessment and prevention by May 2009.

Activity Statement:

DOE with support from the Technology Transfer Assistance Group will implement required in-service training in suicide assessment and prevention reaching 75% of all teachers and counselors by May 2010.

GPR #2 Workforce Training Template

GPR Indicator 2: Increase the number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the CMHP.

Definitions:

- Mental Health Care Workforce = Providers of mental health prevention, treatment rehabilitation, or recovery services.
- Related Workforce = Providers of ancillary support services to people who have mental health needs or are at risk for developing mental health needs (e.g. employment service providers, primary care providers, school personnel, child welfare staff, peer support program staff, supported housing staff, criminal or juvenile justice personnel, etc.).
- Trained = Engaged in a process guided by a curriculum (e.g. syllabus, agenda, training manual, etc.), taking place within a structured timeframe, **AND** guided by a trainer or training method (e.g. specific computer based program).
- Service Improvements = New services or improvements to existing services.

1. Activity Statement (see Action Plan):

DOE with support from the Technology Transfer Assistance Group will implement required in-service training in suicide assessment and prevention reaching 75% of all teachers by May 2010.

2. GPR Specific Content:

a. Nature: What is the *nature* of your training?

(e.g., workshop, course, practicum, internship; is it one hour, one day, several days, a semester; is it in-person, on-line, blended, etc.)

A required one-day, in-person teacher in-service training.

b. Topic: What is the *topic* of your training?

(e.g., suicide prevention)

Suicide assessment and prevention for classroom teachers.

c. Other Aspects: What *other aspects* are included in your training?

(e.g., CEUs, certification, etc.)

CEUs for teachers.

d. Target Population and Numbers Trained:

(e.g., 500 Social Workers, 150 Peer Specialists)

DOE Teachers 75% of #####.

3. Criterion for completion of workforce training:

(e.g., sufficient attendance, met training requirements, awarded CEUs, passed test)

Issued applicable CEU for 75% of DOE teachers.

4. Long-term impact of workforce training: (check all that apply)

- Improved accountability=Related to measuring/reporting performance (i.e., tracking of trends, measurement & reporting systems, or management practices)
- Increased service capacity**=Related to service availability (i.e., needs assessment, planning, systems improvements, outreach, assessment, referral, service expansion, or consumer choice)
- Increased service effectiveness**=Related to improving service quality (i.e., outcome measurement, service improvements, dissemination of EBPs)
- Other: please specify (anticipated long term impact) _____

5. Groups and agencies involved in workforce training:

a. Project Lead(s): Clayton J. Fujie, DOE Deputy Superintendent; Technology Transfer Assistance Group

*Can be a specific group (e.g. Task Group #1); agency (e.g. DOH); *or* individual.

b. Contact information for Project Lead:

1) Last, First Name: Fujie, Clayton J.

Title/Organization: Deputy Superintendent/Department of Education (DOE)

Address: Hawai'i Department of Education

P.O. Box 2360

Honolulu, Hawai'i 96804

Email: clayton.fujie@email.DOE.k12.hi.us. Telephone: (808) 586-3587

2) Last, First Name: Jablonski, Heather

Title/Organization: Technology Transfer Assistance Group Director /UH Social Science Research Institute Mental Health Research, Evaluation, and Training Program (MHSRET)

Address: 3465 Waiialae Avenue, Suite 200

Honolulu, HI 96816

Email: jablonski@email.com

Telephone: (808) 735-3435

c. Agency/agencies participating: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> mental health | <input type="checkbox"/> Medicare administration |
| <input type="checkbox"/> child welfare | <input type="checkbox"/> Medicaid administration |
| <input type="checkbox"/> alcohol & substance abuse | <input type="checkbox"/> adult criminal justice |
| <input type="checkbox"/> aging services | <input type="checkbox"/> juvenile criminal justice |
| <input type="checkbox"/> Veterans' Affairs | <input type="checkbox"/> disability services |
| <input type="checkbox"/> housing | <input type="checkbox"/> vocational rehabilitation |
| <input type="checkbox"/> education-early childhood | <input type="checkbox"/> TANF administration |
| <input checked="" type="checkbox"/> education-K-12 | <input checked="" type="checkbox"/> other: UH SSRI—MHSRET Program |
| <input type="checkbox"/> education-post secondary | <input type="checkbox"/> other: _____ |

6. Population(s) affected: (check all that apply)

a. Age: Across the life span **Children** **Adolescents** Adults Older adults

b. Gender: **All** Male Female

c. Race:

<input checked="" type="checkbox"/> All	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Portuguese
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Other Pacific Islander: _____		
<input type="checkbox"/> Mexican	<input type="checkbox"/> Other Hispanic or Latino: _____		
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Other Asian: _____	<input type="checkbox"/> Other: _____		

d. Additional Considerations:

<input checked="" type="checkbox"/> All	<input type="checkbox"/> Homeless	<input type="checkbox"/> Refugee/Immigrant
<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Students
<input type="checkbox"/> Gay/Lesbian/ Bisexual/Transgender	<input type="checkbox"/> Other (specify) _____	

7. Anticipated Time Frame:

<i>Start Date</i>	<i>Completion Date</i>
Month: _____ Year: _____	Month: May Year: 2010
or	or
<input type="checkbox"/> Jan-Mar 20__	<input type="checkbox"/> Jan-Mar 20__
<input checked="" type="checkbox"/> Apr-June 2009	<input type="checkbox"/> Apr-June 20__
<input type="checkbox"/> July-Sept 20__	<input type="checkbox"/> July-Sept 20__
<input type="checkbox"/> Oct-Dec 20__	<input type="checkbox"/> Oct-Dec 20__

8. Origin:

- a. Activity formally began before MHT-SIG? Yes **X No***
 If “Yes” please indicate the major initiator _____
- If “No” was this activity begun by MHT-SIG? **X Yes** No
- b. Raised in NARI? **X Yes** No
- c. Noted in CMHP? **X Yes** No
- d. Recommended by TWG? **X Yes** No

9. Anticipated ease of completion:

- X Stretch goal—high risk of non-completion**
- Sure bet—high likelihood of completion
- Average/realistic—neither high risk nor sure bet

10. Relevant NFC Goal(s) and appropriate recommendation(s), if specified):

Goal 1 X	Goal 2 <input type="checkbox"/>	Goal 3 <input type="checkbox"/>	Goal 4 <input type="checkbox"/>	Goal 5 <input type="checkbox"/>	Goal 6 <input type="checkbox"/>
1.1 X	2.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	4.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	6.1 <input type="checkbox"/>
1.2 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	4.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	6.2 <input type="checkbox"/>
	2.3 <input type="checkbox"/>		4.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	
	2.4 <input type="checkbox"/>		4.4 <input type="checkbox"/>	5.4 <input type="checkbox"/>	
	2.5 <input type="checkbox"/>				

Non-NFC (please specify below):

11. Additional Comments:
