

## Action Plan Template

### **Goal:**

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

Early mental health screening, assessment, and referral to services are common Practice.

### **Objective:**

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

DOH will develop a Memorandum of Agreement with relevant health associations/organizations to conduct depression screening and referral training in primary health care settings by July 2009.

### **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.

DOH, through the office of the Deputy Director of Behavioral Health Administration, will establish and staff a task group of key informants from relevant health associations/organizations to develop a Memorandum of Agreement by July 2009 to conduct depression screening and referral training in primary health care settings.

## **GPRA #1: Policy Change Template**

**GPRA Indicator 1:** Increase percent of policy changes as a consequence of the CMHP.

**Definitions:**

- Percent = Percent of changes targeted over the life of the grant that have actually been completed at each annual measurement point.
- Policy = Written document directing some action or event, can be administrative or legislative (e.g., directives, guidances, clinical practice guidelines, regulations, statues, operations manuals, procedures, bylaws, strategic plans, mission statements, written decisions, standards, etc).
- Change = Creation, documentation, elimination, or alteration of a policy.
- Completed = Exists in final form and has been approved or passed.

**1. Activity Statement (see Action Plan):**

DOH, through the office of the Deputy Director of Behavioral Health Administration, will establish and staff a task group of key informants from relevant health associations/organizations to develop a Memorandum of Agreement (MOA) by July 2009 to conduct depression screening and referral training in primary health care settings.

**2. GPRA Specific Content:**

- a. Nature:** What is the *nature* of your policy objective?  
(e.g., written agreement, administrative regulation, law, etc.)

Memorandum of Agreement (MOA)

- b. Intent:** What is the *intent* of your policy objective?  
(e.g., ensure children receive trauma-informed care)

To conduct depression screening and referral training in primary health care settings.

**3. Criterion for completion of policy change:**

(e.g., drafted, publicly reviewed, final draft written, approved or passed, issued or implemented as measured by)

A final written draft of the MOA approved by Task Force.

**4. Long-term impact of policy change:** (check all that apply)

- € Improved accountability= Related to measuring/reporting performance (i.e., tracking of trends, measurement & reporting systems, or management practices)
- X Increased service capacity**= Related to service availability (i.e., needs assessment, planning, systems improvements, outreach, assessment, referral, service expansion, or consumer choice)
- X 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 policy change:**

**a. Project Lead(s):** DOH Deputy Director of BHA

\*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: Hill, Michelle

Title/Organization: Deputy Director of BHA

Address: Kinau Hale

1250 Punchbowl Street, Room #256

Honolulu, Hawaii 96813

Email: [michelle.hill@email.hawaii.gov](mailto:michelle.hill@email.hawaii.gov)    Telephone: (808) 586-4686

**2)** Last, First Name: Paula Arcena

Title/Organization: Executive Director of the Hawaii Medical Association

Address: 1360 South Beretania Street, Suite 200

Email: [paula.arcena@email.hma.org](mailto:paula.arcena@email.hma.org)    Telephone: (808) 536-7702 Ext. 110

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

- |  |  |
|--|--|
| <input checked="" 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 type="checkbox"/> education-K-12                | <input checked="" type="checkbox"/> <b>other: UH School Medicine</b>         |
| <input type="checkbox"/> education-post secondary      | <input checked="" type="checkbox"/> <b>other: Hawaii Medical Association</b> |
| <input checked="" type="checkbox"/> <b>other: HMSA</b> | <input checked="" type="checkbox"/> <b>other: Kaiser</b>                     |

**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	<input type="checkbox"/> Other: _____		
Asian: _____			

**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 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: <b>July</b> Year: <b>2009</b>
or	or
<input type="checkbox"/> Jan-Mar 20 ____	<input type="checkbox"/> Jan-Mar 20 ____
<input type="checkbox"/> Apr-June 20 ____	<input type="checkbox"/> Apr-June 20 ____
<input checked="" type="checkbox"/> <b>July-Sept 2008</b>	<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     No\*

If "Yes" please indicate the major initiator \_\_\_\_\_

If "No" was this activity begun by MHT-SIG?       Yes     No

b. Raised in NARI?       Yes     No

c. Noted in CMHP?       Yes     No

d. Recommended by TWG?       Yes     No

**9. Anticipated ease of completion:**

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 <input type="checkbox"/>	Goal 2 <input type="checkbox"/>	Goal 3 <input type="checkbox"/>	<b>Goal 4 <input checked="" type="checkbox"/></b>	Goal 5 <input type="checkbox"/>	Goal 6 <input type="checkbox"/>
1.1 <input type="checkbox"/>	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"/>		<b>4.4 <input checked="" type="checkbox"/></b>	5.4 <input type="checkbox"/>	
	2.5 <input type="checkbox"/>				

Non-NFC  (please specify below):

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**11. Additional Comments:**

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