

## **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.

## **GPRA #2 Workforce Training Template**

**GPRA 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. GPRA 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)

**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 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)

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Honolulu, Hawai'i 96804

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**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 Waialae Avenue, Suite 200

Honolulu, HI 96816

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Telephone: (808) 735-3435

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

- |   |  |
|---|--|
| <input type="checkbox"/> mental health<br><input type="checkbox"/> child welfare<br><input type="checkbox"/> alcohol & substance abuse<br><input type="checkbox"/> aging services<br><input type="checkbox"/> Veterans' Affairs<br><input type="checkbox"/> housing<br><input type="checkbox"/> education-early childhood<br><input checked="" type="checkbox"/> <b>education-K-12</b><br><input type="checkbox"/> education-post secondary | <input type="checkbox"/> Medicare administration<br><input type="checkbox"/> Medicaid administration<br><input type="checkbox"/> adult criminal justice<br><input type="checkbox"/> juvenile criminal justice<br><input type="checkbox"/> disability services<br><input type="checkbox"/> vocational rehabilitation<br><input type="checkbox"/> TANF administration<br><input checked="" type="checkbox"/> <b>other: UH SSRI—MHSRET Program</b><br><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"/> <b>All</b> | <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"/> <b>All</b>                | <input type="checkbox"/> Homeless              | <input type="checkbox"/> Refugee/Immigrant          |
| <input type="checkbox"/> Rural                                | <input type="checkbox"/> Urban                 | <input checked="" type="checkbox"/> <b>Students</b> |
| <input type="checkbox"/> Gay/Lesbian/<br>Bisexual/Transgender | <input type="checkbox"/> Other (specify) _____ |   |

**7. Anticipated Time Frame:**

- |  |   |
|--|---|
| <i>Start Date</i>  | <i>Completion Date</i>                  |
| Month: ____ Year: ____                                   | Month: <b>May</b> Year: <b>2010</b>     |
| or   | or                                      |
| <input type="checkbox"/> Jan-Mar 20__                    | <input type="checkbox"/> Jan-Mar 20__   |
| <input checked="" type="checkbox"/> <b>Apr-June 2009</b> | <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 <b>X</b>	Goal 2 €	Goal 3 €	Goal 4 €	Goal 5 €	Goal 6 €
1.1 <b>X</b>	2.1 €	3.1 €	4.1 €	5.1 €	6.1 €
1.2 €	2.2 €	3.2 €	4.2 €	5.2 €	6.2 €
	2.3 €		4.3 €	5.3 €	
	2.4 €		4.4 €	5.4 €	
	2.5 €				

Non-NFC € (please specify below):

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**11. Additional Comments:**

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