

MHT-SIG NARI & CMHP Crosswalk—Full Version

Needs Assessment and Resource Inventory (NARI) & Comprehensive Mental Health Plan (CMHP) Crosswalk--Full Version

Description:

The NARI & CMHP Crosswalk—Full Version is intended as a detailed reference guide. Each Task Group is being asked to review certain Sub-working Group (SWG) Recommendations taken from the CMHP. Each of these SWG Recommendations corresponds to one of the goals of the President's New Freedom Commission (NFC) on Mental Health. Every NFC Goal was thoroughly researched during the Need Assessments and Resource Inventory (NARI) conducted by the MHT-SIG Evaluation Team. As a result, each recommendation relates to an NFC Goal, which has a corresponding written narrative and detailed matrix, or informational chart, within the NARI.

SWG#1: Promoting and Understanding Mental Health

1.1 Design and implement a public education campaign to promote the understanding of mental health issues.

(NFC Goal 2.4 Create a Comprehensive State Mental Health Plan. 97-99, No Matrix)

(NFC Goal 2.5 Protect and enhance the rights of people with mental illnesses. 99-102, Matrix 125-129)

(NFC Goal 4.5 Geriatrics. 181-184, Matrix 199-204)

1.2 Reduce the rate of suicide and suicide attempts.

(NFC Goal 1.1a Advance and implement a national campaign to reduce the stigma of seeking care. 60-61, Matrix 68-70)

(NFC Goal 1.1b Advance and implement a national strategy for suicide prevention. 61-64, Matrix 70-71)

1.3 Equalize and integrate physical and mental health care.

(NFC Goal 1.2 Address mental health with the same urgency as physical health. 64-67, Matrix 72-77)

(NFC Goal 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies. 175-179, Matrix 193-197)

(NFC Goal 4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports. 197-181, Matrix 197-199)

SWG #2: Consumers and Families as Drivers

2.1 Accountable consumer and family driven policies with education and oversight within systems are implemented by 2011.

(NFC Goal 2.1: Develop an individualized plan of care for every adult and child with a serious mental illness. 80-83, matrix 103-107)

and child with a serious emotional disturbance.

(NFC Goal 2.2 Involve consumers and families fully in orienting the mental health system toward recovery. 84-88, matrix 107-113.)

(NFC Goal 2.3 Align relevant Federal programs to improve access and accountability for mental health services. 88-97, matrix 114-12.)

(NFC Goal 2.5 Protect and enhance the rights of people with mental illnesses. 99-101, matrix 124-129.)

2.2 Ensure that consumers are serviced with aloha (courtesy and respect) by the system of care.

(NFC Goal 2.5 Protect and enhance the rights of people with mental illnesses. 99-101, matrix 124-129.)

(NFC Goal 3.1 Improve access to quality care that is culturally competent. 131-134, matrix 147-149.)

(NFC Goal 2.1: Develop an individualized plan of care for every adult and child with a serious mental illness. 80-83, matrix 103-107.)

(NFC Goal 2.2 Involve consumers and families fully in orienting the mental health system toward recovery. 84-88, matrix 107-113.)

(NFC Goal 1.1a Advance and implement a national campaign to reduce the stigma of seeking care, 60-61, matrix 68-70.)

(NFC Goal 5.3 Improve and expand the workforce providing evidence-based mental health services and supports, 231-239, matrix 240-249.)

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

(NFC Goal 3.1 Improve access to quality care that is culturally competent. 131-134, matrix 147-149.)

(NFC Goal 3.2 Improve access to quality care in rural and geographically remote areas. 134-146, matrix 150-168.)

2.4 Create a rapid response, trauma informed system of mental health and wellness care.

(NFC Goal 2.5 Protect and enhance the rights of people with mental illnesses. Special Consideration – Seclusion and Restraint, Violence, Trauma and Safety. 99-102, matrix 124-129.)

(NFC Goal 5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medication, trauma, and acute care. 210-213, matrix 218-221.)

SWG #3: Early Intervention

3.1 Develop and expand services for young children and their families by 2011.

(NFC Goal 4.1 Promote the mental health of young children. 169-172, matrix 185-190.)

(NFC Goal 4.2 Improve and expand school mental health programs. 172-175, matrix 190-193.)

(NFC Goal 2.1: Develop an individualized plan of care for every adult and child with a serious mental illness. 80-83, matrix 103-107)

3.2 Improve utilization of, and develop community resources for early intervention across the lifespan by 2011.

(NFC Goal 4.1 Promote the mental health of young children. 169-172, matrix 185-190.)

(NFC Goal 4.4. Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports, 179-181, matrix 197-199.)

(NFC Goal Special Consideration: 4.5 Geriatrics, 181-184, matrix 199-204.)

(NFC Goal 5.3 Improve and expand the workforce providing evidence-based mental health services and supports. Special Concern –Natural Supports. 235-239, matrix 246-249.)

3.3 Develop an interdisciplinary training institute for early intervention and improve systems integration by 2009.

(NFC Goal 5.3 Improve and expand the workforce providing evidence-based mental health services and supports, 231-239, matrix 240-249.)

(NFC Goal 4.2 Improve and expand school mental health programs. 172-175, matrix 190-193.)

(NFC Goal 4.1 Promote the mental health of young children. 169-172, matrix 185-190.)

(NFC Goal 4.4. Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports, 179-181, matrix 197-199.)

(NFC Goal Special Consideration: 4.5 Geriatrics, 181-184, matrix 199-204.)

3.4 Screening, identification and management of mental disorders in primary care, across the lifespan, become standard of practice by 2010.

(NFC Goal 4.4. Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports, 179-181, matrix 197-199.)

(NFC Goal 1.2: Address mental health with the same urgency as physical health, 64-67, matrix 72-77.)

(NFC: 4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies. 175-179, matrix 193-197).

(NFC Goal Special Consideration: 4.5 Geriatrics, 181-184, matrix 199-204.)

(NFC 1.1b Advance and implement a national strategy for suicide prevention. 61-64, matrix 70-71.)

SWG #4: Excellent Mental Health Care is Delivered and Research is Accelerated

4.1 By 2010 establish a comprehensive, integrated, coordinated, community based system that conducts and reviews research that will expand access to evidence-based mental health interventions and innovations that work for Hawaii's population.

(NFC Goal 2.4 Create a Comprehensive State Mental Health Plan. 97-99, No Matrix)

(NFC Goal 3.1 Improve access to quality care that is culturally competent. 131-134, Matrix 147-149)

(NFC Goal 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation. 207-210, Matrix 215-217)

(NFC Goal 5.3 Improve and expand the workforce providing evidence-based mental health services and support. 231-239, Matrix 240-249)

4.2 By 2010 establish a system that makes sure that all providers are doing what works best. This will include having an infrastructure to disseminate evidence-based services and best practices addressing the priority needs of its population.

(NFC Goal 4.4 Screen for mental disorders in primary health care, across the life span, and connect to treatment and supports. 197-181, Matrix 197-199)

(NFC Goal 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation. 207-210, Matrix 215-217)

(NFC Goal 5.3 Improve and expand the workforce providing evidence-based mental health services and support. 231-239, Matrix 240-249)

4.3 By 2010 create a results-driven accountability system that evaluates the effectiveness of mental health services and measures the quality of service delivery.

(NFC Goal 2.3 Align relevant Federal programs to improve access and accountability for mental health services. 88-97, Matrix 114-124)

4.4 By 2010 establish a system with the necessary conditions, leadership and authority to advance research and expand and sustain quality services.

(NFC Goal 5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness. 205-207, Matrix 214-215)

(NFC Goal 5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation. 207-210, Matrix 215-217)

(NFC Goal 5.3 Improve and expand the workforce providing evidence-based mental health services and support. 231-239, Matrix 240-249)

(NFC Goal 5.4 Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medication, trauma, and acute care. 210-213, No Matrix)

(NFC Goal 6.1 Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations. 223-225, Matrix 227-228)

SWG #5: High Tech and Local Touch

5.1 Review and potentially changes state regulations making technological collaboration easier for providers while maintaining the consumer’s right to privacy.

(NFC Goal 6.2: Develop and implement integrated electronic health record and personal health information systems. 225—226, matrix 228-230).

(NFC Goal 2.5: Protect and enhance the rights of people with mental illnesses. 99—101, matrix 124-129).

5.2 Plan, phase-in and help coordinate the development of compatible electronic health record systems that improve efficiency and access for consumers and providers.

(NFC Goal 6.2: Develop and implement integrated electronic health record and personal health information systems. 225—226, matrix 228-230).

(NFC Goal 2.1: Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance. 80—83, matrix 103-107).

5.3 Promote consistent and streamlined processes across provider agencies to facilitate continuity of care. This includes sharing policies, procedures and technology supporting “One Stop Shop” opportunities for care and eliminating redundancies.

(NFC Goal 2.1: Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance. 80—83, matrix 103-107).

(NFC Goal 2.3: Align relevant Federal programs to improve access and accountability for mental health services (criminal and juvenile justice system). 93—97, matrix 121-124).

(NFC Goal 4.2: Improve and expand school mental health programs. 172—175, matrix 190-193).

(NFC Goal 4.3: Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies. 175—179, matrix 193-197).

(NFC Goal 6.2: Develop and implement integrated electronic health record and personal health information systems. 225—226, matrix 228-230).

5.4 Expand the use of tele-health to improve the quality of health services for underserved populations by improving access to mental health specialists and culturally sensitive evidence based training/education.

(NFC Goal 6.1: Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations. 223—225, matrix 227-228).

(NFC Goal 5.3: Improve and expand the workforce providing evidence-based mental health services and supports. 232—235, matrix 240-246).

(NFC Goal 3.2: Improve access to quality care in rural and geographically remote areas. 134—146, matrix 150-167).

SWG #6: Workforce Development and Community Supports

6.1 Immediately declare a state of emergency in hiring qualified mental health workers in the public and private sectors, urgently mobilizing resources to streamline the state hiring process and develop timely recruitment, training and retention strategies.

(NFC Goal 5.3: Improve and expand the workforce providing evidence-based mental health services and supports. 232—235, matrix 240-246).

6.2 Appoint and convene an ongoing Mental Health Workforce Development Collaborative comprised of key stakeholders to develop and implement long-term solutions to produce a diverse, locally developed mental health workforce.

(NFC Goal 5.2: Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation. 207—210, matrix 215-217).

(NFC Goal 5.3: Improve and expand the workforce providing evidence-based mental health services and supports. 232—235, matrix 240-246).

(NFC Goal 3.1: Improve access to quality care that is culturally competent. 131—134, matrix 147-149).

6.3 Articulate and instill core competency standards for all Behavioral Health Care Providers.

(NFC Goal 3.1: Improve access to quality care that is culturally competent. 131—134, matrix 147-149).

(NFC Goal 5.2: Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation. 207—210, matrix 215-217).

(NFC Goal 5.3: Improve and expand the workforce providing evidence-based mental health services and supports. 232—235, matrix 240-246).

6.4 Establish and sustain mental health training centers on each island that support culturally competent and consumer and family driven recovery, resilience and early intervention. The centers will honor indigenous knowledge and practices of the host and other local cultures.

(NFC Goal 3.1: Improve access to quality care that is culturally competent. 131—134, matrix 147-149).

(NFC Goal 5.2: Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation. 207—210, matrix 215-217).

(NFC Goal 5.3: Improve and expand the workforce providing evidence-based mental health services and supports. 232—235, matrix 240-246).

SWG #7: Evaluation

7.1 Establish a data system with capacity for appropriate information sharing to: 1) facilitate coordinated health and mental health treatment and services, and 2) provide historical data and consumer preference in legal and/or health related crisis situations to facilitate decision-making.

(NFC Goal 6.2: Develop and implement integrated electronic health record and personal health information systems. 225—226, matrix 228-230).

(NFC Goal 2.1: Develop an individualized plan of care for every adult with a serious mental illness and child with a serious emotional disturbance. 80—83, matrix 103-107).

(NFC Goal 4.2: Improve and expand school mental health programs. 172—175, matrix 190-193).

(NFC Goal 4.3: Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies. 175—179, matrix 193-197).

(NFC Goal 2.3: Align relevant Federal programs to improve access and accountability for mental health services (criminal and juvenile justice system). 93—97, matrix 121-124).

7.2 Establish an entity to: 1) accumulate literature on cultural healing mirroring Hawaii’s diverse ethnic population, 2) coordinate and oversee outcomes research on indigenous and traditional cultural ways of healing, well-being and treatment, particularly approaches addressing health, mental health and substance abuse problems, and 3) disseminate this literature to inform clinical services.

(NFC Goal 5.1: Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness. 205—207, matrix 214-215).

(NFC Goal 5.4: Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medication, trauma, and acute care. 210—213, matrix 218-221).

(NFC Goal 3.1: Improve access to quality care that is culturally competent. 131—134, matrix 147-149).

7.3 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. 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.

(Special Concerns II: Natural Supports/ Goal 5.3: improve and expand the workforce providing evidence-based mental health services and supports. 235—239, matrix 246-249).