

**President's New Freedom Commission (NFC) Goal #5
Mental Health Care is Consumer and Family Driven.**

**Sub-Working Group (SWG) #4
Excellent Mental Health Care is Delivered and Research is Accelerated**

I have become involved in MHTSIG after the death of my partner last year. He suffered from dementia due to Hepatitis C in the last five years of his disease and died at the young age of 60. As his primary support system, I did not understand the word "dementia", as it was applied to the viral destruction of the liver, until I had to live through this slow-moving, chronic disease with my friend and partner. There was very little help from doctors, clinics, emergency rooms, and finally the occasional call to the police when the viral counts would dramatically increase and cause severe confusion.

The symptoms of this relatively new mutation of liver disease are extremely hard on family and loved ones. Support is critical as well as the recognition of dementia as mental disorder.

SWG Guidance:

Based on executive direction and deliberations at the beginning of Hawaii's MHTSIG process, this SWG #4 was formed to address the NFC Goal #5 and was specifically referred the following areas of focus resulting from the NFC Goals:

NFC Recommendations include:

1. Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.
2. Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
3. Improve and expand the workforce providing evidence-based mental health services and supports.
4. Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

In addition, this group was also to address the following cross-cutting themes access (geographic and cultural) and evaluation.

SWG Membership:

Co-Chairs: JoAnn Ahuna, Ha`aheo Mansfield

Members: Ike Ahmed, James Allegretti-Davis, Linda Appel, Steve Balcom, Paul Ban, Diane Blanchard, Barbara Brandish, Judy Brasel, Mary Brogan, Joy Canute, Michael Christopher, Maude Cummings, Jessica Davis, Carol Dixon, Jon Emura, Carol Evans, Debra Farmer, Arlanda Fields, Loaine Fleming, David Fray, Joe Grogg, Susan Halvorsen, Toby Hazel, Lydia Hemmings, Keith Izawa, DeLara Julian, Marilyn Kerker,

Jason Keifer, Eva Kishimoto, Wayne Law, Tom Leland, Dee Dee Letts, Kathleen Libao-Laygo, Kristen Low, Jean Luka, Malia Manol, Carol Minn, David Palazzo, David Randall, Walter Reed, Rena Reid, Michael Rimm, Constance Santana, Margaret Shepherd, Steven Shiraki, Christol Simons, Marvin St. Clair, Anne Sturgis, Hedy Sullivan, Denise Tamata, Sharon Usagawa, Marie Vorsino, Alex Walter, Michael Wurtz. MHTSIG Support: Rupert Goetz, Shar Chun-Lum, Tercia Ku, Daryl Fujii

SWG Meetings:

A total of seven SWG meetings were held.

1. September 5, 2007 (Kickoff meeting) (N=Plenary/constituting meeting)
2. October 9, 2007 (N= 30)
3. November 13, 2007 (N=29)
4. December 11, 2007 (N=20)
5. January 8, 2008 (N=20)
6. February 12, 2008 (N=16)
7. March 11, 2008 (N = Plenary meeting)

The number of attendees at each meeting is listed in parenthesis above after the meeting. The first meeting was a plenary meeting including all persons interested in participating in SWGs who could make the meeting date. This event was held in a large setting (Pearl City Cultural Center) and oriented members to the task, presenting critical information to be considered in the following meetings. Support to the group included attendance by MHTSIG Staff and an Evaluation Team member.

Consultation and Collaboration:

The group submitted data request to the Evaluation team and received information back on Mental Health Authorities across the country, as well as Evidence-based Practices for Domestic Violence. They were further given feedback information on the evaluations from their meeting-end member surveys.

Specific Recommendations:

As with all of the SWGs, the title of the group was considered the short version of their “Goal” and SWGs were instructed to develop 3-5 “recommendations”. These were to serve analogous to “Strategies” and could be accompanied by any number of implementational steps. A numbering system for recommendations was followed that would allow clear tracking over time: The first digit represents the SWG number; the second is the number (often rank) assigned by the SWG. It was emphasized that in this first year’s CMHP, numbered recommendations were the focus of attention. Implementational steps considered by the group would be revisited once the CMHP was submitted and overall priorities had been established. What follows are the specific recommendations of Sub-Working Group #4 (in bold), with additional detail that clarifies the groups thinking over time.

Identify What Works Best

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.

Implementational Detail:

- Establish an authorized entity that will coordinate and conduct research on evidence-based interventions that address the priority needs of Hawaii's populations.
- Develop a prioritized research agenda driven by the System of Care – a planned approach to developing and implementing research that will improve the system and client outcomes.
- Enhance collaboration between researchers and culturally based practitioners and services
- Increase recognition and valuing of indigenous practices through research inquiry
- Communicating to implementers recommendations and findings about culturally based and locally valued and generated services and approaches
- Increase the amount of funded research on culturally relevant services and their outcomes
- Ongoing identification of current best practices and knowledge
- Ongoing dissemination of current best practices and providing timely feedback to providers
- Conduct research/evaluation on the successful implementation and adaptation of Best practices to Hawaii's populations
- Timely and current reviews of pertinent extant knowledge on services for key populations and groups
- Provide reviews for Dissemination across agencies and other interest groups
- Develop data systems with useful metrics
- Service evaluation is conducted to determine impact of interventions- performance measures and outcome measures
- Review best practices in service integration and service delivery

Rationale:

- Lack of partnerships/sustainable infrastructure to coordinate and conduct research.
- No prioritized research agenda driven by the Systems of Care.
- Dearth of research on culturally-relevant and locally valued and generated services that reflect the core values of cultures.
- Insufficient knowledge on how to implement innovations and evidence based interventions with Hawaii's diverse populations and settings (geography).
- Lack of knowledge about evidence-based best practices for trauma-informed care, services to rural areas, criminal justice, transition to adulthood, elderly, consumer-

family driven services, co-occurring disorders (physical, mental health, cognitive disabilities, developmental, substance abuse, etc.).

- A need for more use of real-time data and data systems about the population that have feedback loops and drive service delivery.
- Data are needed to determine if service delivery is yielding positive outcomes. Data needs to be accessible to both providers and consumers.
- Lack of knowledge about best practices in service integration and service delivery at a local and national level.

Make Sure All Providers Are Doing What Works Best

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.

Implementational Detail:

- Increase the local knowledge base on implementation science
- Establish sustainable infrastructure (e.g.: the MH governing body) to oversee the implementation of accountable evidence-based services and best practices
- Require state agencies that contract/provide MH services to utilize effective implementation models in incorporating EBPs

Rationale:

- Lack of knowledge about implementation science-how to best implement services, and changes to service delivery models.
- Lack of infrastructure to assist the service delivery system in effective program/EBP implementation.
- Effective implementation models not widely used locally.

Keep Doing What Works Best

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.

Implementational Detail:

- Establish a quality entity that collects & evaluates data, resulting in ongoing recommendations to improve quality MH services in Hawaii.
- Identify/legislate an authority to disseminate quality indicators and measure success.
- Establish evidence-based quality management practices across public and private systems that are culturally sensitive.
Create an ongoing system to elicit input from the public, consumers, and providers.

- Establish outcome indicators that are widely accepted as measures of effective, high quality MH services delivered.
- Identify/legislate an entity that makes decisions based on outcomes to manage and/or modify practices.
- Increase the public's involvement as active members in evaluation and quality management and involve the families in the monitoring process.

Rationale:

- Open accountability infrastructure across private & public systems for continuous quality improvement.
- Evidence-based quality management practices across public and private systems.
- Public agreement on outcome indicators.
- Outcome evaluations drive quality management practices.
- More consumers, youth, families, and general public involved in evaluation and quality management.

Sustain What Works Best

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

Implementational Detail:

- To establish an authorized entity that provides leadership and coordination necessary to set the research agenda.
- To determine a mechanism to provide oversight of quality standards that assure effective services.
- To establish an authority that can direct collaboration and policy and guide the implementation of research-based quality services.
- To promote new and formalize existing partnerships that include all stakeholders in the pursuit of a unified research agenda.
- To develop coordinated funding approaches for current and new funding streams to realize sustainable research and research-based services.
- Statutes or changes in statute that promote the acceleration of research and expansion of quality services.

Rationale:

- Need for leadership that will set a research agenda that will address the needs of and result in positive outcomes for the population affected by mental health issues.
- Lack of policy-level oversight of quality standards that assure effective services.
- Need for authority to set policy that will require and fund collaboration for the implementation of research-based quality services.
- Lack of formal partnerships among state departments, the University and other research bodies that will result in a unified coordinated research agenda.

- Need for coordinated approaches that maximize funding effectiveness for research and implementation.
Need for statutory changes that will allow for acceleration of research and expansion of quality services.